

To be filled by the candidate)

Booklet S. No. _____

Roll No. (In figures) _____

Roll No. (In words) _____

Name of the Candidate : _____

Father's Name : _____

Center of Examination : _____

Total No. of Questions : 50

Paper Code-2622

Name of Examination- Senior Resident/Specialist Tutor Entrance 2026

Specialty- Psychiatry

Time Allowed : 90 Minutes

Maximum Marks : 200

IMPORTANT NOTE:

- (i) OMR Answer Sheet will be supplied by the Examination Centre Superintendent for answering the questions.
- (ii) Use **Blue/Black Ink/ Ball Pen only**, to darken the appropriate circle in the OMR Answer Sheet.
- (iii) Darken one circle deeply for each question in the OMR Answer Sheet, as faintly darkened circle might be rejected by the Optical Scanner.
- (iv) Darkening of more than one circle shall be rejected by the scanner. **Over-writing, cutting, erasing or use of White Fluid is not allowed.**
- (v) Before dealing with the question paper, fill-up the required information with Blue/Black Ball Pen correctly both in the Question Booklet and in the OMR Answer Sheet.
- (vi) Do not fold the OMR Answer Sheet nor put any mark here and there to avoid rejection by the Optical Scanner.
- (vii) Write Roll. No. carefully on the OMR Answer Sheet and darken the appropriate circle properly.
- (viii) **Each question carries Four Marks while 1 mark shall be deducted for each incorrect response.**
- (ix) **Use of Calculator is not allowed.**
- (x) **No over-writing, cutting, erasing or use of white fluid is allowed.**
- (xi) Rough work be done on the sheet(s) at the end.
- (xii) **MOBILE TELEPHONES (EVEN ON SWITCH-OFF MODE) AND SUCH OTHER ELECTRONIC DEVICES ARE NOT ALLOWED INSIDE THE EXAMINATION HALL.**
- (xiii) The question paper-booklet will be retained by the candidate after the entrance test is over.

Q1. Which of the following cortical regions is a primary node of this network responsible for integrating interoceptive, autonomic, and emotional information to determine the "salience" of incoming stimuli and acts as a dynamic switch, and uniquely contains von Economo neurons, which are hypothesized to facilitate the rapid switching capability between the task-positive central executive network and the task-negative default mode network.

- (a) Dorsolateral prefrontal cortex (DLPFC)
- (b) Frontoinsular cortex
- (c) Posterior cingulate cortex
- (d) Medial posterior parietal cortex

Answer = B. Frontoinsular cortex

Q2. Which specific stage of sleep is uniquely characterized by the appearance of sleep spindles (11 to 16 Hz bursts) and K-complexes (high-amplitude, negative sharp waves followed by positive slow waves) on the electroencephalogram (EEG)?

- (a) Stage N1
- (b) Stage N2
- (c) Stage N3
- (d) REM Sleep

Answer = B. Stage N2

Q3. Which of the following findings is most characteristically observed in patients with MDD during this test, and what is the hypothesized mechanism underlying this response?

- (a) An exaggerated ACTH response caused by hypersensitivity of the pituitary corticotrophs
- (b) A blunted ACTH response caused by downregulation of pituitary CRH receptors secondary to chronic hypothalamic CRH hypersecretion.
- (c) A blunted cortisol response caused by adrenal insensitivity to ACTH.
- (d) An exaggerated cortisol response caused by enhanced negative feedback inhibition at the level of the hippocampus.

Answer = B. A blunted ACTH response caused by downregulation of pituitary CRH receptors secondary to chronic hypothalamic CRH hypersecretion.

Q4. Which of the following molecular deficits causing mutations in the CBP gene is responsible for the clinical phenotype of Rubinstein–Taybi syndrome characterized by intellectual disability, growth retardation (often with broad thumbs and toes), and distinctive facial abnormalities.

- (a) Abnormal recruitment of Methyl-CpG-binding Protein 2 (MeCP2) to methylated DNA.
- (b) DNA hypermethylation of expanded trinucleotide repeats at the promoter region.
- (c) Reduced histone acetylation due to a deficiency in histone acetyltransferase (HAT) activity.
- (d) Defective chromatin remodeling affecting the α -globin locus.

Answer = C. Reduced histone acetylation due to a deficiency in histone acetyltransferase (HAT) activity.

Q5. What is the goal of major Psychiatric Classification systems when it comes to DSM-V and ICD -11?

(a) The complete removal of mood disorder categories to reflect a dimensional approach distinct from the DSM.

(b) A divergent evolution where ICD terminologies are purposefully distinguished from DSM nomenclature to serve different global populations.

(c) A strategic effort to align the ICD with the DSM, resulting in more similar terminology and approaches to mental diseases than in previous versions.

(d) The immediate and full adoption of ICD-11 codes by the United States healthcare system in 2019 to replace ICD-10.

Answer = C. A strategic effort to align the ICD with the DSM, resulting in more similar terminology and approaches to mental diseases than in previous versions.

Q6. Which of the following accurately describes Freud's hypothesis on DREAMS and the current scientific perspective on it?

(a) Freud suggested dreams are the brain's attempt to make sense of random neural activity, a theory now widely accepted as the activation-synthesis hypothesis.

(b) Freud proposed that dreams provide disguised wish fulfillment; however, systematic investigation has not provided much support for this notion.

(c) Freud theorized that dreams are primarily for memory consolidation, a concept that has been validated by modern PET imaging studies.

(d) Freud believed dreams reveal the collective unconscious, a theory that has been substantiated by cross-cultural anthropological studies.

Answer = B. Freud proposed that dreams provide disguised wish fulfillment; however, systematic investigation has not provided much support for this notion.

Q7. According to genome-wide association studies (GWAS) Major Depression shares a high genetic correlation (r_g

$=0.70$) with which of the following personality traits?

(a) Extraversion

(b) Conscientiousness

(c) Neuroticism

(d) Openness to Experience

Answer = C) Neuroticism

Q8. Which of the following findings is consistently observed in patients with major depression, PTSD, or antisocial personality disorder who have a history of early-life trauma?

(a) Significantly decreased baseline levels of C-reactive protein (CRP) and IL-6 due to immune exhaustion.

(b) Increased cerebrospinal fluid (CSF) corticotropin-releasing factor (CRF) concentrations.

(c) A complete lack of ACTH response to exogenous CRF challenges, regardless of current diagnostic status.

(d) Normal CSF CRF levels, but a downregulation of pituitary CRF receptors.

Answer = B) Increased cerebrospinal fluid (CSF) corticotropin-releasing factor (CRF) concentrations.

Q9. Which class of medications has been observed to follow with an increase in hippocampal volume and improvement in memory during treatment of PTSD?

(a) Benzodiazepines

(b) Selective Serotonin Reuptake Inhibitors (SSRIs)

(c) Corticotropin-Releasing Hormone (CRH) Antagonists

(d) Typical Antipsychotics

Answer = B) Selective Serotonin Reuptake Inhibitors (SSRIs)

Q10. Which of the following features fundamentally distinguishes a true obsession from the symptom of "thought insertion" seen in schizophrenia?

(a) The thought appears in the patient's mind against their will.

(b) The thought is recognized by the patient as their own, retaining the sense of personal possession.

(c) The thought is repugnant or distressing to the patient.

(d) The thought is associated with an impulse to carry out a motor action.

Answer = B) The thought is recognized by the patient as their own, retaining the sense of personal possession.

Q11. Which of the following best defines the symptom of "anxious foreboding" often observed in generalized anxiety and depressive disorders?

(a) A persistent, irrational fear restricted to a specific object or situation.

(b) A sense that something terrible will happen, without the person knowing what it will be.

(c) A sudden, overwhelming surge of fear accompanied by severe physical symptoms like palpitations.

(d) A delusional belief that one is about to be persecuted or harmed by a specific agency.

Answer = B) A sense that something terrible will happen, without the person knowing what it will be.

Q12. Which of the following terms describes a memory that is partially true and partially false, such as recalling childhood sexual abuse was perpetrated by a neighbor when it was actually perpetrated by a sibling, because the full truth is too painful to recall?

(a) Retrospective falsification

(b) Screen memory

(c) Pseudologia fantastica

(d) Confabulation

Answer = B) Screen memory

Q13. A 55-year-old patient with a history of chronic alcohol use is evaluated in a hospital setting. During the interview, the patient is alert and responsive. When asked about his activities the previous weekend, he provides a detailed and fluent description of a fishing trip with his brother. However, medical records confirm the patient has been hospitalized for the past two weeks. When the discrepancy is pointed out, the patient does not appear deceptive but seems to genuinely believe his account.

Based on the provided texts, which of the following terms best describes this phenomenon?

- (a) Pseudologia fantastica
- (b) Retrospective falsification
- (c) Confabulation
- (d) Cryptamnesia

Answer = C. Confabulation

Q14. A 10-year-old boy is referred for evaluation due to persistent difficulties in social interactions at school. His teacher notes that he struggles to follow the rules of conversation, such as taking turns, and has trouble understanding nonliteral language (e.g., idioms or humor). He often fails to greet others or modify his communication style to match the context (e.g., speaking differently to a teacher than to a peer). A comprehensive clinical history and observation confirm these significant deficits in social communication but reveal no evidence of restricted, repetitive patterns of behavior, interests, or activities currently or in the past. Based on the provided text, which of the following is the most appropriate diagnosis?

- (a) Autism Spectrum Disorder

- (b) Expressive Language Disorder
- (c) Social (Pragmatic) Communication Disorder
- (d) Stereotypic Movement Disorder

Answer = C. Social (Pragmatic) Communication Disorder

Q15. Based on the International Pilot Study of Schizophrenia (IPSS) and the Determinants of Outcome of Severe Mental Disorders (DOSMeD) study, which of the following statements accurately describes the findings regarding the outcome of schizophrenia in developing countries compared to developed countries?

(a) Patients in the Indian centers spent a significantly higher proportion of the follow-up period in psychotic episodes compared to patients in London and Washington.

(b) The "best" pattern of course (remitting course with full remission) was observed more frequently in the Indian centers than in the developed countries.

(c) The studies concluded that social impairment was more severe in the Indian cohorts due to a lack of rehabilitation facilities.

(d) The attrition rates in the Indian centers were significantly higher (over 50%) compared to developed nations, making long-term comparison impossible.

Answer = B. The "best" pattern of course (remitting course with full remission) was observed more frequently in the Indian centers than in the developed countries.

Q16. Which of the following is a recommended non-pharmacologic intervention specifically for the type of delirium that occurs after bilateral

cataract surgery, often referred to as "black-patch delirium"?

- (a) Placing the patient in four-point restraints to prevent self-harm.
- (b) Moving the patient to a completely dark, quiet room to reduce stimulation.
- (c) Placing pinholes in the patches or removing one patch at a time to allow some sensory stimuli.
- (d) Initiating high-dose benzodiazepines to induce sleep.

Answer = C. Placing pinholes in the patches or removing one patch at a time to allow some sensory stimuli.

Q17. A 40-year-old Southeast Asian woman is evaluated for extreme startle reactions. Her family reports that sudden noise or touch triggers disorganization, "automatic obedience" (instant command following), and mimicking others' movements (echopraxia).

Which culture-bound syndrome best fits this presentation?

- (a) Amok
- (b) Piblokto
- (c) Latah
- (d) Windigo

Answer = C. Latah

Q18. A 24-year-old patient presents to the clinic in significant distress. He reports feeling as though he is "not his natural self" and describes his physical movements as feeling "robotic" or "mechanical," as if he is an automaton. He also notes that his surroundings appear "flat," "dull," and "two-dimensional." Despite these intense

sensations, he clarifies, "I know I'm not actually a robot and that the world hasn't really changed, but the feeling is terrifying."

- (a) This phenomenon is classified as a nihilistic delusion because the patient denies the reality of his existence.
- (b) The retention of insight distinguishes this condition from a delusional state.
- (c) This presentation is pathognomonic for schizophrenia and does not occur in healthy individuals.
- (d) The diagnosis of depersonalisation requires the loss of contact with reality and disorientation to time and place.

Answer = B. The retention of insight distinguishes this condition from a delusional state.

Q19. A 9-month-old infant is brought to the pediatrician due to concerning eating habits: after meals, he frequently regurgitates, re-chews, and swallows partially digested food. Parents report he shows pleasure, not distress, often arching his back and making sucking movements. Structural abnormalities like pyloric stenosis have been ruled out.

Based on the provided text, which of the following is the most likely diagnosis?

- (a) Avoidant/Restrictive Food Intake Disorder
- (b) Pica
- (c) Rumination Disorder
- (d) Gastroesophageal Reflux Disease (GERD)

Answer = C. Rumination Disorder

Q20. A 45 y/o with treatment-resistant depression is being evaluated for ECT. Patient asks about memory side effects and pre-ECT workup during informed consent. Which

statement is TRUE regarding ECT protocol and effects?

- (a) A spinal x-ray series is routinely indicated for all patients to prevent vertebral fractures.
- (b) Anterograde amnesia following a treatment session typically resolves within 5 hours.
- (c) Mild memory deficits generally persist permanently after the conclusion of the ECT course.
- (d) Retrograde amnesia usually extends to cover the entire week preceding the treatment.

Answer = B. Anterograde amnesia following a treatment session typically resolves within 5 hours.

Q21. As per Mental Healthcare Act, 2017 (MHCA 2017), sections 19 through 28 apply specifically to "persons with mental illness" (PMI), which of the following sections is explicitly noted to be applicable to "every person" (everyone), thereby granting a universal right to access mental health services funded or run by the government?

- (a) Section 19: Right to community living
- (b) Section 18: Right to access mental healthcare
- (c) Section 20: Right to protection from cruel, inhuman, and degrading treatment
- (d) Section 23: Right to confidentiality

Answer = B. Section 18: Right to access mental healthcare

Q22. In a study using electroencephalogram (EEG) recordings to measure resting frontal brain electrical activity and assess "emotional intelligence," which statement best describes the connection between frontal brain activity, gender, and emotional intelligence?

- (a) Emotional intelligence was found to be significantly higher in boys than in girls.
- (b) A strong positive correlation was established between emotional intelligence and the specific pattern of frontal EEG activation.
- (c) Aggressive children exhibited significantly higher relative right frontal brain activity at rest compared with nonaggressive children.
- (d) High emotional intelligence was the single strongest predictor of left frontal brain inactivation.

Answer = C. Aggressive children exhibited significantly higher relative right frontal brain activity at rest compared with nonaggressive children.

Q23. A psychiatrist evaluates a new, agitated patient who credibly threatens to kill a specific neighbor, stating they bought a weapon. What is the psychiatrist's ethical and legal position on confidentiality in this imminent threat scenario?

- (a) The psychiatrist must maintain absolute confidentiality to preserve the therapeutic alliance, as breaking it would violate the patient's trust.
- (b) The psychiatrist is ethically permitted to blog about the case using a pseudonym to seek advice from peers.
- (c) The psychiatrist may have an obligation to warn the potential victim, as the threat of harm to others is an exception to confidentiality.
- (d) The psychiatrist should secretly record the remainder of the session without informing the patient to secure evidence for the police.

Answer = C. The psychiatrist may have an obligation to warn the potential victim, as the threat of harm to others is an exception to confidentiality.

Q24. A 30-year-old female is hospitalized with an acute, plausible illness. Investigation reveals intentionally falsified symptoms, but without motivation of financial gain, work avoidance, or legal evasion. Based on this Factitious Disorder (Munchausen's syndrome) scenario, what is the primary underlying motivation?

- (a) To obtain secondary gains such as money or drugs
- (b) To avoid criminal prosecution (Ganser syndrome)
- (c) To assume the role of the patient and be cared for
- (d) To reinforce a delusional belief of somatic infestation

Answer = To assume the role of the patient and be cared for

Q25. The Narcotic Drugs and Psychotropic Substances (Amendment) Act, 2014 added a sub-clause to Section 9 to regulate the possession, transport, and use of which form of poppy straw?

- (a) Poppy straw produced from plants from which no juice has been extracted through lancing
- (b) Poppy straw that has been chemically treated to remove all alkaloid content
- (c) Poppy straw crushed into powder specifically for homeopathic preparations
- (d) Poppy straw mixed with leaves of the cannabis plant

Answer = A. Poppy straw produced from plants from which no juice has been extracted through lancing

Q26. A patient reports disproportionate, aggressive outbursts, leading the psychiatrist to

consider Intermittent Explosive Disorder. What is the characteristic sequence of internal states accompanying these outbursts?

- (a) A period of dissociation during the act, followed by amnesia
- (b) A surge of energy prior to the outburst, followed by a lowering of mood and remorse
- (c) A prodrome of persistent irritability, followed by a return to euthymia
- (d) A sense of victimization prior to the act, followed by a sense of vindication

Answer = B. A surge of energy prior to the outburst, followed by a lowering of mood and remorse

Q27. An adolescent with PTSD, traumatized near their school, has an extreme physiologic reaction near the school (a neutral cue) and avoids school to prevent distress. Which learning mechanisms explain the physiologic reaction and avoidance behavior, respectively?

- (a) Operant conditioning; Classical conditioning
- (b) Classical conditioning; Operant conditioning
- (c) Social learning (Modeling); Classical conditioning
- (d) Sensitization; Habituation

Answer = B. Classical conditioning; Operant conditioning

Q28. A 50-year-old patient with severe depression reports a past of failure and unhappiness, contradicting reliable collateral information showing a highly successful career and happy marriage. The patient's distorted, negative recollection is unintentional, aligning with their current mood. Which of the following

terms best describes this specific disorder of memory?

- (a) Confabulation
- (b) Pseudologia fantastica
- (c) Retrospective falsification
- (d) Screen memory

Answer = C. Retrospective falsification

Q29. How is the severity level (mild, moderate, severe, or profound) of Intellectual Disability primarily determined?

- (a) By the specific Intelligence Quotient (IQ) score range (e.g., 50–70 for mild).
- (b) By the presence of specific physical stigmata or genetic markers.
- (c) By the level of adaptive functioning in conceptual, social, and practical domains.
- (d) By the discrepancy between the child's verbal and performance IQ scores.

Answer = C. By the level of adaptive functioning in conceptual, social, and practical domains.

Q30. A 9-year-old is being evaluated for suspected major depression. The parents report school refusal and frequent temper tantrums. Which symptom cluster is more characteristic of prepubertal major depressive episode than in adolescents/adults?

- (a) Psychomotor retardation, hypersomnia, and distinct delusions of poverty
- (b) Somatic complaints, psychomotor agitation, and mood-congruent hallucinations
- (c) Pervasive anhedonia, hopelessness, and mood-incongruent delusions
- (d) Apathy, emotional blunting, and loose associations

Answer = B. Somatic complaints, psychomotor agitation, and mood-congruent hallucinations

Q31. A psychiatrist assesses a catatonic patient for abnormal induced movements. The patient's arm moves upward with extremely slight pressure from the examiner's forefinger and returns when pressure is released, despite instructions to resist. Which term best describes this motor symptom?

- (a) Mitmachen (Cooperation)
- (b) Flexibilitas cerea (Waxy flexibility)
- (c) Mitgehen
- (d) Gegenhalten (Opposition)

Answer = C. Mitgehen

Q32. A patient with suspected psychiatric disorder presents with delirium, personality changes, and cataracts. Medical history includes prior thyroid surgery. The clinician suspects an underlying endocrine abnormality causing seizures and extrapyramidal symptoms due to electrolyte imbalance. Which endocrine disorder fits this profile?

- (a) Hyperthyroidism (Graves' disease)
- (b) Hypoparathyroidism (Hypocalcemia)
- (c) Adrenocortical insufficiency (Addison's disease)
- (d) Hyperparathyroidism (Hypercalcemia)

Answer = B. Hypoparathyroidism (Hypocalcemia)

Q33. A stroke patient, assessed by a neuropsychologist with a Block Design task, fails to reproduce the overall 2 × 2 matrix (Gestalt), instead forming linear or fragmented

patterns. Internal block details are relatively intact.

Which brain area is most likely damaged, given this error pattern?

- (a) Left hemisphere
- (b) Right hemisphere
- (c) Medial temporal lobe
- (d) Left inferior frontal gyrus (Broca's area)

Answer = B. Right hemisphere

Q34. Which SSRI, as per FDA, is specifically indicated for an adult patient's Premenstrual Dysphoric Disorder (PMDD)?

- (a) Citalopram
- (b) Escitalopram
- (c) Fluvoxamine
- (d) Sertraline

Answer = D. Sertraline

Q35. A 29-year-old female is referred to a psychiatrist 3 weeks after childbirth. She presents with severe depressed mood, agitation, and guilt. During the interview, she reveals a firm, unshakeable belief that her newborn baby has severe learning disabilities and has "inherited her madness," despite the pediatrician's assurance that the baby is healthy and meeting all milestones. She admits to thoughts of ending the baby's life to "spare him the misery." Which of the following statements best describes this psychopathological presentation?

- (a) This is a manifestation of Couvade syndrome.

(b) This represents a primary delusional experience, specifically a sudden delusional idea.

(c) This is a depressive delusion of ill health, where the mother fears the child has learning disabilities or incurable insanity.

(d) This is a form of ecstatic state often associated with the postpartum period.

Answer = C. This is a depressive delusion of ill health, where the mother fears the child has learning disabilities or incurable insanity.

Q36. A psychiatry resident, typically composed, felt unusual anger and hostility toward a patient with Borderline Personality Disorder. The supervisor suggested the patient, unable to manage their own anger, unconsciously externalized it, subtly compelling the resident to feel and potentially act on these projected emotions.

Which specific psychological defense mechanism labels this process where the recipient is pressured to assume the projected emotion?

- (a) Projection
- (b) Displacement
- (c) Projective identification
- (d) Transference

Answer = C. Projective identification

Q37. A clinical psychologist is assessing a patient for formal thought disorder (Kurt Schneider's classification). The patient attempts a complicated idea but loses the preliminary organization, resulting in mixed and muddled constituent parts, alongside a critical attitude towards their own thoughts (self-

correction/frustration). What specific term best describes this objective thought disorder?

- (a) Transitory thinking
- (b) Desultory thinking
- (c) Drivelling thinking
- (d) Derailment (Entgleisen)

Answer = C. Drivelling thinking

Q38. A research psychiatrist is evaluating a new rating scale designed to assess a specific psychiatric syndrome. Because there is no absolute underlying truth or adequate "gold standard" for this specific construct, the researcher assesses the instrument by comparing its results against external validators such as the patient's family history, the course of the illness, and the response to treatment. Which type of validity is being assessed in this scenario?

- (a) Face Validity
- (b) Content Validity
- (c) Criterion Validity
- (d) Construct Validity

Answer = D. Construct Validity

Q39. What is the mechanism of Disulfiram in cocaine use disorder?

- (a) Inhibition of Aldehyde Dehydrogenase; accumulation of acetaldehyde
- (b) Inhibition of Dopamine β -hydroxylase; increased synaptic dopamine levels
- (c) Inhibition of Tyrosine Hydroxylase; decreased dopamine synthesis
- (d) Inhibition of Catechol-O-methyltransferase (COMT); increased norepinephrine levels

Answer = B. Inhibition of Dopamine β -hydroxylase; increased synaptic dopamine levels

Q40. A 35-year-old male diagnosed with schizophrenia describes a specific auditory phenomenon to his psychiatrist. He states, "It isn't that I hear the thoughts after I think them, like an echo. It's that as I am thinking the thought, I hear a voice speaking it aloud at the exact same time."

Which specific term describes this experience of hearing one's own thoughts spoken just before or at the same time as they occur?

- (a) Echo de la pensée
- (b) Gedankenlautwerden
- (c) Thought broadcasting
- (d) Phonemes E. Functional hallucination

Answer = B. Gedankenlautwerden

Q41. The clinical presentation, characterized by multiple physical complaints in several systems without a physical cause, corresponds to which eponymous syndrome (now commonly referred to as somatization disorder)?

- (a) Cotard syndrome
- (b) Briquet's syndrome
- (c) Ekbom's syndrome
- (d) Munchausen's syndrome

Answer = B. Briquet's syndrome

Q42. For a 15-year-old female in the juvenile justice system with PTSD and chronic maltreatment, the child and adolescent psychiatrist needs an evidence-based psychotherapy, which intervention, combining

CBT with affect modulation, is proven to reduce anger and anxiety in delinquent girls?

- (a) Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)
- (b) Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- (c) Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- (d) Eye Movement Desensitization and Reprocessing (EMDR)

Answer = C. Trauma Affect Regulation: Guide for Education and Therapy (TARGET)

Q43. According to Erik Erikson's Psychosocial Stages, "gender-related identity disorders" are listed as a form of psychopathology specifically associated with which developmental crisis?

- (a) Initiative vs. guilt
- (b) Industry vs. inferiority
- (c) Identity vs. role confusion
- (d) Intimacy vs. isolation

Answer = C. Identity vs. role confusion

Q44. Which of the following best describes the actual effect of alcohol on sleep architecture?

- (a) It decreases sleep latency and increases rapid eye movement (REM) sleep.
- (b) It increases sleep latency and increases deep sleep (Stage 4).
- (c) It decreases sleep latency but decreases both REM sleep and deep sleep (Stage 4) while increasing sleep fragmentation.
- (d) It improves sleep continuity by reducing the number of awakening episodes.

Answer = It decreases sleep latency but decreases both REM sleep and deep sleep (Stage 4), while increasing sleep fragmentation.

Q45. A psychiatrist treating severe substance use disorder implements a manualized, office-based plan. This unique approach integrates individual therapy (psychodynamic/CBT) with a family/peer support group, where the therapist manages the system to foster cohesion, support, and compliance. What is this technique called?

- (a) Therapeutic Community
- (b) Relapse Prevention
- (c) Network Therapy
- (d) Contingency Management

Answer = C. Network Therapy

Q46. Which of the following statements accurately reflects the legal status of attempted suicide and the mandated management approach

- (a) The attempt is a criminal offense under Section 309 of the Indian Penal Code, and the patient must be handed over to police custody immediately upon discharge.
- (b) The patient is presumed to be suffering from severe stress and shall not be tried and punished; the government has a duty to provide care, treatment, and rehabilitation to reduce the risk of recurrence.
- (c) The patient must be involuntarily committed to a long-stay mental hospital for a minimum of 90 days to ensure public safety.
- (d) Legal liability is waived only if the patient is diagnosed with a psychotic spectrum disorder; otherwise, she is liable for prosecution.

Answer = B. The patient is presumed to be suffering from severe stress and shall not be tried and punished; the government has a duty to provide care, treatment, and rehabilitation to reduce the risk of recurrence.

Q47. A 79-year-old male with dementia experiences daily fluctuations, becoming drowsy, confused, and ataxic, often leading to falls, in the late afternoon and evening. This worsening correlates with reduced external stimuli, like light and social cues.

What is this clinical presentation called?

- (a) Pickwickian syndrome
- (b) Witzelsucht
- (c) Sundowner syndrome
- (d) Capgras syndrome

Answer = C. Sundowner syndrome

Q48. Which of the following statements accurately reflects a recent advancement or current regulatory status in the fields of precision psychiatry and digital therapeutics (DTx)?

- (a) AI chatbots using LLMs are now recommended as a full replacement for human clinicians in treating severe schizophrenia, as they have been shown to eliminate algorithmic bias.
- (b) The FDA has cleared specific Prescription Digital Therapeutics (PDTs), like Somryst for chronic insomnia and reSET for substance use disorders, to deliver evidence-based interventions such as CBT via software.
- (c) The "EDIT-B" project definitively showed that voxel-based morphometry (neuroimaging) is the sole reliable method for distinguishing

bipolar disorder from unipolar depression, rendering blood biomarkers unnecessary.

(d) "Virtual histology" research confirmed that mental disorders are entirely distinct biological entities, lacking shared neurobiological substrates or gene expression patterns.

Answer = (b) The FDA has cleared specific Prescription Digital Therapeutics (PDTs), like Somryst for chronic insomnia and reSET for substance use disorders, to deliver evidence-based interventions such as CBT via software.

Q49. Which of the following statements accurately describes the mechanism of action, therapeutic indication, or regulatory status of the newer psychiatric agents mentioned in the literature?

- (a) BHV-7000, an investigational agent currently being evaluated for acute mania, acts as an antagonist at the ATP-gated P2X7 ion channel.
- (b) B. Lumateperone and cariprazine are FDA-approved for the treatment of bipolar depression; however, they have not received approval for this indication from the European Medicines Agency (EMA) due to differences in clinical trial design requirements.
- (c) C. Modafinil was recently granted FDA approval for the treatment of ADHD in adolescents after clinical trials demonstrated superior efficacy to methylphenidate with no significant side effects.
- (d) D. Lurasidone received FDA approval for bipolar depression in 2021 and is unique among antipsychotics for having no affinity for serotonin receptors.

Answer = B Lumateperone and cariprazine are FDA-approved for the treatment of bipolar depression; however, they have not received approval for this indication from the European Medicines Agency (EMA) due to differences in clinical trial design requirements.

Q50. Which of the following statements accurately reflects the status of Deep Brain Stimulation (DBS) or neurosurgical interventions?

(a) Deep Brain Stimulation (DBS) is currently recommended as the first-line treatment for Mild Cognitive Impairment (MCI) to prevent progression to dementia.

(b) The Canadian guidelines for the evidence-based treatment of tic disorders list Deep Brain Stimulation (DBS) alongside behavioral therapy and transcranial magnetic stimulation (TMS) as treatment options

(c) Neurosurgical interventions, such as lobotomies, are explicitly recommended in the National Mental Health Policy as the primary intervention for childhood-onset schizophrenia.

(d) Research has conclusively proven that DBS is ineffective for bipolar disorders and has been abandoned as a potential future treatment.

Answer = B. The Canadian guidelines for the evidence-based treatment of tic disorders list Deep Brain Stimulation (DBS) alongside behavioral therapy and transcranial magnetic stimulation (TMS) as treatment options.

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