INI CET Psychiatry

Sample Paper – 10

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. Epidemiological surveys of common mental disorders repeatedly report a clear sex difference. Which statement best captures the gender pattern of depression and anxiety?

(A) Both are roughly twice as common in men as in women

(B) Both are equally common in men and women at every age

(C) Both major depression and most anxiety disorders are about twice as common in women as in men

(D) Anxiety is commoner in men while depression is commoner in women

Q2. A general practitioner is choosing between talking therapy and medica-

tion for two patients with depression of differing severity. Which principle correctly guides first-line treatment?

(A) An antidepressant is first-line for mild depression, and psychological therapy is reserved for severe depression

(B) Both mild and severe depression should always be treated with medication alone

(C) Psychological therapy is first-line for mild depression, while an antidepressant is indicated for moderate-to-severe depression

(D) Neither medication nor therapy alters the course of any depression

Q3. A patient with generalised anxiety describes palpitations, sweating, a fine tremor and a dry mouth whenever anxious. Which option best names these somatic symptoms and their physiological basis?

(A) Palpitations, sweating, tremor and dry mouth, reflecting autonomic (sympathetic) overactivity

(B) Flat affect and avolition, reflecting dopamine excess

(C) Auditory hallucinations, reflecting temporal-lobe damage

(D) Ataxia and ophthalmoplegia, reflecting thiamine deficiency

Psychotic Disorders

Q4. A young adult is brought to the emergency department with a first episode of acute psychosis. Before settling on a primary psychiatric diagnosis, the most important first step is to:

(A) Exclude an organic cause such as delirium, drug intoxication or a metabolic disturbance

(B) Start long-term depot antipsychotic medication immediately

(C) Diagnose schizophrenia on the basis of a single interview

(D) Reassure the family that the symptoms will resolve without any assessment

Q5. A severely depressed patient insists that he is already dead, that his body has decayed and that his internal organs no longer exist. This nihilistic belief is known as a:

(A) Grandiose delusion

(B) Nihilistic (Cotard) delusion

(C) Delusion of persecution

(D) Delusion of jealousy

Q6. The schematic below summarises the long-term course of schizophrenia (**X**). According to the traditional 'rule of thirds', the outcome is best described as:

(A) Almost all patients recover completely within a year

(B) Almost all patients remain permanently disabled

(C) Half recover fully and half die early

(D) About one-third recover well, one-third have a relapsing course and one-third remain chronically unwell

Substance Use and Organic Disorders

Q7. Three drugs are used to help maintain abstinence after alcohol detoxification: disulfiram, acamprosate and naltrexone. Which statement correctly describes how they work?

(A) Disulfiram produces an aversive reaction by inhibiting aldehyde dehydrogenase, while acamprosate and naltrexone reduce craving and the reward of drinking

(B) All three drugs act only by sedating the patient

(C) Disulfiram reduces craving while acamprosate causes an aversive flushing reaction

(D) Naltrexone works by inhibiting aldehyde dehydrogenase like disulfiram

Q8. A hospitalised elderly patient is at high risk of delirium. Which of the following best describes an appropriate prevention and management bundle?

(A) Sedate the patient heavily and keep the room dark and quiet at all times

(B) Reorientate the patient, treat the underlying cause, maintain hydration and sleep, and avoid unnecessary sedatives

(C) Withhold all fluids and mobilisation until the confusion settles

(D) Start a long-acting benzodiazepine as routine prophylaxis for every admission

Child, Neurodevelopmental and Personality Disorders

Q9. A child with attention-deficit hyperactivity disorder is being reviewed in clinic. With respect to comorbidity, the most accurate statement is that ADHD is:

(A) Never associated with any other disorder

(B) Associated only with intellectual disability

(C) Managed by stimulants alone, with no need to look for other problems

(D) Frequently comorbid with oppositional defiant and conduct disorders, which should be identified and managed alongside stimulant treatment

Q10. During a psychiatric assessment of a young child, which combination of findings should most strongly prompt consideration of abuse or neglect and safeguarding action?

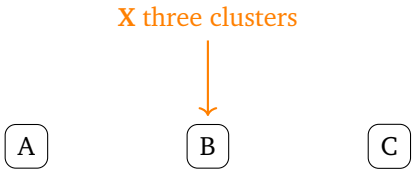
(A) Normal growth with an age-appropriate, consistent history

(B) A settled child who separates and reunites comfortably with the carer

(C) Well-explained minor grazes over the shins in an active child

(D) Unexplained injuries, an inconsistent history, developmental delay and fearful, watchful behaviour

Q11. The schematic below groups the personality disorders into three clusters (**X**). Which option correctly describes the character of Clusters A, B and C?



(A) Cluster A is anxious, Cluster B is odd and Cluster C is dramatic

(B) Cluster A is odd/eccentric, Cluster B is dramatic/emotional and Cluster C is anxious/fearful

(C) All three clusters describe the same anxious temperament

(D) Cluster A is dramatic, Cluster B is anxious and Cluster C is odd

Psychopharmacology and Therapeutics

Q12. Electroconvulsive therapy (ECT) is being planned for a patient with severe treatment-resistant depression. Which statement best describes how ECT is delivered?

(A) It is given without anaesthesia while the patient is fully awake

(B) It is given under general anaesthesia with a muscle relaxant after informed consent, as a course of treatments

(C) It requires no consent because it is an emergency procedure in every case

(D) It is a single one-off shock that needs neither anaesthesia nor monitoring

Q13. An 80-year-old man with ischaemic heart disease needs an antidepressant. Which choice best reflects safe prescribing in cardiac disease and the elderly?

(A) Sertraline is preferred, and tricyclic antidepressants are avoided because of their cardiotoxicity

(B) A tricyclic antidepressant is first-line because it is safest for the heart

(C) Antidepressants should never be used in anyone over 65

(D) The dose in the elderly should always be higher than in younger adults

Emergency Psychiatry and Miscellaneous

Q14. A patient discloses a specific, credible intention to kill a named person. In assessing homicidal and violence risk, the clinician should:

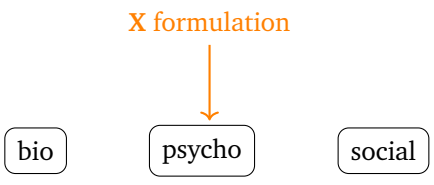
(A) Ignore the threat because psychiatric confidentiality is absolute

(B) Tell only the patient's family and take no further action

(C) Assess the risk carefully and recognise a duty to warn or protect an identifiable potential victim

(D) Discharge the patient without any documentation of the risk

Q15. The schematic below shows the three domains of a psychiatric formulation (**X**). The biopsychosocial model is best described as an approach that:



(A) Considers only the biological (brain) causes of illness

(B) Considers only the patient's social circumstances

(C) Integrates biological, psychological and social factors to explain the onset and maintenance of the disorder

(D) Rejects any role for psychological factors in mental illness

Detailed Solutions

Q1.

Solution

Concept – gender epidemiology of mood and anxiety disorders: Sex is one of the most consistent risk factors identified in psychiatric surveys.

Step 1 – recall the ratio: Both **major depression** and **most anxiety disorders** are about *twice as common in women as in men* across community samples.

Step 2 – the contributing factors: Hormonal, psychosocial and help-seeking differences are all thought to contribute to this pattern.

Why the other options are wrong:

- A, twice as common in men: reverses the true direction.
- B, equal at every age: ignores the well-established female excess.
- D, split by disorder: both depression and anxiety show a female excess, not one each way.

Final Answer: Both about twice as common in women $\Rightarrow$ C

Answer: (C) Go Back to Q1

Q2.

Solution

Concept – matching treatment to depression severity: The intensity of treatment is stepped up with the severity of the episode.

Step 1 – mild depression: Psychological therapy (for example guided self-help or cognitive behavioural therapy) is first-line, and routine antidepressants are usually avoided.

Step 2 – moderate-to-severe depression: An **antidepressant** is indicated, ideally combined with psychological therapy.

Why the other options are wrong:

- A, medication first for mild: reverses the stepped-care principle.
- B, medication alone always: ignores the value of therapy, especially in milder illness.
- D, neither works: is contradicted by strong evidence for both treatments.

Final Answer: Therapy for mild, antidepressant for moderate-to-severe $\Rightarrow$ C

Answer: (C) Go Back to Q2

Q3.

Solution

Concept – somatic (physical) anxiety symptoms: The bodily symptoms of anxiety arise from autonomic nervous system activation.

Step 1 – list the symptoms: Palpitations, sweating, tremor and a dry mouth are the classic somatic complaints of anxiety.

Step 2 – the mechanism: They reflect **sympathetic (autonomic) overactivity**, the body's 'fight-or-flight' response.

Why the other options are wrong:

- B, flat affect and avolition: are negative symptoms of schizophrenia, not anxiety.
- C, auditory hallucinations: are a psychotic phenomenon.
- D, ataxia and ophthalmoplegia: belong to Wernicke encephalopathy.

Final Answer: Palpitations, sweating, tremor, dry mouth from sympathetic overactivity $\Rightarrow$ A

Answer: (A) Go Back to Q3

Q4.

Solution

Concept – first-episode acute psychosis: A new psychosis is a symptom, not a diagnosis, until organic causes are excluded.

Step 1 – exclude organic causes first: Delirium, drug intoxication or withdrawal, and metabolic disturbances can all present as acute psychosis and must be ruled out before a primary psychiatric label is applied.

Step 2 – then assess: Only after a physical and toxicological workup should a primary psychotic disorder be considered.

Why the other options are wrong:

- B, immediate depot: is premature and inappropriate before assessment.
- C, diagnose schizophrenia at once: cannot be justified from a single interview.
- D, reassure without assessment: neglects a potentially reversible medical

cause.

Final Answer: Exclude an organic cause first $\Rightarrow$ A

Answer: (A) Go Back to Q4

Q5.

Solution

Concept – nihilistic (Cotard) delusion: Delusions are classified by their theme; the nihilistic theme concerns non-existence.

Step 1 – identify the theme: The belief that one is **dead, does not exist or that the internal organs have rotted away** is a **nihilistic (Cotard) delusion**, classically seen in severe depression.

Step 2 – other delusional themes: Grandiose (mania), persecutory (schizophrenia) and jealous (delusional disorder) are the other common themes.

Why the other options are wrong:

- A, grandiose: is an inflated sense of worth or power.
- C, persecutory: is a belief of being harmed or plotted against.
- D, jealousy: is a belief that a partner is unfaithful.

Final Answer: Nihilistic (Cotard) delusion $\Rightarrow$ B

Answer: (B) Go Back to Q5

Q6.

Solution

Concept – prognosis of schizophrenia (rule of thirds): The long-term course of schizophrenia is heterogeneous.

Step 1 – read the schematic: The traditional **rule of thirds** (**X**) divides outcomes into three roughly equal groups.

Step 2 – state the thirds: About **one-third recover well**, **one-third have a relapsing-remitting course** and **one-third remain chronically unwell**.

Why the other options are wrong:

- A, almost all recover: is over-optimistic.
- B, almost all disabled: is over-pessimistic.
- C, half recover and half die: misstates both the outcome groups and mortal-

ity.

Final Answer: One-third recover, one-third relapse, one-third chronic $\Rightarrow$ D

Answer: (D) Go Back to Q6

Q7.

Solution

Concept – relapse-prevention drugs in alcohol dependence: Three agents support abstinence by different mechanisms.

Step 1 – disulfiram: It **inhibits aldehyde dehydrogenase**, so that drinking causes an unpleasant flushing, nausea and palpitation reaction that deters relapse.

Step 2 – acamprosate and naltrexone: Acamprosate reduces craving by modulating glutamate, and **naltrexone**, an opioid antagonist, reduces the rewarding effect of alcohol.

Why the other options are wrong:

- B, all sedate: none of these three primarily sedates the patient.
- C, roles swapped: disulfiram is the aversive drug, not the craving-reducer.
- D, naltrexone inhibits ALDH: incorrect; that is disulfiram's action.

Final Answer: Disulfiram aversive; acamprosate and naltrexone reduce craving/reward $\Rightarrow$ A

Answer: (A) Go Back to Q7

Q8.

Solution

Concept – delirium prevention bundle in the elderly: Most inpatient delirium is preventable with simple non-pharmacological measures.

Step 1 – the bundle: Reorientate the patient, **treat the underlying cause** (infection, dehydration, drugs), and **maintain hydration, nutrition, sleep and early mobilisation**.

Step 2 – avoid harm: Avoid unnecessary sedatives, especially benzodiazepines, which can worsen confusion.

Why the other options are wrong:

- A, heavy sedation and darkness: worsens disorientation.

- C, withhold fluids and mobilisation: removes protective measures.
- D, routine benzodiazepine prophylaxis: is not recommended and may precipitate delirium.

Final Answer: Reorientate, treat cause, hydrate, avoid sedatives $\Rightarrow$ B

Answer: (B) Go Back to Q8

Q9.

Solution

Concept – comorbidity in ADHD: ADHD rarely occurs in isolation, and comorbidities shape management.

Step 1 – the common comorbidities: ADHD is **frequently comorbid with oppositional defiant disorder and conduct disorder**, as well as learning difficulties and anxiety.

Step 2 – management implication: These comorbidities should be actively identified and addressed alongside stimulant treatment such as methylphenidate.

Why the other options are wrong:

- A, never associated: is false; comorbidity is the rule.
- B, only with intellectual disability: is too narrow.
- C, stimulants alone: ignores the need to treat coexisting disorders.

Final Answer: Comorbid with oppositional defiant and conduct disorders, managed alongside stimulants $\Rightarrow$ D

Answer: (D) Go Back to Q9

Q10.

Solution

Concept – recognising child abuse and neglect: A psychiatric assessment of a child must always include safeguarding.

Step 1 – the warning signs: Unexplained injuries, an inconsistent or changing history, developmental delay and **fearful, watchful behaviour** are red flags for abuse or neglect.

Step 2 – the action: These findings should prompt formal safeguarding assessment and referral.

Why the other options are wrong:

- A, normal growth and consistent history: is reassuring.
- B, comfortable separation and reunion: reflects secure attachment.
- C, well-explained minor grazes: are expected in an active child.

Final Answer: Unexplained injuries, inconsistent history, delay and fearfulness ⇒ D

Answer: (D) Go Back to Q10

Q11.

Solution

Concept – the three clusters of personality disorder: Personality disorders are grouped into three descriptive clusters.

Step 1 – read the schematic: The three boxes (**X**) correspond to Clusters A, B and C.

Step 2 – define each cluster: **Cluster A** is *odd/eccentric* (paranoid, schizoid, schizotypal); **Cluster B** is *dramatic/emotional* (antisocial, borderline, histrionic, narcissistic); **Cluster C** is *anxious/fearful* (avoidant, dependent, obsessive-compulsive).

Why the other options are wrong:

- A, labels shuffled: mixes up the cluster descriptions.
- C, all anxious: collapses three distinct clusters into one.
- D, labels shuffled: again misassigns the descriptions.

Final Answer: A odd, B dramatic, C anxious ⇒ B

Answer: (B) Go Back to Q11

Q12.

Solution

Concept – how electroconvulsive therapy is delivered: ECT is a safe, controlled procedure used for severe or resistant illness.

Step 1 – consent and anaesthesia: It is given under **general anaesthesia** with a **muscle relaxant**, after **informed consent** (or appropriate legal authorisation).

Step 2 – the course: Treatment is delivered as a **course** of sessions, typically

twice weekly, with monitoring throughout.

Why the other options are wrong:

- A, awake without anaesthesia: is unsafe and not how modern ECT is performed.
- C, no consent needed ever: is false; consent or legal authorisation is required.
- D, single unmonitored shock: misrepresents ECT as a one-off unmonitored event.

Final Answer: Under anaesthesia with a relaxant, after consent, as a course $\Rightarrow$ $\boxed{\text{B}}$

Answer: (B) Go Back to Q12

Q13.

Solution

Concept – antidepressant choice in cardiac disease and the elderly: Safety, not just efficacy, drives the choice in vulnerable patients.

Step 1 – the preferred drug: Sertraline is generally preferred in cardiac disease and the elderly because of its favourable cardiovascular safety profile.

Step 2 – what to avoid: Tricyclic antidepressants are avoided because they are *cardiotoxic* (arrhythmias, postural hypotension) and dangerous in overdose.

Why the other options are wrong:

- B, tricyclic is safest for the heart: is the opposite of the truth.
- C, never use over 65: wrongly denies effective treatment.
- D, higher dose in the elderly: reverses the 'start low, go slow' principle.

Final Answer: Prefer sertraline, avoid cardiotoxic tricyclics $\Rightarrow$ $\boxed{\text{A}}$

Answer: (A) Go Back to Q13

Q14.

Solution

Concept – assessing homicidal risk and the duty to warn: A credible threat to an identifiable person creates an obligation beyond confidentiality.

Step 1 – assess the risk: The clinician must **assess the seriousness, specificity and means** of the threat carefully.

Step 2 – the duty to warn/protect: Where a **specific, identifiable victim** is at real risk, there is a recognised **duty to warn or protect** them, which may justify breaking confidentiality.

Why the other options are wrong:

- A, confidentiality is absolute: is incorrect when a third party faces serious harm.
- B, tell only the family: is an inadequate and misdirected response.
- D, discharge without documentation: neglects both risk management and record-keeping.

Final Answer: Assess the risk and recognise a duty to warn or protect $\Rightarrow$ C

Answer: (C) Go Back to Q14

Q15.

Solution

Concept – the biopsychosocial model of formulation: Psychiatric formulation explains a case using more than one dimension.

Step 1 – read the schematic: The three domains (**X**) are the **biological**, **psychological** and **social** factors.

Step 2 – integrate them: The biopsychosocial model **integrates all three** across predisposing, precipitating and perpetuating factors to explain the onset and maintenance of the disorder.

Why the other options are wrong:

- A, biological only: is the reductionist view the model rejects.
- B, social only: ignores brain and mind factors.
- D, rejects psychological factors: contradicts the very purpose of the model.

Final Answer: Integrates biological, psychological and social factors $\Rightarrow$ C

Answer: (C) Go Back to Q15

Answer Key

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