INI CET Psychiatry

Sample Paper – 1

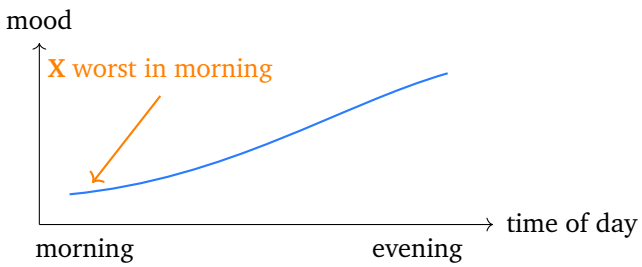
Duration: 14 Minutes **Maximum Marks: 15**

Instructions

- This paper contains **15** Multiple Choice Questions (Single Best Response), modelled on the Psychiatry content of **INI CET** (Institutes of National Importance Combined Entrance Test) conducted by AIIMS New Delhi.
- The **15-question** length matches the number of Psychiatry items you actually meet in the real 200-question paper.
- Each correct answer carries **+1 mark**. There is **negative marking of one-third (0.33) mark** for every incorrect answer; unattempted questions carry no penalty.
- Every question has **exactly one best answer**. Choose the single most appropriate option.
- Attempt this practice paper in one timed sitting of about **14 minutes**, the pace the real computer-based test demands.

Mood and Anxiety Disorders

Q1. The mood chart below plots a low mood that is worst in the morning and eases by evening (marked **X**), with early-morning awakening. Alongside this diurnal variation, the core biological features of a major depressive episode include:



(A) Grandiosity and a reduced need for sleep

(B) Third-person auditory hallucinations

(C) Anhedonia with loss of appetite and weight

(D) Flight of ideas and pressured speech

Q2. A patient has had one week of elated mood, grandiosity, a markedly decreased need for sleep, pressured speech, flight of ideas and overspending. The most likely diagnosis is:

(A) A manic episode (bipolar affective disorder)

(B) A major depressive episode

(C) Generalised anxiety disorder

(D) Schizophrenia

Q3. Recurrent, intrusive, unwanted thoughts that the patient recognises as their own, together with repetitive ritual behaviours performed to reduce anxiety, characterise:

(A) Generalised anxiety disorder

(B) Panic disorder

(C) Obsessive-compulsive disorder

(D) Schizophrenia

Psychotic Disorders

Q4. Schneider's first-rank symptoms of schizophrenia include thought insertion, thought withdrawal, thought broadcasting and:

(A) Third-person auditory hallucinations giving a running commentary

(B) Persistently depressed mood with anhedonia

(C) Obsessions and compulsions

(D) Flashbacks of a traumatic event

Q5. Which of the following is a **negative** symptom of schizophrenia?

(A) Delusions of persecution

(B) Blunted (flat) affect and avolition

(C) Auditory hallucinations

(D) Thought insertion

Q6. A patient holds a single fixed, non-bizarre belief that a spouse is unfaithful for more than three months, with otherwise preserved functioning and no hallucinations or thought disorder. The diagnosis is:

(A) Schizophrenia

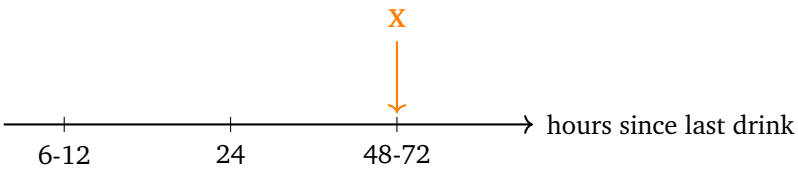
(B) A manic episode

(C) Major depression

(D) Delusional disorder

Substance Use and Organic Disorders

Q7. The timeline below shows symptoms 48 to 72 hours after a heavy drinker stops alcohol (marked **X**): confusion, vivid visual hallucinations, coarse tremor, autonomic overactivity and disorientation. This is:



(A) Wernicke encephalopathy

(B) Delirium tremens (alcohol withdrawal)

(C) Korsakoff psychosis

(D) Chronic alcoholic hallucinosis

Q8. The triad of acute confusion, ophthalmoplegia and ataxia in a chronic alcoholic, caused by thiamine (vitamin B1) deficiency and reversible if treated early, is:

(A) Delirium tremens

(B) Korsakoff psychosis

(C) Hepatic encephalopathy

(D) Wernicke encephalopathy

Child, Neurodevelopmental and Personality Disorders

Q9. A 7-year-old shows persistent inattention, hyperactivity and impulsivity across both home and school, present before the age of 12 and responsive to methylphenidate. The diagnosis is:

(A) Autism spectrum disorder

(B) Intellectual disability

(C) Attention-deficit hyperactivity disorder

(D) Conduct disorder

Q10. Persistent deficits in social communication and interaction together with restricted, repetitive patterns of behaviour and interests, with onset in early childhood, characterise:

(A) Autism spectrum disorder

(B) Attention-deficit hyperactivity disorder

(C) Childhood-onset schizophrenia

(D) Oppositional defiant disorder

Q11. A pattern of unstable intense relationships, marked impulsivity, recurrent self-harm, chronic emptiness, frantic efforts to avoid abandonment and identity disturbance indicates which personality disorder?

(A) Antisocial (dissocial) personality disorder

(B) Schizoid personality disorder

(C) Borderline (emotionally unstable) personality disorder

(D) Obsessive-compulsive (anankastic) personality disorder

Psychopharmacology and Therapeutics

Q12. A patient started on a high-potency antipsychotic develops high fever, generalised 'lead-pipe' rigidity, fluctuating consciousness, autonomic instability and a grossly raised creatine kinase. This is:

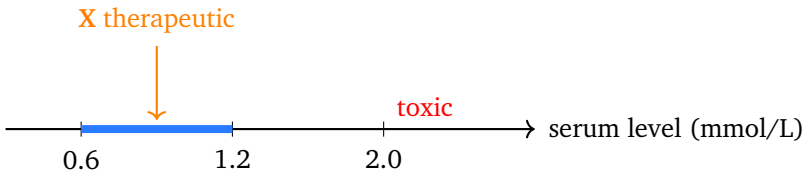
(A) Serotonin syndrome

(B) Tardive dyskinesia

(C) Acute dystonia

(D) Neuroleptic malignant syndrome

Q13. The mood chart below marks the narrow therapeutic window (0.6 to 1.2 mmol/L, **X**) of a drug that needs regular serum monitoring and can cause fine tremor, hypothyroidism and nephrogenic diabetes insipidus. This drug is:



(A) Lithium carbonate

(B) Fluoxetine

(C) Haloperidol

(D) Diazepam

Emergency Psychiatry and Miscellaneous

Q14. A patient taking an SSRI is given tramadol and within hours develops agitation, hyperthermia, sweating, hyperreflexia and lower-limb clonus. The most likely diagnosis is:

(A) Neuroleptic malignant syndrome

(B) Serotonin syndrome

(C) Acute dystonia

(D) Anticholinergic toxicity

Q15. A 16-year-old girl has a body mass index below 17.5, an intense fear of gaining weight, a distorted body image and secondary amenorrhoea. The diagnosis is:

(A) Bulimia nervosa

(B) Anorexia nervosa

(C) Major depressive disorder

(D) Body dysmorphic disorder

Detailed Solutions

Q1.

Solution

Concept – biological (somatic) features of depression: A major depressive episode has characteristic biological symptoms beyond low mood.

Step 1 – read the chart: Mood worst in the morning (**X**) with early-morning awakening is the classic *diurnal variation* of depression.

Step 2 – add the core somatic features: Anhedonia (loss of pleasure) with loss of appetite and weight completes the biological picture, along with psychomotor retardation and loss of libido.

Why the other options are wrong:

- A, grandiosity and reduced sleep need: are features of mania.
- B, third-person hallucinations: point to schizophrenia.
- D, flight of ideas and pressured speech: are manic, not depressive, features.

Final Answer: Anhedonia with loss of appetite and weight $\Rightarrow$ $\boxed{\text{C}}$

Answer: (C) Go Back to Q1

Q2.

Solution

Concept – a manic episode: Mania is the defining pole of bipolar affective disorder.

Step 1 – match the features: Elated mood, grandiosity, **decreased need for sleep**, pressured speech, flight of ideas and reckless overspending for at least a week define a manic episode.

Step 2 – the label: One manic episode is sufficient to diagnose bipolar affective disorder.

Why the other options are wrong:

- B, major depression: is the opposite mood pole.
- C, generalised anxiety: is persistent worry, not elation with overactivity.
- D, schizophrenia: is dominated by psychosis, not primary elated mood.

Final Answer: A manic episode (bipolar disorder) $\Rightarrow$ $\boxed{\text{A}}$

Answer: (A) Go Back to Q2

Q3.

Solution

Concept – obsessive-compulsive disorder (OCD): OCD couples intrusive thoughts with anxiety-reducing rituals.

Step 1 – define the components: Obsessions are recurrent, intrusive, unwanted thoughts recognised as one's own; **compulsions** are repetitive acts done to relieve the resulting anxiety.

Step 2 – the insight: The patient usually recognises the thoughts as excessive but cannot resist them.

Why the other options are wrong:

- A, generalised anxiety: is free-floating worry without rituals.
- B, panic disorder: features sudden discrete panic attacks.
- D, schizophrenia: the thoughts are felt as alien or externally imposed, not recognised as one's own.

Final Answer: Obsessive-compulsive disorder $\Rightarrow$ C

Answer: (C) Go Back to Q3

Q4.

Solution

Concept – Schneider's first-rank symptoms: These symptoms strongly suggest schizophrenia when organic causes are excluded.

Step 1 – complete the list: Alongside thought insertion, withdrawal and broadcasting, **third-person auditory hallucinations** (voices discussing or giving a running commentary) are a first-rank symptom.

Step 2 – others: Delusional perception and passivity (made) experiences also count.

Why the other options are wrong:

- B, depressed mood: is an affective symptom, not first-rank.
- C, obsessions and compulsions: belong to OCD.
- D, flashbacks: are a feature of PTSD.

Final Answer: Third-person auditory hallucinations $\Rightarrow$ A

Answer: (A) Go Back to Q4

Q5.

Solution

Concept – positive versus negative symptoms: Schizophrenia has 'positive' (added) and 'negative' (lost) symptoms.

Step 1 – define negative symptoms: Blunted (flat) affect and avolition (lack of drive), along with alogia and anhedonia, are negative symptoms.

Step 2 – the contrast: Positive symptoms are delusions, hallucinations and thought disorder.

Why the other options are wrong:

- A, delusions; C, hallucinations; D, thought insertion: are all *positive* symptoms.

Final Answer: Blunted affect and avolition $\Rightarrow$ B

Answer: (B) Go Back to Q5

Q6.

Solution

Concept – delusional disorder: Delusional disorder is a single encapsulated delusional system with otherwise intact functioning.

Step 1 – read the features: A **single, fixed, non-bizarre** delusion (here, delusional jealousy) for over three months, without hallucinations or thought disorder and with preserved functioning, defines delusional disorder.

Step 2 – the distinction: Unlike schizophrenia, the personality and functioning outside the delusion remain intact.

Why the other options are wrong:

- A, schizophrenia: has hallucinations, thought disorder and functional decline.
- B, mania: has elated mood and overactivity.
- C, major depression: is a mood disorder, not an isolated delusion.

Final Answer: Delusional disorder $\Rightarrow$ D

Answer: (D) Go Back to Q6

Q7.

Solution

Concept – delirium tremens: Delirium tremens is the most severe form of alcohol withdrawal.

Step 1 – read the timeline: At **48 to 72 hours** (**X**) after the last drink, confusion, vivid visual hallucinations, coarse tremor, autonomic overactivity and disorientation define delirium tremens.

Step 2 – management: It is a medical emergency treated with benzodiazepines, thiamine and supportive care.

Why the other options are wrong:

- A, Wernicke encephalopathy: gives the confusion-ophthalmoplegia-ataxia triad, not this delirium.
- C, Korsakoff psychosis: is a chronic amnestic state.
- D, alcoholic hallucinosis: has clear consciousness with auditory hallucinations.

Final Answer: Delirium tremens ⇒ B

Answer: (B) Go Back to Q7

Q8.

Solution

Concept – Wernicke encephalopathy: Wernicke encephalopathy is an acute thiamine-deficiency emergency.

Step 1 – recall the triad: Confusion, ophthalmoplegia and ataxia from thiamine (vitamin B1) deficiency define Wernicke encephalopathy.

Step 2 – act fast: Give parenteral thiamine *before* glucose to prevent progression to the irreversible Korsakoff amnestic syndrome.

Why the other options are wrong:

- A, delirium tremens: is a withdrawal delirium, not this triad.
- B, Korsakoff psychosis: is the chronic memory sequel, not the acute triad.
- C, hepatic encephalopathy: causes asterixis and a raised ammonia, from liver failure.

Final Answer: Wernicke encephalopathy ⇒ D

Answer: (D) Go Back to Q8

Q9.

Solution

Concept – attention-deficit hyperactivity disorder (ADHD): ADHD is a neurodevelopmental disorder of inattention and hyperactivity-impulsivity.

Step 1 – read the criteria: Persistent **inattention, hyperactivity and impulsivity** across *more than one* setting, present before age 12 and responsive to methylphenidate, define ADHD.

Step 2 – management: Behavioural measures plus stimulants (methylphenidate) are first-line.

Why the other options are wrong:

- A, autism: is defined by social-communication deficits and repetitive behaviour.
- B, intellectual disability: is defined by low IQ and adaptive deficits.
- D, conduct disorder: is a pattern of rule-breaking and aggression, not core inattention.

Final Answer: Attention-deficit hyperactivity disorder $\Rightarrow$ C

Answer: (C) Go Back to Q9

Q10.

Solution

Concept – autism spectrum disorder: Autism is an early-onset neurodevelopmental disorder.

Step 1 – match the two core domains: Social-communication deficits plus **restricted, repetitive behaviours and interests**, from early childhood, define autism spectrum disorder.

Step 2 – supporting features: Sensory sensitivities and insistence on sameness are common.

Why the other options are wrong:

- B, ADHD: is inattention and hyperactivity without the social-communication dyad.
- C, childhood schizophrenia: involves hallucinations and delusions, which

are not core to autism.
- D, oppositional defiant disorder: is defiant, hostile behaviour, not a social-communication disorder.

Final Answer: Autism spectrum disorder ⇒ A

Answer: (A) Go Back to Q10

Q11.

Solution

Concept – borderline personality disorder: Borderline (emotionally unstable) personality disorder centres on instability of affect, relationships and self-image.

Step 1 – match the pattern: Unstable relationships, impulsivity, recurrent self-harm, chronic emptiness, fear of abandonment and identity disturbance define borderline personality disorder.

Step 2 – management: Structured psychotherapy (for example dialectical behaviour therapy) is the mainstay.

Why the other options are wrong:

- A, antisocial: is a disregard for others' rights with deceit and aggression.
- B, schizoid: is emotional detachment and a preference for solitude.
- D, obsessive-compulsive personality: is rigidity, orderliness and perfectionism.

Final Answer: Borderline personality disorder ⇒ C

Answer: (C) Go Back to Q11

Q12.

Solution

Concept – neuroleptic malignant syndrome (NMS): NMS is a rare, life-threatening reaction to dopamine-blocking antipsychotics.

Step 1 – read the tetrad: Hyperthermia, 'lead-pipe' rigidity, altered consciousness and autonomic instability, with a grossly raised creatine kinase, define NMS.

Step 2 – management: Stop the antipsychotic, cool and hydrate the patient, and consider dantrolene or bromocriptine.

Why the other options are wrong:

- A, serotonin syndrome: also causes hyperthermia but with clonus and hyperreflexia, and follows serotonergic drugs.
- B, tardive dyskinesia: is late-onset involuntary movements, not an acute febrile crisis.
- C, acute dystonia: is a sustained muscle spasm without fever or raised CK.

Final Answer: Neuroleptic malignant syndrome $\Rightarrow$ D

Answer: (D) Go Back to Q12

Q13.

Solution

Concept – lithium therapy: Lithium is a mood stabiliser with a narrow therapeutic index.

Step 1 – read the window: The therapeutic range of **0.6 to 1.2 mmol/L** (X) requires regular serum monitoring, since levels above it are toxic.

Step 2 – recall the adverse effects: Fine tremor, hypothyroidism and nephrogenic diabetes insipidus are characteristic of lithium.

Why the other options are wrong:

- B, fluoxetine: is an SSRI antidepressant that does not need level monitoring.
- C, haloperidol: is an antipsychotic, not a monitored mood stabiliser.
- D, diazepam: is a benzodiazepine anxiolytic.

Final Answer: Lithium carbonate $\Rightarrow$ A

Answer: (A) Go Back to Q13

Q14.

Solution

Concept – serotonin syndrome: Serotonin syndrome follows excess serotonergic activity, often from a drug combination.

Step 1 – read the trigger and signs: An **SSRI plus tramadol** causing agitation, hyperthermia, sweating, **hyperreflexia and clonus** defines serotonin syndrome.

Step 2 – management: Stop the serotonergic drugs, give supportive care and consider cyproheptadine.

Why the other options are wrong:

- A, NMS: causes rigidity and *hypo*reflexia after dopamine blockers, not clonus.
- C, acute dystonia: is a focal spasm without fever or clonus.
- D, anticholinergic toxicity: causes dry skin and a flushed patient without clonus.

Final Answer: Serotonin syndrome $\Rightarrow$ B

Answer: (B) Go Back to Q14

Q15.

Solution

Concept – anorexia nervosa: Anorexia nervosa is a restrictive eating disorder with a low body weight.

Step 1 – match the criteria: A **BMI below 17.5**, an intense fear of weight gain, a distorted body image and **amenorrhoea** define anorexia nervosa.

Step 2 – the risks: Complications include bradycardia, electrolyte disturbance and osteoporosis; treatment is multidisciplinary.

Why the other options are wrong:

- A, bulimia nervosa: features binge-and-purge cycles usually at a normal weight.
- C, major depression: does not require the weight and body-image criteria.
- D, body dysmorphic disorder: is preoccupation with a perceived defect in appearance, not low weight.

Final Answer: Anorexia nervosa $\Rightarrow$ B

Answer: (B) Go Back to Q15

Answer Key

Q	Ans	Q	Ans	Q	Ans	Q	Ans	Q	Ans
1	C	2	A	3	C	4	A	5	B
6	D	7	B	8	D	9	C	10	A
11	C	12	D	13	A	14	B	15	B