Psychiatry Finals: EMQs and OSCEs
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Psychiatry Finals: EMQs and OSCEs

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Preface

The prospect of facing examinations in psychiatry may be daunting and conjure up feelings of dread and panic, especially if one is under-prepared. As with other medical specialties, there are numerous facts that need to be digested within a short-time frame and this may seem like an endless process.

In recent years, there has been an increasing trend towards the use of extended matching questions (EMQs) and objective structured clinical examinations (OSCEs) as a method of assessment. This has been the case in many medical school final examinations, as well as postgraduate examinations such as the membership examination of the Royal College of Psychiatrists and the Professional and Linguistic Assessment Board (PLAB) examination. Unlike the traditional multiple choice question papers and clinical long cases, EMQs are thought to mirror clinical decision-making skills and OSCEs allow the standardisation of patients so that every candidate is marked objectively against the same criteria.

Although there are many good psychiatry textbooks available that cover the subject comprehensively, few books are dedicated to revision for examinations in the updated format. This book covers a broad range of topics in the form of EMQs and OSCEs, and will help the reader apply theoretical knowledge to common clinical situations. It will be essential in preparing for examinations, and will be a great supplement to larger textbooks.

Many of the questions in this book were developed through teaching and testing medical students, who were very patient and kind enough to make suggestions. This book is aimed primarily for medical students, as dedicated psychiatry revision textbooks at their level are in great demand. It will also be helpful for oversea doctors studying for the PLAB examinations, and may appeal to the trainee psychiatrist as a refresher.

As with any other examinations, practice is the key to doing well in psychiatry examinations, and the authors hope that this book will serve as a stepping stone in shaping your revision. We hope that you will enjoy learning about psychiatry and wish you lots of luck with your examinations.

Kazuya Iwata
Afia Ali
List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AA</td>
<td>Alcoholics Anonymous</td>
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<tr>
<td>ACE</td>
<td>Angiotensin converting enzyme</td>
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<td>ADH</td>
<td>Antidiuretic hormone</td>
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<tr>
<td>ADHD</td>
<td>Attention-deficit/hyperactivity disorder</td>
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<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<tr>
<td>AOT</td>
<td>Assertive outreach team</td>
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<tr>
<td>APA</td>
<td>American Psychiatric Association</td>
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<tr>
<td>ASW</td>
<td>Approved social worker</td>
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<tr>
<td>BMI</td>
<td>Body mass index</td>
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<tr>
<td>CAT</td>
<td>Cognitive analytical therapy</td>
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<td>CBT</td>
<td>Cognitive behavioural therapy</td>
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<tr>
<td>CDAT</td>
<td>Community drugs and alcohol team</td>
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<td>CJD</td>
<td>Creutzfeldt–Jakob disease</td>
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<tr>
<td>CMHT</td>
<td>Community mental health team</td>
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<tr>
<td>CNS</td>
<td>Central nervous system</td>
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<td>CPA</td>
<td>Care programme approach</td>
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<tr>
<td>CPMS</td>
<td>Clozaril Patient Monitoring Service</td>
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<tr>
<td>CRT</td>
<td>Crisis resolution team</td>
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<tr>
<td>CSF</td>
<td>Cerebrospinal fluid</td>
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<tr>
<td>CT</td>
<td>Computer tomography</td>
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<tr>
<td>CVA</td>
<td>Cerebrovascular accident</td>
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<tr>
<td>DBT</td>
<td>Dialectical behavioural therapy</td>
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<tr>
<td>DSH</td>
<td>Deliberate self-harm</td>
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<tr>
<td>DSM-IV</td>
<td>Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition</td>
</tr>
<tr>
<td>DVLA</td>
<td>Driver and Vehicle Licensing Agency</td>
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<tr>
<td>ECG</td>
<td>Electrocardiogram</td>
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<tr>
<td>ECT</td>
<td>Electroconvulsive therapy</td>
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<tr>
<td>ED</td>
<td>Emergency Department</td>
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<td>EEG</td>
<td>Electroencephalogram</td>
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<td>EIS</td>
<td>Early intervention services</td>
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<td>EMDR</td>
<td>Eye movement desensitisation and reprocessing</td>
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<tr>
<td>EPSE</td>
<td>Extra-pyramidal side effects</td>
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<tr>
<td>FSH</td>
<td>Follicular-stimulating hormone</td>
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<tr>
<td>GABA</td>
<td>Gamma aminobutyric acid</td>
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</table>
GHB  Gamma hydroxybutyric acid
GP   General practitioner
HIV  Human immunodeficiency virus
HPA  Hypothalamic–pituitary–adrenal axis
ICD-10 International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
IQ   Intelligence quotient
LFT  Liver function test
LH   Luteinising hormone
LSD  Lysergic acid diethylamide
MAOI Monoamine oxidase inhibitor
MDMA 3,4-Methylenedioxymethylamphetamine
MHA Mental Health Act of England and Wales, 1983
MMSE Mini-mental state examination
MRI  Magnetic resonance imaging
NaRI Noradrenaline reuptake inhibitor
NaSSA Noradrenergic and specific serotonergic antidepressant
NICE UK National Institute for Health and Clinical Excellence
NMDA N-methyl-D-aspartic acid
NSAID Non-steroidal anti-inflammatory drug
OCD Obsessive-compulsive disorder
OT   Occupational therapist
PANSS Positive and negative syndrome scale
PICU Psychiatric Intensive Care Unit
REM Rapid eye movement
RMO Responsible medical officer
SFRS Schneiderian first-rank symptom
SNRI Serotonin–noradrenaline reuptake inhibitor
SSRI Selective serotonin reuptake inhibitor
TSH Thyroid-stimulating hormone
WHO World Health Organisation
This book contains 58 EMQs divided into eight chapters according to topics for ease of revision. Each EMQ has 10 items and five statements. Each statement has only one possible answer and each item is used only once. There are several styles to the questions, but they are usually based on a clinical vignette to assist application of knowledge to clinical situations. Some factual questions are also included. Each question is followed by a detailed explanation of the answers and useful teaching notes. The questions vary in the degree of difficulty, but the overall difficulty is titrated to moderate level. Some challenging questions are also included to test the more knowledgeable students aiming for distinction. Deliberate repetitions of similar concepts are made to emphasise their importance. The last EMQ chapter contains questions that have been grouped by clinical presentation and is therefore more likely to reflect the actual examination and clinical situation.

The OSCE section comprises of 23 common clinical situations that are likely to be encountered in clinical examination situations. The introductory section gives general advice on approaching OSCE stations, and this is followed by sample OSCE marking schemes. It is suggested that these marking schemes be used as a framework in structuring the approach to each station.

The book primarily refers to the *Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10)* published by the World Health Organisation (WHO) in defining mental illnesses, but clinical descriptions from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* published by the American Psychiatric Association (APA) are also included. Although diagnostic concepts are discussed in this book, those who are interested in learning the actual diagnostic criteria for individual mental illnesses should refer to the appropriate chapters in the ICD-10 (WHO) and DSM-IV (APA).

Where legislations and guidelines are involved, references are made to those that are in wide use in England and Wales. To this end, references are made to the 1983 Mental Health Act of England and Wales (MHA) in discussing mental health legislations and
compulsory admissions to hospital. In discussing the management of mental illnesses, clinical guidelines issued by the UK National Institute for Health and Clinical Excellence (NICE) are followed. With regards to substance use, alcohol measurements are made in units, which is widely used in the UK for alcohol consumption approximation. References are made to the UK Misuse of Drug Act in classifying illegal substances. Readers are encouraged to keep themselves updated with any changes in such legislations and guidelines.
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Extended matching questions (EMQs)

The following EMQs contain 10 choices (A–J) followed by five numbered statements. For each stem, select the single best choice that best corresponds to the given information. Each stem has only one answer, and each choice can be used only once.
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CHAPTER 1
Introduction to psychiatry

Acronyms in psychiatry
A. ASW
B. CPA
C. DSM
D. EPSE
E. ICD
F. MHA
G. MMSE
H. PANSS
I. PICU
J. RMO

Select the most appropriate item from the above that is best defined by the following statements.

1. The fourth edition of this classification system of mental disorders devised by the American Psychiatric Association assesses patients on five dimensions.

2. A useful bedside tool used in assessing the patient’s cognition on a 30-point scale.

3. Framework of aftercare of discharged patients in England and Wales, identified through a coordinated multidisciplinary assessment of patient’s health and social care needs.

4. Defines mental disorder as ‘mental illness, arrested or incomplete development of mind, psychopathic disorder, and any other disorder or disability of mind.’

5. A group of side effects of antipsychotic medications, including parkinsonism, tardive dyskinesia, akathisia, and acute dystonia.
Important names in psychiatry

A. Described schizophrenia as being associated with auditory hallucinations and made affect.
B. Described the classic symptoms of schizophrenia to include delusional perception and thought echo.
C. Described the classic symptoms of schizophrenia to include loosening of association and ambivalence.
D. Described schizophrenia as being associated with thought broadcast and incongruous affect.
E. Described schizophrenia as being type I (acute) and type II (chronic).
F. Explained that the underlying dysfunctional beliefs of depression include negative views of the self, the world, and the future.
G. Focused on the cognitive model of schizoaffective disorder.
H. Identified that ‘early maternal loss’ and ‘lack of confiding relationship’ as vulnerability factors for the development of depression.
I. Identified that high expressed emotions play a role in the aetiology of schizophrenia.
J. Through animal experiments, found that love and comfort is necessary for attachment.

Select the most appropriate item from the above that is best associated with the following names.

1. Brown and Harris
2. Kurt Schneider
3. Eugene Bleuler
4. Aaron Beck
5. TJ Crow
Mental state examination I

A. Appearance
B. Behaviour
C. Thought form and speech
D. Mood
E. Affect
F. Thought content
G. Abnormal perception
H. Cognition
I. Insight
J. Not part of mental state examination

The following were obtained during a clinical interview with a patient. Select the most appropriate choice from the above where you would record the information obtained.

1. ‘I don’t know what to do, doctor. I know that they are monitoring my actions using special radio waves and there’s no way I can get away from it.’

2. ‘Can’t you hear them? They’re constantly criticising me.’

3. ‘I’m not eating anymore, and I constantly feel guilty for everything. I feel like I’m in a deep trench and I’m suffering down below.’

4. ‘After that, I decided to go home … Home and away … Swaying my way.’

5. ‘I don’t need these tablets … Everything that is happening to me is real! I’m not mad and I’m definitely not staying in hospital.’
Mental state examination II

A. Alexithymia
B. Anhedonia
C. Blunting of affect
D. Circumstantiality
E. Delusional mood
F. Incongruity of mood
G. Knight’s move thinking
H. Labile mood
I. Perseveration
J. Tangentiality

The following were obtained during a clinical interview with a patient. Select the most appropriate item from the above that best describes the clinical presentations depicted.

1. ‘My uncle got killed in a car accident 2 days ago. Ha ha. He was speeding and the car just went out of control!!! Ha ha ha … I can’t stop laughing!’

2. ‘I don’t really do the things that I used to do. I used to be an active person and enjoyed running. I even played tennis competitively and really liked it, but they don’t seem to be pleasurable at all. I don’t get any joy out of my hobbies now.’

3. ‘You want to know where I’m from? That’s a hard question because I’m technically from the UK but I do know that my ancestors came from northern Europe. I think several generations ago they were living as Vikings. But yes, I’m from England.’

4. ‘It just feels so strange. I know something weird is going on and that something will definitely happen soon. I can’t exactly explain it, but I know it’s going to be horrible.’

5. ‘Yes I do take my medications as directed, doctor. I take one tablet every morning after having my breakfast, and then it was his turn to be punished. It’s a fight involving everyone, but the unaffected third party just pretended nothing happened.’
Psychiatric phenomenology I

A. Autochthonous delusion
B. Delusional atmosphere
C. Delusional memory
D. Delusional perception
E. Depersonalisation
F. Derealisation
G. Echo de la pensee
H. Secondary delusion
I. Somatic passivity
J. Thought insertion

Select the most appropriate item from the above that best matches the clinical description in the following statements.

1. A patient goes out shopping. While waiting at the checkout counter, he suddenly feels empty and detached from the rest of the world, as if his soul was outside his body and overlooking everything.

2. A patient goes out shopping. While waiting at the checkout counter, it dawns on to him that he was the Son of God. He subsequently stands on top of the counter and starts screaming religious chants to convince others of his divine status.

3. A patient goes out shopping. While waiting at the checkout counter, he finds an old coin in his wallet, which he thought he had previously lost. He then knew that he was the Son of God.

4. A patient goes out shopping. While waiting at the checkout counter, he thought he heard someone say, ‘You’re the Son of God!’ but could not find anyone around him. He concludes that a divine being must be talking to him, and is now convinced he is God.

5. A patient goes out shopping. While waiting at the checkout counter, he claims that there are special radio waves transmitted in the air that are planting ideas in his mind that he was the Son of God.
Psychiatric phenomenology II

A. Elementary hallucination  
B. Extracampine hallucination  
C. Functional hallucination  
D. Hypnagogic hallucination  
E. Hypnopompic hallucination  
F. Illusion  
G. Pseudohallucination  
H. Second-person auditory hallucination  
I. Third-person auditory hallucination  
J. Thought echo

Select the most appropriate item from the above that best matches the clinical description in the following statements.

1. A 15-year-old female is walking along the street at night and mistakes the shadow of a tree as a man holding a gun.

2. A 20-year-old male with schizophrenia feels distressed as he constantly hears several voices talking to each other about his actions and thoughts right behind him, saying: ‘Look at him, he’s a loser.’

3. A 25-year-old female can hear the voice of her dead mother in her head reading a poem. She knows the voices are not real, but feels distressed by it.

4. A 34-year-old male claims that he can hear buzzing noises in the background and see lights flashing before his eyes.

5. A 16-year-old female is worried that she can hear her name being called out when she is falling asleep.
Psychiatric phenomenology III

A. Delusion of control
B. Delusion of jealousy
C. Delusion of guilt
D. Delusion of reference
E. Delusion of thought interference
F. Erotomanic (amorous) delusion
G. Grandiose delusion
H. Hypochondriacal delusion
I. Nihilistic delusion
J. Persecutory delusion

The following scenarios refer to a patient with delusional ideas. Select the single most appropriate item from the above that best matches the type of delusion depicted.

1. A 23-year-old male believes that his life and the world are coming to an end after having lost his job. He has stopped looking after himself and has not eaten in 3 days as he believes that his body organs are decaying.

2. A 19-year-old male is terrified because he feels that his actions and feelings are no longer his own. He believes that a device is making him think in negative ways and do things that are embarrassing, as if he was a robot.

3. A 26-year-old female has been living on the streets for the last week because she knows that a famous actor is planning a vendetta to kill her. She feels unsafe wherever she goes as she feels that she is constantly under threats of an attack.

4. A 30-year-old female cleaner was brought to hospital for trying to set fire to her garden. She insists that the newspapers contain articles with covert messages criticising her garden and thus decided to set fire in order to build a new one.

5. A 28-year-old male doctor believes that he is the best looking male in the world and that everyone at work is trying to befriend him. He also claims that he is highly gifted and that he had cured his own leukaemia.
Answers

Acronyms in psychiatry

1. C. DSM stands for Diagnostic and Statistical Manual for Mental Disorders, published by the American Psychiatric Association. The most recent edition is the fourth edition (DSM-IV). It is a multi-axial diagnostic system using five axes, meaning that the diagnoses of a patient are coded into five categories or axes:
   - Axis I describes clinical psychiatric disorders.
   - Axis II describes any personality disorders or mental retardation.
   - Axis III describes general medical conditions.
   - Axis IV describes current psychosocial problems.
   - Axis V is a global assessment of functioning using a scale.

2. G. MMSE stands for the mini-mental state examination, which is a bedside tool used in assessing cognition with a 30-point scale, covering orientation, registration, concentration, recall, language, and praxis. A score of 27–30 is considered normal.

3. B. CPA stands for Care Programme Approach. This was introduced in 1991 in England and Wales to ensure that there is adequate provision of services and regular monitoring of people with mental illness who have been discharged into the community. The purpose is to provide support for individuals, to improve continuity of care, and to maximise the effects of any therapeutic intervention.

4. F. The 1983 Mental Health Act of England and Wales has a broad definition of mental disorder. It essentially includes those with a mental illness or a learning disability. Psychopathic disorder is a legal term, with dissocial personality disorder being the nearest psychiatric diagnosis. Specific ‘sections’ of the MHA allow detention of patients in mental health units for assessment and treatment purposes.

5. D. EPSE stands for extra-pyramidal side effects, which are movement-related side effects seen with the use of dopamine antagonists such as antipsychotics. These include acute dystonia, akathisia, parkinsonism, and tardive dyskinesia. All of them are reversible upon cessation of the antidopaminergic medications or through the use of anticholinergic medications (such as procyclidine), apart from tardive dyskinesia.
Notes

- RMO stands for Responsible Medical Officer, who is usually the consultant.

- ICD-10 is the International Statistical Classification of Diseases and Health Related Problems, 10th Edition, published by the World Health Organisation. This is the classification guide that lists all medical conditions, and the section on psychiatric illnesses is used as the basis of classification of psychiatric illnesses in the UK.

- PICU stands for Psychiatric Intensive Care Unit, where patients who cannot be managed in an open ward because of aggression or risk of absconding are managed.

- ASW stands for Approved Social Worker, who is specially trained to assess patients under the 1983 Mental Health Act of England and Wales.

- PANSS stands for Positive and Negative Syndrome Scale, which is a rating tool commonly used to rate symptoms of psychotic illnesses.

Important names in psychiatry

1. H. Brown and Harris’s study in Camberwell, London (1978) showed that the following factors increased the vulnerability to depression in women:
   - Lack of a confiding relationship.
   - Unemployment.
   - Three or more children under the age of 14 years.
   - Loss of mother before the age of 11 years.

2. B. In order to differentiate schizophrenia from other psychotic illnesses, Kurt Schneider listed the first-rank symptoms of schizophrenia as being central features of schizophrenia, but not necessary for its diagnosis. There are 11 Schneiderian first-rank symptoms (SFRS), which can be broadly categorised into four groups as follows:
   - Delusional perception.
   - Thought insertion, thought withdrawal, thought broadcast.
   - Third-person auditory hallucinations, hallucinations in the form of a running commentary, thought echo.
   - Somatic passivity, and passivity of affect, impulse, and volition.
3. **C.** Bleuler listed the four A’s to describe schizophrenia: ambivalence, affective abnormalities, loosening of association, and autism.

4. **F.** Beck’s cognitive triad of depression refers to a negative view of the self, the world, and the future.

5. **E.** Crow described two types of schizophrenia:
   - Type I schizophrenia has an acute onset, comprises of positive symptoms, and responds well to antipsychotics with a good prognosis. He made the assumption that the brain was structurally normal.
   - Type II schizophrenia has a chronic onset, comprises of negative symptoms, and responds poorly to antipsychotics with a poor prognosis. There is an abnormal brain structure (cortical atrophy and ventricular dilatation).

**Notes**

- Harlow conducted an experiment on monkeys and found that baby monkeys formed attachment to comfortable but milkless dolls that offered comfort and security rather than metallic dolls that provided milk.

- Studies by Brown showed that high levels of expressed emotion can worsen the prognosis of those with mental illnesses.

**Mental state examination I**

1. **F.** Any notable content of thought should be recorded here, including the presence of delusions, obsessive thoughts, and phobias. A risk assessment should also be conducted to assess for any ideations of harming self or others. This is particularly important for those presenting with self-harm to ascertain the presence of any active suicidal ideation.

2. **G.** Any visual, auditory, olfactory, gustatory, tactile, and somatic illusions and hallucinations are recorded under ‘abnormal perceptions’.

3. **D.** Features of subjective (patient’s own words) and objective (as observed in interview) mood should be recorded under ‘mood’, including any associated biological features such as the effect of mood on appetite and sleep.
4. **C.** This is an example of flight of ideas, which is a rapid succession of thoughts vaguely associated with the sounds of other words. There may be punning and rhyming. This commonly occurs in patients with mania and is a disorder of the form of speech.

- Loosening of association occurs in schizophrenia, and this includes ‘knight’s move thinking’ where there is no logical association between successive thoughts, ‘word salad’ where speech is an incomprehensible mixture of words and phrases, and ‘neologisms’ where a new word is invented by the patient.

5. **I.** Assessment of insight involves identifying whether the patient believes that he or she has an illness, whether the illness is attributed to a mental disorder, whether the patient believes that psychiatric treatment will be helpful, and whether they are willing to accept advice.

### Mental state examination II

1. **F.** Incongruity of mood is the dissociation of one’s emotions and the content of one’s thoughts or actions. The observed affect is inappropriate to the situation, such as laughing when talking about something that is normally perceived as being sad.

2. **B.** Anhedonia is loss of enjoyment in previously pleasurable activities and interests. It is a core feature of depression.

3. **D.** Circumstantiality is a type of disorder of thought form (formal thought disorder) in which the patient goes at verbose length to include every detail in order to answer a simple question. In the course of the response, the eventual answer to the question is reached.

4. **E.** Delusional mood (also known as delusional atmosphere) is a type of primary delusion where the patient feels that something odd is going on or is about to happen.

5. **G.** Knight’s move thinking is a type of formal thought disorder in which the patient starts answering the question appropriately,
but the line of thought is suddenly shifted to an unrelated topic. It is also known as derailment of thought.

- Tangentiality is a related formal thought disorder in which the patient starts answering the question, but then talks off the topic in an area that is only indirectly related to the intended answer (‘talking off the point’). As a result, the answer to the original question is not reached.

**Notes**

- Alexithymia refers to the inability to describe one’s subjective emotional state. For example, an alexithymic individual would not be able to verbalise his sad and low feelings despite feeling so. It is also seen in somatisation disorder.

- Emotional blunting refers to a lack of emotional sensitivity and loss of appropriate responses to events that would usually invoke a response. It is a negative symptom of schizophrenia. Similarly, flattening of affect refers to a marked decrease in the usual range of emotions. It may be seen in a severely depressed patient who no longer feels the will to live and finds nothing interesting, or in a patient with schizophrenia.

- A labile mood indicates a marked variability in the affect, with rapid changes in mood observed over a short period of time, for example crying and then suddenly laughing within a minute.

- Perseveration is the inability to switch from one line of thinking to another. An example of this is when a patient who is asked about his family history continues to talk about this even when the doctor asks him about his social history.

**Psychiatric phenomenology I**

1. **E.** Depersonalisation is a subjective experience where the patient feels as if he or she is not real. It is a dream-like state experienced also by normal people.

2. **A.** A delusion is a fixed and unshakeable abnormal belief that is held with conviction and is out of keeping with the patient’s cultural and religious background. An autochthonous delusion is a primary delusion and arises ‘out of the blue’. A primary delusion occurs as a direct result of psychopathology.