INI CET Psychiatry

Sample Paper – 2

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. A 30-year-old has recurrent, unexpected episodes of intense fear that peak within minutes, with palpitations, chest tightness, sweating, trembling and a fear of dying, followed by persistent worry about further attacks. The diagnosis is:

(A) Generalised anxiety disorder

(B) Panic disorder

(C) Specific phobia

(D) Obsessive-compulsive disorder

Q2. A patient has more than six months of persistent, free-floating worry about several everyday matters, with restlessness, muscle tension, poor

concentration and disturbed sleep, but no discrete attacks. The most likely diagnosis is:

(A) Generalised anxiety disorder

(B) Panic disorder

(C) Post-traumatic stress disorder

(D) Adjustment disorder

Q3. One month after surviving a serious road accident, a patient has intrusive flashbacks and nightmares, avoids reminders of the crash, and shows persistent hyperarousal with an exaggerated startle response. The diagnosis is:

(A) Post-traumatic stress disorder

(B) Generalised anxiety disorder

(C) Panic disorder

(D) Acute stress reaction

Psychotic Disorders

Q4. A young patient with schizophrenia shows mutism, immobility, bizarre posturing and waxy flexibility (the limbs stay in whatever position they are placed). This subtype is:

(A) Paranoid schizophrenia

(B) Catatonic schizophrenia

(C) Hebephrenic schizophrenia

(D) Residual schizophrenia

Q5. According to the classical dopamine hypothesis of schizophrenia, the positive symptoms are best explained by:

(A) Reduced dopamine activity in the mesolimbic pathway

(B) Excess dopamine activity in the mesolimbic pathway

(C) Excess serotonin activity in the raphe nuclei

(D) Reduced acetylcholine activity in the basal forebrain

Q6. A previously well patient develops florid delusions and hallucinations with an abrupt onset after a stressful event, and the whole episode resolves completely within one month. The diagnosis is:

(A) Schizophrenia

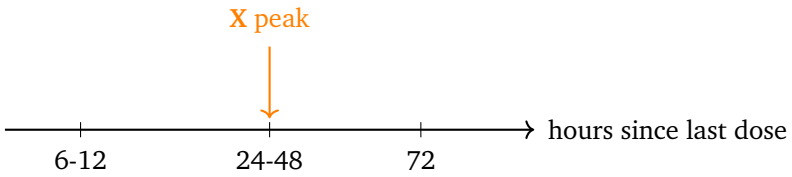
(B) Delusional disorder

(C) Brief psychotic disorder (acute and transient psychotic disorder)

(D) Schizoaffective disorder

Substance Use and Organic Disorders

Q7. The timeline below shows a patient who stopped a drug of dependence and, at the marked point (**X**), developed lacrimation, rhinorrhoea, widely dilated pupils, piloerection ('gooseflesh'), yawning, muscle aches and diarrhoea, while remaining fully alert. This withdrawal state is from:



(A) Alcohol withdrawal

(B) Benzodiazepine withdrawal

(C) Cannabis withdrawal

(D) Opioid withdrawal

Q8. An elderly inpatient develops an acute, fluctuating confusion over hours, with clouding of consciousness, inattention, disorganised thinking and a disturbed sleep-wake cycle. Unlike dementia, the onset is abrupt and consciousness is impaired. The diagnosis is:

(A) Alzheimer's dementia

(B) Depressive pseudodementia

(C) Delirium

(D) Late-onset schizophrenia

Child, Neurodevelopmental and Personality Disorders

Q9. A 7-year-old who has never been reliably dry wets the bed at night several times a week, with a normal examination and urinalysis. The recommended first-line management is:

(A) Behavioural measures with an enuresis (bed-wetting) alarm

(B) Long-term oral haloperidol

(C) Immediate urological surgery

(D) Lifelong fluid restriction alone

Q10. A 13-year-old repeatedly bullies and physically attacks peers, is cruel to animals, destroys property, lies and has run away from home overnight, with a persistent pattern violating the basic rights of others. The diagnosis is:

(A) Attention-deficit hyperactivity disorder

(B) Oppositional defiant disorder

(C) Autism spectrum disorder

(D) Conduct disorder

Q11. A 26-year-old man has a long-standing pattern of disregard for the rights of others, repeated deceitfulness and law-breaking, impulsivity, irritability with aggression and a complete lack of remorse. This indicates which personality disorder?

(A) Borderline (emotionally unstable) personality disorder

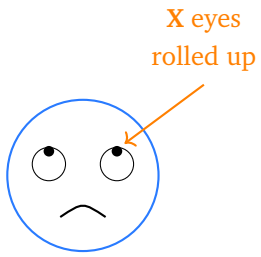
(B) Narcissistic personality disorder

(C) Histrionic personality disorder

(D) Antisocial (dissocial) personality disorder

Psychopharmacology and Therapeutics

Q12. Hours after the first dose of a high-potency antipsychotic, a young man develops a sustained upward deviation of the eyes and a twisted neck, shown in the schematic below (**X** marks the upward gaze). This acute reaction, best treated with an anticholinergic, is:



torticollis + oculogyric crisis

(A) Acute dystonia

(B) Tardive dyskinesia

(C) Akathisia

(D) Neuroleptic malignant syndrome

Q13. A patient with moderate depression is started on the recommended first-line class of antidepressant, which acts by blocking the reuptake of serotonin and commonly causes nausea, insomnia and sexual dysfunction. This class is:

(A) Tricyclic antidepressants

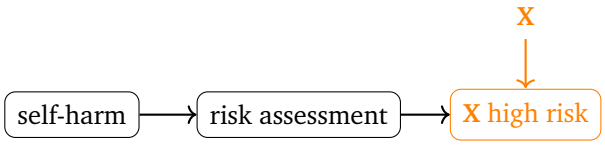
(B) Monoamine oxidase inhibitors

(C) Selective serotonin reuptake inhibitors

(D) Benzodiazepines

Emergency Psychiatry and Miscellaneous

Q14. The flow schematic below traces a patient being assessed after self-harm (**X** marks the key finding). Which single feature places the patient at the **highest** risk of completed suicide?



(A) A first episode of low mood lasting one week

(B) Living with a supportive family

(C) A previous serious attempt with a definite plan and pervasive hopelessness

(D) Regular attendance at follow-up appointments

Q15. A 19-year-old of normal body weight has recurrent binge eating followed by self-induced vomiting to avoid weight gain, with calluses over the knuckles (Russell sign) and dental erosion. The diagnosis is:

(A) Anorexia nervosa

(B) Bulimia nervosa

(C) Binge-eating disorder

(D) Major depressive disorder

Detailed Solutions

Q1.

Solution

Concept – panic disorder: Panic disorder is defined by recurrent, unexpected panic attacks.

Step 1 – read the attack: Discrete episodes of intense fear that **peak within minutes**, with palpitations, chest tightness, sweating, trembling and a fear of dying, are panic attacks.

Step 2 – add the anticipatory worry: When the attacks are unexpected and are followed by persistent worry about further attacks, the diagnosis is panic disorder.

Why the other options are wrong:

- A, generalised anxiety: is persistent worry without discrete peaking attacks.
- C, specific phobia: is fear cued by one specific object or situation.
- D, obsessive-compulsive disorder: features intrusive thoughts and rituals.

Final Answer: Panic disorder $\Rightarrow$ B

Answer: (B) Go Back to Q1

Q2.

Solution

Concept – generalised anxiety disorder (GAD): GAD is chronic, excessive, free-floating worry.

Step 1 – read the duration and quality: More than **six months** of persistent worry about several everyday matters, with no discrete attacks, is the core of GAD.

Step 2 – add the associated features: Restlessness, muscle tension, poor concentration and disturbed sleep complete the picture.

Why the other options are wrong:

- B, panic disorder: has sudden discrete panic attacks, absent here.
- C, post-traumatic stress disorder: follows a defined trauma with re-experiencing.
- D, adjustment disorder: is a shorter reaction closely tied to one identifiable stressor.

Final Answer: Generalised anxiety disorder ⇒ A

Answer: (A) Go Back to Q2

Q3.

Solution

Concept – post-traumatic stress disorder (PTSD): PTSD develops after exposure to a serious traumatic event.

Step 1 – match the three symptom clusters: Re-experiencing (flashbacks, nightmares), **avoidance** of reminders and persistent **hyperarousal** (exaggerated startle) after trauma define PTSD.

Step 2 – the timing: Symptoms lasting beyond one month after the trauma confirm PTSD rather than an acute reaction.

Why the other options are wrong:

- B, generalised anxiety: is unrelated free-floating worry, not trauma-linked.
- C, panic disorder: features unexpected panic attacks, not trauma re-experiencing.
- D, acute stress reaction: resolves within about a month of the trauma.

Final Answer: Post-traumatic stress disorder ⇒ A

Answer: (A) Go Back to Q3

Q4.

Solution

Concept – catatonic schizophrenia: The catatonic subtype is dominated by psychomotor disturbance.

Step 1 – read the signs: Mutism, immobility, bizarre posturing and **waxy flexibility** (limbs held in whatever position they are placed) are the hallmark catatonic features.

Step 2 – the label: When these motor phenomena dominate the presentation of schizophrenia, the subtype is catatonic.

Why the other options are wrong:

- A, paranoid: is dominated by delusions and hallucinations, not motor signs.
- C, hebephrenic: is disorganised affect and behaviour without prominent catatonia.

- D, residual: is a chronic state with mainly negative symptoms.

Final Answer: Catatonic schizophrenia $\Rightarrow$ B

Answer: (B) Go Back to Q4

Q5.

Solution

Concept – the dopamine hypothesis: The classical hypothesis links schizophrenia to dysregulated dopamine.

Step 1 – locate the pathway: Positive symptoms (delusions, hallucinations) are attributed to **excess dopamine activity in the mesolimbic pathway**.

Step 2 – the therapeutic corollary: Antipsychotics block dopamine D2 receptors, which reduces these positive symptoms and supports the hypothesis.

Why the other options are wrong:

- A, reduced mesolimbic dopamine: is the opposite of the proposed mechanism for positive symptoms.
- C, excess serotonin: relates to other theories, not the classical dopamine hypothesis.
- D, reduced acetylcholine: is implicated in dementia, not schizophrenia.

Final Answer: Excess mesolimbic dopamine activity $\Rightarrow$ B

Answer: (B) Go Back to Q5

Q6.

Solution

Concept – brief psychotic disorder: Also called acute and transient psychotic disorder, it is short-lived psychosis.

Step 1 – read the course: An **abrupt onset** of delusions and hallucinations, often after a stressor, with **complete recovery within one month**, defines brief psychotic disorder.

Step 2 – the distinction: The short duration and full recovery separate it from schizophrenia.

Why the other options are wrong:

- A, schizophrenia: requires symptoms for at least six months (one month of

active symptoms in some criteria) without full recovery.
- B, delusional disorder: is a chronic single delusion without this abrupt florid picture.
- D, schizoaffective disorder: combines mood and psychotic symptoms over a longer course.

Final Answer: Brief psychotic disorder ⇒ C

Answer: (C) Go Back to Q6

Q7.

Solution

Concept – opioid withdrawal: Opioid withdrawal is intensely unpleasant but not usually life-threatening.

Step 1 – read the timeline and signs: At the marked peak (X), **lacrimation, rhinorrhoea, dilated pupils, piloerection, yawning**, muscle aches and diarrhoea, with a fully alert patient, are classic opioid withdrawal.

Step 2 – the contrast with alcohol: Consciousness stays clear; there is no delirium, which separates it from severe alcohol withdrawal.

Why the other options are wrong:

- A, alcohol withdrawal: causes tremor, seizures and delirium tremens, not dilated pupils and piloerection.
- B, benzodiazepine withdrawal: causes anxiety, tremor and seizures, not this autonomic picture.
- C, cannabis withdrawal: causes irritability and poor sleep, without these florid signs.

Final Answer: Opioid withdrawal ⇒ D

Answer: (D) Go Back to Q7

Q8.

Solution

Concept – delirium: Delirium is an acute, reversible disturbance of consciousness and cognition.

Step 1 – read the core features: An **acute, fluctuating** confusion with **clouding of consciousness**, inattention, disorganised thinking and a disturbed sleep-wake

cycle defines delirium.

Step 2 – distinguish from dementia: Delirium has an abrupt onset with impaired consciousness, whereas dementia is gradual with a clear sensorium until late.

Why the other options are wrong:

- A, Alzheimer's dementia: is gradual with preserved consciousness early on.
- B, depressive pseudodementia: is cognitive slowing from depression, not clouded consciousness.
- D, late-onset schizophrenia: presents with delusions and hallucinations, not fluctuating clouding.

Final Answer: Delirium $\Rightarrow$ C

Answer: (C) Go Back to Q8

Q9.

Solution

Concept – nocturnal enuresis: Nocturnal enuresis is involuntary bed-wetting beyond the age of 5 years.

Step 1 – confirm the picture: Repeated night-time wetting with a normal examination and urinalysis, and no daytime organic cause, is primary nocturnal enuresis.

Step 2 – choose first-line management: Behavioural measures with an enuresis alarm are first-line; desmopressin is a pharmacological second-line option.

Why the other options are wrong:

- B, oral haloperidol: is an antipsychotic with no role in enuresis.
- C, urological surgery: is not indicated when the examination and urinalysis are normal.
- D, fluid restriction alone: is inadequate and does not address the underlying problem.

Final Answer: Behavioural measures with an enuresis alarm $\Rightarrow$ A

Answer: (A) Go Back to Q9

Q10.

Solution

Concept – conduct disorder: Conduct disorder is a persistent pattern of violating others' rights and social norms.

Step 1 – match the behaviours: Aggression to people and animals, destruction of property, deceitfulness and serious rule violation (running away) over a sustained period define conduct disorder.

Step 2 – the age context: When such behaviour appears in a child or adolescent as a repetitive pattern, it is conduct disorder.

Why the other options are wrong:

- A, ADHD: is core inattention and hyperactivity, not planned rights-violating aggression.
- B, oppositional defiant disorder: is defiance and irritability without serious violation of others' rights or cruelty.
- C, autism: is a social-communication disorder, not a conduct problem.

Final Answer: Conduct disorder $\Rightarrow$ $\boxed{\text{D}}$

Answer: (D) Go Back to Q10

Q11.

Solution

Concept – antisocial (dissocial) personality disorder: This disorder centres on a pervasive disregard for the rights of others.

Step 1 – match the pattern: Disregard for others, repeated deceit and lawbreaking, impulsivity, aggression and a **lack of remorse** define antisocial personality disorder.

Step 2 – the developmental link: It is diagnosed in adults and is often preceded by childhood conduct disorder.

Why the other options are wrong:

- A, borderline: centres on unstable relationships, self-harm and fear of abandonment.
- B, narcissistic: centres on grandiosity and a need for admiration.
- C, histrionic: centres on attention-seeking and shallow, dramatic emotionality.

Final Answer: Antisocial personality disorder ⇒ D

Answer: (D) Go Back to Q11

Q12.

Solution

Concept – acute dystonia: Acute dystonia is an early extrapyramidal side effect of antipsychotics.

Step 1 – read the schematic: Sustained upward deviation of the eyes (**oculogyric crisis**, marked **X**) and a twisted neck (**torticollis**) within hours of a high-potency antipsychotic are acute dystonia.

Step 2 – treatment: Anticholinergics such as intramuscular benztropine or promethazine relieve it quickly.

Why the other options are wrong:

- B, tardive dyskinesia: is late-onset choreoathetoid movements after long-term use.
- C, akathisia: is a subjective restlessness with an urge to move, not a fixed spasm.
- D, neuroleptic malignant syndrome: has fever, rigidity and a raised creatine kinase.

Final Answer: Acute dystonia ⇒ A

Answer: (A) Go Back to Q12

Q13.

Solution

Concept – selective serotonin reuptake inhibitors (SSRIs): SSRIs are the recommended first-line antidepressant class.

Step 1 – recall the mechanism: They **block presynaptic reuptake of serotonin**, increasing serotonin in the synaptic cleft.

Step 2 – recall the side effects: Common adverse effects are nausea, insomnia and sexual dysfunction; their favourable safety in overdose supports first-line use.

Why the other options are wrong:

- A, tricyclics: are effective but more toxic in overdose and second-line.

- B, monoamine oxidase inhibitors: carry dietary and interaction risks and are not first-line.
- D, benzodiazepines: are anxiolytics, not antidepressants.

Final Answer: Selective serotonin reuptake inhibitors $\Rightarrow$ C

Answer: (C) Go Back to Q13

Q14.

Solution

Concept – assessment of suicide risk: Structured risk assessment weighs the strength of static and dynamic risk factors.

Step 1 – identify the high-risk feature: A **previous serious attempt, a definite plan and pervasive hopelessness** (marked **X**) together carry the highest risk of completed suicide.

Step 2 – act on it: Such a patient needs urgent psychiatric assessment and a safe, supervised environment.

Why the other options are wrong:

- A, one week of low mood: is a milder, short-lived feature.
- B, a supportive family: is a protective factor, not a risk factor.
- D, regular follow-up: is also protective, reducing risk.

Final Answer: A previous attempt with a plan and hopelessness $\Rightarrow$ C

Answer: (C) Go Back to Q14

Q15.

Solution

Concept – bulimia nervosa: Bulimia nervosa couples binge eating with compensatory purging.

Step 1 – match the criteria: Recurrent **binge eating** followed by **self-induced vomiting** to avoid weight gain, usually at a **normal body weight**, defines bulimia nervosa.

Step 2 – the physical clues: Russell sign (knuckle calluses) and dental erosion result from repeated self-induced vomiting.

Why the other options are wrong:

- A, anorexia nervosa: has a markedly low body weight, absent here.
- C, binge-eating disorder: has binges without the compensatory purging.
- D, major depression: does not explain the binge-purge pattern and Russell sign.

Final Answer: Bulimia nervosa $\Rightarrow$ B

Answer: (B) Go Back to Q15

Answer Key

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