



| Psychiatric Nursing and Mental Health (Theory) | Fourth year/ First term 2020/2021 |
|--|-----------------------------------|
| Credit Hours                                   | Code No:Nur404                    |
| Day: Sunday                                    | Date: 7/3/2021                    |
| Time Allowed: 3 hours                          | Total Grade: 100                  |

#### Psychiatric Nursing and Mental Health (Theory) Final Written Exam

#### Please answer all of the following:

#### Part I: Situation (15 marks)

A 79-year-old man is brought to the emergency department by his family. Although the patient is essentially mute, his family members report that he has had a history of numerous episodes of depression, the last occurring 6 years ago. At that time, he was hospitalized and treated with sertraline. He has been hospitalized a total of four times for depression, but the family denies that he has ever been treated for mania. The patient's only current medication is hydrochlorothiazide. However, he has refused to take it for the past 2 days. The patient has had frequent crying episodes and has complained of a decrease in energy. He has lost at least 15 Kgs in the 3 weeks and for the past 2 days has refused to eat anything at all. Three days ago, the patient told his family that he was "sorry for all the pain and suffering I have caused you" and that "it would be better if I were not around anymore." Two days ago, he stopped speaking and eating, and for the past 24 hours he has refused to take anything by mouth including water. He is noted to be dirty and disheveled, with poor hygiene. After rehydration in the emergency department, the patient was a admitted to the psychiatry service. The results of his physical examination were essentially normal, although his blood pressure was 150/92 mm Hg, and he exhibited psychomotor slowing. The patient refused all attempts to feed him by mouth. When asked if he was suicidal, he nodded his assent (موافقة), as well as nodding (ايماءة) to the question, "Are you hearing voices?". He is alert and oriented to person, place, and time.





| Looking at the previou           | sly mentioned situ        | ation:                       |                      |
|----------------------------------|---------------------------|------------------------------|----------------------|
| a. Assess this condi             | tion.                     |                              | (6 marks)            |
| b. Enumerate poss                | ible nursing diagn        | oses for this case acc       |                      |
| a Digayaa nyyaina                | intorrontion for 01       | 20 of your possible n        | (4 marks)            |
| c. Discuss nursing i             | ntervention for <u>or</u> | <u>ne</u> of your possible n | (5 marks)            |
|                                  | Part II: Essa             | y (19 marks)                 |                      |
| In the light of study t          | o psychiatric Nurs        | sing:                        |                      |
| 1. Mention DSM-IV crit           | eria for drug depen       | dence?                       | (5 marks)            |
| <b>2.</b> Enumerate points of a  | 0 1                       |                              | lisorders? (5 marks) |
| <b>3.</b> Identify forms of suic |                           |                              | (4 marks)            |
| 4. How the nurse can give        |                           | evchiatric nationts?         | (5 marks)            |
| . How the hurse can gr           | re reassurance to ps      | sycinative patients:         | (S marks)            |
| Pa                               | rt III: Fill in the       | e blanks (28 marks           | )                    |
| 1- Paranoid schizophre           | enia is characteriz       | ed by:                       |                      |
| a                                | b                         | c                            | d                    |
| 2- Alcohol withdrawal            | symptoms include          | <b>:</b>                     |                      |
| a                                | b                         | c                            | d                    |
| 3- Modes of suicide are          | 1.                        |                              |                      |
| a                                | b                         | c                            | d                    |
| 4- Mental health conce           | pts are:                  |                              |                      |
| a t                              |                           |                              |                      |
| 5- Self-understanding            | should be used            | l as a therapeutic           | tool, a nurse can    |
| understand herself bet           | ter through:              |                              |                      |
| a h                              |                           |                              | d                    |
| 6- Hypochondriasis is o          | <u> </u>                  | _                            |                      |
| a                                |                           |                              | d                    |
| 7- Common nursing di             | agnoses for manic         | patient include:             |                      |





#### Part IV: Multiple-choice question (23 marks)

### For each of the following multiple-choice question select the *One* most appropriate answer:

- 1. At this stage, the child represses all interest in sexuality and develops social, physical and intellectual skills:
  - a. Adolescence stage.
  - **b.** Latency stage.
  - **c.** Later child hood stage.
  - **d.** Early child hood stage.
- 2. An individual with depression has a deficiency in which neurotransmitters, based on the biogenic amine theory:
  - **a.** Dopamine and thyroxin
  - **b.** GABA and acetylcholine
  - c. Cortisone and epinephrine
  - **d.** Serotonin and norepinephrine
- 3. During adolescence stage, the characteristic task of a child according to Erikson's stage of development is:
  - a. Identity versus role confusion.
  - b. Ego integrity versus despair.
  - c. Initiative versus guilt.
  - **d.** Autonomy versus shame and doubt.
- 4. When developing a plan of care for a client with suicidal ideation, which of the following would be the priority?
  - a. Coping skills.
  - **b.** Safety.
  - c. Self-esteem.
  - d. Sleep
- 5. A defense mechanism which commonly used among clients diagnosed with phobic disorder is:





- a. Repression.
- **b.** Displacement.
- c. Denial.
- d. Suppression.
- 6. A child's unconscious desire to selfishly possess the opposite-sexed parent and to eliminate the same-sexed one appears during the:
- a. Oral stage
- b. Anal stage
- c. Phallic stage
- d. Genital stage
- 7. Nurse Fatma is caring for a depressed patient who experiences loss of interest or pleasure in activities that were previously pleasurable. This is known as:
  - a. Anhedonia
  - **b.** Hallucinations
  - c. Anergia
  - d. Neologisms
- 8. ..... is the part of the mind that holds everything that a person is aware of at any given moment.
  - a. Subconscious
  - **b.** Unconscious
  - c. Super ego
  - d. Conscious
- 9. According to Erickson's stage, the characteristic task of older adults is:
  - a. Identity versus role confusion
  - b. Integrity versus despair
  - c. Initiative versus guilt
  - d. Intimacy versus isolation
- 10. A suicidal patient becoming quiet and less agitated after a previous expression of suicidal intent and giving away personal property. The nurse knows that:





- a. The crisis has probably passed.
- **b.** The patient is responding effectively to treatment.
- **c.** It is a response to an effective nurse- patient relationship.
- **d.** This is a high risk sign.

#### 11. The irrational, illogical and impulsive part of personality is:

- a. Superego.
- **b.** Ego.
- c. Preconscious.
- **d.** Id

#### 12. Positive symptoms of schizophrenia include the following:

- **a.** Hallucinations, delusions, and disorganized thinking.
- **b.** Somatic delusions, echolalia, and a flat affect.
- **c.** Waxy flexibility, alogia, and apathy.
- **d.** Flat affect, avolition, and anhedonia

### 13. During periods of over activity, a manic patient could be helped to eat through:

- a. Ordering him to eat.
- **b.** Serving food which can be carried in his hand.
- c. Stop meals until he quiets down.
- **d.** feed him with spoon.

#### 14. Agoraphobia is:

- **a.** An intense, excessive anxiety or fear about being alone in open or public places or situations.
- **b.** An emotional condition classified by excessive checking.
- **c.** Disordered thinking.
- d. A persistent and irrational fear of an event, situation, activity or object.

### 15. Which behavior would be the most characteristic of a client during a manic episode?

- **a.** Going rapidly from one activity to another.
- **b.** Taking frequent rest periods and naps during the day.





- **c.** Being unwilling to leave home to see other people.
- **d.** Watching others carefully and talking little.
- 16. When assessing secondary gain that obtain through somatoform disorders, it includes all the following Except:
  - **a.** Getting out usual responsibilities.
  - **b.** Reduce anxiety with physical symptoms.
  - c. Getting extra attention.
  - **d.** Fulfillment of dependency needs.
- 17. Nada 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. This is called:
  - a. Obsession
  - **b.** Impulsivity
  - c. Compulsion
  - **d.** Psychosis
- 18. Which of the following is one of the key symptoms of depression?
  - a. Anergia.
  - **b.** Delusion
  - c. Euphoria
  - d. Hallucination
- 19. Hani has such an intense fear of flying insects that he hardly ever goes outside his house. He is probably suffering from a:
  - a. Somatoform disorder
  - **b.** Conversion reaction
  - c. Personality disorder
  - **d.** Phobic disorder
- 20. A client is admitted to the psychiatric unit with active psychosis. The physician diagnoses schizophrenia after ruling out several other conditions. Schizophrenia is characterized by:
  - a. Loss of identity and self-esteem.





- **b.** Multiple personalities and decreased self-esteem.
- **c.** Disturbances in affect, perception, and thought content and form.
- **d.** Persistent memory impairment and confusion.

### 21. ----- refers to increasing the dosage of a drug to maintain the same effect originally produced by a lower doses.

- a. Tolerance.
- **b.** Withdrawal syndrome.
- c. Intoxication.
- **d.** Substance abuse.

### 22. In managing interpersonal relationships of the schizophrenic patient, the nurse should first:

- **a.** Establish a one to one relationship and not push the patient into group activities.
- **b.** Insist that the patient join group activities and functions with other patients.
- **c.** Allow the patient to be alone most of the time and not attempt to draw her into activities.
- **d.** Allow the patient to become dependent and set limits on his behavior

### 23. A client is admitted with a delusions of self-blame. This diagnosis reflects a belief that one is:

- a. Highly important or famous.
- b. Being persecuted.
- **c.** Connected to events unrelated to oneself.
- **d.** Responsible for the evil in the world.

#### Part V: True or False (15 marks)

### Read the following statements carefully. If it is true circle (T), and if it is false circle (F) on the line

| 1 | Conscious is the largest part of the mind.   | T | F |
|---|--|---|---|
| 2 | Conversion is characterized by persistent preoccupation with the fear of having a serious disease. | T | F |





| 3  | To help the patient with delusions, the nurse shouldn't argue with him to decrease his anxiety.                        | T | F |
|----|--|---|---|
| 4  | Mental health doesn't means the absence of mental illness.   | T | F |
| 5  | Social phobia is a fear and discomfort associated with performance situations and exposure to familiar people.         | T | F |
| 6  | Elated mood, increased activity, and reduced sleep are the most common symptoms in onset of mania.                     | T | F |
| 7  | The person with somatization often expresses a relative lack of concern for his impairment.                            | T | F |
| 8  | Insight is commonly present in psychotic disorders and never present in neurotic disorders.                            | T | F |
| 9  | In communicating with depressed patient, try to cheer up him with a song or joke.                                      | T | F |
| 10 | The Oedipus complex is resolved at the beginning of the latency stage.   | T | F |
| 11 | Patient with somatoform disorders is unable to control symptoms voluntarily.   | T | F |
| 12 | Undoing is a defense mechanism used in compulsion.   | T | F |
| 13 | Residual schizophrenia has active – phase symptoms as delusions, hallucinations, or disorganized speech and behaviors. | T | F |
| 14 | Ego operates according to the reality principle.   | T | F |
| 15 | Patient's behavior is changed through emotional experience and not by the use of reason.                               | T | F |

#### Good luck

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