INI CET Psychiatry

Sample Paper – 4

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 22-year-old student has a persistent, marked fear of social situations in which he might be scrutinised by others, such as speaking in class or eating in public. He fears he will act in a way that is humiliating, blushes and sweats, and avoids these situations. The most likely diagnosis is:

(A) Agoraphobia

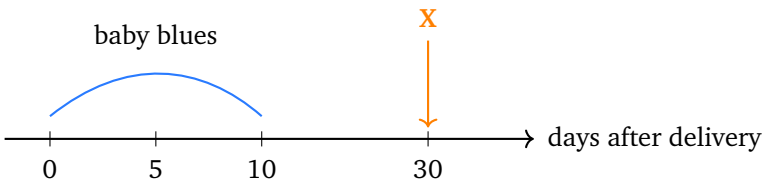
(B) Social anxiety disorder (social phobia)

(C) Generalised anxiety disorder

(D) Panic disorder

Q2. The timeline below plots a mother's mood after delivery. A mild, self-limiting tearfulness peaks around days 3 to 5 and settles by day 10, but

a moderate-to-severe depressive episode (marked **X**) emerges over the following weeks. The condition marked **X** is:



(A) Postpartum (puerperal) psychosis

(B) Normal maternal adjustment

(C) Postnatal (postpartum) depression

(D) Persistent baby blues only

Q3. A 30-year-old has a chronic pattern of numerous periods of mild elation and periods of mild low mood over more than two years. Neither the highs nor the lows ever reach the severity of a hypomanic or major depressive episode, and he is never symptom-free for long. The diagnosis is:

(A) Bipolar I disorder

(B) Cyclothymia

(C) Dysthymia (persistent depressive disorder)

(D) Rapid-cycling bipolar disorder

Psychotic Disorders

Q4. A 19-year-old has an early, insidious onset of markedly disorganised, rambling speech, aimless silly behaviour, incongruous shallow affect and fleeting fragmentary delusions, without prominent systematised delusions. This subtype of schizophrenia is:

(A) Hebephrenic (disorganised) schizophrenia

(B) Paranoid schizophrenia

(C) Catatonic schizophrenia

(D) Residual schizophrenia

Q5. A patient sees a coiled rope on the floor in dim light and momentarily perceives it as a snake. Which term correctly describes this experience?

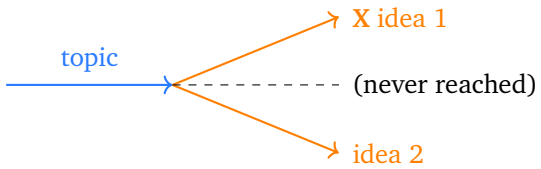
(A) A hallucination, since it is a perception without an external stimulus

(B) An illusion, since it is a misperception of a real external stimulus

(C) A delusion, since it is a false fixed belief

(D) A pseudohallucination arising in inner subjective space

Q6. During the mental state examination, a patient's replies drift from one loosely connected idea to the next and never return to answer the original question, so the flow of thought lacks logical connection. The schematic below shows the thread of thought (marked **X**) splitting away from the topic. This abnormality of thought *form* is:



(A) Circumstantiality

(B) Flight of ideas

(C) Perseveration

(D) Loosening of associations (with tangentiality)

Substance Use and Organic Disorders

Q7. A patient who has taken high-dose alprazolam daily for many months stops it abruptly. Over the next few days he develops rebound anxiety, insomnia, tremor, perceptual disturbance and then a generalised tonic-clonic seizure. The safest management of this withdrawal state is:

(A) Give a stimulant to counter the sedation

(B) Withhold all medication and observe only

(C) Restart a short-acting benzodiazepine at a high dose indefinitely

(D) Reinstate a long-acting benzodiazepine and taper it gradually

Q8. When assessing an elderly patient with progressive cognitive decline, the clinician screens for reversible (treatable) causes before concluding it is a primary neurodegenerative dementia. Which single statement is correct?

(A) Vascular dementia is the commonest cause of dementia overall

(B) Hypothyroidism and vitamin B12 deficiency are reversible causes to exclude, and Alzheimer disease is the commonest overall cause

(C) Alzheimer disease is a readily reversible cause once treated

(D) Normal-pressure hydrocephalus is irreversible and untreatable

Child, Neurodevelopmental and Personality Disorders

Q9. An 11-year-old boy has multiple sudden, rapid, recurrent motor movements (blinking, head jerks) together with vocal noises including throat-clearing and occasional involuntary utterances, present for over a year with onset before age 18. The diagnosis is:

(A) Tourette syndrome (combined motor and vocal tic disorder)

(B) Sydenham chorea

(C) Focal (partial) epilepsy

(D) Obsessive-compulsive disorder

Q10. A 6-year-old becomes extremely distressed whenever separated from her mother, refuses to go to school, complains of stomach aches on school mornings and fears that harm will befall her parents while apart. The most likely diagnosis is:

(A) Separation anxiety disorder of childhood

(B) Specific phobia of school

(C) Autism spectrum disorder

(D) Generalised anxiety disorder

Q11. A 28-year-old woman is dramatic and theatrical, is uncomfortable when not the centre of attention, uses her physical appearance to draw notice, and shows rapidly shifting, shallow emotions with speech that is

impressionistic and lacking in detail. This describes which personality disorder?

(A) Narcissistic personality disorder

(B) Borderline personality disorder

(C) Dependent personality disorder

(D) Histrionic personality disorder

Psychopharmacology and Therapeutics

Q12. After several years on a first-generation antipsychotic, a patient develops repetitive, involuntary chewing, lip-smacking and tongue-protruding movements around the mouth and face. These late-onset movements are:

(A) Acute dystonia

(B) Akathisia

(C) Tardive dyskinesia

(D) Parkinsonism

Q13. A depressed patient on a tricyclic antidepressant reports a dry mouth, blurred vision, constipation and urinary hesitancy, and in overdose this class is dangerous because of cardiac conduction block and arrhythmia. The feature responsible for the dry mouth, blurred vision and constipation is:

(A) Serotonin reuptake blockade

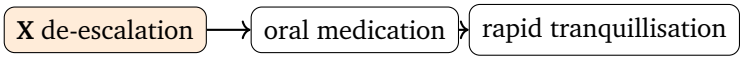
(B) Dopamine receptor blockade

(C) Anticholinergic (antimuscarinic) action

(D) Beta-adrenergic stimulation

Emergency Psychiatry and Miscellaneous

Q14. An acutely agitated, threatening patient is brought to the emergency department. The flow below shows the recommended stepwise approach (the first step marked **X**). Which sequence correctly reflects best practice?



(A) Ensure safety and attempt verbal de-escalation first, offer oral medication, and use parenteral rapid tranquillisation only if these fail

(B) Give intramuscular rapid tranquillisation to every agitated patient immediately

(C) Place the patient in seclusion before any attempt to talk

(D) Withhold all medication and simply wait for the agitation to settle

Q15. At the bedside a clinician must separate delirium from dementia. Which single set of features best identifies *delirium*?

(A) Insidious onset, stable course and preserved attention

(B) Gradual memory loss over years with a clear sensorium

(C) Acute onset, fluctuating course and markedly impaired attention with clouded consciousness

(D) Chronic, irreversible decline with normal alertness throughout

Detailed Solutions

Q1.

Solution

Concept – social anxiety disorder: Social anxiety disorder (social phobia) is a marked fear of scrutiny in social or performance situations.

Step 1 – read the core fear: The fear centres on **being scrutinised or judged** and on acting in a humiliating way, in situations such as speaking or eating in public.

Step 2 – add the features: Autonomic symptoms (blushing, sweating, tremor) and **avoidance** of the feared situations complete the picture.

Why the other options are wrong:

- A, agoraphobia: is fear of places from which escape is difficult, not of scrutiny.
- C, generalised anxiety: is free-floating worry across many domains, not situation-specific social fear.
- D, panic disorder: features recurrent unexpected panic attacks, not a focused social fear.

Final Answer: Social anxiety disorder $\Rightarrow$ $\boxed{\text{B}}$

Answer: (B) Go Back to Q1

Q2.

Solution

Concept – postnatal depression: Postpartum mood problems form a spectrum of severity and timing.

Step 1 – read the timeline: The mild, self-limiting tearfulness peaking on days 3 to 5 and settling by day 10 is the *baby blues*. The condition marked **X**, a moderate-to-severe depressive episode developing over the following weeks, is **postnatal (postpartum) depression**.

Step 2 – the distinction: Postnatal depression lasts weeks to months and impairs functioning; it needs treatment, unlike the transient blues.

Why the other options are wrong:

- A, puerperal psychosis: is an earlier, acute psychotic emergency with delusions and confusion, not a depressive episode alone.
- B, normal adjustment: does not produce a moderate-to-severe depressive

episode.
- D, persistent baby blues: the blues resolve by about day 10 and do not continue as marked **X**.

Final Answer: Postnatal (postpartum) depression ⇒ C

Answer: (C) Go Back to Q2

Q3.

Solution

Concept – cyclothymia: Cyclothymia is a chronic, fluctuating mood instability of mild degree.

Step 1 – match the pattern: Numerous periods of **mild elation and mild depression** over more than two years, with neither reaching hypomanic or major depressive severity, define cyclothymia.

Step 2 – the chronicity: The person is rarely symptom-free for long, which distinguishes it from discrete episodes.

Why the other options are wrong:

- A, bipolar I: requires a full manic episode, which is absent here.
- C, dysthymia: is chronic low-grade *depression* only, without the mild highs.
- D, rapid-cycling bipolar: needs four or more full mood episodes a year, not sub-threshold fluctuations.

Final Answer: Cyclothymia ⇒ B

Answer: (B) Go Back to Q3

Q4.

Solution

Concept – hebephrenic (disorganised) schizophrenia: This subtype is dominated by disorganisation rather than systematised delusions.

Step 1 – match the features: Early insidious onset with **disorganised speech and behaviour**, incongruous shallow affect and only fleeting fragmentary delusions defines hebephrenic (disorganised) schizophrenia.

Step 2 – the prognosis: It tends to present young and carries a poorer prognosis.

Why the other options are wrong:

- B, paranoid: is dominated by systematised persecutory delusions and hallucinations, not disorganisation.
- C, catatonic: features psychomotor disturbances such as stupor, posturing or excitement.
- D, residual: is a chronic phase with persistent negative symptoms after florid illness.

Final Answer: Hebephrenic (disorganised) schizophrenia $\Rightarrow$ A

Answer: (A) Go Back to Q4

Q5.

Solution

Concept – illusion versus hallucination versus delusion: These three terms are frequently confused but have precise definitions.

Step 1 – apply the definitions: A rope misperceived as a snake is a **misperception of a real external stimulus**, which is the definition of an **illusion**.

Step 2 – contrast the others: A *hallucination* is a perception without any external stimulus; a *delusion* is a false, fixed belief.

Why the other options are wrong:

- A, hallucination: is wrong because a real stimulus (the rope) is present.
- C, delusion: is a disorder of belief, not of perception.
- D, pseudohallucination: arises in inner subjective space without an external object, unlike this real rope.

Final Answer: An illusion $\Rightarrow$ B

Answer: (B) Go Back to Q5

Q6.

Solution

Concept – disorders of thought form: Thought *form* concerns how ideas connect, not their content.

Step 1 – read the schematic: The thread of thought (**X**) splits away from the topic into loosely connected ideas and never returns to the point, so the logical links between ideas are lost. This is **loosening of associations**, and drifting off at a tangent without returning is **tangentiality**.

Step 2 – the significance: Loosening of associations (formal thought disorder) is characteristic of schizophrenia.

Why the other options are wrong:

- A, circumstantiality: eventually returns to answer the question after excessive detail.
- B, flight of ideas: has rapid but understandable connections between ideas, seen in mania.
- C, perseveration: is inappropriate repetition of the same response.

Final Answer: Loosening of associations (with tangentiality) $\Rightarrow$ D

Answer: (D) Go Back to Q6

Q7.

Solution

Concept – benzodiazepine dependence and withdrawal: Abrupt cessation after prolonged use can precipitate a dangerous withdrawal syndrome.

Step 1 – read the picture: Rebound anxiety, insomnia, tremor, perceptual disturbance and a **withdrawal seizure** after stopping high-dose alprazolam indicate benzodiazepine withdrawal.

Step 2 – the safe management: Reinstate a long-acting benzodiazepine (for example diazepam) and taper it gradually, which controls symptoms and prevents seizures.

Why the other options are wrong:

- A, a stimulant: would worsen anxiety and seizure risk.
- B, no medication: risks status epilepticus in significant withdrawal.
- C, an indefinite high-dose short-acting benzodiazepine: perpetuates dependence rather than achieving a controlled taper.

Final Answer: Reinstate a long-acting benzodiazepine and taper $\Rightarrow$ D

Answer: (D) Go Back to Q7

Q8.

Solution

Concept – reversible versus irreversible dementia: A dementia work-up first excludes treatable causes before labelling it neurodegenerative.

Step 1 – name the reversible causes: Hypothyroidism and vitamin B12 deficiency (along with normal-pressure hydrocephalus, subdural haematoma and depression) are reversible causes to exclude.

Step 2 – name the commonest cause: Alzheimer disease is the commonest cause of dementia overall, which makes option B correct.

Why the other options are wrong:

- A, vascular dementia: is the second commonest, not the commonest.
- C, Alzheimer reversible: Alzheimer disease is progressive and not reversible.
- D, normal-pressure hydrocephalus irreversible: it is in fact a potentially treatable (reversible) cause via shunting.

Final Answer: Reversible causes to exclude, Alzheimer commonest $\Rightarrow$ $\boxed{\text{B}}$

Answer: (B) Go Back to Q8

Q9.

Solution

Concept – Tourette syndrome: Tourette syndrome is a combined motor and vocal tic disorder.

Step 1 – match the criteria: Multiple **motor tics** (blinking, head jerks) plus one or more **vocal tics** (throat-clearing, involuntary utterances), lasting over a year with onset before 18, define Tourette syndrome.

Step 2 – the nature of tics: Tics are sudden, rapid, recurrent and can be briefly suppressed, distinguishing them from other movements.

Why the other options are wrong:

- B, Sydenham chorea: is flowing, non-suppressible choreiform movement after rheumatic fever.
- C, focal epilepsy: involves stereotyped seizures with altered awareness, not suppressible tics with vocalisations.
- D, OCD: involves obsessions and compulsions; although it can coexist, it does not explain the motor and vocal tics.

Final Answer: Tourette syndrome ⇒ A

Answer: (A) Go Back to Q9

Q10.

Solution

Concept – separation anxiety disorder of childhood: This is developmentally excessive anxiety on separation from attachment figures.

Step 1 – match the features: Extreme distress on **separation from the mother**, school refusal, somatic complaints on school mornings and fear of harm befalling the parents define separation anxiety disorder.

Step 2 – the focus: The anxiety is specifically about separation, not about school work or social scrutiny.

Why the other options are wrong:

- B, specific phobia of school: the fear here is of separation, not of school itself.
- C, autism: would show social-communication deficits and repetitive behaviour, which are absent.
- D, generalised anxiety: is pervasive worry across many domains, not focused on separation.

Final Answer: Separation anxiety disorder of childhood ⇒ A

Answer: (A) Go Back to Q10

Q11.

Solution

Concept – histrionic personality disorder: Histrionic personality disorder centres on excessive emotionality and attention-seeking.

Step 1 – match the pattern: Being **dramatic and theatrical**, uncomfortable when not the centre of attention, using appearance to draw notice, with **rapidly shifting shallow affect** and impressionistic speech, defines histrionic personality disorder.

Step 2 – the core: The attention-seeking and shallow, labile emotion are the defining threads.

Why the other options are wrong:

- A, narcissistic: centres on grandiosity and a need for admiration, not theatri-

cal attention-seeking.
- B, borderline: is dominated by unstable relationships, impulsivity and self-harm.
- C, dependent: is submissive, clinging behaviour and fear of being left to care for oneself.

Final Answer: Histrionic personality disorder $\Rightarrow$ D

Answer: (D) Go Back to Q11

Q12.

Solution

Concept – tardive dyskinesia: Tardive dyskinesia is a late complication of long-term dopamine-blocking antipsychotics.

Step 1 – read the timing and movements: After **several years** of a first-generation antipsychotic, **repetitive involuntary orofacial movements** (chewing, lip-smacking, tongue protrusion) define tardive dyskinesia.

Step 2 – management: Review the antipsychotic (switch to a lower-risk agent) and consider a VMAT2 inhibitor; it may be irreversible.

Why the other options are wrong:

- A, acute dystonia: is an early sustained muscle spasm within hours to days.
- B, akathisia: is a subjective inner restlessness with a need to move, not orofacial dyskinesia.
- D, parkinsonism: is tremor, rigidity and bradykinesia, not choreiform orofacial movements.

Final Answer: Tardive dyskinesia $\Rightarrow$ C

Answer: (C) Go Back to Q12

Q13.

Solution

Concept – tricyclic antidepressants (TCAs): TCAs have prominent anticholinergic effects and are cardiotoxic in overdose.

Step 1 – name the mechanism: Dry mouth, blurred vision, constipation and urinary hesitancy are the classic **anticholinergic (antimuscarinic)** effects of TCAs.

Step 2 – the overdose danger: In overdose, sodium-channel blockade widens

the QRS and causes arrhythmia and conduction block, which is why TCAs are dangerous in overdose.

Why the other options are wrong:

- A, serotonin reuptake blockade: contributes to the antidepressant effect but not to these dry, constipated symptoms.
- B, dopamine blockade: is an antipsychotic action, not the cause here.
- D, beta-adrenergic stimulation: would cause tremor and tachycardia, not a dry mouth and constipation.

Final Answer: Anticholinergic (antimuscarinic) action $\Rightarrow$ C

Answer: (C) Go Back to Q13

Q14.

Solution

Concept – managing the acutely agitated patient: Management follows a step-wise, least-restrictive-first approach.

Step 1 – read the flow: The first step (**X**) is **verbal de-escalation** with attention to safety, then **oral medication** if needed, and only then **parenteral rapid tranquillisation** if these fail.

Step 2 – the principle: Rapid tranquillisation is reserved for when de-escalation and oral options do not work, with monitoring of vital signs afterwards.

Why the other options are wrong:

- B, immediate intramuscular sedation for all: skips the least-restrictive steps and is not first-line for every patient.
- C, seclusion before talking: bypasses de-escalation and is not the first response.
- D, withhold all treatment: risks harm to the patient and others.

Final Answer: De-escalation first, then oral, then rapid tranquillisation $\Rightarrow$ A

Answer: (A) Go Back to Q14

Q15.

Solution

Concept – delirium versus dementia: The two are separated at the bedside chiefly by onset, course and attention.

Step 1 – name the delirium features: Acute onset, a fluctuating course and markedly impaired attention with clouded consciousness are the hallmarks of delirium.

Step 2 – the contrast: Dementia has an insidious onset, a slowly progressive course and a clear sensorium with attention relatively preserved until late.

Why the other options are wrong:

- A, insidious onset with preserved attention: describes dementia, not delirium.
- B, gradual memory loss with a clear sensorium: describes dementia.
- D, chronic irreversible decline with normal alertness: again describes dementia.

Final Answer: Acute onset, fluctuating course, impaired attention $\Rightarrow$ $\boxed{C}$

Answer: (C) Go Back to Q15

Answer Key

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