

## MRCPsych PART I: Specimen Paper

Specimen MCQ Paper for the new MRCPsych Part I which will replace the present Preliminary Test from October 1987

The Working Party on the new Examination has set some sample questions for the MCQ which it is hoped will be of use to trainers and trainees.

The paper will have 50 questions to be answered in 1½ hours. The following is a representative selection of 25 questions.

- (1) The following may be part of normal experience:
  - (a) visual illusions
  - (b) hearing one's thoughts spoken aloud
  - (c) hypnagogic hallucinations
  - (d) feelings of depersonalisation
  - (e) thought insertion.
- (2) Primary delusions:
  - (a) may be derived from hallucinatory experiences
  - (b) are always persecutory in content
  - (c) can occur in psychoses associated with epilepsy
  - (d) are often elaborated into a delusional system
  - (e) indicate a very poor prognosis in schizophrenia.
- (3) The following remarks by a patient during a psychiatric interview suggest that he is suffering from a psychotic illness:
  - (a) the noise in my left ear is like the sea flowing over shingle
  - (b) they are taking the thoughts away from my mind and making it empty
  - (c) unwanted thoughts keep coming into my mind
  - (d) my dead wife sometimes appears just before I go to sleep
  - (e) I have heard my name called out, although there was no-one there.
- (4) Characteristic features of hysterical amnesia include:
  - (a) clouding of consciousness
  - (b) disturbance of recall
  - (c) confabulation
  - (d) disturbance of retention
  - (e) selective loss of memory for emotionally significant events.
- (5) In psychoanalytic theory, the id:
  - (a) aims at immediate gratification of needs
  - (b) is the most primitive aspect of personality
  - (c) is inherently destructive
  - (d) is the source of psychic energy
  - (e) develops to combat the superego.
- (6) In dynamic psychopathology, object loss:
  - (a) is associated often with depression
  - (b) may be denied in pathological grief
  - (c) is often associated with manic states
  - (d) may have no basis in external reality
  - (e) applies only to the loss of a family member.
- (7) Denial characteristically occurs in:
  - (a) hysteria
  - (b) grief reactions
  - (c) schizophrenia
  - (d) obsessive-compulsive neurosis
  - (e) fugue states.
- (8) Characteristic features of communicating hydrocephalus include:
  - (a) onset in the second decade of life
  - (b) osteoporotic changes detectable on skull X-ray
  - (c) disturbance of gait
  - (d) symptoms suggestive of dementia
  - (e) pathognomonic changes in the EEG.
- (9) Organic cerebral dysfunction should be suspected when a patient shows:
  - (a) hypermnesia
  - (b) right-left disorientation
  - (c) discrepancy between verbal and performance abilities
  - (d) psychomotor retardation
  - (e) disorientation for place.
- (10) Characteristic features of delirium tremens include:
  - (a) disorientation for person
  - (b) proneness to sensory deception
  - (c) increased fast activity in the EEG
  - (d) craving for alcohol
  - (e) negligible mortality.
- (11) The following are characteristic features of schizophrenia but *not* of depressive psychosis:
  - (a) auditory hallucinations
  - (b) stupor
  - (c) delusions of control
  - (d) depersonalisation
  - (e) delusional mood.
- (12) First-rank symptoms of schizophrenia include:
  - (a) thought broadcasting
  - (b) delusions of jealousy
  - (c) vivid visual hallucinations
  - (d) echo of thought
  - (e) delusions of passivity.

- (13) The following features, detected in an interview with a newly-admitted excited man of 30, support a diagnosis of schizophrenia rather than of mania:
- emotional lability
  - aggressive outbursts
  - paranoid ideas
  - occasional depreciatory auditory hallucinations
  - thought broadcasting.
- (14) The following indicate a pathological grief reaction:
- illusions of seeing the dead person within two weeks of bereavement
  - searching behaviour in the first three weeks
  - intense grief between three and six weeks
  - intense anger and depression after six weeks
  - the first signs of grieving after an interval of more than two months.
- (15) Characteristic features of mania include:
- primary delusions
  - brief episodes of depressed mood
  - irritability
  - response to lithium treatment within three days
  - disinhibition.
- (16) Depression of mood may be caused by:
- propranolol
  - reserpine
  - clonidine
  - frusemide
  - digoxin.
- (17) Characteristic features of sociopathic disorder include:
- absence of neurotic symptoms
  - above average mortality
  - a good response to group psychotherapy
  - inability to form deep interpersonal relationships
  - lack of remorse.
- (18) During an acute attack of depersonalisation:
- anxiety tends to diminish
  - perception may be altered
  - visual hallucinations are common
  - the person is inaccessible to normal methods of communication
  - excess of autonomic arousal is not consistently detectable by psychophysiological measurements.
- (19) Overbreathing during an episode of anxiety may lead to:
- urinary incontinence
  - tingling in the fingers
  - profuse salivation
  - carpo-pedal spasm
  - a convulsion.
- (20) The following antidepressants are considered suitable for the treatment of a depressed patient with a recent cardiac infarction:
- amitriptyline
  - mianserin
  - maprotiline
  - doxepin
  - iprindole.
- (21) A patient being treated with a monoamine oxidase inhibitor should not eat:
- broad beans removed from their pods
  - cottage cheese
  - pickled herrings
  - fresh calf liver
  - well-hung pheasant.
- (22) Recognised unwanted effects of propranolol include:
- retinal degeneration
  - tachycardia
  - bronchospasm
  - hyperglycaemia
  - congestive heart failure.
- (23) The posterior (dorsal) columns of the spinal cord convey sensory impulses concerned with:
- pain
  - conscious proprioception
  - light touch
  - hot and cold sensation
  - vibration sense.
- (24) Characteristic pathological features of senile dementia (Alzheimer type) include:
- selective atrophy of the frontal lobe
  - neuritic plaques
  - neurofibrillary tangles
  - extensive atheroma of the cerebral arteries
  - reduced acetylcholinesterase activity in the brain.
- (25) Nystagmus is a recognised feature of:
- vertebro-basilar insufficiency
  - multiple sclerosis
  - Horner's syndrome
  - hemiplegic migraine
  - barbiturate abuse.