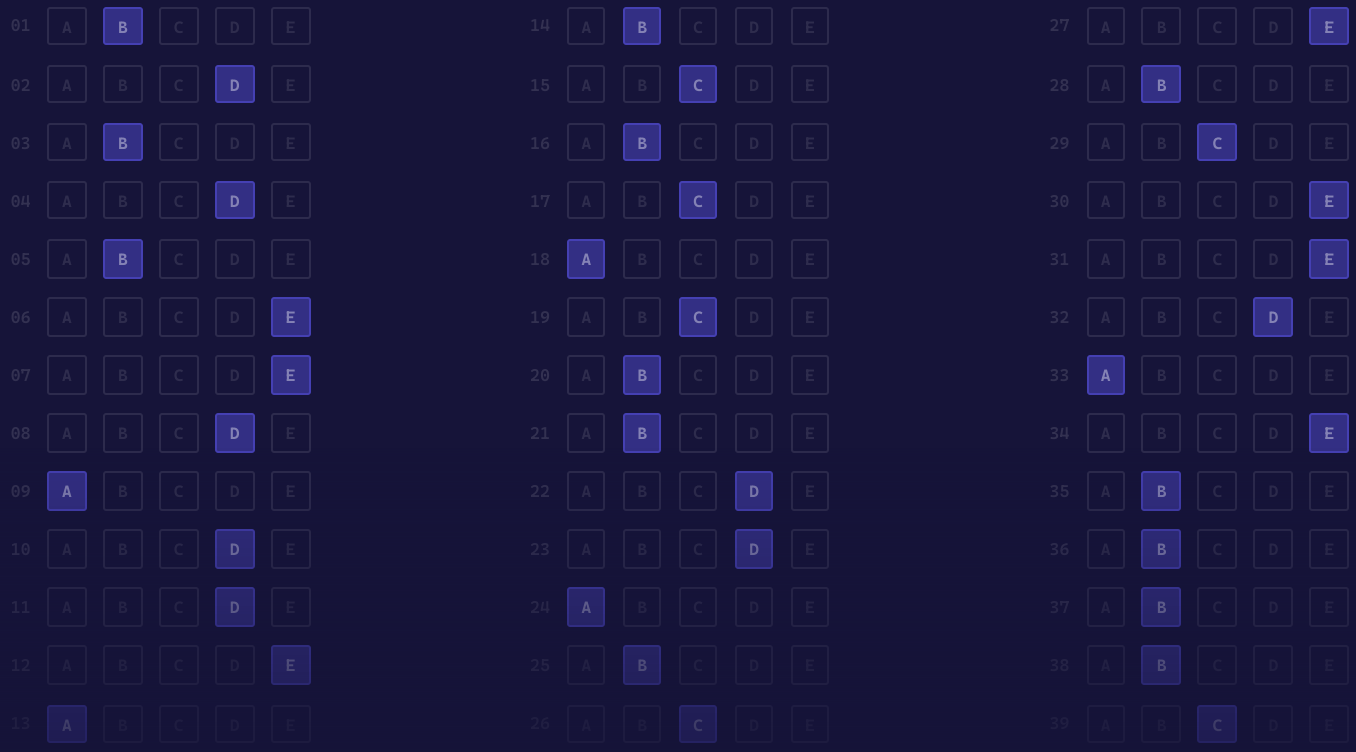
MOMETRIX
SMARTER PREP. BETTER RESULTS.



PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

PSYCH

Psychiatry Exam

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

WEB www.mometrix.net

SUPPORT support@mometrix.net

Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) `PSYCH`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `PSYCH`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 MULTIPLE CHOICE

A 22-year-old university student presents with a 3-week history of hearing voices commenting on his behavior, persecutory delusions, social withdrawal, and declining academic performance. He has no history of mood symptoms and denies substance use. Which of the following features would best support a diagnosis of schizophrenia rather than schizophreniform disorder? (Choose two.)

A **Total duration of symptoms for 6 months**

B Auditory hallucinations in the third person

C Prominent mood episode preceding psychotic symptoms

D **Significant functional decline in occupational role**

E Use of cannabis in the past month

ANSWER **A · D**

WHY Schizophrenia requires a continuous duration of at least 6 months (including prodromal/residual phases), whereas schizophreniform disorder lasts between 1 and 6 months. Significant functional decline in major areas of functioning (work, interpersonal relations, self-care) is also a DSM-5 criterion for schizophrenia. Third-person auditory hallucinations occur in both. A prominent mood episode would suggest schizoaffective disorder. Substance use would raise the possibility of substance/medication-induced psychotic disorder.

QUESTION 2 MULTIPLE CHOICE

A 45-year-old man with recurrent major depressive disorder has failed two adequate trials of SSRIs. He is started on venlafaxine, a serotonin-norepinephrine reuptake inhibitor (SNRI). Which of the following are recognized adverse effects associated with SNRIs? (Choose two.)

A **Sustained elevation of diastolic blood pressure**

B **Discontinuation syndrome with flu-like symptoms**

C Severe agranulocytosis requiring weekly CBC monitoring

D Elevated intraocular pressure and risk of angle-closure glaucoma

E Hyponatremia due to syndrome of inappropriate ADH secretion

ANSWER **A** · **B**

WHY SNRIs (venlafaxine, duloxetine) can cause dose-dependent elevations in diastolic blood pressure due to noradrenergic effects, and discontinuation syndrome (dizziness, flu-like symptoms, paresthesias, mood changes) when abruptly stopped. Hyponatremia from SIADH and angle-closure glaucoma are more characteristic of SSRIs. Severe agranulocytosis requiring routine CBC monitoring is not a class effect of SNRIs (this is associated with clozapine).

QUESTION 3 SINGLE CHOICE

A 30-year-old woman presents 4 weeks after a serious motor vehicle accident with recurrent intrusive memories of the crash, nightmares, avoidance of driving, hypervigilance, and exaggerated startle response. She has no history of substance use. What is the most likely diagnosis?

A Acute stress disorder

B **Post-traumatic stress disorder (PTSD)**

C Adjustment disorder

D Generalized anxiety disorder

E Panic disorder

ANSWER **B**

WHY Symptoms persisting for more than 1 month after the traumatic event meet DSM-5 criteria for PTSD. Acute stress disorder has identical symptom clusters but is diagnosed only when symptoms last between 3 days and 1 month. Adjustment disorder involves emotional/behavioral symptoms in response to an identifiable stressor but does not include the specific intrusion/avoidance/hyperarousal pattern. GAD and panic disorder lack a clear traumatic antecedent.

QUESTION 4 SINGLE CHOICE

A psychiatrist is assessing a depressed patient and asks specifically about thoughts of self-harm. The patient reports a specific plan, access to means, and a stated intent to act in the next 24 hours. What is the most appropriate immediate next step in management?

A Initiate outpatient psychotherapy and follow up in 1 week

B Start an SSRI and arrange routine clinic review

C Arrange urgent involuntary hospitalization and ensure a safe environment

D Obtain collateral history from family before deciding

E Apply restraints without further assessment

ANSWER C

WHY A patient with an active suicide plan, means, intent, and a defined timeline is at imminent high risk. The most appropriate management is urgent (often involuntary) hospitalization with continuous observation and removal of lethal means. Delaying with outpatient follow-up or starting treatment without addressing immediate safety is inappropriate. Restraints should not be applied solely on the basis of suicidal ideation without proper clinical assessment.

QUESTION 5 SINGLE CHOICE

A 38-year-old man with a long history of alcohol use disorder presents to the emergency department with confusion, ataxia, ophthalmoplegia, and confabulation. Which vitamin deficiency is most likely responsible for this presentation?

A Vitamin B12 (cobalamin)

B Folate

C Thiamine (vitamin B1)

D Vitamin D

E Pyridoxine (vitamin B6)

ANSWER C

WHY The classic tetrad of Wernicke encephalopathy — confusion, ataxia, ophthalmoplegia, and memory disturbance with confabulation (Korsakoff psychosis) — is caused by thiamine (vitamin B1) deficiency, commonly seen in chronic alcohol use. It is a medical emergency treated with parenteral thiamine before any glucose administration to prevent precipitation or worsening of symptoms.

QUESTION 6 SINGLE CHOICE

A patient with schizophrenia has been on haloperidol for several years and now presents with involuntary chewing movements, lip smacking, and tongue protrusion. Which of the following is the most appropriate management?

A Increase the dose of haloperidol to control residual symptoms

B Add an anticholinergic medication such as benztropine

C Switch to clozapine after appropriate evaluation

D Add a benzodiazepine as the first-line treatment

E Continue observation as symptoms will resolve spontaneously

ANSWER C

WHY The presentation is consistent with tardive dyskinesia, a potentially irreversible extrapyramidal side effect of long-term typical antipsychotics. The evidence-based recommendation is to discontinue or switch to an atypical antipsychotic with lower risk, such as clozapine or quetiapine. Increasing the dose typically worsens TD. Anticholinergics do not improve TD and may worsen it. VMAT2 inhibitors (valbenazine, deutetrabenazine) are also approved for TD.

QUESTION 7 SINGLE CHOICE

A 28-year-old woman presents with a 2-week history of elevated mood, decreased need for sleep, grandiosity, pressured speech, and impulsive spending. She has had one previous similar episode 3 years ago that lasted 3 weeks. What is the most likely diagnosis?

A Manic episode with psychotic features

B Bipolar I disorder

C Bipolar II disorder

D Cyclothymia

E Borderline personality disorder

ANSWER B

WHY Bipolar I disorder is defined by the occurrence of at least one manic episode, which may be preceded or followed by hypomanic or depressive episodes but does not require them. The presence of a discrete period of abnormally elevated/irritable mood with associated symptoms lasting at least 1 week (or any duration if hospitalization is required) is sufficient. Bipolar II requires a history of at least one hypomanic and one major depressive episode. Cyclothymia involves numerous hypomanic and depressive symptoms not meeting full episode criteria for at least 2 years.

QUESTION 8 SINGLE CHOICE

An 8-year-old boy is referred for assessment because of difficulty sustaining attention in class, careless mistakes in schoolwork, losing pencils, fidgeting, and interrupting others. Symptoms have been present for at least 7 months and are observed in both school and home settings. What is the most likely diagnosis?

A Conduct disorder

B Oppositional defiant disorder

C Attention-deficit/hyperactivity disorder (ADHD), combined presentation

D Specific learning disorder

E Autism spectrum disorder

ANSWER C

WHY The boy meets DSM-5 criteria for ADHD: at least 6 symptoms of inattention and at least 6 symptoms of hyperactivity-impulsivity, present for at least 6 months, in two or more settings, with onset before age 12 — consistent with combined presentation. Conduct disorder involves violation of others' rights. ODD involves a pattern of angry/irritable mood and defiant behavior without the attentional symptoms. Specific learning disorder is restricted to academic skill deficits. ASD requires social communication deficits and restricted/repetitive behaviors.

QUESTION 9 SINGLE CHOICE

A psychiatrist is asked to disclose details of a patient's psychiatric treatment to the patient's employer as part of a fitness-for-work evaluation. What is the most appropriate course of action?

A Provide a full copy of the medical record because the employer requested it

B Disclose information only after obtaining the patient's informed written consent and limit disclosure to what is strictly relevant

C Refuse any communication with the employer under all circumstances

D Provide verbal information to the employer based on the psychiatrist's own judgment

E Release only the diagnosis without any further documentation

ANSWER B

WHY Patient confidentiality is a core ethical and legal principle. Disclosure of clinical information to third parties, including employers, requires the patient's informed written consent, and only the minimum necessary information should be shared for the stated purpose. Releasing the entire record, disclosing based on the psychiatrist's judgment alone, or sharing partial information without consent breaches professional and legal standards.