Illawarra Shoalhaven Local Health District Emergency Medicine Fellowship Program



Topic-Based Quiz: Qs and As <u>PSYCHIATRY</u>

Candidate Instructions

- Duration = 30min
- Props are included within the examination booklets
- Allocated marks for each question are shown
- Each mark is of equal weight
- There is no negative marking
- Write answers CLEARLY, and cross out any errors
- Answer within space provided
- Do not begin until instructed
- You may take examination book home with you



Good Luck!

Acknowledgement: Thank you to the trainees who have written these SAQs with the hope of making their colleagues sweat, but ultimately gain more exposure to exam practice. Good job.

	Qι	uestion	1
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A 54 year old male has presented to the ED stating that he is hearing voices telling him to hurt
himself. The triage nurse has notified the psychiatric CNC who has advised the patient needs medical
clearance.

Define Medical clearance in the context of psychiatric presentations to the Emergency Department. (2 marks)
Define Delirium in the context of presentations to the Emergency Department (2 marks)
List 4 findings from the History that would such an organic cause for this patient's presentation $oldsymbol{1}$
2
3
4
List 4 findings from this patient's Examination (including mental state Examination) that would such an organic cause for the patient 's presentation
2
3
4

Topic-Based SAQ (uiz: Psvchiatry
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Question 2

You are working in a rural Emergency Department, the closest psychiatric service in 100kms by road
away. A mother has brought there 18 year old son in concerned about a deterioration in his mental
health

List the 7 features of the Menta	I State Examination (7 marks)
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1		
2		
3		
4		
5		
6		
7		

List the 5 criteria required for detainment as 'mentally ill' under the Mental Health Act (5 marks)

1	
2	
3	
4	
5	

Question 3

An unknown 20 year old male university student has been brought in under a mental health schedule from a local nightclub. He is in physical restraints. The ambulance officers state that they were called by the nightclub owner who found the patient screaming that there were voices in his head in the bathroom. The ambulance officers tell you there were no one else with him but suspect maybe he may have taken an illicit drug.

List 3 illicit drugs known to induce acute psychosis (3 marks)

1		
2		
3		

Before he can be transferred to the bed from the ambulance stretcher he becomes increasingly agitated. He is refusing to take oral sedation and has no IV access. He weighs 80kg and has no medication with the ambulance so far.

List 2 intramuscular options and doses for sedation in this patient (2 marks)

2

The patient settles after the sedation and otherwise has a normal examination and initial investigations (Bloods and ECG). In the morning the patients mother arrives wanting to know what has happened and provide some collateral history.

With regard to differentiating acute drug induced psychosis and schizophrenia complete the table below; (8 marks)

Feature	Drug induced psychosis	Schizophrenia
Speed of onset		
Presence of agitation/violence		
Auditory hallucinations		
Thought block and		
preservation		

Question 4

GP has referred her to a psychiatrist over concerns of her body weight, they suspect she has an eating disorder. They are currently awaiting an appointment.
Define Anorexia Nervosa (2 marks)
Define Bulimia Nervosa (2 marks)
List 4 complications of Anorexia Nervosa from 4 separate systems
List 4 criteria for medical admission in anorexia Nervosa (Maximum of 1 indication per body system)

A 17 year old female has been brought in from school after a collapse. Her mother tells you that her

Question 5

A 33 year old male has presented by ambulance voluntarily to your busy ED stating that he feels anxious and low in mood. He has a history of depression and anxiety and is well known to the local mental health team.

List 5 scoring criteria from the SAD PERSONS scale for suicide risk (5 marks)
1.
2.
3.
4.
5.
6.
Using the SAD PERSONS score, at what score is psychiatric admission recommended (1 mark)
The triage nurse has notified the psychiatric team who advise they will attend to see him but it will likely be a number of hours. After 1 hour, before he has been seen, one of the ED RNs approaches you to tell you that the patient says he is just going to go home.
Outline your approach to this situation (6 marks)

ANSWERS

Question 1

Define Medical clearance in the context of psychiatric presentations to the Emergency Department. (2 marks)

Assessment aimed at identifying **significant illnesses that require immediate non-psychiatric care**

Assessment of safety in admitting a patient to a psychiatric facility if indicated

Clearance does not mean that an organic illness can be completely excluded in all cases - Dunn

Define Delirium in the context of presentations to the Emergency Department(3 marks)

Acute organic illness causing

Impairment in cognitive functioning

List 4 findings from the History that would such an organic cause for this patient's presentation

First presentation

Significantly different Mental presentation to previously

Features of Delirium present - Abrupt onset / Fluctuating course

Known substance abuse / dependence

Recent or new Medical problems

Visual or tactile hallucinations reported

List 4 findings from this patient's Examination (including mental state Examination) that would such an organic cause for the patient 's presentation

Abnormal Vital signs (includes fever)

Abnormal neurology examination

Visual or tactile hallucinations

Disorganised delusions

(Accept 1/2 mark only for specific examination findings directly related to delirium causing organic illness eg clonus for serotonin syndrome)

Question 2

List the 7 features of the Mental State Examination

- 1. General Appearance
- 2. Speech
- 3. Mood and affect
- 4. Thought
- 5. Perception
- 6. Cognition
- 7. Insight/Judgement

List the criteria required for detainment as mentally ill under the Mental Health Act

- 1. Mental illness present
- 2. Risk of harm to self or others
- 3. Mental illness requires admission for assessment or treatment
- 4. No safe less restrictive option
- 5. Patient refusing voluntary admission

Question 3

List 3 illicit drugs of different classes known to induce acute psychosis (3 marks)

- 1. Sympathomimetics Amphetamines / MDMA / Cocaine accept 1 only from this group
- 2. Cannabis / Cannabinoids
- 3. LSD

List 2 parenteral options and doses for sedation in this patient (2 marks)

Droperidol IM 5-10mg

Midazolam IM 5-10mg

Olanzapine IM 10mg

With regard to attempting to differentiate acute drug induced psychosis and schizophrenia complete the table below; (8 marks)

Features	Acute drug induced psychosis	Schizophrenia
Speed of onset	Sudden	Slow
Age at onset	In 20's	In teenage years
Duration	Usually < 1 week - 1 month following acute use Up to 6 months with chronic use	> 6 months
History of mental illness	May be absent	Present, unless first episode
Agitation and violence	Common	Less common
Auditory hallucinations	Rare	Common
Paranoia	Very common	Common
Delusions	Uncommon and variable	Common and variable
Affect	Appropriate to beliefs	Often blunted, inappropriate
Thought blocking and perserveration	Rare	Common

Question

Define Anorexia Nervosa (2 marks)

Restriction of calorie intake resulting in pathologically low body weight

Define Bulimia Nervosa

Repetitive and **Compulsive** episodes of Binge eating

Compensatory actions to stop from gaining weight (Purging / Laxatives / Diuretics)

List 4 complications of Anorexia Nervosa from 4 separate systems

CVS - Syncope / Dysrrhythmias

Met - Hypoglycaemia / Hypo(K/Mg/PO4/Na)

Haem - Anaemia, Neutropaenia

GI - Liver Failure, Constipation

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Topic-Based SAQ Quiz: Psychiatry
Skeletal - Osteoperosis
Psychiatric - Depression
Refedding Syndrome - Hypo K/Mg/PO4/BSL
List 4 criteria for medical admission in anorexia Nervosa (Maximum of 1 indication per body system)
BMI < 12
Hypothermia (<35.5)
CVS
- Brady cardia < 50
- SBP <80mmHg
- Postural Hypotension (>20mmHg)
Electrolytes
- K+ < 3mmol/L
- Na < 125mmol/L
- BSL < 3mmol/L
Haem - Neutrophils < 0.7
Renal - eGFR< 60mls/min
Failure to respond to OP Management
Question 5
List 5 scoring criteria from the SAD PERSONS score (5 marks)
Sex Male +1
Age 15-29 or >65 +1
Depression +2
Prior Psych Hx or admissions +1
Ethanol or other drugs +1
Rational thought, loss of +2
Single +1
Organised attempt at suicide +2
Nil social supports +1
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Stating ongoing suicidality +1

Using the SAD PERSONS score, at what score is psychiatric admission recommended (1 mark)

5 or less: Probable OP follow up

6-8: Psych Consult

9 or more: Likely admission

Outline your approach to this situation (6 marks)

Acknowledge and apologise for prolonged waiting time

Encourage to stay

Initiate simple investigations or interventions as appropriate (bloods / oral sedation)

Recruit family / relatives to assist in encouraging to stay

Assess capacity to make decision to leave

- -If safe to leave then ensure appropriate follow up organised
- -If not safe due to risk to self then will require schedule +/- sedation