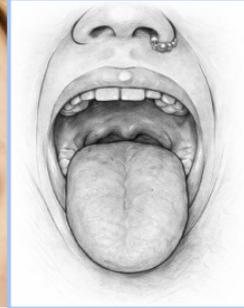
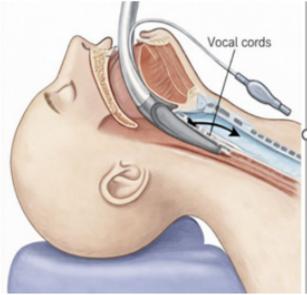


PSYCHIATRY + ANESTHESIA



DELUSION OF REFERENCE

1. A 30-year-old patient says that traffic lights going green is signal for him to start driving car fast and kill bad people. He also believes that he is reincarnation of god and is sent to rid earth of negativity. You find him using rhyming words like sad...bad....mad. His wife says one month ago he was fine and was an IT professional getting regular promotions. Diagnosis as per DSM-V criteria is?

- a. Schizophrenia → Clang association
- b. Schizophreniform disorder
- c. Brief psychotic disorder
- d. Major depressive disorder ~~disorder~~ SIGECAPS

$\frac{2+}{5}$ = D of GRANDEUR

Bollywood Mnemonic: Schizophrenia

HRK in koi mil gaya !

1 Hallucinations (hears jadoo) ✓

2 Delusions (belief in aliens on earth) ✓

3 Disorganized speech - Derailment, ✓

4 Disorganized behavior like catatonia ✓

5 Zero emotions (negative symptoms)

2+
5



PERCEVERATION

Clang associated

ALOGIA, ANEDONIA

Rx: → ⊕ : RISPERIDONE, FLOPHENAZINE im

⊖ : CLOZAPINE

2. A 40-year-old man is brought to hospital by social worker. The man had been living on the streets of a busy market in Delhi disheveled condition. His family is contacted via Instagram and they say he left house in Haridwar suddenly one day after an earthquake. The patient has no memory of coming to new city and living there. Diagnosis is?

- a. Dissociative fugue
- b. Depersonalization
- c. Conversion disorder
- d. PTSD

insight ⊕
detachment from self

NEURO FEATURES

FLASH BACKS

* AMNESIA OF PAST EVENTS
+
* assuming new identity



3. You are posted at deaddiction clinic. Young teenager addicted to smack says that it helps him ejaculate spontaneously. You find him having excessive yawning with mydriasis and piloerection. Pulse is 110/min, BP 130/100 mm Hg and tremors are noted. Which drug will be used for de addiction/ detoxification initially?

- a. ~~Naloxone~~ **OVERDOSE** :  , **RR = ↓** , **Temp = ↓**
- b. Naltrexone * **it receptor #** : No effect on **HEROIN**
- c. Methadone **long acting opioid** , **self harm ↓** ✓
- d. Acamprosate

Naloxone → pure opioid antagonist, short -acting → used in acute opioid overdose, not in withdrawal/ deaddiction.

Naltrexone → long -acting opioid antagonist → used for relapse prevention (after detoxification in motivated patients)

Methadone → long-acting opioid agonist → used for maintenance therapy / deaddiction by substitution.

Acamprosate → used in alcohol dependence, not opioid

4. A 35-year-old woman presents with persistent sadness, anhedonia, poor sleep, and loss of appetite for the last 6 months. She reports that she has recurrent thoughts of ending her life and has even made a self-harm attempt in the past. She has been tried on SSRIs and cognitive-behavioral therapy for the last 8 weeks with minimal improvement. Currently, she refuses food, remains withdrawn, and expresses hopelessness. What is the most appropriate next step in management?

- a. Switch to another SSRI
- b. Add lithium as augmentation MDP
- c. Initiate tricyclic antidepressant
- d. Electroconvulsive therapy ↓ GA

Depression =
* MDD: > 2wks
* PDD: > 2yrs

MDD + suicidal attempts/ideation



5. A 30-year-old corporate executive exhibits easy distractibility, indiscretion and grandiosity. His wife says he sleeps 2 hours per night and works on laptop all the time but his boss has complained of zero productivity. He is currently brought to ER by his wife in extreme agitation and violent state and is refusing to sleep. Which of the following is first line drug for this patient?

- a. Lithium (2)
- b. Valproate
- c. Lorazepam (1)
- d. Venlafaxine

MANIA

- D - Distractibility
- I - Impulsivity / Indiscretion
- G - Grandiosity
- F - Flight of ideas
- A - Activity increased (goal directed)
- S - Sleep decreased
- T - Talkativeness (pressured speech)

< 7 days

> 3, if mood EUPHORIC
> 4 if mood, IRRITABLE

6. Best intervention to quit smoking?

- a. Venlafaxine SNRI
- b. Nicotine lozenges
- c. Nicotine transdermal patch
- d. Bupropion

(A) → VARENICLINE : $\alpha_4\beta_2$ Nicotinic R partial antagonist

(B) → NICOTINE GUM/LOZENGES
// nasal spray

Varenicline > nicotine lozenges > nicotine nasal spray > nicotine transdermal patch

7. A 45-year-old alcoholic presents with tremors, extreme agitation, insomnia and vomiting. Currently he is unconscious in the ER. USG abdomen shows shrunken liver with evidence of portal hypertension. Labs show RBS 75 mg/dl, Na = 130 meq/L with potassium 5 meq/L. What is correct management of this patient?

- a. Lorazepam
- b. Lorazepam and ~~octreotide~~ PORTAL HTN
- c. Lorazepam and Thiamine
- d. Lorazepam and ~~25% dextrose~~ RBS = H^+

DEIRUM TREMENS
LORAZEPAM + THIAMINE

OXAZEPAM ☺
TEMAZEPAM LOT



- ⑤
- **Alcohol withdrawal management** = Benzodiazepines. But in liver disease (cirrhosis), use lorazepam, oxazepam, temazepam (LOT) because they are metabolized by conjugation, not liver oxidation
 - Phase I oxidation using cytochrome P450 system



D	DIAZEPAM
C	CHW DIAZEPAM
M	MIDAZOLAM



✓ MR
8. Leading cause of intellectual disability in a boy who was found to have self-mutilation features is?

- a. Down syndrome
- b. Fragile X syndrome
- c. Lesch Nyhan syndrome XLR
- d. Prader willi / Angelman syndrome

URIC ACID ++ : 
"ORANGE diaper syn"

* Boy + MR + large Testis = fragile X
large ear

* Boy + anti-social + small Testis = KS
gynaecomastia

Most common form of mental retardation

Down syndrome (Trisomy 21) → most common chromosomal cause.

Fragile X syndrome (FMR1 mutation) → most common inherited cause

Fetal alcohol syndrome → most common environmental / teratogenic cause.

9. A 25-year-old male with a history of **disorganized behavior** presents to the psychiatry OPD. He reports that he frequently "hears voices" which comment about his actions to each other and are plotting to harm him. Which of the following is correct about him? ✓

(a) Third person hallucination

b. Second person hallucinations

c. Complex hallucinations TASTE, SMELL = Temporal lobe epilepsy

d. Extracampine hallucinations Body projected into space

Second -person hallucination → Voices directly addressing the patient (“You are worthless”, “You must die”)

Third -person hallucination → Voices talking about the patient or giving a running commentary (“He is going to die”. “They are plotting against him”)

Complex hallucination → Involves multiple sensory modalities (visual + Auditory + Tactile, etc)

Extracampine hallucination → Perception of a stimulus outside the sensory field (e.g. feeling touched by someone not present or seeing figures outside the visual field.)

Third -person hallucinations are one of Schneider’s First -Rank Symptoms (FRS) of schizophrenia

10. A 60-year-old male alcoholic patient in the ICU after prostate surgery is noted to be restless at night, and repeatedly tries to pull out his IV lines making nursing staff call you. During the day, he was calm but you notice he is severely confused about the date and time. Vitals Pulse: 84/min, BP: 110/70 mmHg, RR: 16/min. Which is the most likely diagnosis?

a. Acute Psychotic episode

b. ~~Delirium tremens~~

c. Delirium

d. Acute stress reaction

↓
ADVERSE
EVENTS

VITALS STABLE

Hallucination
Delusions

Alcoholic hallucinosis

- ✓ 1. Tactile ← CREEPY CRAWLY
- ✓ 2. VISUAL MICROPSIA
- 3. Auditory

Delirium → acute onset fluctuating sensorium, impaired orientation, visual illusion/hallucinations restlessness, pulling IV lines. Stable vitals support postoperative ICU delirium, not DT.

Delirium tremens → requires alcohol withdrawal (48-72 hrs. after last drink) + autonomic hyperactivity (tachycardia, HTN, fever, sweating, tremors, seizures). Absent here.

Acute psychosis → Hallucinations / delusions, but consciousness and orientation are preserved

Acute stress reaction → develops after trauma; disorientation and hallucinations are not typical

11. Nomophobia?

- a. Fear of being out of mobile phone contact
- b. Fear of being in places or situations where escape is difficult
- c. Fear of closed spaces
- d. Fear of heights

CLAUSTROPHOBIA

ACROPHOBIA

AGORAPHOBIA

12. Run amok is seen with abuse of which of the following?

- a. Smack
- b. Marijuana
- c. Cocaine
- d. Ecstasy

CANNABIS

ZOMBIE
FENTANYL

13. What is "Dhaat syndrome"

- a. Preoccupation with sexual acts with animals
- b. Preoccupation with semen loss in urine and nocturnal emission
- c. Preoccupation with indigestion and poor GI health
- d. Preoccupation with wild sexual fantasies

Couvade syndrome	Symptoms of pregnancy like swelling of feet and abdomen, spasms in abdomen and vomiting in expectant father It is not a delusion but psychosomatic response
Ekbom syndrome	Delusional parasitosis and restless legs
Kline levine syndrome	Adolescent male with episodic hypersomnia, hypersexuality and hyperphagia
Kluver bucy syndrome	Hyperphagia Hypersexuality and rage Hyperorality Hypermetamorphosis – tendency to shift attention frequently Visual agnosia- inability to recognize familiar faces

14. Most common sequelae of traumatic brain injury is?

TBI

- a. PTSD
- b. Depression
- c. Anxiety
- d. Mood disorder

15. A 32-year-old man with chronic schizophrenia insists that his neighbours, colleagues, and even the hospital staff are actually one single person who disguises themselves in different appearances to harass him. This phenomenon is best described as?

a. Capgras syndrome

→ Copy: Replaced original PERSON

b. Fregoli syndrome

c. Cotard syndrome

d. Othello syndrome

depression

MORBID JEALOUSY

Fregoli



Falsely identifies strangers as familiar person giving him a goli



Cotard : "I am dead/ my organs are gone."

Capgras: "My relative is an impostor".

Fregoli : "Different people are actually one person in disguise."

Othello: " My partner is unfaithful."

16. Which of the following is leading cause of pseudo-dementia?

- a. Vascular dementia
- b. NPH
- c. Alcoholism
- d. Depression

* AMNESIA

* CORTICAL DEMENTIA AD, FTD

* SUB " " = PD, HD

* PSEUDO - " = depression

* REVERSIBLE - " → NPH
Niacin ↓
T₄ ↓

NPH
acetaZolamide

17. A 70-year-old man presents with progressive memory loss, fluctuating attention, and recurrent vivid visual hallucinations of small animals in his room. On examination, he also shows features of parkinsonism. Which of the following is the most likely diagnosis?

- a. Alzheimer's disease
- b. Lewy Body Dementia
- c. Frontotemporal dementia
- d. Parkinson's disease dementia

Q
* DEMENTIA + Visual Hallucination

= LBD

Q
* DEMENTIA + Antisocial behaviour
Apathy, Abulie
= FTD

Recall: ⊖

PD / Recognition = ✓

18. Which of the following is correct about subcortical dementia?

- a. Impaired recall and normal recognition 😊
= 😞
- b. Normal recall and impaired recognition
- c. Both impaired recall and recognition
- d. Normal recall and normal recognition with basal ganglia involvement

AD / Recall : ⊖
/ Recognition : ⊖

Causes
Cortical: Alzheimer's FTD, Lewy body dementia
Subcortical: Parkinson's Huntington's Wilson's PSP, HIV, vascular
Cortical = 4 A's (Amnesia, Aphasia, Apraxia, Agnosia)
Subcortical = 3 M's (motor slowing, Mood change, Memory retrieval issue)

Bradykinesia

Feature	Cortical	Subcortical
Memory	Early severe amnesia	Retrieval difficulty, slowed recall
Language	Aphasia, apraxia, agnosia common	Language preserved
Psychomotor	Normal till late	Slowed, bradykinesia
Mood	Irritability, apathy later	Depression, apathy early
Neuro signs	Rare early	Parkinsonism, gait disturbance

19. PANSS scale is used for?

- a. Diagnosis of schizophrenia
- b. Prognosis of schizophrenia
- c. Severity of schizophrenia symptoms
- d. Response to treatment in schizophrenia

⊕: H'D

⊖: Alogia, ANHEDONIA

20. Which of the following is not diagnostic criteria for schizophrenia?

a. Disorganized speech

PERSECUTION, CLANG

b. Disorganized behavior

Echolia, Echopraxie

c. Disorganized appearance

d. Disorganized thought process

Bollywood Mnemonic: Schizophrenia

2+1/5

HRK in koi mil gaya !

HD

Hallucinations (hears jadoo)

Delusions (belief in aliens on earth)

S.B.E

Disorganized speech – Derailment

Disorganized behavior, like catatonia Zero emotions (negative symptoms)



21. Which is not a part of cardinal symptoms of schizophrenia described by Bleuer?

a. Ambivalence

I HATE U, I LOVE U

b. Autism

WITHDRAWN

c. Association disturbances

CLANG association (Rhyming)

d. Auditory hallucinations

dopamine ↓

22. Best drug for management of negative symptoms of schizophrenia?

- a. Risperidone oral ⊕ symptoms
- b. Haloperidol intramuscular
- c. Clozapine oral
- d. Fluphenazine subcutaneous

23. Which substance abuse increases risk of schizophrenia?

- a. Cannabis
- b. Alcohol
- c. Smoking
- d. Amphetamines

*

24. Which of the following is not correct about neurotransmitter changes in schizophrenia?



a. Decreased dopamine *

b. Decreased NMDA receptor activity *

c. Decreased GABA activity *

d. Decreased serotonin activity

Neurotransmitter Changes in Schizophrenia

Neurotransmitter	Changes in schizophrenia	Pathway/effect	Clinical correlation
Dopamine	↑in mesolimbic pathway	Hyperactivity of D2 receptor	Positive symptoms (hallucinations, delusions)
	↓in mesocortical pathway = MCD ↓	Hypoactivity of D1 receptors in prefrontal cortex	Negative symptoms & cognitive deficits
Serotonin (5-HT)	Dysregulation (↑5-HT2A activity) =	Modulates dopamine release	Atypical antipsychotics block 5-HT2A → improve negative symptoms & EPS profile
Glutamate	↓NMDA receptor activity (hypofunction)	Cortical & hippocampal circuits	Explains cognitive dysfunction, negative symptoms, and why NMDA antagonists (PCP, ketamine) produce schizophrenia – like symptoms

Neurotransmitter Changes in Schizophrenia

Neurotransmitter	Changes in schizophrenia	Pathway/effect	Clinical correlation
GABA	↓GABA activity (↓GAD Enzyme, ↓parvalbumin interneurons)	Reduced inhibitory tone in cortex → disinhibition of dopamine & glutamate circuits	Contributes to cognitive impairment, thought disorder
Acetylcholine	Nicotinic receptor dysfunction	Abnormal sensory gating	Many SZ patients smoke heavily →self medication hypothesis

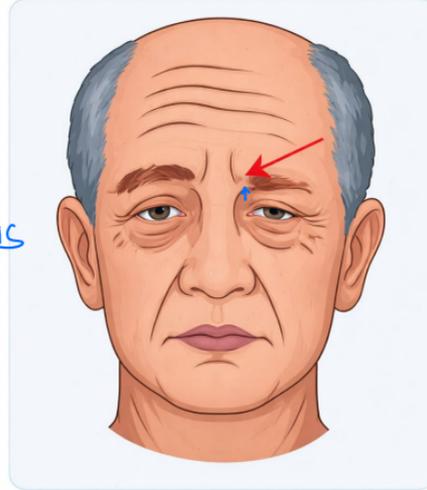
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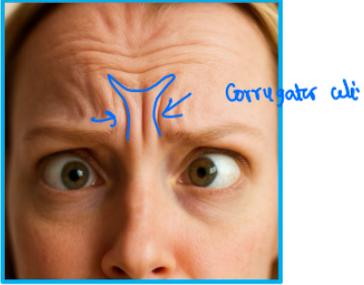
a. Omega sign

b. Otto Veraguth sign

c. Russel sign *Bulimia*

d. Gottron sign *DERMATOMYOSITIS*





Excessive action of muscle of grief (corrugator cili) called Omega sign



Triangular fold of skin in nasal corner of upper eyelid: otto Veraguth sign

26. Which is the correct antidote for amitriptyline toxicity

- a. Soda bicarbonate
- b. Calcium gluconate
- c. Magnesium sulphate
- d. Activated charcoal and pyridostigmine

M. ACIDOSIS



V.T

27. MC psychiatric disorder in the world is?

- a. Major Depressive Disorder : > 2 wks
- b. Generalized anxiety disorder : > 6 mths
- c. Persistent Depressive Disorder : > 2 yrs
- d. Adjustment-disorder with depressed mood : STRESS

28. Beck's cognitive triad in depression includes all EXCEPT:

- a. Negative view about self ✓
- b. Negative view about the world ✓
- c. Negative view about the future ✓
- d. Negative view about the past

Bipolar disorder

29. Which of the following is called rapid cyler?

- a. > 2 or more episodes of mania or depression in a given year
- b. > 3 or more episodes of mania or depression in a given year
- c. > 4 or more episodes of mania or depression in a given year
- d. > 5 or more episodes of mania or depression in a given year

I = MANIA

II = Hypomania + depression

30. Which is correct about Bipolar II disorder

- a. Mania + major depressive disorder
- b. Mania + persistent depressive disorder
- c. Hypomania + persistent depressive disorder
- d. Hypomania + major depressive disorder

31. Phototherapy is used for management of which of the following?

- a. Cyclothymia
- b. Dysthymia
- c. Seasonal affective disorder
- d. Atypical depression

Phototherapy (Light Therapy)

- Uses bright light exposure (10000 lux) for 30-60 minutes daily.
- Corrects circadian rhythm disturbance and melatonin secretion abnormalities

Indication (Exam point)

- Seasonal Affective Disorder (SAD)
- Type of depression occurring in winter months with low light exposure.
- Symptoms: hypersomnia, increased appetite (esp. carbs), weight gain, fatigue.
- Responds dramatically to light therapy.

32. Most common cause of suicide is:

- a. Depression
- b. Schizophrenia
- c. GAD
- d. Postpartum blues

33. Best indicator of increased risk of suicide is:

- a. Gender female
- b. Prior attempt
- c. Comorbidity like cancer
- d. Poor family support

34. A 25-year-old primigravida is having increased tearfulness, fatigue and depressed affected 2 days after delivery. Diagnosis is:

- a. Postpartum blues
- b. Postpartum depression
- c. Postpartum psychosis
- d. Based on response to Zuranolone

SIGLE CAPS

35. A 28-year-old woman, 4 weeks after delivery, presents with persistent sadness, loss of interest in activities, feelings of guilt, and difficulty bonding with her newborn. She reports poor sleep and appetite, excessive fatigue, and sometimes wishes "she could just disappear." She denies hallucinations or delusions. On examination, she is oriented but tearful. What is the most likely diagnosis?

- a. Postpartum blues
- b. Postpartum depression
- c. Postpartum psychosis H.D
- d. Adjustment-disorder with depressed mood

Feature	PP Blues	PP Depression	PP Psychosis
Onset	Day 3-5 *	Within 4 weeks ✓	Within 48-72 hrs
Duration	< 2 weeks	> 2 weeks	Variable (HD)
Incidence	50-80%	10-15%	0.1-0.2%
Buzz word	Weeping/self limiting	Can't bond with baby	Danger to baby
1st line Tx	Reassurance	Sertraline (SSRI)	Hospitalization
NEW DRUG	—	Zuranolone (Zurzuvae)	Brexanolone (Zulresso)

oral

FM



36. Which of the following drug classes is used in diabetic neuropathy to reduce pain perception?

SNRI

- a. Duloxetine
- b. Fluoxetine
- c. Paroxetine
- d. Escitalopram

Duloxetine increases serotonin & norepinephrine in synaptic clefts, enhancing descending inhibition → reduces pain perception

37. Trofinetide is approved for management of which of the following?

- a. ADHD
- b. Autism
- c. Rett syndrome
- d. Oppositional defiant disorder

- In Rett syndrome (MECP2 gene mutation), there is synaptic dysfunction and neuroinflammation → impaired synaptic plasticity and neuronal communication.
- Trofinetide is an oral synthetic analog of glypromate (Gly-Pro-Glu, or GPE), a tripeptide derived from IGF-1 (insulin-like growth factor-1) and acts to reduce neuroinflammation

38. 1 year old girl child is brought with stereotyped movements like hand clapping and head wringing. Her pediatric notes reveal reduced head circumference increments. Interaction with parents is limited and child looks lost in own world. Diagnosis is?

- a. Autism
- b. Rett syndrome
- c. ADHD
- d. Asperger syndrome

MECP2 gene # : HC ↓, Repetitive activity ↓
apathy

39. A 10-year-old boy frequently gets into trouble at school and interrupts the teacher. He also disturbs other children and keeps on changing seats even when the teacher is teaching. He also bullied a classmate last week. Diagnosis is

- a. ADHD
- b. Asperger
- c. ~~Autism~~
- d. Rett syndrome

Adult: Autism

→ Attention deficit
→ HYPERACTIVITY
DISORDER

no legal trouble

40. A 10-year-old boy frequently gets into trouble at school and bullies other children regularly. He also tortured a puppy found abandoned on the road. When his father dealt with him strictly he ran away from home to be found wandering alone in market place by neighbors.

- a. Conduct disorder
- b. ADHD
- c. Oppositional defiant disorder
- d. Autism

41. Which of the following is not correct about OCD?

- a. MC obsession is with contamination ✓
- b. Undoing is mechanism that leads to compulsions ✓
- c. Ego-dystonia ← INTRUSIVE THOUGHTS ✓
- d. Related to oral phase of psychosexual development
ANAL

Disorders resulting due to fixation at a particular phase of psychosexual development

Oral	Birth to 1 year	Depression and narcissistic
Anal	1-3 years	OCD
Phallic	3-5 years	Oedipus complex Pedophilic
Latent	6-12 years	
Genital	Puberty/ 13 years onwards	Gender confusion

Parents too controlling/demanding



Child HOLDS everything in



Develops:

- Perfectionism
- Orderliness ✓
- Stubbornness ✓
- Control issues

OCD



Parents too lenient



Child expels without control



Develops:

- Messiness ✓
- Recklessness
- Disorganization
- Rebelliousness *



*

42. A 30-year-old woman has been involved in multiple minor car crashes as she says she gets busy counting traffic lights and got distracted. She also repeated checks all the doors of house at night and counts all the utensils in kitchen before settling at night. Which is correct about her management?

OCD

- a. CBT and SSRI
- b. Phototherapy and SSRI
- c. Transcranial magnetic stimulation and SSRI
- d. Electroconvulsive therapy and SSRI

↓
43. A 45-year-old man was trapped in a lift during earthquake in Japan while on a business visit. He has flashbacks, startle reactions and survival guilt for last 3 months. Which is not correct to manage this patient?

- a. Eye movement desensitization and reprocessing ✓
- b. Exposure therapy ✓
- c. Cognitive restructuring ✓
- d. Transcranial magnetic stimulation

PTSD

depression

44. A 22-year-old young guy comes with complaints of impending doom and not able to breath. Symptoms started suddenly and pulse in apple watch is 110/min, BP is 120/80 mm Hg. Holter and Echocardiography reports are normal. The symptoms have been occurring for last month off and on and now patient says I am waiting for next attack. Which of the following should be started in this patient for acute management?

- a. Etizolam
- b. Escitalopram
- c. Venlafaxine *SNRI*
- d. Paroxetine

PANIC ATTACKS
Rx: BZD : ETIZOLAM
SSRI : PAROXETINE



For GAD the symptoms should be present for > 6 months

45. A 30-year-old woman comes with fear of developing cancer. Her mother had died of lung cancer 5 years ago. She says she cannot focus on her work and day to day functioning due to this preoccupied thought. Diagnosis is?

a. Illness anxiety disorder

b. Somatic symptom disorder

c. Munchausen syndrome

d. PTSD

HYPOCHONDRIASIS

Hospital addiction : RED URINE
RED VOMITUS

46. A 30-year-old woman comes with complaints of **headache** lasting for years for which she takes crocin pain relief tablet but does not get relief. She also takes pantoprazole off and on for her acidity problem but no doctor has been able to give her adequate relief. Diagnosis is?

a. Illness anxiety disorder

→ medical Δ

b. Somatic symptom disorder

→ symptoms

c. Munchausen syndrome

→ FAKE illness : hospitalization

d. Munchausen syndrome by proxy

→ " in child/parent: "

47. A 30-year-old multigravida is brought with sudden loss of vision and paralysis of one side of body. The patient exhibits la belle indifference. Her husband says earlier she always used to complain of lump in throat for which various doctors were connected but no diagnosis was made. Diagnosis is? X

- a. Dissociative amnesia
- b. Dissociative fugue
- c. Depersonalization
- d. Conversion disorder

GLOBUS
HYSTERICUS

HYSTERIA
= neurological symptoms

Dissociative amnesia: Inability to recall important autobiographical information (not motor/ sensory loss).

Dissociative future: Sudden travel away with amnesia for past identity.

Depersonalization: Feeling detached from one's body or mental processes.

Conversion disorder: Neurological symptoms (blindness, paralysis, seizures, aphonia, lump in throat) that are not explained by a medical condition, often associated with psychological stress, plus la belle indifference.

48. A 20-year-old boy is brought by parents due to odd ideas about telepathy, magical thinking about able to fly due to blessing of God and does not make friends.

Which is correct about this patient?

- a. Schizophrenia
- b. Schizoid personality
- c. Schizotypal personality
- d. Asthenic personality

VOID: LONER : LONE WOLF

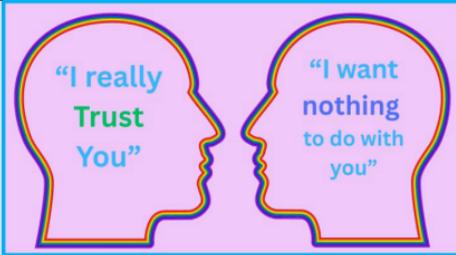
- Schizoid = Void = Lonely loner
- Schizotypal = type of magical thinking

49. Splitting is a major defense mechanism in which personality disorder

- a. Antisocial
- b. Borderline**
- c. Histrionic
- d. Narcissistic

I HATE U

DONT LEAVE ME



People are either too good or too bad with nothing in between

Patients may

-Idolize a person at one moment ("You are the best doctor ever").

-Then suddenly devalue them ("You are the worst doctor, I hate you")

INSOMNIA

50. A 35-year-old guy working in Global consultancy company says that most nights in last one year he lies in bed for more than 2 hours before he can fall asleep. His sleep is fitful and interrupted and he wakes up tired. He makes mistakes at work and trying to improve the next day by sleeping early but to no avail. Symptoms have been present for last 3 months. Which of the following will not be useful in this patient

- a. Zolpidem ✓
- b. Ramelteon ✓
- c. Suvorexant ✓
- d. Oxazepam

Sleep +

- Oxazepam, Lorazepam, Temazepam (mnemonic: "O-L-T"): Slow onset, short-intermediate action. Conjugated directly (not dependent on hepatic oxidation) → **safe in liver disease** (important in cirrhotics/elderly)
- Diazepam, Chlordiazepoxide → rapid onset, long-acting (active metabolites).
- Midazolam → ultra-short acting (used in anaesthesia, seizures).

51. A 30-year-old man is arrested for getting out of his car and beating a taxi driver with a stick at traffic light. The victim had overtaken him from wrong side. Diagnosis

- a. Intermittent explosive disorder
- b. Cluster A personality disorder
- c. Cluster C personality disorder
- d. Conversion disorder

ROAD-RAGE!

Paranoid, schizoid, schizotypal

avoidant, dependant

neuro symptoms

52. A 24-year-old man undergoing surgery under general anaesthesia suddenly develops a rapid rise in end-tidal CO_2 levels despite adequate ventilation. This is followed by tachycardia and muscle rigidity. What is the most likely cause?

- a. Air embolism
- b. Malignant hyperthermia
- c. Pulmonary embolism
- d. Bronchospasm

ETCO_2 : > 35 mm Hg.
 $\text{ETCO}_2 = 0$: VAF, PE
 $\text{ETCO}_2 = \uparrow$: MH, Rys

53. Which is correct about laryngoscope use and intubation for a left-handed doctor? *

- a. Hold laryngoscope in left hand and introduced along right side of patient mouth displacing the tongue
- b. Hold laryngoscope in right hand and introduced along right side of patient mouth displacing the tongue
- c. Hold laryngoscope in right hand and introduced along left side of patient mouth displacing the tongue
- d. Hold laryngoscope in left hand and introduced along left side of patient mouth displacing the tongue

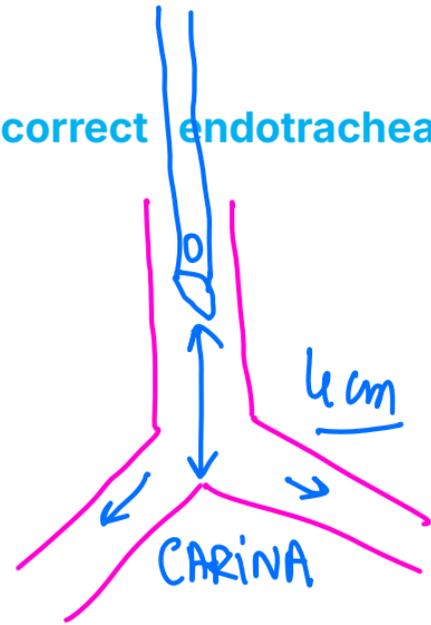
Macintosh
Blade *



54. Which of the following is not correct about correct endotracheal tube placement

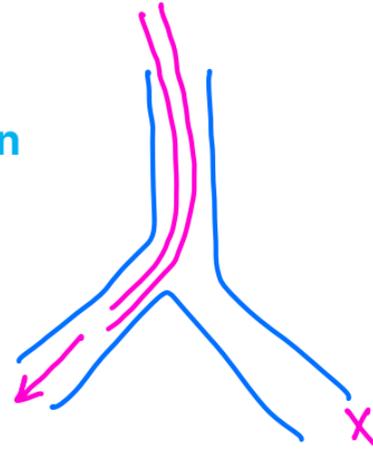
- a. Symmetrical bilateral chest inflation ✓
- b. Symmetrical bilateral breath sounds ✓
- c. Condensation in the tube ✓
- d. FENEM CO2 color detector color change from yellow to purple due to exhaled CO2

purple yellow



55. Which is first sign of endobronchial intubation *

- a. Elevated peak inspiratory pressure
- b. Asymmetric chest expansion
- c. Unilateral breath sounds
- d. Falling pCO₂

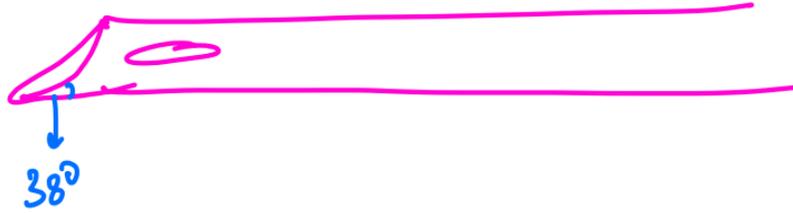


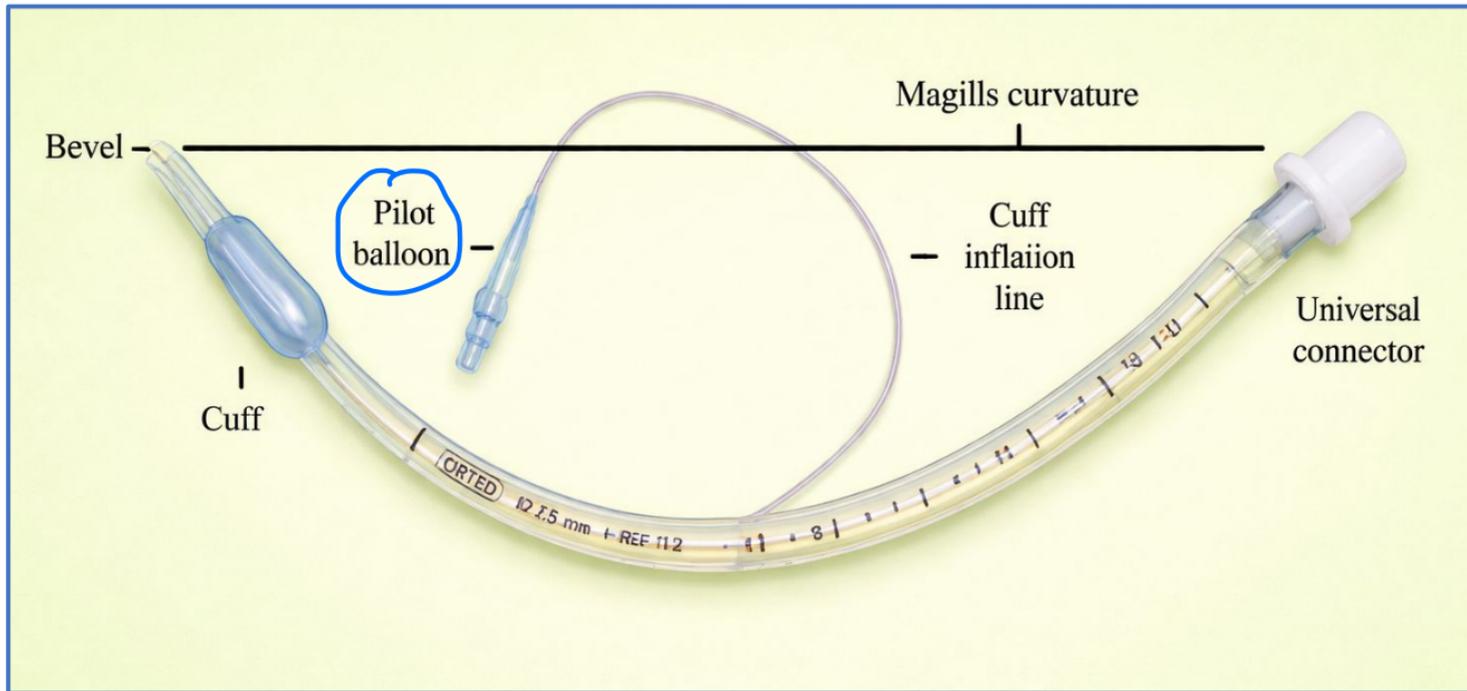
56. Anesthesiologist notes mention difficult intubation / grade IV view of larynx. This is called as which criteria?

- a. Mallampati
- b. Modified samson and young
- c. Cormack and Lehane**
- d. Wilson risk

57. Angle of bevel of Endotracheal tube is at ____ degrees?

- a. 30
- b. 38
- c. 45
- d. 60





58. Cuff pressure in Endotracheal tube should be less than ³⁰ ___ cm H₂O to prevent tracheal mucosal ischemia?

a. 10

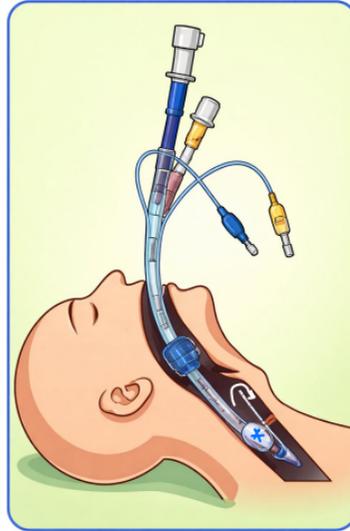
b. 30

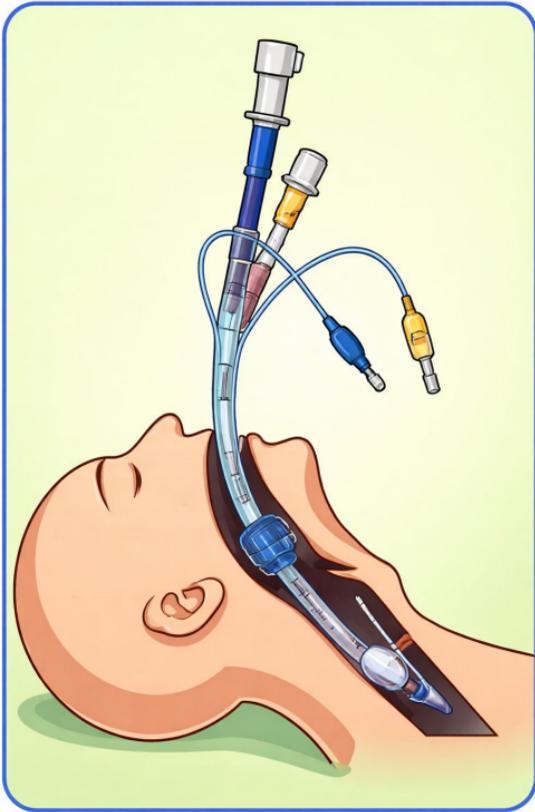
c. 50

d. 60

59. The image shown below shows which of the following?

- a. Combi tube
- b. Double lumen tube
- c. RAE south tube
- d. RAE north tube

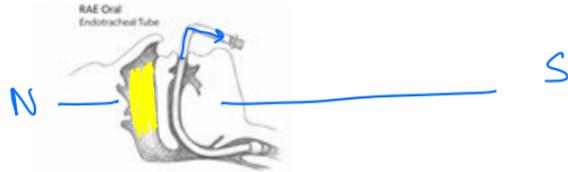




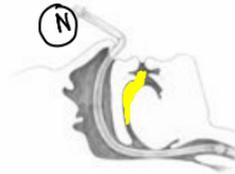
Cuff pressure Cuff will form a seal and prevent gas leak and prevents aspiration	<30 cm H ₂ O to prevent tracheal mucosal ischemia
Traditional teaching is UN – cuffed tubes used in children < 8 years	Nowdays use micro – cuff or cuffed tubes in all ages

Special types of ET

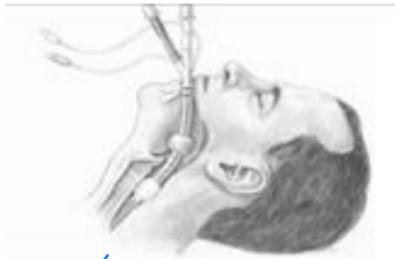
Oral Rae /South facing



North facing /nasal RAE (Ring – Adair-Elwyn)



ENT surgery for nasal Passages



Combitube is a dual lumen supraglottic airway device used mainly in emergency airway management, especially when endotracheal intubation is difficult or unsuccessful

For Dental work



Double -Lumen tube is used to achieve lung isolation and one – lung ventilation

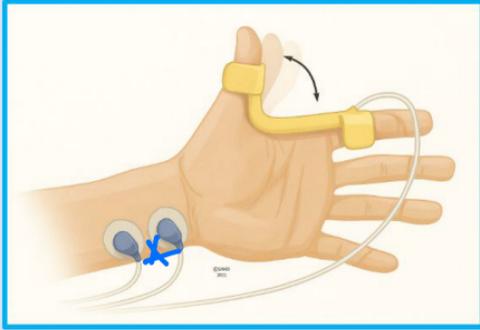
60. The following device is used for

- a. Depth of anesthesia
- b. Depth of neuromuscular blockade
- c. Time for recovery from general anesthesia
- d. Time for recovery from neuromuscular blockade

↓
TOF

Bispectral index



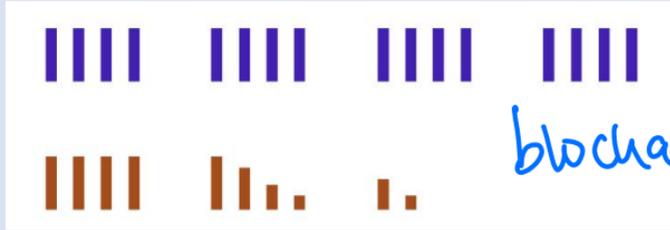


Ulnar N



Train of four

Recovery from NM



blockade

Bi-spectral index

100-85: awake and capable of explicit recall

85-60: increased sedation but rousable with stimulation

60-40: surgical anaesthesia

40-0: Burst suppression and electrical silence

61. A 60-year-old patient is scheduled for gall bladder surgery for cholelithiasis coming morning. His ASA physical status is class III and has undergone stenting of coronary arteries last year. He is on low dose aspirin and ACEI and insulin 40 units per day. Which is correct about this case? aspirin ACEI insulin

- a. Stop aspirin 7 days before surgery and ACEI and insulin morning dose to be stopped on day of surgery
- b. Continue aspirin on day of surgery and ACEI and insulin morning dose to be stopped on day of surgery *Vasodilation*
- c. Stop aspirin 7 days before surgery and continue ACEI and insulin on day of surgery
- d. All medicines should be stopped on day of surgery

- 
- Continue aspirin, β -blockers, statins, antiepileptics.
 - Hold ACEI/ ARBs, diuretics, insulin (morning), OHA clopidogrel
 - Lithium → stop 24 hrs before surgery

62. The following device can deliver oxygen up to FiO₂ of

a. 0.5

b. 0.6

c. 0.8

d. 1.0



H.F.N.C
100% O₂

63. The following color-coded cylinder has a pin index of 1,5. It contains?

- a. Air : 1,5
- b. Oxygen O_2 : 2,5
- c. Carbon dioxide 6
- d. Entonox 7



64. A 25-year-old primigravida undergoes elective LSCS under spinal anesthesia. Which of the following drug will have longest duration of action? ✓ ✓

- a. Lignocaine
- b. Hyperbaric lignocaine
- c. Hyperbaric prilocaine
- d. Hyperbaric bupivacaine

65. Leading complication of spinal anesthesia is?

- a. Occipital Headache due to leakage of CSF
- b. Bradycardia due to spinal shock
- c. Hypotension
- d. Chronic leg pain

~~T₁-T₄:~~ ~~Sym ⊕~~
↓HR ↓BP
Rx: 1. Head end elevation
2. IVF: NS

66. Which of the following is most potent inhaled anesthetic?

a. N₂O with MAC 105%

b. Desflurane MAC 6%

c. Isoflurane MAC 1.2%

d. Halothane MAC 0.75%

POTENCY $\propto \frac{1}{\text{MAC}}$

F.H.F

67. Inhalational agent of choice for day care surgery is?

- a. Sevoflurane
- b. Isoflurane
- c. Desflurane
- d. Halothane

Isoflurane  CLIP	Sevoflurane  School ✓ Switch on brain fast Smooth: non pungent and bronchodilator	Desflurane 
Cardiac patients (Reduces SVR) Liver disease Pheochromocytoma Sx	Children Day care surgery Neurosurgery	Global warming potential is max (Green-house gas) Most pungent

68. You notice that during surgery the patient starts having hiccups. This indicates which of the following?

- a. Wearing off effect of muscle relaxant
- b. Overdose effect of muscle relaxant
- c. Patient will need prolonged ventilation after surgery
- d. Normal process that can occur during surgery

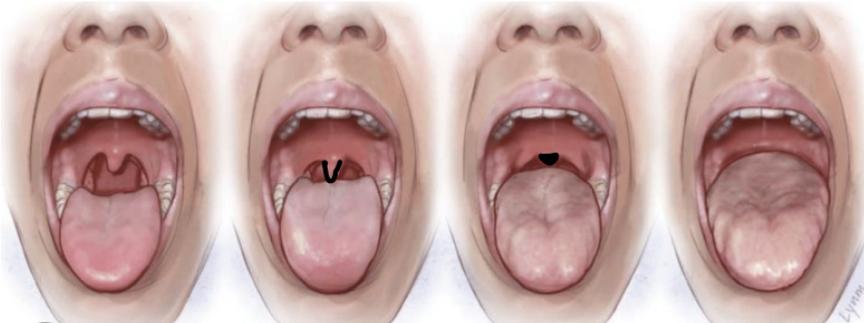
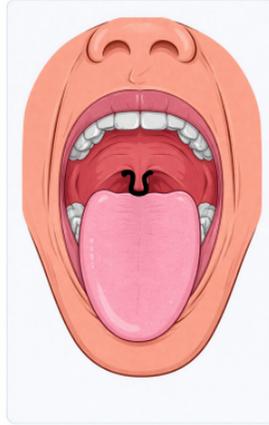
69. Shortest acting NDMR with rapid recovery and does not need reversal with neostigmine is?

- a. Mivacurium
- b. Rocuronium
- c. Doxacurium
- d. Vecuronium

→ Rapid sequence intubation: P.R.
Rapid onset

70. The following airway by Mallampati classification is which grade?

- a. I
- b. II**
- c. III
- d. IV



SFVP

Class I	Soft palate + Fauces + Uvula + Pillars visible
Class II	Soft palate + Fauces + Uvula visible
Class III	Soft palate + Base of uvula visible
Class IV	Only Hard palate visible

71. Which is incorrect about endotracheal tube?

a. Radius of curvature 12-16 cm ✓

b. Angle of bevel is 38 degrees ✓

c. Side vent at distal end is called murphy eye ✓

d. Cuff pressure should be > 40 cm H₂O to prevent micro aspiration of secretions
 < 30 cm H₂O

Endotracheal tubes

Material of tube	PVC
Radius of curvature	12-16 cm
Proximal end has tapered male connector	15 mm
Bevel faces	Left
Angle of bevel	38 degrees
Side vent at distal end to prevent complete respiratory obstruction due to secretions	Murphy eyes
Pilot balloon function	Indicates cuff distention
Cuff pressure	< 30 cm H ₂ O to prevent tracheal mucosal

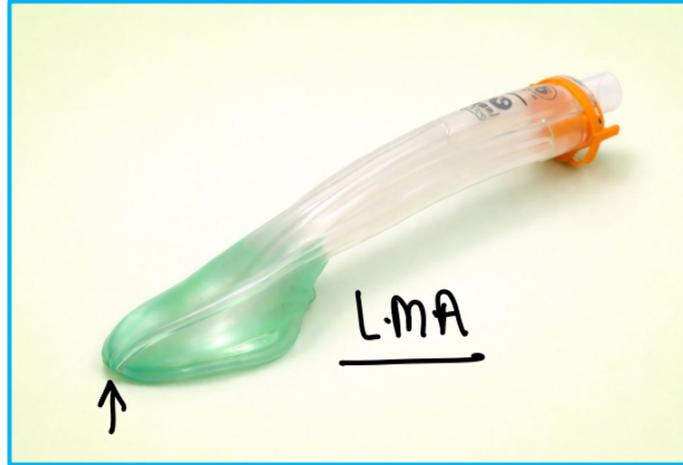
72. The image shows

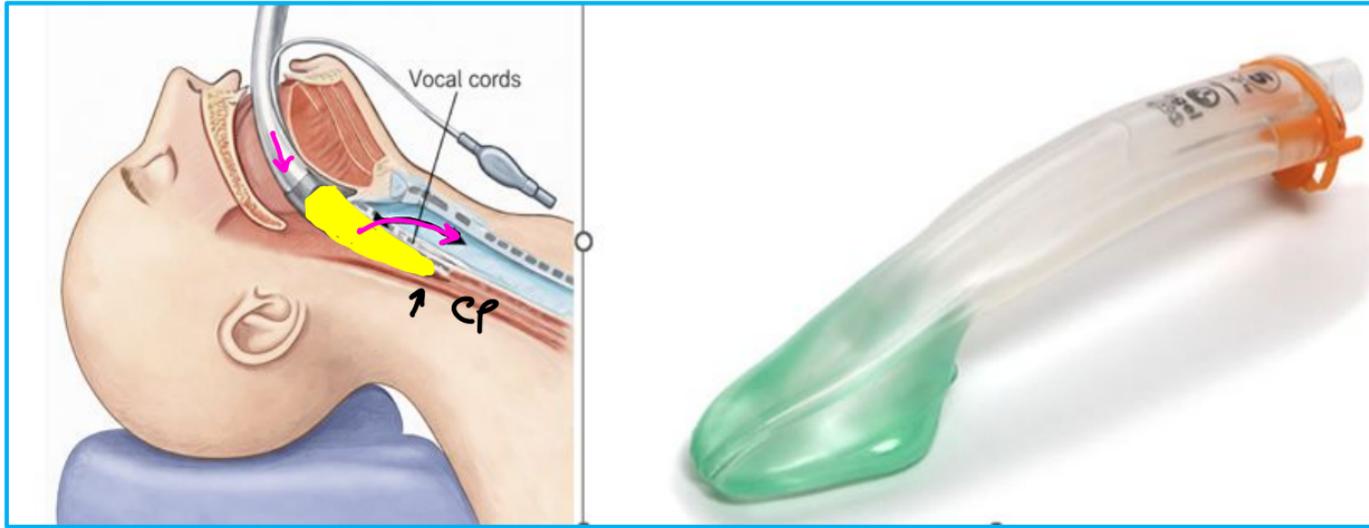
- a. Berman airway
- b. Guedel airway
- c. ~~LMA~~
- d. ~~Nasopharyngeal airway~~



73. Distal end of this device rests on which anatomical structure?

- a. Piriform sinus
- b. Arytenoids
- c. Base of tongue
- d. Cricopharyngeus





Distal tip of cuff rests against	*	Upper oesophageal sphincter (cricopharyngeus muscle)
Lateral edges rest against		Piriform sinuses
Proximal end rests against		Base of tongue

A

Mapleson II

74. Which of the following Mapleson circuit is preferred for spontaneous ventilation in adults

- a. Magill circuit
- b. Bain circuit
- c. Mapleson D circuit
- d. Mapleson F circuit

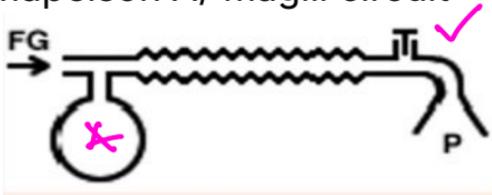
SPAM



Mapelson Circuits

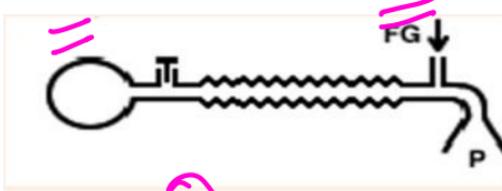
APL: Adjustable pressure limiting valve or rebreathing prevention valve

Mapelson A/ magill circuit



Circuit of choice for spontaneous ventilation in adult
Mnemonic: SPAM

Bain circuit /Mapelson D



BCD

Circuit of choice for controlled ventilation in adult
Mnemonic: BCD

Mapelson F



Circuit of choice for children
Mnemonic: Forgetful children

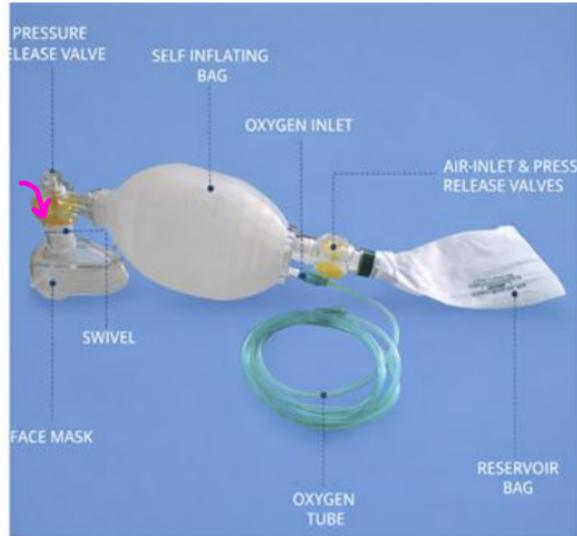
75. Function of Ruben valve in AMBU bag is

- a. Micro-aspiration of saliva
- b. Prevent exhaled air from entry into bag
- c. Increase Fio₂ delivery
- d. Pop off valve to prevent barotrauma

L =
PRESSURE

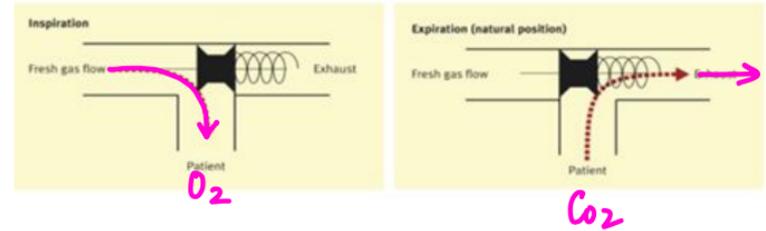
Ruben valve: non rebreathing valve that prevents exhaled air from entry the bag

Bag and Mask valve



Pop off valve at top up at pressure >30-40 cm water to prevent barotrauma

Ruben valve: non rebreathing valve that prevents exhaled air from entry the bag



Mouth to mouth respiration gives 16% oxygen

THANK YOU