

Welcome to the RANZCP Multiple Choice Question (MCQ) Trial Examination.

This trial examination has a selection of 25 EMQs and 1 CAP.

The format and presentation of the actual MCQ examination will be similar to this trial examination. The guestions will be displayed in the same format.

On behalf of the RANZCP Committee For Examinations and Written Sub-Committee, we hope you find this trial examination beneficial in familiarising and preparing for your assessments and to self-test under examination conditions.

The final actual MCQ examination will be held at PearsonVue test centres.

By clicking Next you will start the trial examination.

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MCQ Practice Examination - Candidate Name

EXTENDED MATCHING QUESTIONS (EMQ)

You are about to commence the EMQ component of the practice exam.

To view exam questions and options:

- The Question Instructions are on the left hand panel of the screen.
- The Questions and Answer options are on the right hand panel.
- Please read Question instructions, Questions and options CAREFULLY before answering.
- There may be a series of questions that could share the same list of answer options.

To flag and review questions later:

- To 'flag' a question and return to it later, press the "Flag for Review" button at the upper right of the window.
- Once you have answered the last question of the practice exam and click Next, you have access to the Review Screen. From here you can review all questions, review only the flagged questions, review only the incomplete questions (missing answer) or review a specific question.

To navigate between questions:

- Click 'Next' to move to the following question, or 'Previous' to go back.
- Click the 'Navigator' button to jump directly to the question you need.

There are 25 EMQ questions.

Please click Next to commence the EMQ questions.

For the following patient, please select the MOST likely disorder.

A 2-year-old child presents with unexplained episodes of hypoglycaemia. His mother who has insulin dependant diabetes refuses to leave his side and constantly berates medical and nursing staff for their failure to diagnose his problems.

- O A. Body dysmorphic disorder.
- OB. Conversion disorder.
- Factitious disorder. OC.
- Generalised anxiety disorder. OD.
- OE. Hypochondriasis.
- OF. Malingering.
- O G. Munchausen's by proxy.
- OH. Somatization disorder.
- OI. Specific phobia.

For the following patient, please select the MOST likely disorder.

A woman undergoes a hysterectomy. After the operation, she is catheterised by an insensitive nurse and has a panic attack during the procedure. From then on she is unable to urinate, and nor is she able to insert her own catheter due to the degree of anxiety it causes her.

- OA. Body dysmorphic disorder.
- OB. Conversion disorder.
- OC. Factitious disorder.
- OD. Generalised anxiety disorder.
- O E. Hypochondriasis.
- OF. Malingering.
- O G. Munchausen's by proxy.
- Somatization disorder. OH.
- OI. Specific phobia.

For the following patient, please select the MOST likely disorder.

The police bring Francesca, a 36-year-old accountant, to the emergency department, after they were called to the home of a male television celebrity. She had been standing at his door attempting to give him flowers and refusing to leave. For the last two years she had made many attempts to contact him, believing that they were destined to be partners, and he had taken out a court order when a solicitor's letter had no effect on her behaviour. Francesca presents well, has a network of friends and has recently been promoted at work. There are no features of elevated mood.

O A.	Brief psychotic disorder,
○ B.	Cluster A personality disorder.
○ C.	Delusional disorder.
O D.	Depression with psychotic features.
O E.	Drug-induced psychosis.
○ F.	Mania with psychotic features.
○ G.	Psychosis due to general medical condition.
O H.	Schizo-affective disorder.
O I.	Schizophrenia.
\circ 1	Schizophreniform disorder

For the following patient, please select the MOST likely disorder.

Isabel, a 51-year-old divorcee, who calls herself an "astrotherapist", believes she can detect auras around people and thus diagnose their health status. Isabel fears that a male neighbour may be using magical powers to disrupt her love life. She has many books on the occult. On psychiatric interview, she has no clear-cut delusions, nor does she experience hallucinations. Her adult son says she has always been like this.

OA. Brief psychotic disorder. OB. Cluster A personality disorder. OC. Delusional disorder. OD. Depression with psychotic features. Drug-induced psychosis. OE. OF. Mania with psychotic features. O G. Psychosis due to general medical condition. OH. Schizo-affective disorder. Schizophrenia. OI.

Schizophreniform disorder.

O J.

For the following constellation of neuropsychiatric symptoms and signs, please select the area of the brain that is MOST likely damaged.

Hyperphagia and obesity.

- Both right and left medial temporal lobe. OA.
- OB. Caudate, putamen.
- Dominant parietal lobe. OC.
- Dorsolateral frontal lobe. OD.
- Inferomedial temporal lobe. OE.
- Lateral hypothalamus. OF.
- O G. Mammillary bodies.
- Orbitomedial frontal lobe. OH.
- OI. Substantia nigra.
- O J. Ventromedial hypothalamus.

For the following constellation of neuropsychiatric symptoms and signs, please select the area of the brain that is MOST likely damaged.

Apathy, reduced motivation, and impaired self-care. Both right and left medial temporal lobe. OA. Caudate, putamen. OB. Dominant parietal lobe. OC. Dorsolateral frontal lobe. OD. Inferomedial temporal lobe. OE. Lateral hypothalamus. OF. O G. Mammillary bodies. Orbitomedial frontal lobe. OH. OI. Substantia nigra. O J. Ventromedial hypothalamus.

For the following constellation of neuropsychiatric symptoms and signs, please select the area of the brain that is MOST likely damaged.

Agraphia, acalculia, left-right disorientation, finger agnosia (Gerstmann's syndrome). Both right and left medial temporal lobe. OA. OB. Caudate, putamen. Dominant parietal lobe. OC. Dorsolateral frontal lobe. OD. Inferomedial temporal lobe. OE. Lateral hypothalamus. OF. O G. Mammillary bodies. OH. Orbitomedial frontal lobe. OI. Substantia nigra. O J. Ventromedial hypothalamus.

For the following constellation of neuropsychiatric symptoms and signs, please select the area of the brain that is MOST likely damaged.

Anterograde and retrograde amnesia. Both right and left medial temporal lobe. OA. OB. Caudate, putamen. Dominant parietal lobe. OC. Dorsolateral frontal lobe. OD. Inferomedial temporal lobe. OE. Lateral hypothalamus. OF. O G. Mammillary bodies. Orbitomedial frontal lobe. OH. OI. Substantia nigra.

Ventromedial hypothalamus.

O J.

For the following individual, please select the most appropriate pharmacologicial treatment.

A 43-year-old recently divorced woman who has been drinking about 150 grams of alcohol per day over the past 6 months. She was previously a "social drinker" and realises that her current usage is getting "out of control".

O A.	Acamprosate.
○ B.	Buprenorphine.
○ C.	Bupropion.
O D.	Calcium channel blockers.
O E.	Clonidine.
O F.	High dose methadone (greater than 60mg per day)
○ G.	Moderate dose methadone (less than 60mg per day
O H.	Naltrexone.
○ I.	Nicotine gum.
O J.	Nicotine inhaler.
O K.	Nicotine patches, gum and inhaler.
OL.	Nicotine patches.

For the following vignette please select the MOST appropriate diagnosis from the list above.

A 27-year-old male computer technician wants help with his shyness. He has "never had a girlfriend" and would like to have a close relationship. He says he has "no confidence" and is afraid of rejection.

Asperger's syndrome. O A. OB. Avoidant personality disorder. Dependent personality disorder. OC. OD. Generalised anxiety disorder. OE. Obsessive-compulsive disorder. Obsessive-compulsive personality disorder. OF. O G. Panic disorder with agoraphobia. OH. Panic disorder. Paranoid personality disorder. O I. OJ. Post traumatic stress disorder. Schizoid personality disorder. OK.

Social phobia (Social Anxiety Disorder).

OL.

🛴 Flag for Review

For the following vignette please select the MOST appropriate diagnosis from the list above.

A 55-year-old mail sorter presents with acute anxiety symptoms because his boss is asking him to work more quickly. He is not prepared to do this as he is "afraid of making mistakes".

- Asperger's syndrome. O A.
- OB. Avoidant personality disorder.
- Dependent personality disorder. OC.
- OD. Generalised anxiety disorder.
- OE. Obsessive-compulsive disorder.
- OF. Obsessive-compulsive personality disorder.
- O G. Panic disorder with agoraphobia.
- OH. Panic disorder.
- OI. Paranoid personality disorder.
- OJ. Post traumatic stress disorder.
- Schizoid personality disorder. OK.
- Social phobia (Social Anxiety Disorder). OL.

For the following vignette please select the MOST appropriate diagnosis from the list above.

A 32-year-old female is referred to you by a dermatologist. The patient presents with dermatitis of both hands which the dermatologist believes to be psychogenic.

- O A. Asperger's syndrome.
- OB. Avoidant personality disorder.
- Dependent personality disorder. OC.
- OD. Generalised anxiety disorder.
- Obsessive-compulsive disorder. OE.
- Obsessive-compulsive personality disorder. OF.
- O G. Panic disorder with agoraphobia.
- OH. Panic disorder.
- OI. Paranoid personality disorder.
- OJ. Post traumatic stress disorder.
- Schizoid personality disorder. OK.
- Social phobia (Social Anxiety Disorder). OL.

For the following patient presenting with memory loss, please select the most likely disorder.

In the course of talking about painful events in psychotherapy, Petria, aged 33, describes a sense of detachment from her body and a sense that she is observing herself and her life from the outside.

- O A. Dissociation.
- OB. Dissociative identity disorder.
- OC. Factitious amnesia.
- OD. Fugue state.
- OE. Psychogenic amnesia.
- Transient global amnesia. OF.
- O G. Transient ischaemic attack.

For the following patient presenting with memory loss, please select the most likely disorder.

A 42-year-old man finds himself wandering around an unfamiliar city some days after his wife announced the end of their marriage.

- O A. Dissociation.
- OB. Dissociative identity disorder.
- OC. Factitious amnesia.
- OD. Fugue state.
- OE. Psychogenic amnesia.
- Transient global amnesia. OF.
- O G. Transient ischaemic attack.

From the following psychopharmacological agents used prophylactically in the treatment of Bipolar Disorder, select the drug that most closely matches each of the following statements.

In Bipolar Disorder, this drug is more effective than placebo in preventing episodes of depression but not in preventing manic episodes.

- O A. Carbamazepine.
- OB. Clonazepam.
- OC. Gabapentin.
- OD. Lamotrigine.
- OE. Phenytoin
- OF. Sodium valproate.
- O G. Topiramate.

From the following psychopharmacological agents used prophylactically in the treatment of Bipolar Disorder, select the drug that most closely matches each of the following statements.

In Bipolar	Disorder, this drug is more effective than placebo in preventing manic episodes.
O A.	Carbamazepine.
O B.	Clonazepam.
O C.	Gabapentin.
O D.	Lamotrigine.
O E.	Phenytoin
○ F.	Sodium valproate.
○ G.	Topiramate.

From the following list, please select a legal concept that is MOST relevant to the following situation.

A developmentally delayed man sexually assaults a child. OA. Actus reus. OB. Disease of the mind. OC. Duress. OD. Fitness to stand trial. OE. Insane automatism. Irresistible impulse. OF. O G. Mens rea. OH. Provocation. OI. Sane automatism.

For the following example of thought and language disorder, please select the phenomenological term that best describes it.

"Twas brillig, and the slithy toves/did gyre and gimble in the wabe/all mimsy were the borogoves/and the mome raths outgrabe".

O A. Clang associations.

OB. Derailment.

Echolalia. OC.

OD. Flight of ideas.

OE. Neologism.

OF. Over-inclusive speech.

O G. Poverty of content.

OH. Tangentiality.

OI. Verbigeration.

For the following example of thought and language disorder, please select the phenomenological term that best describes it.

Mice and fr	ogs and such small deer, have been Tom's food for seven long year The Prince of Darkness is a gentleman'
Ο A.	Clang associations.
○ B.	Derailment.
O C.	Echolalia.
O D.	Flight of ideas.
O E.	Neologism.
O F.	Over-inclusive speech.
○ G.	Poverty of content.
О Н.	Tangentiality.
○ I.	Verbigeration.

For the following example of thought and language disorder, please select the phenomenological term that best describes it.

"It was the sandwich of the sandwich that sandwich over sandwich sandwich". Clang associations. OA. OB. Derailment. Echolalia. OC. OD. Flight of ideas. OE. Neologism. Over-inclusive speech. OF. O G. Poverty of content. OH. Tangentiality. OI. Verbigeration.

For the following example of thought and language disorder, please select the phenomenological term that best describes it.

"I found it in my car, a guitar near a star a round hound went to ground". OA. Clang associations. OB. Derailment. Echolalia. OC. OD. Flight of ideas. OE. Neologism. Over-inclusive speech. OF. O G. Poverty of content. OH. Tangentiality. Verbigeration. OI.

For the following vignette, select the most appropriate condition.

A 37-year-old woman, recently divorced, complains of derogatory voices saying she is "ugly and worthless". She reports a similar episode in her twenties when she believed she emitted a foul odour. The voices are so disturbing that she finds herself unable to sleep and contemplating suicide.

- OA. Alcohol withdrawal.
- OB. Bereavement reaction.
- Bipolar affective disorder depressed phase. OC.
- OD. Bipolar affective disorder - manic phase.
- OE. Culture-bound syndrome.
- OF. Dementia - Alzheimer's type.
- Dementia Lewy-body type. OG.
- OH. Hallucinogen use.
- Schizophrenia. OI.
- OJ. Stimulant intoxication.
- Unipolar depression with psychotic features. OK.

For the following vignette, select the most appropriate condition.

A 73-year-old woman presents two weeks after the sudden death of her husband. They had been married for nearly 50 years. She can't stop crying and at night believes she can see her husband and hear him talking to her.

- O A. Alcohol withdrawal.
- OB. Bereavement reaction.
- Bipolar affective disorder depressed phase. OC.
- OD. Bipolar affective disorder - manic phase.
- OE. Culture-bound syndrome.
- Dementia Alzheimer's type. OF.
- O G. Dementia - Lewy-body type.
- OH. Hallucinogen use.
- Schizophrenia. O I.
- OJ. Stimulant intoxication.
- Unipolar depression with psychotic features. OK.

For the following vignette, select the most appropriate condition.

A 15-year-old boy with a history of conduct problems recently diagnosed with attention deficit hyperactivity disorder (ADHD) presents in a paranoid state and complains that people are saying derogatory things about him.

- O A. Alcohol withdrawal. OB. Bereavement reaction.
- Bipolar affective disorder depressed phase. OC.
- OD. Bipolar affective disorder - manic phase.
- OE. Culture-bound syndrome.
- OF. Dementia - Alzheimer's type.
- O G. Dementia - Lewy-body type.
- OH. Hallucinogen use.
- Schizophrenia. OI.
- OJ. Stimulant intoxication.
- Unipolar depression with psychotic features. OK.

For the following vignette, select the most appropriate condition.

A 23-year-old Malaysian man presents to an emergency department asking to have his tooth removed as he believes a radio transmitter has been implanted in it in order to relay information about him to the authorities in his home country.

- OA. Alcohol withdrawal.
- OB. Bereavement reaction.
- Bipolar affective disorder depressed phase. OC.
- OD. Bipolar affective disorder - manic phase.
- OE. Culture-bound syndrome.
- OF. Dementia - Alzheimer's type.
- O G. Dementia - Lewy-body type.
- OH. Hallucinogen use.
- Schizophrenia. O I.
- OJ. Stimulant intoxication.
- Unipolar depression with psychotic features. OK.

EXTENDED MATCHING QUESTIONS (EMQ)

You have completed the EMQ component of the practice exam.

Click the 'Next' button to commence the Critical Analysis Problem component of the exam.

CRITICAL ANALYSIS PROBLEMS (CAP)

You are about to commence the CAP component of the practice exam.

To view Abstract and graphs and/or tables:

- The Abstract and associated graphs and/or tables are on the left hand panel of the screen.
- Scroll down to view entire Abstract.
- Each graph and/or table has a "Click to enlarge" button at the bottom of it.
- Clicking this button will open the graph and/or table in a new window.
- You can move that window to the side so you can view the questions and options behind it.

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To navigate between questions:

- Click 'Next' to move to the following question, or 'Previous' to go back.
- Click the 'Navigator' button to jump directly to the question you need.

There are 13 questions in this sample CAP.

Please click Next to commence the CAP questions.

Flag for Review

(20 marks)

Please read the following abstract, table and figure and answer the questions based on this information and your other knowledge.

"Mental Disorders and Suicide among Young Rural Chinese: A Case-Control Psychological Autopsy Study."

Zhang, J. Xiao, S. Zhou, L. American Journal of Psychiatry 2010; 167:773-781.

Objective:

The authors examined the prevalence and distribution of mental disorders in rural Chinese 15-34 years of age who committed suicide. They hypothesized that mental illness is a risk factor for suicide in this population and that the prevalence of mental illness is lower in females than in males.

Method:

In this case-control psychological autopsy study, face-to-face interviews were conducted to collect information from proxy informants for 392 suicide victims and 416 living comparison subjects. Five categories of DSM-IV mental disorders (mood disorders, schizophrenia and other psychotic disorders, substance use disorders, anxiety disorders, and other axis I disorders) at the time of death or interview were assessed using the Chinese version of the Structured Clinical Interview for DSM-IV. Sociodemographic variables, social support, and life events were also assessed.

Results:

The prevalence of current mental illness was 48.0% for suicide victims and 3.8% for comparison subjects. Among suicide victims, mental illness was more prevalent in males than in females (55,1% compared with 39.3%). A strong association between mental illness and suicide was observed after adjustment for sociodemographic characteristics. Other risk factors included having a lower education level, not being currently married, having a lower level of social support, and having a history of recent and long-term life events. Additive interactions were observed between mental illness and lower level of social support.

Conclusions:

Although mental illness is a strong risk factor for suicide, it is less prevalent among rural Chinese young people who committed suicide, particularly females, in comparison with other populations in China and in the West.

Table 1

Lent	Intervention	Diagnostic accessoy."	Programie	Salising	Sovering Intervention:
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Lest	Intervention 1	Diagnosis sonewy."	Propriete	Retningy 1	Screening Intervention .
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Click to Enlarge

Table 1 Explanatory Notes:

Aetiology: "If it is possible and/or ethical to determine a causal relationship using experimental evidence, then the 'Intervention' hierarchy of evidence should be utilised. If it is only possible and/or ethical to determine a causal relationship using observational evidence (ie. cannot allocate groups to a potential harmful exposure, such as nuclear radiation), then the 'Aetiology' hierarchy of evidence should be utilised." (Source NHMRC)

Diagnostic accuracy: The dimensions of evidence apply only to studies of diagnostic accuracy. To assess the effectiveness of a diagnostic test there also needs to be a consideration of the impact of the test on patient management and health outcomes. (Source NHMRC)

Intervention: A carefully controlled and monitored research study on human subjects or patients evaluating one or more health interventions (including diagnostic methods and prophylactic interventions), (Source INAHTA)

Prognosis: An assessment of the expected future course and outcome of a person's disease. (Source INAHTA)

Screening intervention: A screening intervention study compares the implementation of the screening intervention in an asymptomatic population with a control group where the screening intervention is not employed or where a different screening intervention is employed. The aim is to see whether the screening intervention of interest results in improvements in patient-relevant outcomes eg survival. (Source NHMRC)

Having regard to the abstract and the NHMRC hierarchy of evidence Table 1 in the stimulus (repeated above) and your other knowledge, select from Table 1 the CORRECT LEVEL of evidence attributable to this study. (1 mark)

OA. Level I

OB. Level II

OC. Level III-1

OD. Level III-2

OE. Level III-3

There is insufficient information presented to make a judgement. OF.

Table 1 NHMRC Evidence Hierarchy: designations of 'levels of evidence' according to type of research question (including explanatory notes)

Level	Intervention 1	Diagnostic accuracy 2	Prognosis	Aetiology ³	Screening Intervention
I ⁴	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies
II	A randomised controlled trial	A study of test accuracy with: an independent, blinded comparison with a valid reference standard, ⁵ among consecutive persons with a defined clinical presentation ⁶	A prospective cohort study ⁷	A prospective cohort study	A randomised controlled trial
III-1	A pseudorandomised controlled trial (i.e. alternate allocation or some other method)	A study of test accuracy with: an independent, blinded comparison with a valid reference standard, ⁵ among non-consecutive persons with a defined clinical presentation ⁶	All or none ⁸	All or none ⁸	A pseudorandomised controlled trial (i.e. alternate allocation or some other method)
III-2	A comparative study with concurrent controls: Non-randomised, experimental trial ⁹ Cohort study Case-control study Interrupted time series with a control group	A comparison with reference standard that does not meet the criteria required for Level II and III-1 evidence	Analysis of prognostic factors amongst persons in a single arm of a randomised controlled trial	A retrospective cohort study	A comparative study with concurrent controls: Non-randomised, experimental trial Cohort study Case-control study
III-3	A comparative study without concurrent controls: Historical control study Two or more single arm study ¹⁰ Interrupted time series without a parallel control group	Diagnostic case-control study ⁶	A retrospective cohort study	A case-control study	A comparative study without concurrent controls: Historical control study Two or more single arm study
IV	Case series with either post-test or pre-test/post-test outcomes	Study of diagnostic yield (no reference standard) ¹¹	Case series, or cohort study of persons at different stages of disease	A cross-sectional study or case series	Case series

(20 marks)

Please read the following abstract, table and figure and answer the questions based on this information and your other knowledge.

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The prevalence of current mental illness was 48.0% for suicide victims and 3.8% for comparison subjects. Among suicide victims, mental illness was more prevalent in males than in females (55.1% compared with 39.3%). A strong association between mental illness and suicide was observed after adjustment for sociodemographic characteristics. Other risk factors included having a lower education level, not being currently married, having a lower level of social support, and having a history of recent and long-term life events. Additive interactions were observed between mental illness and lower level of social support.

Conclusions:

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Table 1

Leet	Intervention 1	Diagnostic accessoy. ⁵	Programie	Salesings	Sovering Intervention:
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Table 1 Explanatory Notes:

Aetiology: "If it is possible and/or ethical to determine a causal relationship using experimental evidence, then the 'Intervention' hierarchy of evidence should be utilised. If it is only possible and/or ethical to determine a causal relationship using observational evidence (ie. cannot allocate groups to a potential harmful exposure, such as nuclear radiation), then the 'Aetiology' hierarchy of evidence should be utilised." (Source NHMRC)

Diagnostic accuracy: The dimensions of evidence apply only to studies of diagnostic accuracy. To assess the <u>effectiveness</u> of a diagnostic test there also needs to be a consideration of the impact of the test on patient management and health outcomes. (Source NHMRC)

Intervention: A carefully controlled and monitored research study on human subjects or patients evaluating one or more health interventions (including diagnostic methods and prophylactic interventions). (Source INAHTA)

Prognosis: An assessment of the expected future course and outcome of a person's disease. (Source INAHTA)

Screening intervention: A screening intervention study compares the implementation of the screening intervention in an asymptomatic population with a control group where the screening intervention is not employed or where a different screening intervention is employed. The aim is to see whether the screening intervention of interest results in improvements in patient-relevant outcomes eg survival. (Source NHMRC)

Having regard to the abstract and the NHMRC hierarchy of evidence Table 1 in the stimulus (repeated above) and your other knowledge, select from Table 1 the correct COLUMN regarding the type of study described in the abstract. (1 mark)

- O A. Aetiology
- O B. Diagnostic accuracy
- O C. Intervention
- O D. Prognosis
- E. Screening intervention
- F. There is insufficient information presented to make a judgement.

(20 marks)

Please read the following abstract, table and figure and answer the questions based on this information and your other knowledge.

"Mental Disorders and Suicide among Young Rural Chinese: A Case-Control Psychological Autopsy Study."

Zhang, J. Xiao, S. Zhou, L. American Journal of Psychiatry 2010; 167:773-781.

Objective:

The authors examined the prevalence and distribution of mental disorders in rural Chinese 15-34 years of age who committed suicide. They hypothesized that mental illness is a risk factor for suicide in this population and that the prevalence of mental illness is lower in females than in males.

Method:

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Conclusions:

Although mental illness is a strong risk factor for suicide, it is less prevalent among rural Chinese young people who committed suicide, particularly females, in comparison with other populations in China and in the West.

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Question 3

Selection of Information Sources

'For each suicide victim and each comparison subject, we tried to interview at least two informants. To obtain parallel data between the two groups, we also used proxy information from the comparison subjects. Those individuals who were most familiar with the subject's life and circumstances and were available and consented to participate were interviewed by the research team. Although target persons could be as young as 15 years of age, informants had to be 18 or older. For both suicide victims and comparison subjects, the first informant was always a parent, a spouse, or another important family member, and the second informant was always a friend, coworker, or neighbour. ... only four informants for suicide victims and six living comparison subjects refused to participate in the study. ...'

Having regard to the further extract given above from the methods section and your other knowledge answer the following question by selecting the ONE CORRECT answer from the list below.

From the below list choose the issue likely to be of MOST importance to the reviewing ethics committee. (1 mark)

- OA. Any payments to participants.
- OB. Contact details of a person to receive complaints.
- Establishing the means for minimising the risks. OC.
- OD. Financial or other relevant declarations of interests of researchers, sponsors or institutions.
- OE. How privacy and confidentiality will be protected.
- OF. How the research will be monitored.
- Identifying the potential benefits of the study and identifying to whom benefits are likely to accrue. ○ G.
- OH. Identifying whom (participants and/or others) the risks may affect.
- Provision of services to participants adversely affected by the research. OI.
- OJ. The likely benefit of the research must justify any risks of harm or discomfort to participants.
- OK. The participant's right to withdraw from further participation at any stage, along with any implications of withdrawal.

(20 marks)

Please read the following abstract, table and figure and answer the questions based on this information and your other knowledge.

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Having regard to the further extract given above from the methods section and your other knowledge answer the following question by selecting the ONE CORRECT answer from the list below.

From the below list choose the issue MOST likely to be of paramount importance to the researchers. (1 mark)

- OA. Any payments to participants.
- OB. Contact details of a person to receive complaints.
- OC. Establishing the means for minimising the risks.
- OD. Financial or other relevant declarations of interests of researchers, sponsors or institutions.
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Question 5

Measures

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'We used the Chinese version of the Structured Clinical Interview for DSM-IV (SCID) (14) to generate current diagnoses for both the suicide group and the comparison group. Diagnoses were made by psychiatrists on each team in consensus meetings during which all responses from each informant were presented by the nonpsychiatrist interviewers....'

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Having regard to the 'Methods' section of the abstract and the 'Measures' and 'Interviewing Procedures' sections above, answer the question below.

Choose the MOST likely threats to internal validity the authors intended to overcome by using informants for living comparison subjects. GIVE TWO (2) ANSWERS ONLY. (2 marks)

☐ A.	Definitions of cases/non-cases
□ B.	Experimental mortality
□ C.	Hawthorne effects
□ D.	Instability (regression to the mean)
□ E.	Instrument changes
□ F.	Interviewer bias
☐ G.	Quality control
□ H.	Random error
□ I.	Recall bias

Selection bias

Systematic error

(20 marks)

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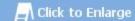
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Having regard to the 'Methods' section of the abstract and the 'Measures' and 'Interviewing Procedures' sections above, answer the question below.

The authors used the Chinese version of the Structured Clinical Interview for DSM-IV (SCID) and used psychiatrists in team meetings to review the results of the lay interviewers.

Choose from the list below the TWO MOST IMPORTANT problems common to this type of study that the authors intended to overcome. GIVE TWO (2) ANSWERS ONLY. (2 marks)

□ A.	Definitions of cases/non-cases			
□ В.	Experimental mortality			

Definitions of cases/non-cases

□ C. Hawthorne effects

ПD. Instability (regression to the mean)

□ E. Instrument changes

□ F. Interviewer bias

Quality control □ G.

□ H. Random error

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 Π J. Selection bias

□ K. Systematic error

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Having regard to the 'Methods' section of the abstract and the 'Measures' and 'Interviewing Procedures' sections above, answer the question below.

Interviews with informants were conducted as soon as practicable, between two and six months following a suicide.

Choose the MOST likely threat to internal validity the authors intended to overcome. GIVE ONLY ONE (1) ANSWER. (1 mark)

O A.	Definitions of cases/non-cases

Recall bias OI.

(20 marks)

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Conclusions:

Although mental illness is a strong risk factor for suicide, it is less prevalent among rural Chinese young people who committed suicide, particularly females, in comparison with other populations in China and in the West.

Table 1

Level	Intervention 1	Diagnostic annexey. ⁴	Prognosis	Salesings*	Screening Intervention:
i,	A systematic residence format it introduces	A systematic volvine of familie if straffers	A postument resister of Ferrith student	A syndrole reductifical E- roles	A pytomotic roma of dred 8 Holler
1	A sedward rehibit and	A dials of test accessory will as independent testind companies with a valid relevance standard famory consecution persons with a ordered please of testing ordered please or testing ordered ordered please ordered ordered please ordered	A projective what shalp	A prosperior value I study	A producered controlled that
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Question 8

Table 2:

Characteridic	Sounder Michigan (No. (PAL))		Domain was building the 43%	
	Mean	101	Steam	1D
Apr'	26.6	64	257	6.2
Education [®] (security	6.1	8.5	3.6	6.7
Batte facial Support tades, folial slove	268	6.0	307.3	4.4
	- 16	- 14	- 10	
Made -	214	34.5	200	45.0
south toxic				
Correctly system!	200	52.0	367	142
Never number	301	41.1	104	360
Discount, separated, or sidewed	260	6.6		1.2
(aveg aleno*	35	0.9	17	4.1
(maken)	257	85.5	279	mis. f.
Abenical Stensily incorner (coast)				
£30,000	242	81.7	301	49.3
10.001-19.999	59	15.1	46	35.1
330,000	.91	23.3	109	40.0
number of recest tile events'				
N .	228	99.3:	37%	93.4
1	107	22.2	29	4.7
12	96	99.0	13	2.16
number of long-tone life events"				
	109	37.6	220	529
1	.79	99.1	WT	20.9
2	301	25.0	50	13.9
24	791	20.5	- 61	12.1

Statistical Analysis

'Descriptive analyses, t tests, and chi-square tests were carried out to describe and compare the demographic characteristics....of the suicide and comparison groups. Adjusted odds ratios and 95% confidence intervals (CIs) derived from multivariate logistic regressions indicated associations between suicide and risk factors. Years of formal school education were categorized into three groups: <7 years, 7-9 years, and >9 years. The family's annual income in yuan (renminbi) was categorized into three groups: ≤10, 000 yuan, 10,001-19,999 yuan, and ≥20,000 yuan. (During the study period, the exchange rate was approximately 7 yuan to the U.S. dollar.) Marital status was dichotomized as "not currently married" and "currently married," with the former including never married, divorced, separated, or widowed and the latter including those who were currently married or involved in a living [sic] relationship.....'

Table 2 in the stimulus (repeated above) reports a statistically significant difference between suicide and comparison groups in relation to the demographic variable, years of education.

Having regard to the extract regarding statistical analysis and Table 2 above, select from the list below the most appropriate statistical test likely to have been employed by the authors. (2 marks)

O B. Chi-square test

O C. Multivariate logistic regression

One-sample t-test

E. Two-sample t test

TABLE 2. Characteristics of Suicide Victims and Living Comparison Subjects in a Study of Suicide Among Rural Chinese 15–34 Years of Age

Characteristic	Suicide Victims (N=392)		Comparison St	ibjects (N=416)
	Mean	SD	Mean	SD
Age ^a	26.8	6.4	25.7	6.2
Education ^b (years)	8.1	8.5	9.6	6.7
Duke Social Support Index, total score ^c	29.9	6.0	37.1	4.4
	N	%	N	%
Male	214	54.5	202	48.6
Marital status ^c				
Currently married	205	52.3	267	64.2
Never married	161	41.1	144	34.6
Divorced, separated, or widowed	26	6.6	5	1.2
Living alone ^b	35	8.9	17	4.1
Employed	257	65.5	275	66.1
Annual family income ^c (yuan)				
≤10,000	242	61.7	201	48.3
10,001-19,999	59	15.1	46	11.1
≥20,000	91	23.2	169	40.6
Number of recent life events ^c				
0	228	58.2	376	90.4
1	87	22.2	28	6.7
≥2	77	19.6	12	2.9
Number of long-term life events ^c				
0	69	17.6	220	52.9
1	71	18.1	87	20.9
2	101	25.8	58	13.9
≥3	151	38.5	51	12.3

^a Significant difference between groups, p=0.01.

^b Significant difference between groups, p=0.005.

^c Significant difference between groups, p<0.001.

(20 marks)

Please read the following abstract, table and figure and answer the questions based on this information and your other knowledge.

"Mental Disorders and Suicide among Young Rural Chinese: A Case-Control Psychological Autopsy Study."

Zhang, J. Xiao, S. Zhou, L. American Journal of Psychiatry 2010; 167:773-781.

Objective:

The authors examined the prevalence and distribution of mental disorders in rural Chinese 15-34 years of age who committed suicide. They hypothesized that mental illness is a risk factor for suicide in this population and that the prevalence of mental illness is lower in females than in males.

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Conclusions:

Although mental illness is a strong risk factor for suicide, it is less prevalent among rural Chinese young people who committed suicide, particularly females, in comparison with other populations in China and in the West.

Table 1

Lent	hterveroon 1	Diagnostic accessoy."	Programie	Salising	Screening Intervention:
1,	A systematic research break in credition	A systematic volvine of facility of straders	A postument resister of Ferrith student	A syndrate reason should be notice	A pytometri roma of livel fi rodini
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101	A posotromonal metalet tipl (or alternity alterption of some of an ineffect)	A tiple of less groundly with an independent, littled companion with a valid entrycone distributed famings non-cateworker persons with a defined strong presentation?	Alia osoi ^o	Mira none	if prescharolyment contributions (a standarelyment is some other include)
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Question 9

Table 2:

Searchin Verbinin (No. 1962)		Comparison telepion (501416)	
Moore	100	Mont	30
26.6	6.0	25.7	9.2
0.1	8.5	76.6	62
29.6	6.0	4014	4.4
- %	- 6	- 1	- 26
214	54.5	2002	45.0
205	52.0	367	64.2
301	41.1	104	340
.76	6.0	4	1.7
37	0.9	17	41
23/2	65.5	279	80.1
242	41.7	301	40.5
54	151	464	11:1
200	23.2	909	40.6
2278	90.2	37%	80.4
87	22.7	26	6.7
47	99.0		2.9
05	37.6	220	52.9
	99.1	.87	20.9
303	250	39	13.9
754	49.5	.51	12.1
	26.60 6.1 26.00 7.14 26.01 26.	2018 6-9 176 79 201 201 201 201 201 201 201 201 201 201	26.6 6.4 25.7 8.6 6.1 8.5 8.6 6.1 8.5 8.6 6.1 8.5 8.6 6.1 8.5 8.6 6.1 8.5 8.6 6.1 8.5 8.6 6.1 8.5 8.6 8.1 8.1 8.1 8.1 8.1 8.1 8.1 8.1 8.1 8.1

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Having regard to the extract regarding statistical analysis and Table 2 in the stimulus (repeated above), which ONE of the following statements is directly supported? (2 marks)

- OA. Suicide victims had more life events
- OB. There was less than a 0.1% chance that marital status did not truly differ between the groups
- O.C. Comparison subjects were more likely to be employed
- OD. Males were over-represented in the group of suicide victims
- There was a 5% chance that there was no true difference between the groups in respect of living alone OE.

(20 marks)

Please read the following abstract, table and figure and answer the questions based on this information and your other knowledge.

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Table 1

Lent	hterveroon 1	Diagnostic accessoy."	Programie	Salising	Sovering Intervention:
1,	A systematic research break in credition	A systematic volvine of facility of straders	A postument resister of Ferrith student	A syndrate reason should be notice	4 pytometr roma of level rodes
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101	A posotromonal metalet tipl (or alternity alterption of some of an ineffect)	A tiple of less groundly with an independent, littled companion with a valid entrycone distributed famings non-cateworker persons with a defined strong presentation?	Alia osoi ^o	Mira none	A production demand specified had (i.e. otherwise demands or name often methods
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Question 10

Table 3:

*
29.5
29.7
14.0
0.0
1.7
0.0

Statistical Analysis

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Table 3 reports statistically significant differences between gender groups of suicide victims in relation to the presence or absence of mental disorder, particularly any mental disorder, mood disorders and substance use disorders.

Having regard to the extract given above regarding statistical analysis and Table 3 in the stimulus (repeated above), select from the list below the most appropriate statistical test likely to have been employed by the authors in generating these results. (2 marks)

 B. Chi-square test C. Multivariate logistic regression D. One sample t-test E. Two sample t test 	○ A.	Adjusted odds ratios
One sample t-test	○ B.	Chi-square test
	O C.	Multivariate logistic regression
○ E. Two sample t test	O D.	One sample t-test
	O E.	Two sample t test

TABLE 3. Categories of Mental Disorders Diagnosed in Male and Female Suicide Victims in a Study of Suicide Among Rural Chinese 15-34 Years of Age

	Male (N=214)		Female (N=178)	
Category ^a	N	%	N	%
Any mental disorder at time of death ^b	118	55.1	70	39.3
Mood disorders ^c	87	40.7	51	28.7
Schizophrenia and other psychotic disorders	19	8.9	25	14.0
Substance use disorders ^d	25	11.7	0	0.0
Anxiety disorders	5	2.3	3	1.7
Other axis I disorders	1	0.5	1	0.6

^a The sum of all diagnoses exceeds the number of study subjects with any diagnosis because of multiple diagnoses.

^b Significant difference between groups, p=0.003.

Significant difference between groups, p=0.011.

^d Significant difference between groups, p<0.001.

(20 marks)

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Table 1

Lent	Intervention	Diagnosis accuracy.	Prognosis	Satisfings	Sovering Intervention:	
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181	A pourovocani cerolet tui (or almost albuston et sons almost silvation et sons	A tiple of less groundly with an independent, littled companion with a valid entrycone distributed famings non-cateworker persons with a defined strong presentation?	Alia osoi ^a	Mira none	A production demand specified had (i.e. otherwise demands or name often methods	
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Question 11

Table 3:

	titale	14214	firmin	(No. 170)
Category*	. 9	*	14	*
Any mental disorder at time of death?	110	33.1	70	99.3
blood disonlers!	47	617	91	29.7
Schappferens and other products disorders	1/9	10.9	25	14.0
Substance me doonless*	25	11.7	00:	0.0
Analyty dopothrs	1	2.2	1	1.7
Other min Edisonless	1	0.5	t	0.0
"the sum of all diagnoses moveds the number of that 'Agodhant difference between groups, a=0.000 'Agodhant difference between groups, p=0.001 'Agodhant difference between groups, a=0.0001	il oddest killing ir	agricon Servanor of mo	Equi capions.	

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Assume the results presented in Table 3 in the stimulus (repeated above) are directly applicable to the clinical population attending a clinic in which you are working as a trainee. The clinical director is concerned about a recent spate of suicides.

For which category of psychiatric disorders would improving detection and evidence based management likely be most effective at reducing suicide risk across the clinic population? Choose the ONE best answer. (1 mark)

O A.	Anxiety disorders.
○ B.	Mood disorders.
O C.	Other axis one disorders.
O D.	Schizophrenia and other psychotic disorders.
O E.	Substance use disorders.

(20 marks)

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Lent	Intervention	Diagnostic accessoy."	Programie	Satisfagy	Screening Intervention:		
1,	A systematic research break in credition	A systematic volvine of facility of straders	A typhotosis resear of Faces in studies	A syncholory value of least 6. notice	A pytometri roma of livel fi rodini		
'	A systemed pythological	ar ndependent tentied compress with a valid released estadent, salvaig consustative persons with a defend already areamptor?		A prosperimen sale of study	A re-distanced controlled than		
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Question 12

Table 4:

	Over	ulf	Fren	des :	Males.	
Produter	Attuded Orbits Ratio	Wild.	Adjusted Odds Ratio	865-0	Adjusted Didts Ballio	995.0
Age	3.85	0.99-1.10	1.04	9:97-7:11	1.06	0.99-1.14
Geruter						
Male	1.60					
Pessale	9.58	0.79-1-07				
Annual family income (years)						
610,000	1.24	975-202	0.97	9.56-1.88	1.62	879-341
10,001-19,309	1.30	689-277	0.99	8.36-2.48	2.19	675-641
125.000	1.80		1.08		1:00	
fire-playments.						
Displaned	1.80		1.00		1.08	
Strengstored	0.80	855-1-12	0.89	0.49-1.01	0.07	0.30-7.66
Education (years)						
-3	4.20	235/979	2.99	3.2%,T.M	11.66	3.75-254
7.0	1.53	0.06-2.76	1.39	9.61-3.17	1.83	6.27-4.16
17	7.00		1.00		5.00	
Marital status						
Queenly rounted	3.80		1.00		1.00	
Not currently married	3.80	T-61-3.7D	2.32	1295-510	0.79	1.78 (12.8)
Living alone			4.79	4110000		
764	8.62	626-147	0.46	#12-137	6.81	6.31-2.67
No.	1.00	525.00	1.00	3.3.131	1.00	
hery disagraphy	1.00				0.00	
Ten	16.65	5.81-20.25	9.73	343-2100	15.68	639-4036
No.	3.00	5.41-20.24	1.06	3 80-21 00	1.00	B-11-6-24
Duke Social Support Index, total score			1.00		1.00	
=32	12:78	7.15-22.68	90.79	436-23-00	35.46	6.85-40-4
0.0	1.29	1.99-5.00	5.87	THE THE	2.72	1.25-5.98
2 E	1.00	1.75.1.44	1.08	13000	1.00	100-000
Number of midwl We oversity	1.00		1.000		1.000	
22	9.10	3.66-17.67	7.29	2 63-29 30	15.01	176-172
1	4.02	236-748	5.49	2.19-13.00	3.00	1.46-828
9	1.00	7 140-1 166	1.00	510-1100	1.00	1.40-0.00
Number of long-time life events	1.00		1.00		1.00	
23.	1.21	1.05-579	4.50	1395-10.17	***	100-029
2	3.73	1.75-5.55 1.75-5.55	2.61	1.20-5.67	2.6E 5.04	2 91-12 67
1	1.41	B79-3:52	2.61	E49-3-17	2.65	043-435
	1.00	6.45.0	1.00	0.00x/J.11	1.00	E-8,0-4,15
Tax the owned readst, November and						

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Having regard to Table 4 in the stimulus (repeated above), the additional information provided and your other knowledge...

With respect to the risk that a person with a psychiatric disorder is in the completed suicide group rather than the comparison group, the probability that the adjusted odds ratio is less than 5.81 is: (2 marks)

OA. 1/10

OB. 1/20

OC. 1/40

OD. 1/50

OE. 1/100

TABLE 4. Overall and Gender-Specific Multivariate Logistic Regression Models in a Study of Suicide Among Rural Chinese 15–34 Years of Age^a

	Over	rall	Fema	iles	Males	
Predictor	Adjusted Odds Ratio	95% CI	Adjusted Odds Ratio	95% CI	Adjusted Odds Ratio	95% CI
Age	1.05	0.99-1.10	1.04	0.97-1.11	1.06	0.99-1.14
Gender						
Male	1.00					
Female	1.14	0.79-1.64				
Annual family income (yuan)						
≤10,000	1.24	0.77-2.02	0.97	0.50-1.88	1.62	0.76-3.43
10,001-19,999	1.38	0.69-2.77	0.93	0.36-2.40	2.19	0.75-6.43
≥20,000	1.00		1.00		1.00	
Employment						
Employed	1.00		1.00		1.00	
Unemployed	0.88	0.55-1.42	0.88	0.49-1.59	0.87	0.38-1.98
Education (years)						
<7	4.70	2.35-9.79	2.91	1.15-7.38	11.60	3.73-25.93
7-9	1.55	0.86-2.78	1.39	0.61-3.17	1.83	0.77-4.36
>9	1.00		1.00		1.00	
Marital status						
Currently married	1.00		1.00		1.00	
Not currently married	3.03	1.61-5.70	2.32	0.95-5.68	4.78	1.78-12.83
Living alone						
Yes	0.62	0.26-1.47	0.40	0.12-1.33	1.11	0.31-3.97
No	1.00		1.00		1.00	
Any diagnosis						
Yes	10.85	5.81-20.25	8.73	3.63-21.00	15.68	6.11-40.26
No	1.00		1.00		1.00	
Duke Social Support Index, total score						
<32	12.74	7.15-22.68	10.73	4.84-23.80	16.40	6.65-40.41
32-37	3.28	1.99-5.40	3.87	1.97-7.61	2.72	1.24-5.98
>37	1.00		1.00		1.00	
Number of recent life events						
≥2	8.12	3.06-17.07	7.29	2.61-20.38	11.83	3.76-37.29
1	4.02	2.16-7.48	5.49	2.19-13.80	3.60	1.46-8.88
0	1.00		1.00		1.00	
Number of long-term life events						
≥3	3.25	1.83-5.78	4.50	1.99-10.17	2.60	1.08-6.26
2	3.13	1.78-5.53	2.61	1.20-5.67	5.04	2.01-12.67
1	1.41	0.79-2.52	1.44	0.69-3.13	1.65	0.63-4.35
0	1.00		1.00		1.00	

 $^{^{}a}$ For the overall model, Hosmer and Lemeshow test χ^{2} =11.560, p=0.172; Nagelkerke R²=0.650; for the model in females, Hosmer and Lemeshow test χ^{2} =15.275, p=0.054; Nagelkerke R²=0.583; for the model in males, Hosmer and Lemeshow test χ^{2} =8.099, p=0.424; Nagelkerke R²=0.726.



(20 marks)

Please read the following abstract, table and figure and answer the questions based on this information and your other knowledge.

"Mental Disorders and Suicide among Young Rural Chinese: A Case-Control Psychological Autopsy Study."

Zhang, J. Xiao, S. Zhou, L. American Journal of Psychiatry 2010; 167:773-781.

Objective:

The authors examined the prevalence and distribution of mental disorders in rural Chinese 15-34 years of age who committed suicide. They hypothesized that mental illness is a risk factor for suicide in this population and that the prevalence of mental illness is lower in females than in males.

Method:

In this case-control psychological autopsy study, face-to-face interviews were conducted to collect information from proxy informants for 392 suicide victims and 416 living comparison subjects. Five categories of DSM-IV mental disorders (mood disorders, schizophrenia and other psychotic disorders, substance use disorders, anxiety disorders, and other axis I disorders) at the time of death or interview were assessed using the Chinese version of the Structured Clinical Interview for DSM-IV. Sociodemographic variables, social support, and life events were also assessed.

Results:

The prevalence of current mental illness was 48.0% for suicide victims and 3.8% for comparison subjects. Among suicide victims, mental illness was more prevalent in males than in females (55.1% compared with 39.3%). A strong association between mental illness and suicide was observed after adjustment for sociodemographic characteristics. Other risk factors included having a lower education level, not being currently married, having a lower level of social support, and having a history of recent and long-term life events. Additive interactions were observed between mental illness and lower level of social support.

Conclusions:

Although mental illness is a strong risk factor for suicide, it is less prevalent among rural Chinese young people who committed suicide, particularly females, in comparison with other populations in China and in the West.

Table 1

Level	Intervention 1	Diagnostic accessoy. ⁵	Programie	Salesings	Sovering Intervention:	
1,	A systematic residence format it introduces	A systematic volvine of familie if straffers	A systematic resident of females analysis	A syndrole reductifical E- roles	A pytemetric remain of layer for Hollers	
1	A sedwood published	memed antichabelitati) A shadka di mel asusanay milita a hay mengentian authori shada componente mellen yadid salamasi antichabeli anticha		Rytospecies yaine I study R and othered is a recommendation of the students and the students are recommendation of the		
101	A posotrorooment consider truit (or alternate alteration of some often method)	A study of less opcompagnity as independent, littleded companion with a validal companion with a validal companion with a study companion of property with a defined strong presentation?	Alter copy ²	desil* Mix socii*		
10.3	A congruence shall well. A congruence with well. A long-statement with a confidence with selection of the		Analysis of prophosic factors amongst persons is single pro-tra-residence contributions	K náropulsu citor skój	A sympostial staly with songony/control. Non-nethrologic supernated tool Color-soly Color-soly Color-soly	
#-J	A solppissive stally willing conceptual control. 1 Names correct stally. 1 Names was stally are stally. 1 Stall control are stally. 1 Stall control are stally.	Disposits use solid stuly!	A Minjedie WAT Sale	A case-central educty	Acceptable study without procured study Halbitcol-control study Two or some single personally	
P	Case suriou with either provi watcom gars. Analysed limit solesymes	Staty of disposite point pre- orderston standard.	State person, or solved study of persons at different stages of thesese.	A received disk of other larger	Cross control	

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Question 13

Table 4:

	Over	rail .	Fernies		Males.	
Productor	Attuded Orifo Ratio	Wind.	Adjusted Odds Ratio	100.0	Adjusted Dide: Eptio	995.0
Air	3.85	0.99-1.10	1.04	9.97-7.11	1.06	0.99-1.14
Seruler						
Male	1.00					
Pescale	3.58	0.79-1-04				
Annual County Income Crossic						
£10,000	1.24	9075-202	0.97	9.50-1.8E	1.62	879-348
10,001-19,309	1.30	639-277	0.99	8.36-2.48	2.19	675-641
125.000	1.80		1.08		1:00	
frieglisymmot.						
Draphned	1.80		1.00		1.08	
Overaptosed	0.00	855-1-12	0.89	0.49-1.59	0.07	0:39-7.46
Education (years)						
-3	4.20	235/979	2.99	5.39-7.M	17.66	3.75-254
7.0	1.53	0.06-2.76	1.39	9.61-3.17	1.63	6.77-4.16
17	7.00		1.00		5.00	
Marital status						
Queenly issumed	3.80		1.00		1.00	
Not currently married	3.00	T-61-5.7D	2.12	1295-048	0.79	1.70/12.6
Living alone			557			
Tes	8.62	626-147	0.46	#12-13E	6.81	6.31-2.67
Nai	1.00		1.00		1.00	
Any diagrams						
Ten	16.65	5.81-20.25	0.73	343-2100	15.68	610-602
No	3.80	100000000000000000000000000000000000000	1.00		0.00	
Duke Social Support Index, total soor			1.00		1.46	
=32	12:78	7.15-22.60	90.79	4.86-23.00	35.46	635-404
0-17	3.29	1.99-5.00	78.5	3197-788	2.72	1.29-5.98
217	1.80		1.09	(17)	1.00	
Number of encirel life events.	7777		3335		100	
22	9.02	3.64-17.67	7.29	2.61-29.59	15.01	176-172
1	4.02	239-748	5.49	219-1130	3.00	1.46-828
9	1.00	20000	1.00	2,55-13-00	1.00	1.40.9000
Number of long-lares life events					3355.35	
20	1.25	1.65-578	4.50	1395-10-17	2.60	1.00-6.29
2	3.73	1.78-551	2.61	1.20-5.67	5.04	2.01-12.6
-	3.41	829-252	2.88	8.69-3.17	1.65	040-435
0	1.80		1.00		1.08	

Click to Enlarge

Having regard to Table 4 in the stimulus (repeated above), the additional information provided and your other knowledge...

Which of the following statements cannot be supported by Table 4 in the stimulus (repeated above)? (2 marks)

- OA. Suicide was more likely when there was a low score on the index of social support.
- OB. There was a significant association between not currently married and completed suicide. The association was due to the contribution of males.
- OC. There was a slight but insignificant association between female gender and completed suicide.
- OD. There was a strong association between the presence of any psychiatric diagnosis and completed suicide.
- OE. The association between the presence of any psychiatric diagnosis and suicide was stronger in males than in females.

☐ Elag for Review

CRITICAL ANALYSIS PROBLEMS (CAP)

You have completed the CAP component of the practice exam.

Review Screen

☐ Instructions

Below is a summary of your questions. You can review your questions in three (3) different ways.

The buttons in the lower right-hand corner correspond to these choices:

- 1. Review all of your questions and answers.
- 2. Review questions that are incomplete.
- 3. Review questions that are flagged for review. (Click the 'flag' icon to change the flag for review status.)

You may also click on a question number to link directly to its location in the exam.

☐ Practice Exam S	ection				(34 Un	seen/Incomplete)
Question 1		Question 2		Question	3	
Question 4		Question 5	Incomplete	Question	6	Incomplete
Question 7	Incomplete	Question 8	Incomplete	Question	9	Incomplete
Question 10	Incomplete	Question 11	Incomplete	Question	12	Incomplete
Question 13	Incomplete	Question 14	Incomplete	Question	15	Incomplete
Question 16	Incomplete	Question 17	Incomplete	Question	18	Incomplete
Question 19	Incomplete	Question 20	Incomplete	Question	21	Incomplete
Question 22	Incomplete	Question 23	Incomplete	Question	24	Incomplete
Question 25	Incomplete	△ Display 26		△ Display 2	7	
Question 28	Incomplete	Question 29	Incomplete	Question	30	Incomplete
Question 31	Incomplete	Question 32	Incomplete	Question	33	Incomplete
Question 34	Incomplete	Question 35	Incomplete	Question	36	Incomplete
Question 37	Incomplete	Question 38	Incomplete	Question	39	Incomplete
Question 40	Incomplete	△ Display 41				
≯] End Review				\land Review <u>A</u> ll	X Review Incomplete	Review Flagged



You have completed the MCQ Examination tutorial.

On the actual day of your MCQ Examination at the Pearson VUE test centre questions will be displayed under the same format.

🛴 Elag for Review

For the following patient, please select the MOST likely disorder.

Isabel, a 51-year-old divorcee, who calls herself an "astrotherapist", believes she can detect auras around people and thus diagnose their health status. Isabel fears that a male neighbour may be using magical powers to disrupt her love life. She has many books on the occult. On psychiatric interview, she has no clear-cut delusions, nor does she experience hallucinations. Her adult son says she has always been like this.

Question # ▲	Status	Flagged - Review	
Question 1	Incomplete		
Question 2	Incomplete		
Question 3	Incomplete		
Question 4	Incomplete		
Question 5	Unseen		1
Question 6	Unseen		
Question 7	Unseen		
Question 8	Unseen		
Question 9	Unseen		
Question 10	Unseen		
Question 11	Unseen		
Question 12	Unseen		
Question 13	Unseen		
Question 14	Unseen		
Question 15	Unseen		
Question 16	Unseen		
Question 17	Unseen		
Question 18	Unseen		
Question 19	Unseen		
Question 20	Unseen		
Question 21	Unseen		
Question 22	Unseen		
Ouestion 23 41 Unseen/Incomplete	Unseen		