



Questions for this month's clinical challenge are based on articles in this issue. The style and scope of questions is in keeping with the multiple choice questions of the RACGP Fellowship exam. The quiz is endorsed by the RACGP Quality Improvement and Continuing Professional Development Program and has been allocated 4 Category 2 points per issue. Answers to this clinical challenge are available immediately following successful completion online at [www.gplearning.com.au](http://www.gplearning.com.au). Clinical challenge quizzes may be completed at any time throughout the 2011–2013 triennium, therefore the previous months answers will no longer be published.

**Nyoli Valentine**

## Single completion items



**DIRECTIONS** Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

### Case 1

#### Chelsea Dunne

Chelsea, 35 years of age, presents with panic attacks, increasing in frequency over the past 6 months.

#### Question 1

Which of the following statements is true:

- A. anxiety disorders are the second most common mental health disorder in Australia
- B. generalised anxiety disorder is the most common anxiety disorder
- C. men experience higher rates of anxiety than women
- D. people aged 35–44 years experience the highest rates of anxiety disorders
- E. 1 in 10 women report a specific phobia.

#### Question 2

Chelsea describes being preoccupied with everyday stresses and future events. In relation to assessment of anxiety, which of the following statements is true:

- A. anxiety disorders usually present in isolation
- B. inner ear conditions may be associated with anxiety
- C. patients with generalised anxiety disorder are at decreased risk of co-existing depression
- D. patients with obsessive compulsive disorder usually do not recognise their fear as irrational
- E. the Kessler-10 questionnaire is a nonobjective measure of distress caused by psychiatric symptoms.

#### Question 3

You provide Chelsea with psycho-education, refer her to a psychologist for cognitive behaviour therapy (CBT), and arrange a review in 3 weeks. In regards to treatment for anxiety, which of the following statements is NOT true:

- A. psycho-education involves education about the nature of anxiety
- B. mindfulness techniques may be helpful in treating anxiety
- C. CBT can involve training in problem solving
- D. home based tasks are efficacious in treating anxiety
- E. exposure techniques are usually used in isolation.

#### Question 4

Chelsea asks about medication for her anxiety. In regards to pharmacotherapy, which of the following statements is true:

- A. medication is more efficacious than psychological treatments for anxiety
- B. patients prefer pharmacological therapy over CBT for anxiety
- C. SSRIs are available unrestricted on the Pharmaceutical Benefits Scheme
- D. tricyclic antidepressants may be used in nonresponsive cases
- E. benzodiazepines are more beneficial for long term use rather than short term use.

### Case 2

#### Ben Williams

Ben, 25 years of age, presents to you after being unhappy with his previous doctor. He

has brought in discharge summaries which indicate a history of borderline personality disorder (BPD) and substance use disorder (SUD).

#### Question 5

Which of the following is true:

- A. the prevalence of BPD is 8%
- B. 35% of substance users meet the criteria for BPD
- C. co-occurring BPD and substance abuse is associated with poorer outcomes than BPD alone
- D. patients with BPD are easily recognised as having a mental health problem
- E. patients with BPD and SUD are unlikely to attend primary care.

#### Question 6

Ben describes feelings of low self worth, lack of motivation and difficulty sleeping. In assessing BPD which of the following statements is true:

- A. the presence of SUD makes the diagnosis of BPD easier to establish
- B. dysregulated and hyper-reactive emotions are characteristic of BPD
- C. patients should not be told of a diagnosis of BPD
- D. patients with BPD do not usually present with anxiety
- E. patients with BPD often have an elevated view of self worth.

#### Question 7

You agree to see Ben as a patient and think about establishing a positive therapeutic relationship with him. In managing Ben which of the following statements is true:

- A. repeated crisis presentations should be dealt with as they arise
- B. working toward behaviour change should take precedent over empathic validation
- C. individual responsibility for Ben will help reduce negative countertransference

- D. scheduling of regular appointments for Ben is recommended
- E. treatment contracts can be used as a punishment for Ben's poor behaviour.

**Question 8**

**Ben is keen to engage in treatment for his BPD and SUD. In treating Ben, which of the following statements is true:**

- A. psychotherapy is not useful for patients with BPD
- B. antidepressants are an effective treatment option for BPD
- C. referral to mental health teams should be limited due to splitting
- D. the risk of successful suicide is low in patients with BPD and SUD
- E. 25% of patients with BPD consider suicide by overdosing on medication.

**Case 3**

**Daniel Trethowan**

Daniel, 28 years of age, has been brought in by his flatmate. Daniel's friends are concerned as he is talking about 'ending his life'.

**Question 9**

**In relation to the prevalence of suicide in Australia, which of the following statements is true:**

- A. suicide comprises 10% of deaths in males aged 20–39 years
- B. approximately 1000 Australians successfully commit suicide annually
- C. 5% of Australians report suicidal ideation
- D. men are four times more likely to die from suicide than women
- E. less than 1 in 1000 people report a previous suicide attempt.

**Question 10**

**Daniel admits to suicidal ideation over the past 3 weeks, however he has not made any suicide plans. In assessing self harm risk which of the following statements is true:**

- A. 15% of patients who complete suicide consult their GP within 1 month of the act
- B. 10% of suicide completers initially present with self harm
- C. younger age is a risk factor for suicide
- D. the potential lethality of the suicidal plan should be considered
- E. patients should not be questioned directly about their suicidal plans.

**Question 11**

**On direct questioning Daniel also admits to wanting to harm fellow colleagues at work. In assessing Daniel's risk of harming others which of the following statements is true:**

- A. risk of violence in males peaks in their early 30s
- B. violence is more strongly correlated with personality disorders than with psychosis
- C. negative psychotic symptoms are more likely than positive psychotic symptoms to promote violence
- D. 20% of serious violence is attributable to psychosis
- E. risk assessments are useful for assessing potential violence in patients.

**Question 12**

**Daniel describes well thought out plans of violence and you arrange for him to be managed as an inpatient. Which of the following patients would be most appropriate to be managed as an outpatient:**

- A. a patient with fleeting thoughts of self harm
- B. a patient with unstable supports
- C. a patient who is prone to impulsivity
- D. a patient with a co-existing substance disorder
- E. a patient who has stockpiled 50 sleeping tablets.

**Case 4**

**Laura Jenkins**

Laura, 23 years of age, presents with feelings of hopelessness and poor self image. Laura thinks she may be depressed and wishes to have more information about depression.

**Question 13**

**Laura has been reading information on the internet and is undertaking quizzes to see if she has depression. Which of the following things do online health programs NOT do:**

- A. provide screening tools for mental illnesses
- B. affirm treatment rationales
- C. provide access to a language to discuss mental health issues
- D. encourage persistence
- E. provide treatment for patients with psychosis.

**Question 14**

**Laura wishes to engage in self help activities on the internet. Which of the following statements is true:**

- A. online programs are not available for symptom prevention
- B. online programs use different strategies to those employed in face-to-face therapy
- C. peer networks for depression are available
- D. all e-health programs are available for public use
- E. depression is the only mental illness with available online programs.

**Question 15**

**On your advice, Laura decides to try an online program. She asks if you think it will be helpful. Which of the following statements is true:**

- A. online prevention programs are not effective in adolescents
- B. online symptom management programs can be effective in adults
- C. e-health programs are less effective than medication
- D. benefits from e-health programs last less than 3 months
- E. adjunct use of e-health programs is not recommended.

**Question 16**

**You recommend the website MoodGYM to Laura. You consider the evidence base for this program. Which of the following statements is true:**

- A. online programs are not evidence based
- B. there is no criteria to evaluate online health programs
- C. online symptom management programs are effective for the targeted symptom only
- D. information is available on the effectiveness of online health programs
- E. the optimum balance of human and automated support has been established.