

**UNIVERSITY OF SWAZILAND**  
**FACULTY OF HEALTH SCIENCES**

**FINAL EXAMINATION PAPER DECEMBER 2015**

**TITLE: DSM V DIAGNOSYIC CRITERIA**

**COURSE: CMH405**

**DURATION: TWO (2) HOURS**

**MARKS: 75**

- INSTRUCTIONS:**
- 1. ANSWER ALL QUESTIONS**
  - 2. EACH QUESTION CARRIES 25 MARKS**

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**Question 1. Multiple choice questions**

Select the response that best answers each of the following questions, e.g., 80 = f.

1. Which of the following is NOT required for a DSM-5 diagnosis of intellectual disability?
  - a) Full-scale IQ below 70
  - b) Deficits in adaptive functioning resulting in failure to meet developmental and socio-cultural standards for independence and social responsibility
  - c) Deficits in intellectual functions confirmed by clinical assessment
  - d) Deficits in intellectual functions confirmed by individualised, standardised intellectual testing
  
2. Sicanco, 35-year-old man reports one week of feeling unusually irritable. He reports that during this time he has increased energy and activity, sleeps less and finds it difficult to sit still. He also reports being more talkative and easily distractible to the extent that he does not finish his work. What diagnosis best fits Sicanco's clinical presentation?
  - a) Bipolar I disorder
  - b) Manic episode
  - c) Hypomanic episode
  - d) Major depressive episode
  
3. The DSM-IV used a multi-axial diagnostic system. Which of the following best describes the DSM-V?
  - a) The multi-axial system in DSM-IV has been retained in DSM-V
  - b) There is a different multi-axial system in DSM-V
  - c) Axis I (clinical disorders) and axis II (personality disorders) have been retained in DSM-V
  - d) DSM-V uses a non-axial documentation of diagnosis
  
4. Criterion A of schizoaffective disorder requires an uninterrupted period of illness during which Criterion A of schizophrenia is met. Which of the following additional symptoms must be present to fulfil the diagnostic criteria for schizoaffective disorder?
  - a) Hypomania
  - b) Cyclothymia
  - c) A major depressive or manic episode
  - d) An anxiety episode
  
5. Makoti, a 33-year-old woman reports having experienced auditory and persecutory delusions for 2 months, followed by a major depressive episode with a sad mood, anhedonia and suicidal ideation lasting 3 months. The depressive episode resolved with medication and psychotherapy but the psychotic symptoms persisted for another month before resolving. What diagnosis best fits Makoti's clinical picture?
  - a) Major depressive disorder with psychotic features
  - b) Major depressive disorder
  - c) Schizoaffective disorder
  - d) Bipolar I disorder.
  
6. How do individuals with substance/medication-induced depressive disorder differ from individuals with major depressive disorder who do not have a substance use disorder?
  - a) They are less likely to report suicidal thoughts/attempts
  - b) They are more likely to be male
  - c) They are more likely to have University education
  - d) They are more likely to be female

7. Masokisi, a 50-year-old male presents with a depressed mood for several weeks that interferes with his ability to work. He has insomnia and fatigue, feels guilty, has thoughts that he would be better off dead and has thought about how he could die without anyone knowing it was suicide. He requests sex from his wife several times a day. The wife notes that he complains of fatigue but only sleeps 1 to 2 hours each night and seems to have a lot of energy during the day. Which diagnosis best fits Masokisi?
- Major depressive episode
  - Major depressive episode with mixed features
  - Hypomanic episode
  - Major depressive episode with atypical features
8. Wezizwe, 12 years old, begins to have new episodes of temper outbursts that are out of proportion to the situation. Which of the following is NOT a diagnostic possibility for Wezizwe?
- Disruptive mood dysregulation disorder
  - Bipolar disorder
  - Oppositional defiant disorder
  - Conduct disorder
9. 9-year-old Sicelo cannot go to sleep without having one of his parents in his room. He frequently awakens to check that one of his parents is still there. If he wakes up and finds that he is alone, he starts to panic and gets up to look for the parents. He frequently reports nightmares in which he or his parents are harmed. Sicelo's parents usually wake in the morning to find Sicelo asleep on the floor of their room. What is Sicelo's most likely diagnosis?
- Specific phobia
  - Nightmare disorder
  - Agoraphobia
  - Separation anxiety disorder
10. In social phobia the object of an individual's fear is the potential for which of the following?
- Social or occupational impairment
  - Harm to self and others
  - Incapacitating symptoms
  - Embarrassment
11. When called on to answer questions at school, a 7-year-old will only nod or write in response. The family of the boy is surprised to hear this from the teacher because the boy speaks normally when at home with his parents. The boy has achieved appropriate developmental milestones and is healthy. What diagnosis best fits the boy's symptoms?
- Separation anxiety disorder
  - Communication disorder
  - Selective mutism
  - Agoraphobia.

12. What is the minimum average frequency of binge eating required for a diagnosis of DSM-V binge eating disorder?
- Once weekly for the last 3 months
  - Every other week for the last 3 months
  - Once a month for the last 3 months
  - Once weekly for the last 4 months
13. What are the two sub-types of anorexia nervosa?
- Restricting type and low weight type
  - Low carbohydrate/ low fat type
  - Restricting type and binge eating/purging type
  - Energy-sparing type and binge-eating/purging type.
14. The three essential diagnostic features of anorexia nervosa are
- Persistently low self-confidence, intense fear of becoming fat and disturbance in motivation
  - Low self-esteem, disturbance in self-perceived weight or shape and persistent energy restriction
  - Persistent lack of weight gain, disturbance in motivation and restricted affect
  - Persistent restriction of energy intake, intense fear of becoming fat, and disturbance in self-perceived weight or shape
15. Which of the following statements about paraphilias is FALSE?
- The presence of a paraphilia does not always justify clinical intervention
  - It is rare for an individual to manifest more than one paraphilia
  - Paraphilias may coexist with normophilic sexual interests
  - Most paraphilias can be divided into those that involve an unusual activity and those that involve an unusual target
16. Which of the following personality disorder diagnoses is no longer present in the DSM-V?
- Personality disorder not otherwise specified
  - Schizotypal personality disorder
  - Antisocial personality disorder
  - Avoidant personality disorder
17. The essential feature of the DSM-V diagnosis of delirium is a disturbance in attention/awareness and in cognition that develops over a short period of time, and tends to fluctuate in severity during the course of the day. Which of the following additional conditions must apply?
- The disturbance must be a direct physiological consequence of a substance use disorder
  - The disturbance must not occur in the context of a severely reduced level of arousal/coma
  - The disturbance must be associated with a disruption of the sleep-wake cycle
  - The disturbance must not be superimposed on a pre-existing neurocognitive disorder
18. Which of the following is a prominent feature of neurocognitive disorder due to HIV infection?
- Significant delusions and hallucinations at the onset of the disorder
  - Conspicuous aphasia
  - Marked difficulty with recall of learnt information

d) Impairment in executive functioning

19. Which of the following is NOT a recognised alcohol-related disorder in DSM-V?

- a) Alcohol use disorder
- b) Alcohol intoxication
- c) Alcohol withdrawal
- d) Alcohol dependence

20. Abrupt termination of daily or near-daily cannabis (dagga) use is likely to result in the following symptom

- a) Hallucinations
- b) Delusions
- c) Irritability
- d) Hunger

21. Which of the following is a core feature of insomnia disorder?

- a) Daytime fatigue
- b) Abnormal behaviour during sleep
- c) Dissatisfaction with sleep quality or quantity
- d) Depressed mood

22. To make a diagnosis of insomnia disorder the following is necessary

- a) Difficulty with sleep initiation or sleep maintenance
- b) Insufficient opportunity for sleep
- c) Persistence of sleep difficulties despite use of sedative-hypnotic agents
- d) Difficulty being fully awake after awakening

23. Which of the following statements correctly identifies a distinction between primary enuresis and secondary enuresis?

- a) Secondary enuresis is due to an identified medical condition; primary enuresis has no known cause
- b) Primary enuresis is never preceded by a period of continence whereas secondary enuresis is always preceded by a period of continence.
- c) Primary enuresis has a typical onset at age 10, much later than the onset of secondary enuresis
- d) Unlike primary enuresis, secondary enuresis tends to persist into late adolescence

24. Mavovo is a 6-year-old boy with moderate developmental delay. Mavovo presents with a history of passing faeces into his underwear during the day about once every 2 weeks, even during school. He now refuses to go to school for fear of soiling himself and being ridiculed by his classmates. Which of the following statements accurately describes encopresis in Mavovo's case?

- a) He should not be diagnosed with encopresis because the frequency is less than twice per week.
- b) He should not be diagnosed with encopresis because his mental age is likely less than 4 years old.
- c) He should be diagnosed with encopresis because the incontinence is resulting in impairment of age-appropriate role functioning
- d) He should not be diagnosed with encopresis because the events are restricted to the daytime

25. Which of the following factors should be considered during assessment and diagnosis of a sexual dysfunction?

- a) Partner factors
- b) Relationship factors
- c) Individual vulnerability factors, psychiatric morbidity, or stressors
- d) All of the above

TOTAL = 25

**Question 2**

a) Macili, a 15-year old, has dropped out of school having failed Form I because he hardly went to school in that year. He passed Grade 7 with a First class, examinations for which he wrote while in jail for having stolen a cell phone and money from his caretaker aunt and breaking into a neighbour's house where he stole a DVD player and CDs. Family members no longer want him because he steals anything and everything that is valuable and denies when confronted. Younger children in the neighbourhood are afraid of Macili because he beats them and takes away whatever they have that he wants. Macili can never tell the truth and always gets money from unsuspecting neighbours under the pretext that there is no food at home. He has been to Mdutjane Juvenile Correctional Centre where he served a 9-month sentence but he has not improved.

What is probably wrong with Macili? Justify your answer using the DSM-V criteria. (15)

b) Musa is an 8-year old brought to the Out-patient Department for assessment by both parents. Parents report that he is causing a lot of problems in the family. He refuses to obey simple instructions and argues over every small thing. He flatly refuses to comply with parental instructions. Musa defies parental authority and every simple request is met with defiance. He does not abide by house rules and attempts to get him to abide by rules result in arguments or temper tantrums. Musa always wants to have his way in most things. He dominates the household and fights with older siblings. He takes his siblings belongings without permission and insists that he has the right to keep them. He is very aggressive and easily provoked.

What psychiatric condition is Musa probably having? Justify your answer using the DSM-V diagnostic criteria. (10)

TOTAL =25

**Question 3: Matching questions**

Match the description in column A with the correct disorder in Column B. e.g. 40 = X (1 mark each)

Description	Disorder
1. "Computers are more rational and easier to deal with than people"	A. Schizotypal personality disorder
2. Avoids or dislikes tasks requiring sustained mental effort	B. Compulsion
3. Symptoms of a mood disorder are present for the majority of time over the duration of the disorder	C. Dysgraphia
4. Symptoms that must be present and for how long to qualify for a diagnosis	D. Antisocial personality disorder
5. Fantasy, projective identification, isolating, passive aggression	E. Adjustment disorder
6. Severe difficulty in making arithmetical calculations, as a	F. Disinhibited social

result of brain disorder.	engagement disorder
7. Preoccupation with a physical features which one perceives as flawed.	G. Social communication disorder
8. The thought of being in an airport provokes intense anxiety	H. Attention-deficit hyperactivity disorder-Inattentive
9. Characterised by deficits in social communication and social interaction and the presence of restricted, repetitive behaviors	I. Brief psychotic disorder
10. Rationalising having hurt, mistreated or stolen from another	J. Euphoric mood
11. Cognitive deficits predate depressive symptoms	K. Schizoaffective disorder
12. Sudden onset of intense fear with shortness of breath, dizziness and a racing heart but normal EKG	L. Schizoid personality disorder
13. Hallucinations (often visual and frightening)	N. Reactive attachment disorder
14. Persistent and excessive worry about possible harm befalling attachment figures.	O. Schizophrenia
15. Condition looks like schizophrenia, but the symptoms have been present for at least 1 month but less than 6 months	P. Defense mechanisms
16. An exaggerated sense of physical and emotional well-being in-consistent with reality	Q. Dyscalculia
17. Repetitive behaviors that the individual feels driven to perform according to rules that must be applied rigidly	R. Heart attack
18. Symptoms have been present for at least 1 day but less than a month	S. Post-traumatic stress disorder
19. Deficits in using communication for social purposes	T.
20. " a pattern of behavior in which a child actively approaches and interacts with unfamiliar adults"	U. Substance-induced psychotic disorder
21. Inability to write coherently, as a symptom of brain disease or damage	V. Schizophreniform disorder
22. Negative symptoms (affective flattening, avolition, alogia, anhedonia, inattentiveness)	W. Body dysmorphic disorder
23. Symptoms develop when a person is responding to a particular event or situation	X. Autism-spectrum disorder
24. Experiencing repeated exposure to aversive details of a traumatic event 6 months later	Y. Separation anxiety disorder
25. The disorder occurs frequently in families where someone has been diagnosed with schizophrenia	Z. Panic disorder
	AA. Diagnostic criteria set
	BB. Neurocognitive disorder
	CC. Specific phobia
	DD. Diagnostic classification