Sohag faculty of medicine
Neuropsychiatry department Time allowed hr

Psychiatry clinical exam –

Name …….. serial No ……

Group 1; Case 1

Mrs. K was a 35-year-old woman who initially presented for treatment at the medical emergency department at a large university-based medical center. She reported that while sitting at her desk at her job, she had suddenly experienced difficulty breathing, dizziness, tachycardia, shakiness, and a feeling of terror that she was going to die of a heart attack. A colleague drove her to the emergency department, where she received a full medical evaluation, including electrocardiography and routine blood work, which revealed no sign of cardiovascular, pulmonary, or other illness. She was subsequently referred for psychiatric evaluation, where she revealed that she had experienced two additional episodes over the past month, once when driving home from work and once when eating breakfast. However, she had not presented for medical treatment because the symptoms had resolved relatively quickly each time, and she worried that if she went to the hospital without ongoing symptoms, "people would think I'm crazy." Mrs. K reluctantly took the phone number of a local psychiatrist but did not call until she experienced a fourth episode of a similar nature.

1. What is the most likely diagnosis?

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Sohag faculty of medicine
Neuropsychiatry department Time allowed hr

Psychiatry clinical exam –

Name …….. serial No ……

Group 1; Case 2

Female patient aged 42 years, divorced with two children, employed part time and cares for her mother who has Alzheimer's disease. She complains of feeling 'stressed' all the time and constantly worries about 'anything and everything'. She describes herself as always having been a 'worrier' but her anxiety has become much worse in the past 12 months since her mother became unwell, and she no longer feels that she can control these thoughts. When worried, she feels tension in her shoulders, back and legs, her heart races and sometimes she finds it difficult to breathe. Her sleep is poor with difficulty falling asleep due to worrying. She feels tired and irritable.

1. What is the most likely diagnosis?

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Sohag faculty of medicine
Neuropsychiatry department Time allowed hr

Psychiatry clinical exam –

Name …….. serial No ……

Group 1; Case 1

Ms. B was a 29-year-old computer programmer who presented for treatment after she was offered promotion to a managerial position at her firm. Although she wanted the raise and the increased responsibility that would come with the new job, which she had agreed to try on a probationary basis, Ms. B reported that she was reluctant to accept the position because it required frequent interactions with employees from other divisions of the company, as well as occasional public speaking. She stated that she had always felt nervous around new people, whom she worried would ridicule her for "saying stupid things" or committing social faux pas. She also reported feeling "terrified" to speak before groups. These fears had not previously interfered with her social life and job performance. However, since starting her probationary job, Ms. B reported that they had become problematic. She noted that when she had to interact with others, her heart started racing, her mouth became dry, and she felt sweaty. At meetings, she had sudden thoughts that she would say something very foolish or commit a terrible social gaffe that would cause people to laugh. As a consequence, she had skipped several important meetings and left others early.

1. What is the most likely diagnosis?

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Sohag faculty of medicine
Neuropsychiatry department Time allowed hr

Psychiatry clinical exam –

Name …….. serial No ……

Mr. J is a 28-year-old single man who is employed in a factory. He was brought to an emergency department by his father, complaining that he had lost his vision while sitting in the back seat on the way home from a family gathering. He had been playing volleyball at the gathering but had sustained no significant injury except for the volleyball hitting him in the head a few times. As was usual for this man, he had been reluctant to play volleyball because of the lack of his athletic skills and was placed on a team at the last moment. He recalls having some problems with seeing during the game, but his vision did not become ablated until he was in the car on the way home. By the time he got to the emergency department, his vision was improving, although he still complained of blurriness and mild diplopia. The double vision could be attenuated by having him focus on items at different distances.

On examination, Mr. J was fully cooperative, somewhat uncertain about why this would have occurred, and rather nonchalant. Pupillary, oculomotor, and general sensorimotor examinations were normal. After being cleared medically, the patient was sent to a mental health center for further evaluation.

At the mental health center, the patient recounts the same story as he did in the emergency department, and he was still accompanied by his father. He began to recount how his vision started to return to normal when his father pulled over on the side of the road and began to talk to him about the events of the day. He spoke with his father about how he had felt embarrassed and somewhat conflicted about playing volleyball and how he had felt that he really should play because of external pressures. Further history from the patient and his father revealed that this young man had been shy as an adolescent, particularly around athletic participation. He had never had another episode of visual loss. He did recount feeling anxious and sometimes not feeling well in his body during athletic activities.

1. What is the most likely diagnosis? ……

Sohag faculty of medicine
Neuropsychiatry department Time allowed hr

Psychiatry clinical exam –

Name …….. serial No ……

Group 1; Case 1

The patient says that for the past year he has felt that "people are not who they say they are." He began to isolate himself in his room and dropped out of school. He claims that he hears voices telling him to do "bad things." There are often two or three voices talking, and they often comment to each other on his behavior. He denies that he currently uses drugs or alcohol, although he reports that he occasionally smoked marijuana in the past. He says that he has discontinued this practice over the past 6 months because he can no longer afford it, and claims that marijuana helped with the voices. He denies any medical problems and is taking no medication.

On examination, the patient is noted to be dirty and disheveled, with poor hygiene.

1. What is the most likely diagnosis?

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Sohag faculty of medicine
Neuropsychiatry department Time allowed hr

Psychiatry clinical exam –

Name …….. serial No ……

A 13-year-old girl is brought to a psychiatrist by her mother. The patient states that for the past 6 months she has been showering for long periods, up to 5 hours at a time. She says she is unable to stop this behavior although it is distressing to her and causes her skin to crack and bleed. She reports that the symptoms started after she began to have recurrent thoughts of being dirty or unclean. These thoughts occur many times a day. She states that she grows increasingly anxious until she is able to take a shower and clean herself. The patient claims that the amount of time she spends in the shower is increasing because she must wash herself in a particular order to avoid getting the "clean suds" mixed up with the "dirty suds." If this happens, she must start the whole showering process over again. The patient states that she knows that she "must be crazy," but she seems unable to stop herself. The patient's mother verifies the patient's history. She claims that her daughter has always been popular in school and has many friends. She emphatically states that her daughter has never used drugs or alcohol. The patient's only medical problem is a history of asthma, which is treated with an albuterol inhaler. The patient's mental status examination is otherwise unremarkable except as noted earlier.

1. What is the most likely diagnosis?

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Sohag faculty of medicine
Neuropsychiatry department Time allowed hr

Psychiatry clinical exam –

Name …….. serial No ……

A 35-year-old man visits a psychiatrist because he is overwhelmingly anxious about a speech he has to make. The man states that he was recently promoted to a position within his company that requires him to speak in front of an audience of approximately 100 people. He says that the first such speech is coming up in 2 weeks and that worrying about it keeps him from sleeping. He knows that his fear is out of proportion, but he is unable to control it. He explains that he has always had trouble with public speaking because he fears that he might "do something stupid" or otherwise embarrass himself. He has avoided public speaking in the past as much as possible or has spoken in public only before an audience of fewer than 10. Because he knows that he must make the presentation coming up in 2 weeks or he will not be able to keep his new job, he has visited the psychiatrist hoping to find a solution to the problem.

1. What is the most likely diagnosis?

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Sohag faculty of medicine
Neuropsychiatry department Time allowed hr

Psychiatry clinical exam –

Name …….. serial No ……

A 16-year-old student is brought to the emergency department by her parents. She says that for the past 6 weeks, she feels as if she "just can't cope with all the pressure at school." She broke up with her boyfriend 6 weeks ago. Since that time, she cannot sleep more than 3 or 4 hours a night. She lost 15 lb of body wt. without trying to, and her appetite decreased. She says that nothing interests her and that she cannot even concentrate long enough to read a magazine, much less her textbooks. Her energy level is very low. She is not doing things with her friends like she was in the past and says that when she is with them "things just aren't the fun like they used to be." She tends to be irritable and gets angry with slight provocations.

On a mental status examination, she is observed to be a well-dressed teenager with good hygiene. She notes that her mood is very depressed, 2 on a scale of 1 to 10. Her affect is dysphoric and constricted. She admits to hearing a voice telling her that she is "no good." She has heard this voice at least daily for the past week. She admits to having had thoughts of suicide frequently over the past several days but denies that she would act on these thoughts because it would be a "sin." She does not have a suicide plan. No delusions are present, and she is alert and oriented to person, place, and time.

1. What is the most likely diagnosis?

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