

UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF COMMUNITY HEALTH NURSING SCIENCES
FINAL EXAMINATION: NOVEMBER 2018

COURSE TITLE: DIAGNOSTIC AND STATISTICAL MANUAL (DSM)-5 FOR MENTAL DISORDER

COURSE CODE: CHN 405

TIME ALLOCATED: 2 HOURS

TOTAL MARKS ALLOCATED: 75

INSTRUCTIONS:

- 1. PLEASE WRITE LEGIBLE**
- 2. PLEASE ANSWER ALL QUESTIONS**
- 3. USE THE PROVIDED ANSWER BOOKLET FOR ALL YOUR ANSWERS**
- 4. START A NEW QUESTION ON A NEW PAGE**
- 5. MAKE SURE THAT ALL YOUR ANSWERS ARE NUMBERED CORRECTLY**

DO NOT OPEN THE QUESTION PAPER UNTIL PERMISSION HAS BEEN GRANTED BY THE CHIEF INVIGILATOR OR HIS/HER REPRESENTATIVE

QUESTION 1

State whether the following statements are true or false

1. "Clinical expertise" is required to differentiate disorders from "normal life variation and transient responses to stress."
2. In DSM-5, "other specified disorder" and "unspecified disorder" replace the "not otherwise specified" (NOS) designation.
3. The multiaxial system introduced in DSM-III is no longer recommended for use in DSM-5.
4. Neurodevelopmental disorders do not have an onset in the developmental period.
5. The standardized testing of adaptive functions has nothing to do with diagnosing intellectual disabilities.
6. Adaptive functioning involves adaptive reasoning in three domains: conceptual, social and practical.
7. Autism spectrum disorder is the primary diagnostic consideration for individuals presenting with social communication deficits.
8. Having an intellectual disability or language impairment is irrelevant to the prognosis of autism spectrum disorder.
9. Disruptive Mood Dysregulation Disorder was added in DSM-5 in order to address concerns that bipolar disorder in children wasn't being diagnosed enough.
10. To be diagnosed with Disruptive Mood Dysregulation Disorder, a child must exhibit temper outbursts that are consistent with developmental level, occur 3 or more times per week and the child must be persistently irritable between outbursts.
11. Individuals with social anxiety disorder often have anticipatory anxiety that is focused upon upcoming social situations in which they must perform or be evaluated by others.
12. Obsessive-compulsive disorder is the same as obsessive-compulsive personality disorder.
13. In DSM-5, criterion A always gives a specific definition of the disorder.
14. The consideration of cultural background, developmental level and chronological age in the diagnosis of a patient are unique to DSM-5.
15. Children with anxiety disorders are more likely to present with physical symptoms than psychological symptoms.

For the following questions choose the best answer/response to the question and the alphabet of the answer against the question number as follows: 70=Z. Use capital letters for the alphabets.

16. Which of the following is not true of Hoarding Disorder?
- A. It involves persistent difficulty discarding possessions resulting in a congestion and cluttering of living areas
 - B. It almost exclusively affect elderly women
 - C. It frequently is comorbid with depression
 - D. It is one of new diagnosis in DSM-5
17. Which statement is correct regarding how DSM-5 diagnoses personality disorders?
- A. DSM-5 has eliminated personality disorder diagnoses.
 - B. DSM-5 has introduced new personality disorder subtypes.
 - C. DSM-5 has maintained the use of the Axis II system for documenting personality disorders.
 - D. DSM-5 has preserved the same diagnostic criteria as in DSM-IV-TR for personality disorders.
18. Symptoms of schizotypal personality disorder include:
- A. Auditory hallucinations
 - B. Obsessional thoughts
 - C. Social phobia
 - D. Suspiciousness or paranoid ideation
19. Symptoms of schizoid personality disorder include:
- A. Disorganised speech
 - B. Emotional coldness
 - C. Manic phases
 - D. Aquaphobia
20. Which of the following are not symptoms of borderline personality disorder?
- A. Risk taking or doing things without thinking of potential consequences
 - B. Emotions that are consistent and stable
 - C. Difficulty making and maintaining relationships
 - D. A fear of being abandoned or rejected

21. Which personality disorder is characterised by instability in personal relationships, a lack of well-defined and stable self-image, regular and unpredictable changes in moods and impulsive behaviour?
- A. Borderline personality disorder
 - B. Histrionic personality disorder
 - C. Dissociative personality disorder
 - D. Narcissistic personality disorder
22. An individual with narcissistic personality disorder will routinely overestimate their abilities and inflate their accomplishments. This is characterised by which of the following?
- A. A pervasive need for admiration
 - B. An inability to monitor reality
 - C. Impulsive behaviour such as drug use
 - D. Unusual ideas of reference
23. The apparent lack of empathy and the tendency to exploit others for self-benefit, has led to mental health professionals to compare narcissistic personality disorder with which one of the following?
- A. Histrionic personality disorder
 - B. Antisocial personality disorder
 - C. Paranoid personality disorder
 - D. Schizotypal personality disorder
24. Which of the following are considered to be the main features of avoidant personality disorder?
- A. Persistent social inhibition
 - B. Feelings of inadequacy
 - C. Hypersensitivity to negative evaluation
 - D. All of the above
25. Which of the following is true for DSM-5 diagnostic changes in Autism Spectrum Disorder?
- A. Expanded restricted, repetitive pattern of behaviour, interests or activities to include abnormalities in sensory processing
 - B. Relaxed the age of onset criteria to “early developmental period” instead of an age
 - C. Use severity specifiers for levels of support required (levels 1, 2, & 3)
 - D. All of the above

CASE: Kwanele is a 21 year old male who is your neighbour and a former classmate. After learning that you are studying mental health nursing, his parents consult you for advice concerning his behaviour. His parents inform you that Kwanele is always involved in fights with people because he is provocative, which has landed him in jail several times, and has no friends because he is very bossy and manipulative. His parents also inform you that he steals from them and their neighbours. While the parents note that his behaviour is pathological, they believe he was bewitched, while Kwanele states that his parents and the rest of the people in your area “do not necessarily understand him”. **Questions 26-30 relate to this case.**

26. What is Kwanele likely suffering from which personality disorder?
- A. Anti-social personality disorder
 - B. Schizoid personality disorder
 - C. Conduct personality disorder
 - D. Narcissistic personality disorder
27. What further information do you need about Kwanele that may assist you make a definitive diagnosis?
- A. The onset of the behaviour
 - B. Whether Kwanele is ever remorseful after committing any of the violations
 - C. Whether Kwanele uses drugs or has any family history of mental illness
 - D. All of the above
28. To be diagnosed with the disorder in Q21 above, Kwanele should be:
- A. ≤ 15 years of age
 - B. Above 18 years with a history of onset below 15 years
 - C. 21 years old and above
 - D. None of the above
29. To manage Kwanele, you would advise his parents to:
- A. Have him locked up in jail until he comes to his senses
 - B. Beat the hell out of him because he is voluntarily disrespectful
 - C. Take him for psychiatric assessment and management
 - D. Leave him as he will outgrow the behaviour at his own time
30. A patient diagnosed with agoraphobia will show increased activity in which of the following areas of this patient's brain during an fMRI scan?
- A. Parietal lobe
 - B. Amygdala
 - C. Cerebellum
 - D. Medulla Oblongata

[Total marks: 30]

QUESTION 2

- A. Compare and contrast the two main disease classification systems – the International Classification of Diseases (ICD) and Diagnostic and Statistical Manual (DSM) – used in the field of Mental Health. (8 marks).
- B. The DSM contains descriptions, symptoms, and other criteria for diagnosing mental disorders, and has evolved through seven versions. State the two main reasons served by the DSM as stated by American Psychiatric Association (2 marks)
- C. Discuss the major structural changes in DSM-5. Give an example for each change. (10 marks).

[Total marks: 20]

QUESTION 3

- A. Carefully read the statement in column B and match with the correct word or phrase in column A, e.g. 30 = Z. Each term may be used once, more than once, or not at all. Each correct answer carries one (1) mark.

Seq.	Column A	Seq.	Column B
1.	Compulsion.	A	Repeated, irrational, and enduring fear of an object or situation.
2.	Obsession	B	Repetition of another person's spoken words as a symptom of psychiatric disorder.
3.	Phobia	C	An inability to answer a question without giving excessive, unnecessary detail
4.	Somatisation	D	the belief that others can hear or are aware of an individual's thoughts
5.	Circumstantiality	E	A perceptual disorder in which the patient believes that his or her thoughts, words or actions can cause or prevent the occurrence of events
6.	Verbigetation	F	obsessive repetition of random words
7.	Echopraxia	G	Thought disorder in which there is a rapid shifting of ideas with only superficial associative connections between them.
8.	Echolalia	H	Repeated expression of psychological issues through physical symptoms, concerns, or complaints.
9.	Magical thinking	I	Repeated thought or image that provokes anxiety.
10.	Thought broadcasting	J	Repetition or imitation of the movements of others as a symptom of psychiatric disorder.
11.	Flight of ideas	K	Repeated behaviour that a person feels driven to perform.

B. A 19-year-old Simangele presents to a hospital emergency department (ED) with self-inflicted cigarette burns. She describes feelings of “devastation” following the ending of a recent relationship. Two weeks before presentation Simangele met a man at a night club, and several days later she moved into his apartment. Almost immediately they began to have intense and bitter fights. The evening before her presentation to the ED, the man asked Simangele to leave, despite her threats that she may kill herself. She went back to her apartment and impulsively stabbed herself with a lit cigarette, a behaviour she shyly admits she has done before to help her cope with the pain of rejection. Simangele states that she has been secretly self-mutilating since she was a child, when it helped her deal with the pain of being sexually abused. When she is feeling angry, overwhelmingly sad, or even bored, she often self-mutilates. She reports that she often feels very badly about herself as a result of this behaviour. After the emergency department physician treats her burns, Simangele tells the physician that he is “the best doctor ever” and she would like him to be her primary care physician.

- i. What personality disorder is Simangele suffering from? (1 mark). Support your answer using DSM-5 diagnosis criteria (6 marks)
 - ii. Which other mental disorder is Simangele particularly vulnerable to developing? (1 mark). Support your answer (1 mark).
- C. Documenting nursing care rendered to patients is an important part of the nursing process. State and discuss five reasons on the importance of documentation. (5 marks)

(Total marks: 25)