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Overall Exam Statistics

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Evaluation and Diagnosis

1. In January, police officers found a 66 year-old man wandering in traffic and brought him to an ER. Prior medical records document alcohol dependence. On exam, he is confused, and has nystagmus, reduced peripheral sensation and a staggering gait. What diagnosis would best account for these problems?
   
   A. Dementia associated with Parkinson’s disease
   
   B. Hypothermia
   
   C. Korsakoff’s syndrome
   
   D. Severe hypothyroidism
   
   E. Wernicke’s encephalopathy

   **Answer: E. Wernicke’s encephalopathy**

   Wernicke’s encephalopathy is diagnosed by the classic constellation of symptoms including ataxia, ophthalmoplegia, nystagmus, confusion, and impairment of short-term memory. Korsakoff’s syndrome is the long term consequence of untreated WE and results in severe retrograde and anterograde memory loss. The primary underlying deficit in WE are lesions in the medial thalamic nuclei, mammillary bodies, periaqueductal and periventricular brainstem nuclei, and superior cerebellar vermis. The etiology of these lesions is a deficit in vitamin B1 (thiamine) which can be due to either a lack of absorption (due to disorders such as stomach cancers or Crohn’s disease) or inadequate intake (primarily due to alcohol dependence).

2. **According to scientific research regarding sexuality in later life:**
   - A. the frequency of sexual activity increases in later life
   - B. older patients need and benefit from sex education
   - C. older women tend to be more sexually active than older men
   - D. older individuals report that sexual experiences are less satisfying
   - E. Premature ejaculation is the most common form of sexual dysfunction in older men

**Answer:** B. older patients need and benefit from sex education


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**Neuropsychiatry**

3. You are asked to evaluate a 78 year old man for a dementia of several years duration. His family has not had frequent contact with him, but they believe that the onset was relatively sudden. In the course of your evaluation you perform a neurologic exam. Which of the following findings is most suggestive of a vascular etiology?
   - A. Bilateral Babinski sign
   - B. Grasp reflex
   - C. Intention tremor on finger to nose
   - D. Left homonymous hemianopsia
   - E. Mild aphasia

**Answer:** D. Left homonymous hemianopsia

The presence of this type of visual field cut strongly suggests a cerebrovascular accident in the past. Combined with the history provided, one would suspect a vascular dementia. The other findings are more non-specific and can be seen in a variety of dementing conditions.


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4. Which of the following would be a good choice of a first-line agent for the treatment of psychosis in a 68-year-old woman with Parkinson’s disease?
   A. clozapine
   B. haloperidol
   C. memantine
   D. quetiapine
   E. risperidone

   Answer: D. quetiapine

   Patients with PD tend to be very sensitive to the extrapyramidal side effects of neuroleptics. Haloperidol and risperidone are both likely to worsen the patient’s parkinsonism. Memantine is indicated for the dementia of Parkinson’s disease, but not for psychosis per se. Clozapine may turn out to be a good drug for this patient but, because of its safety profile, would probably not be an appropriate first choice.


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Dementia

5. Which of the following is True about the epidemiology of dementias?
   A. After the age of 60 the incidence of dementia is exponential
   B. Among those over age 75 having two copies of APO-e2 possess the highest risk
   C. Risk factors for Alzheimer’s disease have yet to be identified
   D. The Mini-Mental Exam is the primary tool used to study the epidemiology of dementia
   E. Dementia of the Alzheimer’s disease accounts for approximately 60% of all dementias

   Answer: E. Dementia of the Alzheimer’s disease accounts for approximately 60% of all dementias

   Alzheimer’s disease is the most frequent cause of dementia in Western societies, affecting an estimated 5 million people in the United States and 17 million worldwide. Annual incidence worldwide increases from 1% between the ages of 60 and 70 years to 6 to 8% at the age of 85 years or older and beyond age there are a number of other risk factors being discussed including cardiovascular disease and head trauma.


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6. Which of the following is FALSE about the epidemiology of dementias?

A. The incidence of dementia is higher in women than men
B. APO-e4 is a susceptibility marker for only early onset Alzheimer’s disease
C. Education may be a protective factor for Alzheimer’s disease
D. Less than 10% of individuals over age 65 have dementia
E. The prevalence of dementia in a study may vary by the instruments used to measure the disorder

Answer: B. APO-e4 is a susceptibility marker for only early onset Alzheimer’s disease

Risk of Alzheimer disease by apolipoprotein E genotype: ε3/ε3: OR 1.0 [ref]; Single ε4: OR 3.2 (2.9–3.5); ε4/ε4: OR 11.6 (8.9–15.4); ε2/ε3 OR 0.6 (0.5–0.8). ε2 may actually be protective.

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Depression, Bereavement and Suicide

7. Ms. M is a 67 year old woman recently widowed after 48 years of marriage. Which of the following symptoms indicates the need for psychiatric intervention?

A. Episodic thoughts of wanting to join her husband in heaven
B. Guilt about not having a better funeral service
C. Hearing her husband saying “good night” when she lies in bed
D. Thoughts about how she could have been a better wife
E. Weight loss, staying in bed, not changing clothes or bathing, refusing to answer the telephone or open her mail

Answer: E. Weight loss, staying in bed, not changing clothes or bathing, refusing to answer the telephone or open her mail

Most of the other answers are common in “normal” bereavement. On the other hand bereavement-related depression is not different from MDE and is equally genetically influenced, most likely to occur in individuals with past personal and family histories of MDE, has similar personality characteristics and patterns of comorbidity, is as likely to be chronic and/or recurrent, and responds to antidepressant medications.


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8. Which of the following cognitive functions is most affected during an episode of late-life depression?

   Apraxia
   Awareness of deficits
   Executive functioning
   Semantic fluency
   Verbal naming

   Answer: C. Executive functioning

One of the most significant and replicated findings in geriatric psychiatry has been the association of executive functioning deficits with MD in the elderly including psychomotor retardation, reduced interest in activities, impaired insight and pronounced behavioral disability. This has led to a number of studies that have defined the pathophysiology of depression in late life as a dysfunction of frontostriatal-limbic pathways. Psychotherapy strategies to address and help patients compensate for these deficits have also been shown to improve outcomes.


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Personality Disorders

9. Personality disorders that are less common in the elderly are:
   A. Schizoid
   B. Avoidant
   C. Dependent
   D. Obsessive-Compulsive
Answer: A. Schizoid

Cluster “C” personality disorders are more common in older adults (Avoidant, Dependent, Obsessive-Compulsive). Clusters “A” (Schizoid, etc) and “B” (Borderline, etc) are less common in elderly. Among elderly individuals with depression, those with personality disorders have reduced quality of life/functional status compared to depressed elderly without personality disorders.


10. Elderly individuals with personality disorder have been shown to be at increased risk of:
A. Late-onset mania
B. Cardiovascular disease
C. Developmental disabilities
D. Psychosis

Answer: B. Cardiovascular disease

Elderly individuals with personality disorder are significantly more likely to have increased risk of medical disorders/disability. Any personality disorder is more likely associated with stroke (OR 2.1), and ischemic heart disease (OR 1.4). Coronary heart disease may be particularly common in individuals with avoidant, schizoid, and obsessive-compulsive personality disorders


Bipolar Disorder

11. Late-onset bipolar disorder:
A. Accounts for less than 5% of patients with geriatric mood disorders
B. Should not be managed with lithium monotherapy.
C. Is associated with fewer family members affected with bipolar disorder compared to younger patients with bipolar disorder
D. Is associated with shorter durations of episodes compared to younger bipolar patients
E. Is associated with fewer episodes of mania than younger patients with bipolar disorder.
Answer: C. Is associated with fewer family members affected with bipolar disorder compared to younger patients with bipolar disorder

Aziz et al. found that bipolar affective disorder is common in the elderly with prevalence rates from 0.1% to 0.4%. Elderly bipolar patients account for 10% to 25% of all geriatric patients with mood disorders and 5% of patients admitted to geropsychiatric inpatient units. Lithium, divalproex sodium, carbamazepine, lamotrigine, atypical antipsychotics, and antidepressants have are therapeutic in the treatment of elderly patients with bipolar disorder. Unfortunately there are no specific guidelines for the treatment of elderly bipolar patients and the current recommendations are to use monotherapy followed by combination therapy of the various classes of drugs may help with the resolution of symptoms. ECT and psychotherapy may be useful in the treatment of refractory disease. There is clearly a need for more controlled studies in this age group before definitive treatment strategies can be established.

In their summary of bipolar disorder comparing older patients to patients with the onset of mania at a younger age, Hirschfield et al. found that those with onset at an older age tend to have fewer family members with bipolar disorder, and longer episode durations or more frequent episodes of illness. Of individuals with onset of mania at older ages, one-half have had previous depressive episodes, often with a long latency period before the first manic episode.


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12. You are following a sixty year old patient who has been managed on lithium monotherapy for twenty years. Her lithium level has consistently been maintained at .8 meq/ L and she has had no breakthrough episodes of depression or mania. However recently she is complaining of gait ataxia with falling and tremor that is so severe she can no longer engage in her hobby of painting or write legibly. You check her level and she has a trough level of .6 meq/ L. You decide to decrease her lithium carbonate from 1200 mg per day to 900 mg with a marked improvement in her side effects. Yet on this visit she is hypomanic with increased rate of speech, sleeping only 6 hours a night and racing thoughts. The best clinical management at this time is:
A. Increase lithium to previous dose  
B. Gradually stop lithium and start aripiprazole 5 mg/day  
C. Check her lithium level  
D. Continue lithium at 900 mg/day and add valproate

**Answer:** B. Gradually stop lithium and start aripiprazole 5 mg/day

The side effects were debilitating so increasing the dose may help with symptom management but not with long term quality of life.

Unclear that obtaining a blood level would make a real difference except if the patient had a negligible lithium level indicating noncompliance. This would seem unlikely given the years of compliance on lithium monotherapy.

Although both B and D are viable options, aripiprazole monotherapy is the better first choice. In the elderly the goal should be to try to simplify, not increase, the complexity of the medication regimen. Aripiprazole is FDA indicated for the long-term treatment of bipolar disorder. While all atypical antipsychotics may cause adverse effects, particularly weight gain and metabolic abnormality, side effects of VPA can also be substantial in the elderly and include tremor and gait ataxia.


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**Anxiety Disorders**

13. Which of the following presentations of pathological anxiety is most common in older adults?  
A. Severe uncontrollable worry  
B. Panic attacks  
C. New-onset phobia  
D. Obsessions and compulsions  
E. None – pathological anxiety is rare in older adults

**Answer:** A. Severe uncontrollable worry

Anxiety disorders are common in older adults occurring in about 7-10%. Still, some anxiety disorders are less common in older adults than younger adults. Some anxiety disorders become less common with aging (e.g., panic disorder, obsessive-compulsive disorder), because of accumulated naturalistic experience, brain changes, selective mortality, etc. “Worry” appears to be almost universal with aging,
with 20% or more having severe chronic worry and about 5% meeting criteria for generalized anxiety disorder.


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14. Which of the following is TRUE regarding cognitive-behavioral therapy for late-life anxiety disorders?
   A. CBT has some efficacy but less than in younger adults
   B. CBT is more effective in the treatment of anxiety disorders in older adults than younger adults
   C. CBT alone is superior to pharmacotherapy alone
   D. A therapeutic course of CBT is more difficult to complete in older adults than younger adults due to compliance problems
   E. CBT is more effective than relaxation training

Answer: A. CBT has some efficacy but less than in younger adults

CBT is effective in older adults with anxiety symptoms and may help prevent the emergence of anxiety disorders, but has not been shown to be more effective than behavioral treatments such as relaxation training. CBT overall appears to be less effective in older adults than younger adults although that difference is not simply due to compliance or the difficulty in getting older adults to complete the therapy course. Pharmacotherapy is equal to or better than CBT alone although the benefits to an individual patient may outweigh these differences.


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Sleep Disorders

15. Normal, age-related reports of lighter sleep in later life are mirrored in...
   A. Reduced time in bed
   B. Greater amounts of stage 3 and 4
   C. Greater amounts of stage REM
   D. Greater amounts of stage 1

Answer: D. Greater amounts of stage 1

Stage 1 sleep is viewed as an especially light form of sleep, and this type of sleep proportionately increases with age


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16. Prevalence Rates of polysomnography-defined Sleep Apnea...
   A. Increases with age, and symptom prevalence of sleep apnea also increases with age
   B. Increases with age, but symptom prevalence stays the same or decreases with age
   C. Decreases with age, and symptom prevalence of sleep apnea increases with age
   D. Decreases with age, and symptom prevalence stays the same or decreases with age

Answer: B. Increases with age, but symptom prevalence stays the same or decreases with age

The laboratory-defined prevalence of obstructive sleep apnea increases across the life cycle, but classic symptoms such as severe snoring or observed apnea may not be evident and may not increase with age


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Psychotic Disorders

17. Symptoms of secondary psychoses accompany which disorder:
   A. Delusional disorder
   B. Schizophrenia
   C. Depression
The primary psychotic disorder include schizophrenia, schizoaffective disorder, schizophreniform disorder, delusional disorder, brief psychotic disorder and the affective psychoses including bipolar disorder with psychotic features and unipolar depression with psychotic features. The secondary psychoses include psychotic symptoms associated with dementia (Alzheimer’s disease with psychoses, vascular dementia with psychoses, Lewy Body Disease with psychoses and other dementing disorders with psychoses), psychotic symptoms during delirium, psychotic symptoms associated with medications and substance abuse and psychotic symptoms due to medical and surgical disorders.


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18. The most frequent cause of psychosis in older persons is:
   A. Schizophrenia
   B. Alzheimer’s disease
   C. Delusional disorder
   D. Depressive disorder

Answer: B. Alzheimer’s disease

Up to 23% of the older adult population will experience psychotic symptoms at some time, with dementia being the main contributing cause.


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Substance Use Disorders

19. Which of the following would you be least likely to find in a patient withdrawing from alcohol?
   A. Fits of sweating
   B. Insomnia
   C. Olfactory hallucinations
   D. Shaking
**Answer:** **C. Olfactory hallucinations**

Olfactory hallucinations would occur in the most severe cases of delirium tremens and the other answers are all relatively common in uncomplicated alcohol withdrawal.


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20. **All of the following are important in improving treatment compliance in alcoholism treatment EXCEPT:**

A. Systematically monitor compliance  
B. Provide education and support about side effects  
C. Encourage use of positive supports such as family members  
D. Younger age

**Answer:** **D. Younger age**

All of the other supportive measures can help patients maintain compliance. Interestingly older patients seem more compliant than younger patients in maintaining compliance in alcohol treatment programs.


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**ECT**

21. **The evidenced based literature and APA guidelines support the use of ECT in the treatment of which of the following medical conditions in the elderly:**

A. dementia with agitation  
B. dementia with disinhibited behavior  
C. agitated delirium  
D. catatonia

**Answer:** **D. Catatonia**
Catatonia is the only condition with good evidence for efficacy in ECT, although there are case reports citing efficacy in the other conditions.


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22. A predictor of an increased response in adult patients receiving ECT is:
   A. dementia
   B. periventricular white matter disease on MR scans
   C. older age
   D. previous failure of an adequate trial of lithium carbonate

Answer: C. Older Age

Age is associated with a positive response to ECT. The other three answers are actually predictors of decreased response.


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**Ethical and Forensic**

23. Which of the following statements about older drivers is true:
   A. Cessation of driving rarely leads to depression and social isolation
   B. Deteriorating driving performance in the elderly is not correlated with progression of dementia
C. Common neuropsychological tests (e.g., MMSE) are not good predictors of driving ability
D. Older drivers have a decreased crash rate per mile driven
E. Older drivers have a disproportionately lower percentage of fatalities

Answer: C. Common neuropsychological tests (e.g., MMSE) are not good predictors of driving ability

As a group older drivers have an increased crash rate per mile driven and a disproportionately high percentage of fatalities (begins at age 55). Age-associated contributors to this deterioration includes changes in reaction time, sensory processing and perception, and cognition due to illness and medication. Driving cessation is associated with risk of social isolation, depression and excess morbidity.


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24. Expert witnesses:
A. Are truly impartial
B. Generally have more credibility than fact witnesses
C. Have facts beyond the scope of the average juror
D. May not offer opinions in court
E. Must be board certified in their specialty

Answer: C. Have facts beyond the scope of the average juror

An expert witness is differentiated from a fact witness. A fact witness divulges facts of a case and could, for example, be a treating physician. An expert witness may offer opinions, may be entitled to expert witness fee and has facts related to some science or profession beyond the scope of the average lay person.

25. The correct order for guardianship cases is:
   A. Adjudication, hearing, guardian, termination
   B. Appointment, notice, hearing, monitoring
   C. Hearing, appointment, notice, monitoring
   D. Petition, hearing, adjudication, appointment
   E. None of the above

   Answer: D. Petition, hearing, adjudication, appointment

