

## Psychopathology Self-Study Questions

Lecture # 1: Mr. A is a 47 year-old, married, male, referred to you by his primary care clinic. His physician is unaware of any previous psychiatric history but informs you that Mr. A recently lost his job and has been suffering from “depression.”

**When you evaluate this patient, what are some of the questions you would ask to determine if he has a diagnosable mental illness?**

Lecture # 2: Ms. M is a 38 year-old female with a long history of recurring depressive symptoms, multiple hospitalizations, numerous suicide attempts, alcohol abuse, self-mutilation, and frequent “one-night stands” with married men. She presents to your primary care clinic for treatment of her chronic pain. Shortly after meeting with you she states, “I can tell that you are a caring and intelligent doctor. You aren’t like those *other* assholes I’ve had to deal with.”

**Describe several strategies you would employ in approaching and treating this patient.**

Lecture # 3: Mr. N is a 51 year-old Asian male who is referred to you for treatment of his hypertension. He describes a history of poor compliance with medications due to a pervasive lack of trust of physicians, claiming “They just like to study me...they probably prescribe whatever medication they own stock in.” In fact, he has been involved in a prior malpractice suit. He admits to a brief marriage that ended in divorce, but since then he has not had other significant relationships, “They *all* cheat on me”. While obtaining more detailed medical history, he becomes somewhat angry, stating, “Why are you asking me these personal questions, anyway. Are you going to discuss this with other doctors”?

**Describe several strategies you would employ in approaching and treating this patient.**

Lecture # 4: Mrs. H is a 20 year-old married female, 7 months pregnant, presenting to the Emergency Room with the chief complaint of “I can’t move or feel my legs.” She describes the sudden onset of paralysis and numbness upon awakening this morning. She denies any trauma, past medical history, or current medications except for multivitamins. She believes that the fetus is “grabbing on to my spinal cord or something”. Her physical exam is notable for little motor movement of her bilateral lower extremities, as well as decreased sensation to light touch or pin prick below the umbilicus. Her reflexes are normal. Despite her complaints and current disability, she does not seem extremely concerned about her condition. Her medical workup is otherwise unremarkable, and her radiology studies are normal.

**How would you approach the treatment of this patient?**

Lecture # 5: Mr. E is a 24 year-old Ph.D. candidate who is sent to you from the student health center. He is referred due to his poor attendance in seminars and failing grades. Upon his interview, he appears disheveled, with fair grooming and hygiene. He paces around the room, speaking quickly. He describes in detail his covert work for the Chinese government and his “classified” meetings with North Korea. He admits to

having little sleep, but he insists he needs to stay up at night in order to receive instructions from unmarked cars parked outside his apartment.

**Discuss the differential diagnosis for this patient.**

Lecture # 6: Ms. F is a 40 year-old, divorced, female, coming in for a routine health maintenance visit. Despite not being sexually active and a negative pregnancy test, she believes that she is pregnant with the “son of God.” Upon further questioning, she admits to hearing God’s voice, especially at night. She feels “wonderful” regarding her role as the “mother of the next Jesus.”

**Discuss the potential *non-psychiatric* causes of this patient’s symptoms.**

Lecture # 7: Lilly is a 5 year-old girl brought in by her father to the Pediatrician for evaluation. She has had the new onset of recurrent episodes of screaming shortly after falling asleep at night. When approached, she appears scared and is difficult to console, but she is unable to verbalize what she is afraid of and does not remember the event in the morning. Her father is worried that due to ongoing divorce proceedings, Lilly is “not dealing with her fears”.

**Discuss the Sleep Stage most likely affected in this patient.**

Lecture # 8: Mr. L is a 54 year-old male who presents in your office, who gives a history of drinking 1-2 pints of liquor every day for the past 30 years. He admits to a significant tolerance over the past several years. Due to pressure from his family, he has finally decided to stop “cold turkey” and has not had any alcohol for 2 days.

**Describe the most likely physical findings present in this patient?**

Lecture # 9: Ms. P is a young woman brought in to the emergency room unresponsive. She is well known to the staff as a chronic heroin user, who prostitutes herself for drugs. She was found by the police lying in the street with an empty needle still sticking in her arm along with a tourniquet. Her pupils are pinpoint and non-reactive, and she is quickly revived with Narcan, an opiate antagonist.

**Describe the most likely physical complaints this patient would exhibit after being revived.**

Lecture # 10: Mr. I is a 48 year-old divorced male referred by court mandate for a psychiatric evaluation. He was caught masturbating in the lingerie section of a Saks Fifth Avenue store. He describes a long history of “getting off” by dressing in women’s clothing, especially underwear. This had been a major contributor to his divorce, as he had little sexual interest in his wife unless he fondled or masturbated with her clothes. Since then, he has had few relationships with either men or women.

**Discuss the differential diagnosis of this patient.**

Lecture # 11: Ms. K is an 18 year-old college student sent to the student health center. Since beginning this past semester, she has begun “eating like a pig” and then “making myself throw up or exercising for hours”. She describes episodes of consuming large quantities of high-fat/calorie foods usually followed by self-induced vomiting or

inappropriately long exercise routines several times per week. She feels “out of control” and is greatly upset by these. She denies significant weight loss or starvation.

**Discuss the most appropriate nutritional interventions for this patient.**

Lecture # 12: Mrs. J is a 33 year-old female who presents to the Emergency Room with complaints that, “I don’t know how I got here.” She is able to recall her name and other personal information, but she claims to live in another city and state. The last thing she remembers is wandering on the street nearby, when someone she did not know recognized her and called her by another name. When the patient seemed confused, she was encouraged to come to the hospital. Her medical history, physical examination, and basic laboratory studies are within normal limits.

**Discuss the differential diagnosis of this patient.**

Lecture # 13: Mr. G is a 72 year-old married male, brought into your office by his wife. He is a very poor historian due to his inability/unwillingness to answer questions and denial of problems. His wife describes a several year history of a progressive decline in his functioning and memory. She is concerned because he has increasingly been unable to care for himself, forgetting important information, losing items, and leaving the stove on. He wanders out of the house and appears “lost” at times, especially at night. When he is confronted about these difficulties, he occasionally becomes angry and argumentative, even accusing his wife of trying to “put me away in a home.” His wife denies significant medical problems except for elevated cholesterol, controlled with medications and diet. She is aware that the patient’s mother was in a nursing home for unknown reasons.

**Given this patient’s most likely diagnosis, list the expected neuro-pathological findings.**

Lecture # 14: Ms. B is a 34 year-old, single, female, who presents with a 6 month history of feelings of sadness, crying spells, difficulty sleeping, fatigue, and a poor appetite. She has passive thoughts of “wishing I were dead,” but no suicidal plan. She denies psychotic symptoms.

**Discuss the differential diagnosis for this patient.**

Lecture # 15: Mrs. C is a 28 year-old, married, female, brought in by her husband. He informs you that she has a prior history of depressive symptoms, successfully treated with antidepressants. He explains that she has demonstrated a sudden change in her behavior: staying up all night, starting (but not finishing) many different projects at home, talking quickly, smiling “all the time,” and demanding sex several times per day.

**What further questions would you ask in order to determine the most likely diagnosis in this patient?**

Lecture # 16: Dr. D is a 50 year-old physician who presents to your office with the new onset of “anxiety attacks,” consisting of 20-30 minutes of fear, tremors, sweating, palpitations, nausea, and shortness of breath. He is unable to cite any specific triggers or situations that provoke these episodes.

**Discuss the possible psychiatric and medical causes of his symptoms.**

Lecture # 17: Mrs. O is a 35 year-old married female, who, after 2 trials of In Vitro Fertilization, gave birth to a healthy infant 16 days ago. Since then, she has noticed that she cries “at the drop of a hat.” She feels overwhelmed as a parent, although has adequately taken care of her son. She describes poor sleep, with frequent awakenings and resultant fatigue during the day.

**Discuss the differential diagnosis for this patient.**

Lecture # 18: Sandy is an 8 year-old girl with a history of Attention-Deficit/Hyperactivity Disorder, successfully treated with Methylphenidate. Her parents have been concerned due to recent difficulties at school. She has developed the new onset of grunting, especially when stressed. This is frequently accompanied by blinking and sniffing, as well. As a result, she has been teased by the other students. Her teachers have commented that she appears greatly upset about the taunting, and that she seems to compensate by praying for significant periods of time.

**Discuss the differential diagnosis for this patient.**

Lecture # 19: Timothy is an 11 year-old boy brought into the Pediatrician by his mother. She states that for the last year he has gotten into “more trouble” at school. He does not pay attention in class, often interrupts others, and has occasionally gotten into fights with other students. At home, he will refuse to clean his room, disobeys rules, and yells at his parents. His most recent problems stemmed from his stealing a CD from a Tower Records store. When he was caught, he blamed his friend.

**Discuss the differential diagnosis for this patient.**

Lecture # 20: Quentin is a 3 year-old boy brought in by his mother for evaluation. She is concerned that “something is wrong with him.” She claims his birth was unremarkable, but that he has always been “shy and quiet.” He does not engage in eye contact, and during play-dates prefers to sit by himself and rock. He is exclusively interested in trains, and he is able to name every character from the Thomas the Train series. He is difficult to soothe, and when his routine is not followed, he starts screaming.

**Discuss the differential diagnosis for this patient.**