

**МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ
КЫРГЫЗСКОЙ РЕСПУБЛИКИ
ОШСКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ
МЕЖДУНАРОДНЫЙ МЕДИЦИНСКИЙ ФАКУЛЬТЕТ
Кафедра клинических дисциплин 3**

РАССМОТРЕНО

на заседании кафедры КД 3

Прот. № 1 от 09 2023г.

Зав.каф., к.м.н.,

Б.О.Абдурахманов Б.О.Абдурахманов

УТВЕРЖДАЮ

Председатель УМС ММФ,
Доцент, Базиева А.М.

“ 1 ” 09 2023г.

ФОНД ТЕСТОВЫХ ЗАДАНИЙ

Для итогового контроля по дисциплине

“Психиатрия и наркология”

На 2023-2024 учебный год

Направление: 560001-лечебное дело (GM)

Курс– 5 , семестр- 9

Наименование дисциплины	Всего	Кредит	Аудиторные занятия (60)		СРС
			Лекции	Практические	
<i>Предмет</i>	120	4	24	36	60
Количество тестовых вопросов	290				

Составители: к.м.н. Гайворонская Е.Б. / _____ /

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Эксперт тестолог: / _____ /

Г.Ош. 2023г.

ЭКСПЕРТНОЕ ЗАКЛЮЧЕНИЕ БАНКА ТЕСТОВЫХ ЗАДАНИЙ

кафедры « Календарно-географическая З. »

от « 1 » 09 2023 г.

на разработанные тестовые задания по дисциплине
 « Астрономия и космология »
 наименование дисциплины

/указать должность, ученую степень, Ф.И.О. автора (авторов)/

Тестовые задания проверены членом экспертной группы тестологов

Барбошев И. И.

/указать должность, ученую степень, Ф.И.О./

Направления проведения оценки структуры и содержания тестового задания

№	Направление экспертизы	Оценка экспертов	
		Соответствует	Не соответствует
1	Соответствие задания программам и стандартам обучения	✓	
2	Включение в тесты только наиболее важных, базовых знаний	✓	
3	Ясность смысла тестовой ситуации и представления ТЗ	ясно ✓	Не ясно
4	Правильность ответа на вопрос ТЗ	Соответствует ✓	Не соответствует
5	Значимость содержания тестового задания (0-сомнительный, 1-допустимый, 2-важный, 3-существенный)	<u>3</u> балл(ов)	
6	Соответствие необходимому числу заданий по каждому разделу дисциплины исходя из его важности и числа часов, отведенных на его изучение в программе.	Соответствует ✓	Не соответствует

Членом экспертной группы выявлены следующие недостатки в тестовом задании: не включены вопросы в ТЗ.

Членом экспертной группы внесены следующие исправления (корректировки) в тестовое задание не внесены

На основании представления тестовых заданий автором (авторами) и проведенной проверки сделала следующее заключение:

1) Содержание тестовых заданий соответствует (не соответствует) содержанию УМКД (нужное подчеркнуть)

2) Представленные тестовые задания в следующем объеме _____ вопросов: соответствуют (не соответствуют) требованиям, предъявляемым к количеству, уровням сложности и формам заданий для составления тестов. (нужное подчеркнуть)

Тестолог Барбошев И. И. _____ / _____ /
 подпись дата

Ознакомлен зав. кафедрой Абдурахиимова В. Д. _____ / _____ /
 подпись дата

General psychopathology

1. Specify a term used to describe the affective behavioral reaction that occurs in response to the action of stressors and manifested by anxiety or confusion:

1. Activate
2. Apraxia
3. Agitation
4. Anhedonia
5. Agrypnia

2. The aggravation is:

1. the exaggeration of the gravity of the existing manifestations of the disease or the degree of pain
2. Conscious imitation of the disease or painful symptoms
3. Denial of the seriousness or severity of existing disease
4. the Process of disease progression
5. Egres the disease

3. A set of symptoms that are linked by a single pathogenesis, is defined by the term:

1. Diagnosis
2. Syndrome
3. Forecast
4. The Outcome
5. For

4. Depressed mood, slow thinking and motor inhibition together form:

1. Syndrome
2. Diagnosis
3. Forecast
4. Syndrome
5. The Outcome

5. Instrumental methods such as magnetic resonance imaging (MRI) would be most helpful for diagnosis:

1. Bipolar disorder
2. Schizophrenia
3. brain Tumor
4. Generalized anxiety disorder
5. post-Traumatic stress disorder

6. Specify the disorder in which there is an inherited predisposition:

1. post-Traumatic stress disorder
2. Commotion syndrome
3. Generalized anxiety disorder
4. Schizophrenia
5. Hypochondriacal disorder

7. The period of life before the onset of mental disorder called:

1. Adaptive
2. Latent
3. Residual
4. Prodromal
5. Premorbid

8. A study of current mental state includes the following except:

1. thinking Processes
2. Heredity
3. Safety critics
4. Mood
5. Memory

9. The patient reports that constantly feels crawling on his body insects, which he many times spoke to dermatologists who "find nothing". This description should be considered as:

1. Delusions of damage
2. Tactile hallucinosis
3. Hallucinations common sense
4. City Of Illusions
5. Senestopatii

10. The psychiatrist finds that the patient irritated him for no apparent reason, and later he notices that this patient reminds him of his unloved brother. This is an example:

1. Rationalization
2. Projection
3. Countertransference
4. Denial
5. Illusion

11. Under the negative symptoms/syndromes in psychopathology are:

1. Symptoms and syndromes negatively perceived by others
2. Manifestations of persistent or temporary hair loss

mental functions

3. Nosologically non-specific symptoms /syndromes
4. Symptoms/syndromes occurring with the participation of

negative emotions

5. Symptoms/syndromes comorbid with somatic disorders

12. The state of reduction of adaptation in connection with a long hospital stay is termed:

1. Somatization
2. Relaxation
3. AutoSize
4. Hospitalism
5. Hypokinesia

13. The man who sits alone and behaves as if he's on to something listens, suddenly begins to nod and mumble. Most likely that this person is experiencing:

1. Depression
2. Euphoria
3. Hallucinations
4. The City Of Metamorphopsia

5. Confabulation

14. 14-year-old boy suddenly ceased to eat together with the family members, as "food all the time smell moldy stuff", this description corresponds to the hallucinations:

1. Tactile
2. Taste
3. Olfactory
4. Extraluminal
5. Visceral

15. Auditory hallucinations commanding the person to do or not to do something are called:

1. Commenting
2. Complex
3. Extrakabine
4. Mandatory
5. Reflex

16. Offering adult to talk on the phone, in fact, not plugged in, and watching the lively conversation really patient with absent interlocutor, you should think about the availability:

1. Pseudodementia
2. Dementia
3. Visual hallucinate Charles bonnet
4. Positive symptom of Aschaffenburg
5. High hypnosis ability of the patient

17. Visual hallucinosis van Bagart described at:

1. Schizophrenia
2. Alzheimer's Disease
3. Encephalitis
4. Alcohol dependence
5. Rheumatoid vasculitis

18. Visual hallucinosis Lhermitte described at:

1. Lesions in the region of the legs of the midbrain
2. Diencephalic lesions
3. Lesions of the cerebellum
4. Lesions of the subcortical structures of the brain
5. lesions of the white matter of the brain

19. Functional hallucinations are:

1. Hallucinations, associated with bodily functions
2. Hallucinations that arise simultaneously with the real irritant in the same analyzer
3. Hallucinations characteristic of schizophrenia
4. Hallucinations that occur when falling asleep or spillage
5. Hallucinations elemental in nature

20. When pressed on the eyeball with simultaneous the suggestion of the visual image you have relevant to the content of visual suggestion hallucinations. This symptom is called:

1. Tactile illusions

2. Symptom On The Set
3. Induced hallucinations
4. Depersonalization
5. Pseudohallucinations

21. The main difference between illusions from hallucinations related to:

1. Content of the perceived object or phenomenon
2. Clarity of consciousness
3. Individual characteristics of perception
4. the Presence or absence of the perceived object or phenomenon
5. Emotional background

22. Parejdolii treat disorders:

1. Perception
2. Thinking
3. Consciousness
4. Attention
5. Orientation

23. Parejdolii is:

1. a Kind of hallucinations
2. types of illusions
3. View of the temporal paroxysms
4. a Kind of senestopatii
5. Option thinking

24. Depersonalization is:

1. Option pomrachnee consciousness
2. One of the types of memory disorders
3. a Variant of Capgras syndrome
4. One of the types of illusions
5. Violation of self-consciousness with the disposal of its mental properties

25. In relation to depersonalization right one of the following statements:

1. the Experience of the substitution of "I"
2. Variant hallucinations
3. Variant of delirium double
4. Violations of self-consciousness with exclusion her mental properties
5. pathological Form of fantasy

26. The patient says that he feels as if watching herself from the outside: "As if I need to. Do you know what you're doing, but don't feel it. Previously read and experienced, and now like a book and accounting report read." It should be qualified as:

1. Depersonalization
2. Derealization
3. Nonsense
4. Obsession
5. The Illusion

27. "Metamorphopsia" is:

1. Perception without an actual object
2. One of the quality memory disorders
3. Unpleasant sensations on the surface or inside the body
4. a Distorted perception of the physical properties of actual objects
5. Disorder in which instead of one

see other items

28. Depersonalization and derealization occur in the form of short attacks in:

1. Schizophrenia, a continuous flow
2. Epilepsy
3. Bipolar affective disorder
4. Dementia
5. Organic personality disorder

29. The perception of the object/phenomenon in the absence of a real stimulus is defined as:

1. Obsession
2. Hallucinations
3. Metamorphopsia
4. City Of Illusions
5. Nonsense

30. Rather characterizes other pseudohallucinations one of the following statements:

1. Not projected into real space
2. does Not have the character of objective reality
3. are Experienced as something made, invested,

caused by

4. none of these
5. All the above

31. Pathological thoroughness of thinking is most characteristic of:

1. Schizophrenia
2. Specific personality disorders
3. Neurotic disorders
4. Epilepsy
5. Bipolar affective disorders

32. Pseudohallucinations: (delete the incorrect statement)

1. Characteristic of endogenous disorders
2. does Not depend on the time of day
3. Localized inside of the body, usually inside the head
4. are Experienced as something made, invested,

caused by

5. Usually clear, specific, accurately describes the

33. Formal thought disorder refers to one of the following disorders :

1. Nonsense
2. Perseverative
3. Obsessions
4. Overvalued ideas
5. Confabulation

34. The words "kwaluseni, giarmo, travisty" are examples:

1. Verbigeration
2. Neologisms
3. Moralizing
4. Perseverative
5. Echolalia

35. The father tells the child: "Turn off the radio," and he answer: "Radio"; that's an example:

1. Sperrunga
2. Viscosity
3. Verbigeration
4. Echolalia
5. Stereotypies

36. "For my mother of pearl reasons you are petroleum jelly girl ... Stop stroking me haberdashery department store ... In September, all the poppies shouting across the tap. "This is an example:

1. Verbigrations
2. Perseveration
3. Resoner thinking
4. Autistic thinking
5. Disruptive thinking

37. For delirium, all of the following symptoms are characteristic, except:

1. Erroneous conviction related to the personality of the patient
2. Occurs only on a painful basis
3. It is recognized by the patient as an idea alien to him
4. Unbelievable

38. Erroneous beliefs that are not consistent with existing cultural stereotypes are called:

1. Brad
2. Discussions
3. Compulsions
4. Illusions
5. Overvalued Ideas

39. One of the following characteristics does not correlate with delusions:

1. Unreasonable content
2. Conviction of their truth
3. The painful basis of occurrence
4. Obsessive Repeatability
5. Inaccessibility of psychological correction

40. The patient's conviction in turning his body into the body of another person or animal is characteristic of delirium:

1. Persecution
2. Metamorphoses
3. Sinfulness
4. Nihilistic delirium
5. Reformed

41. What type of delirium belongs to persecutory:

1. Wealth

2. Persecution
3. Sinfulness
1. Of Noble Origin
4. Guilty

42. The criteria for delirium do not apply:

1. Conviction of their truth
2. The presence of a real, but greatly exaggerated basis
3. The painful basis of occurrence
4. The impossibility of persuading the patient
5. Correlation with personality

43. The triad of symptoms of delirium according to K. Jaspers, does not include:

1. Subjective confidence in reality
painful experiences
2. Inability to convince the patient
3. Awareness of the uselessness and alienation for yourself
experiences
4. the Discrepancy of experiences of reality

44. Specify among these disorders thinking expansive delusions:

1. Delusions of poisoning
2. Delusions of power
3. Delirium litigation
4. Delusions of guilt
5. Delusion of influence

45. Symptom Fregoli is a variant of:

1. Cotard's Syndrome
2. Manichaeian delirium
3. Capgras Syndrome
4. Messianic delusions
5. Syndrome Kandinsky-Clerambault

46. Syndrome Kandinsky-clerambault include:

1. True and pseudohallucinations
2. Delusions of control, and psychic automatism
3. V. Delusions of grandeur and of wealth
4. G. Ambulatory automatism
5. Confabulation and pseudoresistance
Illusions and senestopatii

47. Enter the name of disorders of thinking, the content of which is "fighting patient friendly and hostile forces":

1. Capgras Syndrome
2. Sihanaya ideas of reformism
3. V. Nihilistic nonsense
4. G. Manichaeian delirium
5. Delusions of guilt

48. Select from the following statements a synonym
paranoid delusions:

1. Secondary delusions
2. Residual nonsense

3. Megalomaniacal nonsense
4. Induced delirium
5. Interpretatively nonsense

49. Difference paranoid and paranoid delusion is: (exclude the incorrect statement)

1. Sistematizirovannoe delusions
2. the Plausibility of the content of delusions
3. the Presence or absence of the triad of symptoms of delirium

Jaspers

4. Mono - or politematicheskaya delusions
5. the Presence or absence of proof

delusions

50. Cotard's syndrome involves all of these reasons symptoms, except:

1. Fantastic delusions nihilistic content
2. Symptom of "waxy flexibility"
3. Megalomaniacal delusions hypochondriacal content
4. Alarming agitation
5. Influence of delusional experiences to the behavior

patient

51. In the criteria for obsessive-compulsive disorder does not include: (exclude the incorrect statement)

1. Neproizvol, irresistible
2. Lack of criticism
3. V. Awareness of devalued otherness for the individual

The city Attempts to deal with them

4. Stereotyped repetition of ideas or actions

52. Recurring disturbing thoughts that arise against the will of the individual and he can't stop and get rid of them are called:

1. Compulsory
2. Obsessions
3. V. Sohani ideas
4. G. Nonsense
5. Verbigracia

53. Patient – employee of the Bank says that washing hands as many times as touches the money: “I understand Everything, but it's stronger than me.” This description:

1. Nonsense
2. Compulsive actions
3. Senestopatii
4. Depersonalization
5. Overvalued ideas

54. Select the definition of progressive amnesia of the following statements:

1. the loss of the ability to remember current events
2. the Loss of memories of events that occurred in time traumatic situation
3. Loss of memory for events preceding the development of a mental disorder
4. Gradual and progressive devastation of the inventory memory in chronologically reverse order

5. Loss of memories of events immediately following the end of the unconscious period

55. IQ calculation requires knowledge of the following characteristics of the test:

1. Mental age and level of education
2. Chronological age and level of education
3. V. Mental and chronological age
4. G. Mental age, chronological age and level of education
5. Mental age and history of mental disease

56. To paramnesias include the following disorders except:

1. Confabulation
2. Amnesia
3. V. Amnesia
4. The City Of Pseudoresistance
5. Cryptomnesia

57. According to the law of RIBO-Jackson develops amnesia:

1. Fixation
2. Retrograde
3. Anterograde
4. Progressive
5. Dissociative

58. In the diagnosis of mental retardation have value: (exclude the incorrect statement)

1. Psychological testing
2. Neurophysiological study
3. V. Historical information
4. G. urine and blood
5. Current mental state

59. Intelligence quotient (IQ) the most often described as a measure:

1. Congenital mental retardation
2. Potential future intellectual development
3. Intellectual development due to external factors
4. Actual state of intellectual functions
5. Acquired verbal skills

60. Explain the purpose of performed rituals patients with phobias:

1. Distraction from their own experiences
2. Attracting the attention of others
3. Protection from some imaginary danger or misfortune
4. G. Commit any habits
5. Without any purpose

61. Patient loves humor and satire, often visits the relevant spectacle, but there is laughter often crying and can't control their reactions. This:

- 1 Emotional stupidity
- 2 Inappropriate affect
- 3 Pathological affect
- 4 Dysthymia
- 5 Cyclothymia

62. The absence or superficiality of emotional expressions in response to events/situations, usually causing other people emotional reactions, termed:

- 1 Slabodushie
- 2 Dysphoria
- 3 Dysthymia
- 4 Pathological affect
5. Emotional flattening

63. Specify the statement that correctly describes a characteristic of the manic triad:

1. mood Enhancement – acceleration of thinking
the increase in locomotor activity
2. mood Enhancement – bulimia – acceleration
thinking
Improving mood – acceleration motor
activity – silliness
3. mood Enhancement – passive - bulimia

64. Syndrome Moriya, described at the end of 1 V. as dementia with a cheerful, foolish
excitation is observed when:

1. Hysterical regressive state
2. Bipolar affective disorder
3. Lesions of the basal frontal lobes
brain
4. Cyclothymia
5. Lesions of temporal-parietal brain
Brain

65. Enter the statement that contains full and correct description of the depressive triad:

1. depressed mood – hyperbole - ideas
maliennes
2. depressed mood – loss of interest and
fun – the increase in depression in the second
half of the day
3. depressed mood – reduced energeticheski –
disinhibition of instincts
4. depressed mood – loss of interest and
fun – reducing energeticheski

66. According to the classification of P. Kilgharrah stand out the following types of depression except:

1. Seasonal depression
2. Somatogenic depression
3. Endogenous depression
4. Psychogenic depression

67. Options masked depression described
Desyatnikov, should, are all listed, except:

1. Agriprocessing
2. Diencephalic
3. Psychogenic
4. Obsessive-phobic
5. Abuse

68. The main features of melancholic depression are all of these reasons except:

1. a Depressed, sad mood
2. Severe anxiety
3. Motor block
4. Anhedonia
5. slowing the pace of thinking

69. At the population level, the most common depression:

1. Seasonal
2. Involution
3. Postsinapticheskiih
4. Neurotic
5. Postpartum

70. The main signs of differentiation of neurotic and endogenous depression are all listed, except:

1. the Presence of depressive bouts of stage motion
2. the Presence of depressive-delusional experiences
3. Psychologically explicit connection between the decline mood and traumatic situation
4. the age of the patient
5. "Vitality" manifestations of depression

71. In contrast to anxiety to depression is characteristic of all of the above, except:

1. Early morning awakening, "late insomnia"
2. Difficulty falling asleep - "early insomnia"
- Loss of interest in daily activities
3. Pessimistic vision of the future
4. a Sense of malaises, uselessness

72. The symptom "painful indifference" observed the clinical picture of depression:

1. Dinamicheskoi
2. Ajitirovanne
3. Masked
4. Anesthetic
5. Neuroticescoy

73. The term "masked depression", introduced

P. Kilgolah in 1973, is synonymous with: (exclude the incorrect statement)

1. "Depression without depression" of the old authors
2. Larvirovanny depression
3. Endogenous depression
4. Somatizing depression

74. Dysphoria is:

1. Elevated mood with motor activity
2. Feeling depressed, hopeless
3. Good mood without a desire for action
4. Gloomy, gloomy, irritably embittered mood
5. Unstable mood with a tendency to sentimentality

75. Euphoria is:

1. Special Mania Option
2. Unmotivated fun with foolishness, intellectual decline
3. Elevated mood with a tendency to destructive actions
4. Elated with activity and speech excitement
5. A serene, complacent mood with insufficient criticism of one's condition

76. The basis of the difference between physiological and pathological of affects is inherent in pathological affect:

1. Status of severe affect
2. Confusion
3. The presence of motor activity
4. The presence of autonomic symptoms
5. Short-term affective reaction

77. Traits characteristic of anxiety are: (exclude the false statement)

1. Vegetative hyperactivity
2. Motor tension, inability to relax
3. Difficulty falling asleep - "early insomnia"
4. Early Morning Awakenings - Late insomnia"
5. Stressful expectation, a sense of threat

78. For personal anxiety is not characteristic:

1. Forecasting a large number of objects environment as threatening
2. Progressive memory decline
3. Muscle tension, inability to relax
4. Feeling of constant nervousness
5. Lack of security

79. Anxiety can be transformed into all the following disorders except:

1. Fear
2. Depression
3. Aggression
4. Stun

80. Anxiety can be regarded as:

1. the Emotional reaction of a person
2. Basic symptom of neurotic disorders

3. Symptom in the structure of other symptoms
4. Trait
5. the Mechanism of psychological adaptation of a person

81. Dedicated to M. V. Korkina a triad of symptoms
dismorphomania does not include:

1. belief in the existence of physical disability
with the desire to get rid of it
2. Indifferent attitude towards their appearance
3. ideas of relationships
4. depressed mood

82. Pathological impulsive drives are all listed, except:

1. Kleptomania
2. Ludomanii
3. Pyromania
4. Hypomania
5. Dramamine

83. Name option excitation, in which the movement
ordered, purposefully:

1. Catatonic
2. Amential
3. Manic
4. Gebefrenia
5. Epileptiform

84. For catatonic stupor is characterized by the following symptoms except:

1. Ambulatory automatism
2. Symptom of "air pillow"
3. Active and passive negativism
4. the Symptom of "waxy flexibility"
5. Mutism

85. For catatonic excitement is characterized by the following symptoms except:

1. Verbigracia
2. the direction of action, movements
3. "Echo"- symptoms
4. that no justification is given, impulsiveness of actions
5. Minareci, monogononta

86. Catatonic syndrome is most likely to:

1. Schizophrenia
2. Alcohol dependence
3. Epilepsy
4. Bipolar disorder
5. Obsessive – compulsive disorder

87. For exogenous-organic disorders of the most typical of disturbance of consciousness in the
form:

1. Delirium
2. Oneyroid
3. the Twilight of consciousness pomrachnee
4. Amentia

5. Dysphoria

88. Bulimia nervosa is:

1. Lack of appetite
2. the Tendency to eat inedible things
3. Variant of apatico-belicesco syndrome
4. Pathological voracity
5. One of the variants of personality disorders

89. Among the syndromes of stupefaction does not include:

1. Delirium
2. Amentia
3. Dementia
4. Oneiric
5. Coma

90. In the number of allocations K. Jasper common signs of pomrachnee of consciousness does not include:

1. the Disorder is a direct reflection reality
2. violation of the intelligence
3. Violation of orientation in time, place, self
4. Disorder of cognitive processes in the form deceleration, depletion, confusion of thought
5. Partial or complete amnesia of the experience

91. The syndrome of stunning degree includes the following, except:

1. Dizziness
2. Somnolencia
3. Stupor
4. Stupor
5. Coma

92. State of disturbed consciousness with violation of orientation in time and place, dominated true visual hallucinations, affect of fear and physical arousal is called:

1. Stun
2. Amentia
3. Dementia
4. Delirium
5. Oneiric

93. Symptoms of delirium are usually worse:

1. Early in the morning
2. at noon
3. afternoon
4. Night

94. Dual orientation is possible if:

1. Amentia
2. Delirium
3. Dementia
4. Twilight impaired consciousness
5. Oneyroid

95. The paracrine consciousness with the influx of spontaneously arising fantastic views, different sanopoulou, is called:

1. Delirium
2. Stun
3. Oneiric
4. Amentia
5. Dementia

96. The amentia is:

1. Syndrome of impaired consciousness
2. the Synonym of dementia
3. Variant of dementia
- 4 Symptom of schizophrenia
5. a Variant of paroxysmal States and epilepsy

F0

97. The term “dementia” refers to:

1. Profound degree of mental retardation in adults
2. dementia
3. Dementia in persons of senile age
4. Dementia after suffering a mental diseases

98. The most common cause of dementia in patients elderly age is:

1. Parkinson's Disease
2. Epilepsy
3. Alzheimer's Disease
4. Huntington's Disease
5. Schizophrenia

99. The most characteristic manifestations of organic mental disorders are:

1. Cognitive disorders
2. Emotional disorders
3. Willful violations
4. motility Disorders
5. violations of perception

100. Diagnostic criteria for dementia are: (exclude a false statement)

1. Memory impairment, most noticeable in the field of assimilation of new information
2. Weakening of criticism and thinking
3. Episodes of confusion
4. The presence of symptoms of dementia for at least 6 months

101. The clinical manifestations of dementia depend on all factors except:

1. Etiology
2. Currents
3. Intensity Disorders
4. Patient recovery
5. Premorbid personality traits

102. The most common cause of dementia in old age is:

1. Multiple cerebral infarction
2. Increased intracranial pressure
3. Alzheimer's disease
4. Chorea Huntington
5. Cerebral atherosclerosis

103. A 66-year-old woman whose examination revealed degeneration of the cerebral cortex suffers from:

1. Dementia of the Alzheimer's type
2. Parkinson's Disease
3. Schizophrenia
4. Cerebral atherosclerosis

104. Relatives, worried about the condition of the 66-year-old head of the family, after his retirement, twice invited consultants to him. One of them diagnosed Alzheimer's disease, and the other - depression. Which of the following can speak in favor of Alzheimer's disease:

1. Decreased memory
2. Decreased motor activity
3. Irritability
4. Decrease in volitional processes
5. Denial of any problems

105. The following types of dementia in Alzheimer's disease are distinguished: (exclude the incorrect statement)

1. With an early start
2. With an acute onset
3. Late onset
4. Atypical or mixed type

106. Dementia in Alzheimer's disease with early onset develops:

1. Under 65
2. Up to 70 years old
3. Up to 75 years
4. Up to 80 years old

107. Dementia in late-onset Alzheimer's disease is not characteristic:

1. Slow progression with impaired memory
2. Onset after 70 years
3. Quick start and progression
4. The formation of neuritis, mainly amyloid plaques

108. Indicate a criterion that is not required for the diagnosis of dementia in Alzheimer's disease:

1. Common signs of dementia
2. The presence of seizures
3. Decrease in cognitive functions for 6 months or more
4. Lack of evidence for another reason origin of dementia

109. Severe neurological disorders in Alzheimer's disease:

1. None
2. Present from the very beginning of the development of the disease
3. Develop in the final stages

4. Identified only when combined with severe forms of cerebral atherosclerosis
5. Usually are side effects of ongoing therapy

110. Indicate among the listed emotional disorders the most characteristic of vascular diseases of the brain:

1. Emotional coldness
2. Emotional Inadequacy
3. Ambivalence
4. Faintheartedness

111. Diagnostic criteria for vascular dementia are all listed, except:

1. common signs of dementia
2. the Presence of catatonic symptoms
3. Irregularity of lesions of higher cortical functions
4. Clinical data on the presence of focal lesions of the brain

112. In ICD-10 there are the following types of vascular dementia: (exclude the incorrect statement)

1. acute onset
2. late onset
3. Subcortical
4. Multi-Infarct
5. Combined cortical and subcortical

113. For vascular multi-infarct dementia is characterized by all these symptoms, except:

1. Uneven deterioration in intellectual functions
2. the Beginning followed by multiple ischemic episodes
3. Absence of focal neurological symptoms
4. Periods of actual clinical improvement

114. For dementia with pick's disease are not typical of one of the following symptoms:

1. the Presence of progressive dementia
 2. the Prevalence of frontal lobe symptoms with euphoria
 3. Violations of the memory is preceded by personal change
- The city usually Begins between 50 and 60 years

115. A relatively rare disease that affects the frontal cortex, is called:

1. Huntington's Disease
2. Pick's Disease
3. Atherosclerosis of cerebral vessels
4. Parkinson's Disease
5. Schizophrenia

116. The prevalence of involvement of the frontal lobes with pick's disease show the following symptoms, except:

1. visual disturbances
2. Coarsening of social behaviour
3. Aphasia
4. Apathy or anxiety

117. The disease started at the age of 55 to reduce moral ethical qualities, disinhibition, reduce criticism, and then there are disorders of expressive speech, "stuttering". Determine the diagnosis:

1. Dementia in Alzheimer's disease
2. Dementia Huntington's chorea
Vascular dementia
3. Dementia in Pick's disease

118. Enter a symptom, not characteristic for dementia in Huntington's disease:

1. pass a single autosomal dominant gene
2. usually Develops after age 60
3. the Presence of involuntary choreiform movements
4. Affects subcortical functions

119. For dementia in the Huntington's disease characterized by all of the above except:

1. Rapidly progressive course, usually starts on the fifth or sixth decade of life
2. Lesion of subcortical functions (slowing of thinking and movement)
3. the Presence of choreiform movements, gait changes
4. Information about the Huntington's disease one parent

120. Diagnostic criteria for dementia in Parkinson's disease are all listed, except:

1. General criteria for dementia
2. diagnosis of Parkinson's disease
3. the Prevalence of "frontal" symptoms
4. the Absence of cognitive impairment, which could be attributed to antiparkinsonian treatment

121. Of dementia disease of Creutzfeldt-Jakob disease is not characteristic:

1. Rapid progression of dementia with extensive neurological symptoms
2. the Prevalence of behavioral disorders with minimal neurologic symptoms
3. Beginning usually in middle or late age
4. For subacute death occurs after 1 – 2 years
5. In the terminal stage - status and akinetic mutism

122. In a typical triad of dementia by the disease Creutzfeldt-Jacob is a member of one of the following:

1. Rapidly progressive dementia
2. a Series of acute cerebrovascular episodes
3. the Pyramidal and extrapyramidal disorders with myoclonus
4. Typical three-phase EEG

123. When organic amnesic syndrome, not associated with alcohol, be sure to have one of the following symptoms:

1. marked impairment of memory for recent events
2. a Violation of direct playback information
3. Paracrine consciousness and disorders of attention
4. General intellectual decline

124. For organic amnesic syndrome, not associated with alcohol consumption is typical of all of the above except:

1. the Presence of anamnestic information about recent stroke or other brain disease
2. Anterograde and (or) retrograde amnesia
3. Absence of defect in immediate playing
4. Communication the development of symptoms with stress events

125. Organic amnesic syndrome should be differentiated from:

1. Dementia
2. brain Tumor
3. Psychogenic amnesia
4. all of the above
5. with none of the above

126. When atrophic processes of the brain are most often found one of the following mental disorders:

1. Nonsense
2. Psychomotor agitation
3. Dementia
4. Hallucinations
5. Phobias

127. For somatogenic psychoses the most characteristic the following syndromes of impaired consciousness: (select the correct list of syndromes)

1. Oneiric, and less stun
2. Twilight state, oneiric
3. Delirium, and less twilight state
4. Amentia, oneiric

128. In number of obligatory signs of delirium include:

1. Pseudohallucinations
2. disturbance of consciousness
3. Depressive affect
4. Senestopatii
5. the Decrease in intellectum

129. For the acute period of craniocerebral trauma is the most typical one of the following mental disorders:

1. Depression
2. Delirium
3. Pseudohallucinations
4. Psychic automatism
5. Obsessive-compulsive disorder

130. For delirium not caused by alcohol or other surfactant, characterized by: (exclude the incorrect statement)

1. Transient, fluctuating in intensity condition
2. Development often at a young age
3. a Change of consciousness and attention
4. Worsening of symptoms at night

5. the Presence of true hallucinations

131. For disorders of the rhythm of sleep - wakefulness in delirium not caused by alcohol or other surfactants, characterized by all the following symptoms except:

1. Insomnia
2. Somnambulism
3. Inversion of the rhythm of sleep - wakefulness
4. Restless dreams or nightmares during sleep

132. For delirium not caused by alcohol or other surfactant, characterized by the following emotional disorders: (exclude the incorrect statement)

1. Anxiety, fear,
2. Irritability, confusion
3. Mania, Moria
4. Euphoria, aggressiveness

133. Common in children and is marked at 10 – 30% somatic patients, especially burns and intensive therapy of the disorder in the form of:

1. Delirium
2. Dementia
3. Organic catatonic disorder
4. Panic disorder
5. Somatoform disorders

134. ICD-10 includes the MCI as:

1. a Sign of dementia
2. Independent diagnostic category
3. Symptom of organic amnesic syndrome
4. One of the options for dissociative disorders

135. For organic personality disorder is not characteristic of any of the following symptoms:

1. Significant decrease in the ability to cope with purposeful activity
2. a Change in emotional behavior
3. Changes in sexual behavior
4. Suspiciousness or paranoid thoughts
5. disturbance of consciousness

136. For postencephalitic syndrome are not typical of any of the following symptoms:

1. the specificity of the symptoms
2. Variability of symptoms in patients on from the infectious agent
3. the reversibility of the symptoms
4. General malaise, apathy, irritability
5. Residual neurological symptoms

137. Commotion syndrome is manifested by all the listed characteristics except:

1. complaints of discomfort, and headaches
2. Insomnia
3. Emotional disturbance
- 4 Significant decline in intelligence
5. Reduced tolerance to alcohol

138. Acute organic mental disorders not characterized by:

1. the Presence of pseudohallucinations
2. Confusion
3. Desorientado
4. impaired memory
5. Cognitive decline

139. Organic hallucinosis is a disorder manifested by: (exclude the incorrect statement)

1. Persistent or recurrent hallucinations
2. Usually visual or auditory hallucinations
3. the Emergence of hallucinations on the background of disturbed consciousness
3. Possible delusional interpretation of hallucinations
4. Preservation of critics

140. Diagnostic criteria organic hallucinosis is not true:

1. the Presence of permanent or recurrent visual or auditory hallucinations
2. the Presence of the dominant delusional disorders
3. No pomrachnee consciousness
4. the Absence of pronounced intellectual decline
5. No dominant mood disorders

141. Ambulatory automatisms occur when:

1. Schizophrenia
2. Schizotypal disorder
3. Alcohol dependence
4. Panic disorder
5. Epilepsy

142. Specify the psychopathology of epileptic illness, which may mistakenly be regarded as a manifestation of systemic diseases:

1. Tonic-clonic seizures
2. Twilight disorder of consciousness
3. Absence Seizures
4. Partial seizures
5. personality Disorders

143. Define differential diagnostic criteria of hysterical and epileptic seizures, which is most essential:

1. disturbance of consciousness
2. the duration of the seizure
3. seizure Type
4. the Severity of convulsive reactions

144. Epileptic status characterized by:

1. Recurring epileptic seizures between which the patient regains consciousness
2. Recurring seizures between which the patient does not regain consciousness
3. Stay of the patient in a state of broken of consciousness after a convulsive seizure

4. none of the above

145. Epileptic aura:

1. Found in all patients with epilepsy
2. patients Amneziruetsya
3. Constantly changing one and the same patient

The city is Characterized by all of the above

4. Nothing is listed

146. For the epileptic type of personality changes are not typical of any of the following symptoms:

1. Rigidity of affect
2. Exaggerated punctuality
3. Autism
4. A Grudge
5. the Duality of emotions

F1

147. According to the ICD-10 surfactants include the following substances: (delete the incorrect answer)

1. Alcohol
 2. Tobacco
 3. Antipsychotics
- The City Of Hallucinogen
4. Stimulants, including caffeine

148. To generalized seizures include:

1. Absence Seizures
2. Jacksonian seizures
3. Vegetative-visceral seizures
4. Sensory seizures
5. none of the above

149. Select the most optimal drug for emergency treatment for status epilepticus:

1. Depakine
2. Chlorpromazine
3. Diazepam
4. Carbamazepine
5. Droperidol

150. Epilepsy is a disease characterized by the presence of: (exclude the incorrect statement)

1. Affective phases with light periods or without them
2. Paroxysmal disorders
3. Characteristic changes on the EEG

In some cases, personality changes

151. The personality changes that sometimes develop epilepsy, are characterized by the following features:

(exclude the incorrect statement)

1. Thoroughness of thinking
2. Stubbornness

3. Theatricality, samokonasana
4. Polarity relationship to others
(subservience contrasts with the nastiness)
5. Pedantry

152. Chronic epileptic psychosis manifested:
(exclude the incorrect statement)

1. Affective States
2. Hallucinatory-paranoid States
3. Catatonic disorders
4. Twilight disorders of consciousness

153. Acute toxicity of surfactants: (delete the incorrect statement)

1. This is a condition that occurs at the time of receiving surfactant
2. is Usually accompanied by euphoria
3. Always accompanied by depression of consciousness
4. Takes place after the termination of the PAV

154. To clarify psychotic disorder caused by substance use according to the fifth sign allocated to the following categories except:

1. Predominantly delusional
2. Mostly catatonic
3. Predominantly hallucinatory
4. Predominantly depressive
5. Predominantly manic

155. Diagnostic criteria of dependence syndrome is not:

1. a Strong desire or sense of violent thrust to receive substance
2. impaired ability to control reception substances
3. Euphoria and feeling of increased energy
4. Change of tolerance to the effects of the substance
5. the Physiological condition of cancellation

156. The cancellation status when dependent on surfactant:
(delete the incorrect statement)

1. is Formed gradually
2. Occurs some time after interruption of taking the drug
3. the Clinical picture depends on the type of surfactant
4. Occurs at the height of intoxication

157. Easy degree of alcoholic intoxication develops when the content of ethyl alcohol in the blood:

1. 0,3 – 0,5 g/l
2. 0.5 to 1.5 g/l
3. 1,5 - 3,0 g/l
- 4 3,0 - 5,0 g/l

158. The average degree of alcoholic intoxication develops when the content of ethyl alcohol in the blood:

1. 0,5 - 1,0 g/l
2. 1,0 - 1,5 g/l

3. 1.5 - 2.5 g/l
- 4 2,5 - 3,5 g/l
5. 3,5 - 4,5 g/l

159. The heavy degree of alcoholic intoxication develops when the content of ethyl alcohol in the blood:

1. 0,5 - 1,5 g/l
2. 1,5 – 3,0 g/l
3. 3,0 - 5,0 g/l
4. of 5.0 - 7.0 g/l

160. The ethanol content of blood in the amount of 6.0 - 8.0 g/l:

1. standard
2. Corresponds to easy degree of intoxication
3. Corresponds to average degree of intoxication
4. Corresponds to severe intoxication
5. Threatens a deadly outcome

161. Simple easy degree of alcoholic intoxication is characterized by all these except:

1. Feelings of mental and physical comfort
2. Increase recidivating activity
3. Light poor coordination of movements
4. Slowing of the associative process
5. the emergence of autonomic reactions such as redness the skin of the face, increase in pulse, increase appetite

162. For signs simple average degree of alcoholic intoxication characteristic, all of the above except:

1. Functional motility disorders
2. Deceleration and constraints of the associative process
3. Desarticulate speech
4. Involuntary urination
5. Uniform perceptions, difficulties in switching focus

163. Severe simple alcoholic intoxication determined all the above, except:

1. Cerebellar ataxia
2. Muscular atony, amimie
3. Vestibular disorders: vertigo, nausea, vomiting
4. Hyperemia
5. Decrease of tonus of the cardiovascular system

164. For the first stage of alcoholism is characterized by all these symptoms, except:

1. the loss of the quantitative and situational control
2. Growth of tolerance
3. Alcoholic palimpsests
4. Withdrawal syndrome
5. the extinction of the gag reflex

165. In severe cases of acute alcoholic intoxication is not accompanied by:

1. Hypotension

2. Hypertension
3. Hypothermia
4. decreased level of consciousness

166. Which of the following is incorrect in respect of pathological intoxication:

1. Condition arising on the background of long consumption of large doses of alcohol
2. Condition that occurs within a few minutes after taking a small dose of alcohol
3. a Condition that occurs on the background of the twilight disorders of consciousness
- 4 Condition, accompanied by not peculiar person in normal condition aggressive behavior

167. In pathological alcoholic intoxication the consciousness is disturbed by type:

1. Stun
2. Oneiric
3. Twilight City Delirious
4. Amential

168. The diagnosis of alcohol dependence include all of the following except:

1. impaired social or occupational functioning
2. impaired ability to control the appointment alcohol
3. Signs of the development of tolerance to alcohol
4. Cessation of alcohol the occurrence of harmful consequences
5. the Constant concern of the alcohol

169. Diagnostic criteria of withdrawal state alcohol are all listed, except:

1. Tremor of tongue, eyelids or outstretched arms
2. Psychomotor agitation
3. bleeding from the nose or sneezing
4. Tachycardia or hypertension
5. Transient hallucinations or illusions

170. For alcohol withdrawal syndrome is characterized by: (choose incorrect answer)

1. Sweating
2. Tachycardia
3. Dry mouth
4. tremor of the fingers
5. constriction of the pupils

171. Delirium tremens develops: (exclude the incorrect statement)

1. Immediately after stopping or reducing doses alcohol
2. within a week after discontinuation, or reduce doses of alcohol
- 3: How alcoholic psychosis with long-term the abuse of alcohol

4 As severe manifestation of the syndrome

172. If during delirium tremens reduced psychomotor agitation, speech becomes slurred, muttering, you receive Sevigne-paracanoë consciousness, alternating with stupor, this suggests that the developed pattern:

1. Korsakoff's psychosis
2. Alcoholic pseudoparalysis
3. Musicologo delirium
4. Alcoholic paranoia
5. Alcoholic hallucinosis

173. Specify the most frequent cause of death in severe delirium tremens:

1. Dehydration of the organism
2. cardiac arrest
3. Acidosis
4. Swelling of the brain
5. Hyperthermia

174. The contents of delirium acute alcoholic paranoia is usually represented:

1. Delusions of persecution
2. Delusions Kotar
3. Delusions of grandeur
4. Hypochondriacal delusions
5. Delusions of guilt

175. In acute alcoholic paranoid in clinical the picture is dominated by:

1. Verbal hallucinations, illusions
2. Figurative delirium, affect of fear
3. Phenomena of mental automatism
4. Obsessions, overvalued ideas
5. Pseudohallucinations

176. Alcoholic delirium of jealousy is characterized by one of the following:

1. disturbance of consciousness
2. Acute development
3. Plausibility and monothematism
4. the Combination with pseudohallucinations
5. a Combination of mental automatism

177. For acute alcoholic hallucinosis is characterized by one of the following:

1. Olfactory and tactile hallucinations
2. Verbal hallucinations
3. Violation of orientation in time, place
4. Twilight dizziness
5. Psychic automatism

178. For Korsakoff's psychosis is not typical of any of the following symptoms:

1. Fixation amnesia
2. Desorientado
3. Hallucinations
4. Confabulation

179. Somatic consequences of alcoholism in 3 stages of the disease is not typical one of the following pathological conditions:

1. Fatty liver
2. Cardiomyopathy
3. Polyneuropathy
4. Osteoporosis

180. For severe acute intoxication due to the use of opioids, is not characterized by:

1. General criteria for acute intoxication
2. reduce the level of consciousness
3. Hypertension
4. Hyperthermia

181. The diagnostic criteria for the condition of the cancellation of opioids are all symptoms except:

1. Muscle pain or cramps
2. constriction of the pupils
3. Diarrhea
4. bleeding from the nose or sneezing
5. Abdominal cramps

182. Acute opioid intoxication is usually: (delete the incorrect answer)

1. Gives a pronounced euphoria
 2. in the absence of noise ends the dream
 3. Proceeds with gruzopodemnye fantasies
- As a rule, is not accompanied by pronounced physiological shifts

183. A withdrawal state when opioid dependence:

1. does Not occur
2. Occurs latently
3. Occurs only with mental disorders
4. Accompanied by intense mental and physical disabilities
5. Is a short-term

184. Manifestations of a withdrawal state when opioid dependence are: (delete the incorrect statement)

1. Nausea or vomiting
2. constriction of the pupils
3. Joint pain
4. Diarrhea
5. Rhinorrhea or sneezing

185. High risk factor with HIV infection and viral hepatitis is one of the following addictions

1. Hash
2. Barbituric
3. Cocaine
4. Opium

186. The diagnostic criteria for acute intoxication due to use of cannabinoids does not include:
Enhancing appetite

1. Loss of appetite

2. Inetsirovany sclera
3. Tachycardia
4. Dry mouth

187. The acute intoxication with hashish reflected in all these disorders except:

1. Nausea, bitter taste in the mouth, salivation, dizziness
2. Increasing state of lightness, of weightlessness, the desire to jump, to dance, to take a fanciful poses
3. Severe emotional lability
When unrestrained fantasies, illusions
4. the Feeling of fading sounds, reduce brightness color

188. The major autonomic manifestations of acute hashish intoxication are: (delete the incorrect statement)

1. Hyperemia of the skin and sclera
2. dilation of the pupils
3. Dry and sore mouth and throat
4. constriction of the pupils

189. At the exit of hashish intoxication are usually observed:

1. Seizure disorders
2. Bulimia and polydipsia
3. Delusional disorders
4. Complete amnesia and desorientado

190. The most specific disorder in the cancellation state when hashish addiction is: (choose the correct answer)

1. the Appearance of senestopatii
2. seizures
3. Formation of delusional disorders
4. Muscle pain
5. Watery eyes and sneezing

191. Clinic of acute intoxication with barbiturates is characterized by all of the above, except:

1. Causeless fun, desire to move, to talk, to laugh
2. Instability of attention
3. Unstable, often changing from a fun To irritability, of passion
4. Gruzopodyomnih fantasies
5. Gross neurological symptoms, instability when walking

192. Clinic of acute cocaine intoxication is characterized by all these except:

1. Intermittent sharp head pain and light dizziness
2. Feelings of hunger
3. Feeling a rush of energy, "vigorous activities"
4. Deterioration of memory, attention, intelligence in General

5. Reassessment of the self

193. Clinic of acute intoxication with hallucinogens (psychomimetic) is expressed by:

1. the Emergence of feelings incredibly bright
the color of the surrounding objects, enhancing
the volume of the sounds
2. the Emergence of visual and auditory illusions
hallucinations
3. Variety of emotional disorders –
euphoria, anxiety, fear
4. Passive or active contemplation
defensive actions

194. Acute psychosis abuse of amphetamines often occur type:

1. Delirium
2. Acute hallucinosis
3. Oneirogmophobia state
4. Amentia
5. Dementia

195. Consequences of inhalant use: household and industrial chemistry of children and adolescents are: (exclude the incorrect statement)

1. Rough psychopathic behavior
2. Toxic encephalopathy
3. the Development of schizophrenia
4. Delay mental and physical development
5. Necrosis of the liver, kidneys, of myocardiodystrophy

196. Diagnostic criteria for acute intoxication due to use of sedatives or hypnotics are all listed, except:

1. Anterograde amnesia
2. Progressive amnesia
3. Unsteadiness of gait
4. Oiled it
5. Erythematous skin rash and blisters

197. Diagnostic criteria for acute intoxication caused by tobacco use are all listed, except:

1. Insomnia
2. Auditory or visual hallucinations
3. freaky dream
4. mood Lability
5. Derealization

198. When cancellation status sedatives or hypnotics
funds does not occur:

1. Tremor of tongue, eyelids or outstretched arms
2. Bradycardia
3. Psychomotor agitation
The city of Paranoid thinking
4. Large seizures

199. For the condition of the abolition of the tobacco is not characteristic of any of the following symptoms:

1. Anxiety
2. a Sense of malaise or weakness

3. Euphoria
4. Increased appetite
5. Ulceration in the mouth

200. In case of overdose which psychoactive drugs may cause substance-induced delirium:

1. Chlorpromazine
2. Cyclodolum
3. Phenazepam
4. Sertraline (zoloft)
5. Risperidone (rispaxol)

201. Schizophrenia is:

1. Hereditary disease
2. Disease hereditary predisposition
3. a Disease in which heredity does not matter
4. none of the above

202. Negative symptoms of schizophrenia include:

1. Expressed apathy
2. Echo of thoughts, their broadcasting
3. Flatness of emotional reactions
4. Social isolation
5. Poverty of speech

203. Specify the symptoms of schizophrenia, belonging to the group of “negative” :

1. Pseudohallucinations
2. Delusions of control
3. Emotional flattening
4. Psychic automatism

204. Specify prognostically unfavorable signs of schizophrenia:

1. the Severity of positive symptoms
2. the Severity of affective symptoms
3. the Severity of negative symptoms
4. Paroxysmal for
5. Acute onset

205. Specify symptom of schizophrenia, belonging to the group “positive”:

1. Social isolation
2. the Inadequacy of emotional reactions
3. Hypobole or abulia
4. Pseudohallucinations
5. Poverty of speech

206. The formation of the patient traits of schizophrenic defect is determined by the presence of the following signs:

1. memory loss
2. Lethargy, abulia
3. Depression, anxiety
4. Delusions, hallucinations
5. Catatonic symptoms

207. Specify psihomotornoe violation, most

characteristic of schizophrenia:

1. Violation of color perception
2. impaired perception of the shape of objects
3. Depersonalization
4. the Experience of "already seen"

208. The study of the mental state of patients with schizophrenia most often reveals a pronounced disorder:

1. Orientation
2. Memory
3. Consciousness
4. Thinking
5. Speech

209. Symptom of schizophrenia, manifested in separated from reality and immersion into the world of inner experiences, is defined as:

1. Mutism
2. Abstract
3. A Stupor
4. Rigidity
5. Autism

210. For emotional disorders in patients with schizophrenia is not characterized by:

1. Emotional flattening
2. Emotional inadequacy
3. Euphoria
4. Ambivalence
5. Apathy

211. Catatonic symptoms are characteristic of:

1. Bipolar disorder
2. Epilepsy
3. Schizophrenia
4. Panic disorder
5. Hypochondriacal disorder

212. The incoherence of thinking, the collapse of associative relationships, the lack of passion is inconsistent and silly behavior characteristic of schizophrenia:

1. Paranoid
2. Gebefrenia
3. Catatonic
4. Simple
5. Residual

213. For schizophrenia is not specific to one of the following syndromes:

1. Apatico-aboleski
2. Hallucinatory-delusional3V. Amnestic
3. Psychic automatis
4. Catatoni

214. In ICD-10 the following types of schizophrenia: (exclude the incorrect statement)

1. Continuous
2. Episodic
3. Egredientes

4. Duration of observation less than a year
5. Incomplete remission

215. Delusions of persecution, relationships, values, and hallucinatory voices of threatening or peremptory

the content characteristic of schizophrenia:

1. Catatonic
2. Residual
3. Simple
4. Paranoid
5. Gebefrenia

216. In the paranoid form of schizophrenia can be: (exclude the incorrect statement)

1. Long-term remission
2. death
3. Continuous current
4. Episodic for
5. Formation of the defect

217. For gebefrenia of schizophrenia characterized by:

1. Persistent delusions
2. the Vivid and fantastic hallucinations
3. marked disorders of affect and povedeniya
4. severe impairment of memory and intellect

218. Hebephrenic symptoms of schizophrenia are all, except:

1. Persistent and pronounced delusions and hallucinations
2. significant emotional distress
3. Irresponsible and unpredictable behavior
4. Mannerisms, grimacing
5. Disorganized thinking, dissociation of speech

219. Purposeless, and stereotyped activity or solidification characteristic of schizophrenia:

1. Paranoid
2. Simple
3. Catatonic
4. Postsinapticheskikh depression
5. Gebefrenia

220. For the catatonic form of schizophrenia is characterized by all these symptoms, except:

1. Mutism
2. Echo - symptoms
3. True hallucinations
4. ity Excitement or stupor
5. Negativity

221. Specific symptoms of catatonic stupor, not typical for other species of stupor, are all listed, except:

1. Solidification
2. Psychomotor retardation
3. Symptom of "air pillow"
- 4 Symptom of the hood
5. Waxy flexibility

222. A form of schizophrenia with mixed symptoms, including delusions, hallucinations, catatonic symptoms, incoherence of thought, without a clear predominance of the symptoms of any one group, called:

1. Simple
2. Residual
3. Gebefrenia
4. Undifferentiated
5. Paranoid

223. For postsinapticheskikh depression characterized by the following signs: (exclude the incorrect statement)

1. Schizophrenic symptoms have to be, but not to dominate the clinical picture
2. Depressive symptoms should be leading in the clinical picture
3. Schizophrenic and depressive symptoms
4. Schizophrenic symptoms may still be positive but is dominated by the negative

224. For residual schizophrenia all mandatory these symptoms, except:

1. the Presence of a distinct negative schizophrenic symptoms
2. the Presence of distinct depressive episodes
3. a history of at least one distinct psychotic episode meeting criteria for schizophrenia
4. the Absence of dementia or other brain pathology
5. the Inadequacy of self-help skills and social productivity

225. A simple diagnostic criterion of schizophrenia is not:

1. a Gradual but progressive development the strange behavior
2. Failure to comply with the requirements of the companies
3. Dominance in the clinical picture of delirium and hallucinations
4. Gradual appearance and deepening of "negative" symptoms
5. the Lack of information about the previously transferred psychotic episode

226. Negative symptoms determines the clinical picture of the disease with a form of schizophrenia:

1. Paranoid
2. Catatonic
3. Gebefrenia
4. Simple
5. Undifferentiated

227. Diagnostic criterion of schizotypal disorder is not:

1. Inadequate or discreet passion
2. Eccentric, bizarre, or strange appearance
3. Duration of symptoms within 3 months
4. the Amorphous, metaphorical, or stereotyped

thinking

5. the Propensity to social separated

228. Paranoia ICD-10 is considered in the framework:

1. Paranoid schizophrenia
2. Schizotypal disorder
3. Delusional disorder
4. Schizoaffective disorder
5. Schizoid personality disorder

229. Involuntional paranoid for ICD-10 is considered in the framework:

1. Alzheimer's Disease
2. Paranoid schizophrenia
3. Vascular dementia
4. Chronic delusional disorder
5. Schizotypal disorder

230. Nonsense in the structure of paranoia (delusional disorder) is characterized as:

1. Polythematic
2. Interpretive
3. Hallucinatory
4. Induced
5. Residual

231. Under the heading "Other chronic delusional disorders" is not included:

1. Involuntional paranoid
2. Hypochondriacal delusional disorder
3. Virulenta form of paranoia
4. Psihogenny paranoid psychosis
5. Crazy form dismorphophobia

232. Typical signs of acute and transient psychotic disorders are: (exclude the incorrect statement)

1. Acute onset (within two weeks)
2. the duration of the disorder up to 3 months
3. the Transition to the chronic condition in most patients
4. Rapidly changing and diverse clinical picture
5. Possible Association with acute stressful situation

233. Acute polymorphic psychotic disorder without symptoms of schizophrenia is characterized by: (exclude the incorrect statement)

1. Acute onset
2. the Existence of persistent hallucinations and systematized delusions monothematic
3. Unstable emotional state
4. there are significant deviations from the usual behavior
5. up to 3 months

234. The total duration of disorders acute and transient psychotic disorders does not exceed:

1. 3 days

2. 2 weeks
3. 3 months
4. 6 months
5. 1 year

235. A psychotic disorder in which psychotic symptoms are relatively stable and meet the criteria for schizophrenia and which last less than one month are classified as:

1. Acute polymorphic psychotic disorder without symptoms of schizophrenia
2. Polymorphic psychotic disorder with symptoms of schizophrenia
3. Acute schizophrenic-like psychotic disorder
4. Schizotypal disorder
5. Schizoaffective disorder

236. With induced delusional disorder, all statements are true except:

1. One or two people share the same delusion
2. One of the persons involved is suffering true mental disorder
3. Usually there are close emotional contacts between active and passive partners
4. Delusion is formed simultaneously in active and passive partners
5. Delirium in a passive partner occurs when separation from an active partner

237. Signs of schizoaffective disorder are all of the following, except:

1. Common symptoms of schizophrenia
2. Presence of symptoms of depressive or manic episode
3. Formation of a defective state in most cases
4. The severity of schizophrenic and affective symptoms simultaneously or sequentially in one episode

238. The following types of schizoaffective disorder are included in ICD-10, except:

1. Manic
2. Depressive
3. Recurrent
4. Mixed

239. The manic episode according to ICD-10 has the following options: (exclude the wrong statement)

1. Hypomania
2. Moderate mania
3. Mania without psychotic symptoms
4. Mania with psychotic symptoms

240. For the diagnosis of hypomania, the duration of symptoms should be at least:

1. 1 day
2. 4 days
3. 1 week
4. 2 weeks
5. 1 month

241. The diagnostic criteria for manic episode of any severity are all listed, except:

1. Elevated mood
2. Delusions of grandeur or of special importance
3. acceleration of the flow of thoughts
4. Reduced need for sleep
5. Difficulty in focusing or distractibility

242. To the diagnostic criteria of mania does not apply:

1. decreased need for sleep and food intake
2. Signs of inadequate elevated mood continues for at least 1 month
3. acceleration of the flow of ideas or subjective he feeling of "racing ideas"
4. a Noticeable increase in sexual energy
5. Increased self-esteem or grandiosity

243. For mania with psychotic symptoms not typical:

1. "the jump of ideas" and pressure of speech
2. "negative" symptoms
3. Reduced need for sleep and food
4. Rashness or recklessness in the behavior

244. Dynamics of alternating phases in bipolar disorder characterized by one of the following:

1. Manic and depressive episodes alternate with strict periodicity
2. one manic episode will have two depressive
3. Manic episode goes into a depressive only after complete remission
4. sequence of alternating phases does not exist

245. For bipolar disorder typical of all of the above except:

1. Alternation of episodes of high and low moods
2. Repeated depressive episodes without a history of periods of mania
3. Hypomania indicating a history of periods depression
4. Re a manic episode without a history of depressive episodes

246. The category of depressive episodes (F32.0, F32.1,F32.2,F32.3) apply only when: (exclude the incorrect statement)

1. Recurrent depressive disorder
2. Bipolar affective disorder
3. Single episodes of depression
4. Cyclothymia

247. The main signs of depressive episode are: (exclude the incorrect statement)

1. depressed mood
2. Loss of interest and pleasure
3. Suicidal behavior
4. Reduction of energy

248. For a depressive episode is not typical:

1. a Noticeable decrease in appetite
2. the Decrease in intellectum
3. Reduced ability to concentrate and attention

4. a Dark and pessimistic vision of the future
5. Cambridge behavior

249. For patients with dysthymia not a characteristic of one of the following symptoms:

1. Most of the time (in months) feel fatigue
2. Prone to gloomy reflections
3. Not cope with the demands of everyday life
4. Complain because they feel uncomfortable
5. All becomes difficult

250. "Somatic syndrome" for a depressive episode includes all except:

1. waking up in the morning for two or more hours early the usual time
2. a marked decrease in appetite
Enhancing depression in the evening hours
3. a Clear reduction or loss of libido
4. Objective evidence noticeable
Psychomotor retardation or agitation

251. Moderate depressive episode is classified if:

1. 1 main and 2 additional symptoms
2. 2 main and 2 additional symptoms
3. 2 basic and 3(4) additional symptoms
4. 3 main and 4 additional symptoms

252. The patient with a moderate depressive episode:

1. Continues its regular activities and to cope with the appropriate functions
2. finds it Difficult to perform normal job, but continues to function
3. Experiencing great difficulties in the fulfillment of social responsibilities
home Affairs, in continuing the work
The city cannot continue social activities
to do their job

253. In diagnostic criteria for severe depressive episode with psychotic symptoms includes:

1. Delusions of sin, poverty
2. Auditory hallucinations accusing and insulting character
3. Depressive stupor
4. Heavy repeated episodes of depression

254. Recurrent depressive disorder: (exclude the incorrect statement)

1. Diagnosed by the types of the current episode
2. Must meet the criteria for depressive episode of any severity
3. Diagnosed if there are several depressive episodes
4. May be diagnosed if present past manic episode

255. For chronic (affective) disorders

sentiment applies:

1. Bipolar Organic Disorder
2. Bipolar Affective Disorder
3. Dysthymia and cyclothymia
4. Schizoaffective disorder
5. Recurrent depressive disorder

256. With cyclothymia, mood disorders meet the criteria:

1. Bipolar Affective Disorder
2. recurrent depressive disorder
3. Manic episode
4. None of the above disorders
5. All of the above disorders

257. Cyclothymia is characterized by: (exclude the incorrect statement)

1. Beginning at a young age
2. Chronic course
3. The presence of depressive and manic episodes
4. A rare appeal to doctors
5. Lack of connection with life events

258. Neurotic depression lasting more than 2 years is classified according to ICD-10 under the heading:

1. Depressive episode
2. Bipolar Affective Disorder
3. Recurrent depressive disorder
4. Dysthymia
5. Cyclothymia

259. A 62-year-old female with a chronic psychiatric disorder claims that the comments of a well-known news anchorman have a special meaning that only she understands. She is convinced that when he reports on local events he is really trying to persuade her to start a "sinful relationship." This is an example of

1. A visual hallucination
2. An illusion
3. A delusion of persecution
4. A delusion of reference
5. Concrete thinking

260. A medical student finds it hard to follow a patient's train of thought because he gives very long, complicated explanations and many unnecessary details before finally answering the original questions. In his report, the medical student writes that the patient displayed

1. Loose associations
2. Circumstantiality
3. Goal-oriented thought processes
4. Perseveration
5. Flight of ideas

261. A delusion can best be defined as

1. A false belief that meets specific psychological needs
2. A perceptual misrepresentation of a sensory image
3. A perceptual representation of a sound or an image not actually present
4. A viewpoint able to be changed when convincing evidence to the contrary is presented
5. A dissociative reaction

262. In psychiatry, the electroencephalogram (EEG) can be helpful in the diagnosis of

1. Intermittent explosive disorder
 2. Panic disorder
 3. Bipolar disorder
 4. Social phobia
 5. Frotteurism
263. A 7-year-old girl hospitalized for tonsillectomy awakens in the middle of the night and cries out that a “big bear” is in her room. She is relieved when a nurse turns on the light revealing that the bear was an armchair covered with a coat. This experience is an example of
1. A delusion
 2. A hallucination
 3. An illusion
 4. A projection
 5. A dissociative reaction
264. According to Sigmund Freud, primary processes are
1. Typically conscious
 2. Nonlogical and primitive
 3. Absent during dreaming
 4. Characteristic of the neuroses
 5. Rational and well organized
265. Harry Stack Sullivan’s theory of personality development was characterized by an emphasis on
1. Psychosexual development
 2. Genetic determinism
 3. Infant-mother interaction
 4. Interpersonal relations
 5. Object relations
266. Erikson’s developmental theories differ from Freud’s in that Erikson placed greater emphasis on
1. Cultural factors in development
 2. Instinctual drives
 3. Interpersonal relations
 4. Psychosexual development
 5. Object relations
267. The occurrence of delusions de novo in a person over the age of 35 years and without a known history of schizophrenia or delusional disorder should always alert to the possibility of
1. Agoraphobia
 2. Frotteurism
 3. Sleep disorder
 4. Substance abuse
 5. Dissociative disorder
268. An emaciated and lethargic 16-year-old girl arrives at the ER. Her blood pressure (BP) is 75/50, her heart rate (HR) is 52, her potassium is 2.8, and her bicarbonate is 40 mEq/L. The girl’s parents report that she has lost 35 pounds in three months but she is still convinced that she is overweight. She eats only very small amounts of low-caloric food and she runs two to three hours every day. What other activity is the patient likely to have engaged in?
1. Sexual promiscuity
 2. Ethanol abuse
 3. Purging
 4. Wearing tight clothes
 5. Shoplifting
269. A 69-year-old woman slips on the ice and hits her head on the pavement, but she does not give much weight to this event. During the following three weeks, she develops a persistent headache, she is increasingly distractible and forgetful, and at night she becomes fearful and disoriented. The most likely cause of such changes is

1. Chronic subdural hematoma
2. Frontal lobe tumor
3. Korsakoff's disease
4. Epidural hematoma
5. Multi-infarct dementia

270. A 45-year-old woman has been visiting her family doctor's office several times a month. Abdominal pain, dysuria, nausea, severe menstrual cramps, dizziness, fainting spells, and painful intercourse have been among her complaints during the past years. There are no positive objective findings and so far all tests have been negative.

What is the most likely diagnosis?

1. Somatoform disorder
2. Delusional disorder
3. Body dysmorphic disorder
4. Conversion disorder
5. Hypochondriasis

271. Choose the correct statement about psychiatric symptoms in patients with Parkinson's disease.

1. Affective disorders are commonly associated with Parkinson's disease
2. Psychiatric disorders are rare in Parkinson's patients
3. Psychotic symptoms unrelated to medication side effects are common
4. High-potency neuroleptics are the drugs of choice in the treatment of psychotic symptoms associated with Parkinson's disease
5. Electroconvulsive therapy (ECT) is rarely used in depressed Parkinson's patients

272. A young man smells burnt rubber, then he turns his head and his upper body right, makes chewing movements, and fumbles with his clothes. During the episode, which lasts one minute, he appears dazed. Choose the most appropriate diagnosis:

1. Frontal lobe tumor
2. Derealization disorder
3. Conversion disorder
4. Absence seizure
5. Partial complex seizures

273. A middle-aged, obese man is chronically tired and sleepy although he sleeps from seven to nine hours every night and he takes occasional naps. He wakes up every morning with a headache and a dry mouth. His wife complains about his loud snoring. The most appropriate diagnosis is

1. Obstructive sleep apnea
2. Narcolepsy
3. Central apnea
4. Recurrent hypersomnia
5. Depression

274. A 55-year-old woman with breast cancer is waiting for the results of her bone scan. She promises God that she will stop smoking and attend Mass every Sunday if the scan does not show signs of metastases. According to Elisabeth Kübler-Ross, who extensively studied the psychological processes of dying patients, this behavior is typical of the stage of

1. Anger
2. Denial
3. Sublimation
4. Bargaining
5. Acceptance

275. Which of the following statements regarding delusions is true?

1. Delusions are almost exclusively found in schizophrenia
2. Delusions of grandiosity are rarely encountered except in mania
3. Delusions involve a disturbance of thought content
4. Delusions involve a disturbance of perception

5. Delusions are a type of hallucination
276. The percentage of schizophrenic patients who ultimately commit suicide is approximately
1. 1%
 2. 5%
 3. 10%
 4. 20%
 5. 30%

277. A young mother is involved in a car accident that claims the life of her two sons. When she is told that her two children have died from the injuries they suffered in the crash, she becomes agitated and combative. Her speech is disorganized and incoherent, but the observers understand that she hears the voices of her children screaming to her to help them and that she believes that the hospital nurses are prison guards. These symptoms remit spontaneously in one week.

What is the most likely diagnosis?

1. Delirium secondary to brain injury
 2. Schizophreniform disorder
 3. Major depression with psychotic features
 4. Brief psychotic disorder
 5. Post-traumatic stress disorder
278. Two days after delivering a healthy, full-term baby girl, a 25-year-old woman becomes acutely agitated and disoriented. She refuses to feed her baby, stating that she is the product of a sinful relationship with the devil. She hears voices telling her to drown her daughter if she wants to save her soul. Choose the most appropriate statement:

1. Postpartum psychosis is unlikely to recur in future pregnancies
2. Postpartum psychosis is as frequent as postpartum depression
3. There is no correlation between stressful life events during pregnancy and postpartum psychiatric illnesses
4. Infanticide is rare in postpartum psychosis, even if delusional ideations about the infant are common
5. Psychotropic medications are rarely used in postpartum psychosis

279. The lifetime prevalence of schizophrenia is approximately

1. 1%
2. 3%
3. 5%
4. 10%
5. 15%

280. A middle-aged woman complains to her primary care physician about her poor memory. She adds that during the past months her husband has accused her of leaving the house every night to meet her many lovers. She has no memory of such encounters. Nevertheless, she believes her husband's accusations are founded and she feels very guilty for her "sinful" actions. The husband's belief in his wife's unfaithfulness is unshakable, in spite of the fact that nobody has ever seen her leaving the house at night.

What is the most likely diagnosis?

1. The wife suffers from delusional disorder, erotomanic type
 2. The wife suffers from dissociative identity disorder
 3. The husband suffers from delusional disorder, jealous type
 4. The wife suffers from psychogenic amnesia
 5. This is an example of shared psychotic disorder, jealous type
281. Which of the following drugs may induce a psychosis that is easily confused with, or misdiagnosed as, paranoid schizophrenia?
1. Barbiturates
 2. Heroin
 3. Benzodiazepines
 4. Amphetamines

5. Chlorpromazine
282. Studies of the relationship between gender and schizophrenia have generally demonstrated that
1. The usual age of onset is earlier for females than males
 2. Males tend to have a better prognosis than females
 3. The lifetime risk of developing schizophrenia is approximately the same in males and females
 4. Males tend to respond better to neuroleptic medication
 5. There is a higher concordance rate in male monozygotic twins as compared with female monozygotic twins
283. The psychiatrist who introduced the concept of the schizophrenogenic mother was
1. Sigmund Freud
 2. Frieda Fromm-Reichmann
 3. Eugen Bleuler
 4. Harry Stack Sullivan
 5. Emil Kraepelin
284. A 75-year-old male with angina has been increasingly moody and irritable for five weeks. He has lost interest in sex and his favorite leisure activities and nothing seems to cheer him up. He has difficulty falling asleep at night and his appetite is decreased, although he has not lost any weight. His heart medications have not been changed for the past year. There have been no changes or stressful events during the past six months. What is the most likely diagnosis?
1. Depression secondary to medications' side effects
 2. Adjustment disorder
 3. Atypical depression
 4. Major depression
 5. Double depression
285. The percentage of new mothers who develop postpartum depression is believed to be approximately
1. 0.5 to 1%
 2. 10 to 15%
 3. 25 to 30%
 4. 35 to 40%
 5. In excess of 50%
286. Following a stroke, the high-risk period for depression extends for
1. 2 weeks
 2. 1 to 2 months
 3. 6 months
 4. 1 year
 5. 2 years
287. A 21-year-old college student with a diagnosis of bipolar disorder becomes irritable after sleeping four hours per night for one week while "cramming" for a final exam. His speech is somewhat pressured and he reports that for the past 24 hours his thoughts have been increasingly fast. He has been stable for the past six months on 500 mg of valproate twice a day and he has been compliant with his medications. Before any change in medication is considered, what nonpharmacological intervention may suppress the emergent manic symptoms?
1. Increase the amount of sleep
 2. Decrease the amount of sleep
 3. Light therapy
 4. Exercising
 5. Transcendental meditation
288. The lifetime risk of suicide in mood disorders is
1. 1 to 3%
 2. 3 to 5%
 3. 10 to 15%

4. 20 to 30%

5. 30 to 40%

289. A 45-year-old woman was physically and sexually assaulted in her own house by two intruders. She cannot remember anything about the incident. Choose the correct statement about this disorder:

1. The majority of people with this disorder also carry a variety of other serious psychiatric diagnoses

2. Most cases revert spontaneously

3. The period of memory loss is never more than a few hours

4. This disorder is very rare

5. The loss of memory is usually irreversible

290. Which of the following statements about buspirone is true?

1. It is a benzodiazepine

2. It is particularly useful for the rapid treatment of acute anxiety states

3. It is the most sedating of the commonly used antianxiety drugs

4. On a per-milligram basis, it is three times more potent than diazepam

5. It has less potential for abuse than diazepam

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