



Modified Essay Questions MARKING GUIDE

OCTOBER 2020

INSTRUCTIONS:

- Please use pencil ONLY.
- Do not fold or bend.
- Erase mistakes fully.
- Completely fill in the oval.



Please MARK LIKE THIS ONLY:



Modified Essay 5

Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.

You are a junior psychiatrist employed by a community mental health service. You have come to assess Mrs Cross, a 72-year-old woman who lives in a retirement village. During the home visit, you find Mrs Cross cooperative but confused and mildly irritable. She appears dysphoric and is a little unsteady on her feet.

She scores 21/30 on Mini Mental State Exam with deficits in short term memory (0/3), attention and concentration (2/5), comprehension and visuospatial orientation. There is very poor performance on testing of frontal lobe function. Clock drawing test is abnormal. There is perseveration and deficits in abstract thinking, planning, organisation and visual memory. Her hearing and vision are normal.

You find the following list of Mrs Cross' medications: amitriptyline, L-dopa/carbidopa and atenolol.

Question 5.1

Describe (list and explain) the aetiology of the diagnoses you would consider.

Please note: a list with no explanation will not receive any marks. (6 marks)

A.	Neurocognitive Related: <ul style="list-style-type: none"> • Delirium: acute confusion, orientation, and concentration problems. This could be the primary diagnosis or superimposed on a dementia or other disorder. • Delirium: medical causes of delirium (infection, medications, metabolic etc.) which are so common. • Dementia: elderly woman, global impairment of function, the treatment suggests Parkinson's disease; need to consider vascular, Alzheimer, Lewy Body. 	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
B.	Medication Related: <ul style="list-style-type: none"> • Serotonergic syndrome: e.g. medication regimen, acute confusion, unsteady. • Atenolol: hypotension, exacerbation of cardiac failure, bradycardia, depression. • L-dopa/carbidopa: risk of psychosis, sedation. • Other medication interactions: excessive sedation. • Over the counter medication. 	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
C.	Psychiatric Illness: <ul style="list-style-type: none"> • Depression: dysphoric affect, irritability, poor performance on cognitive testing. • Psychosis: common in Parkinson's disease. • Substance use: acute confusion, unsteady on her feet. • Alcohol use. 	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
D.	SPARE	<input type="radio"/> 1
E.	CANDIDATE DID NOT ATTEMPT	<input type="radio"/>
F.	DID HANDWRITING AFFECT MARKING?	<input type="radio"/>

NOTES TO EXAMINER

- **SPARE:** Only to be used after approval from Co-Chairs, Writtens Subcommittee.
- **DID NOT ATTEMPT:** If the candidate did not attempt this question, fill in ONLY the **CANDIDATE DID NOT ATTEMPT** bubble. No other bubbles should be filled in.
- **MARKS:** This question is worth 6 marks, however, a total of greater than 6 is acceptable.
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You find the following list of Mrs Cross' medications: amitriptyline, L-dopa/carbidopa and atenolol.

Question 5.2

Describe (list and explain) the principles of good prescribing practice in the older patient.

Please note: a list with no explanation will not receive any marks. (7 marks)

A.	<p>Medication:</p> <ul style="list-style-type: none"> • Use the least number of medications that can adequately treat her symptoms. • Use the lowest doses of all medications that can adequately treat her symptoms. • Consider all medications for interactions. • Consider all potential side effects and how they might impact on her illness and function. • Over the counter medication. • Regular review of medication, medication rationalisation/need for ongoing prescription. • Titrated doses slowly. • Avoid PRN where possible. 	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
B.	<p>Collaborator:</p> <ul style="list-style-type: none"> • Clear and timely hand over regarding any changes to medication among all parties involved in her care, e.g. the patient, her GP, physician, pharmacist, family. • Regular review. • Maximise chance of adherence to correct medication, e.g. easiest possible regimen lists, dosette box, once daily dosing if possible. • Shared decision making. • Psychoeducation: explain target symptoms, adverse effects, management of adverse events. 	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
C.	<p>Capacity to Consent: Current mental state and capacity to consent and understand. Does she need a guardian?</p>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
D.	SPARE	<input type="radio"/> 1
E.	CANDIDATE DID NOT ATTEMPT	<input type="radio"/>
F.	DID HANDWRITING AFFECT MARKING?	<input type="radio"/>

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You find the following list of Mrs Cross' medications: amitriptyline, L-dopa/carbidopa and atenolol.

Mrs Cross is admitted and treated in an older persons' facility. Her son visits briefly from overseas and suggests that his mother makes a will.

Question 5.3

List the factors which need to be taken into consideration when deciding if Mrs Cross has testamentary capacity to make a will. (5 marks)

A.	That she understands the purpose and nature of a will.	<input type="radio"/>	<input type="radio"/>
B.	That she is aware of the nature and extent of her assets.	<input type="radio"/>	<input type="radio"/>
C.	That she is aware of who might lay claim to her estate; to whom she wishes to leave her estate.	<input type="radio"/>	<input type="radio"/>
D.	That she appreciates the consequences of her decisions.	<input type="radio"/>	<input type="radio"/>
E.	That she can communicate her wishes.	<input type="radio"/>	<input type="radio"/>
F.	That she is not suffering from a mental illness or cognitive impairment that impacts on her ability to make an informed decision. The existence of neurodegenerative diseases, such as dementia, does not automatically result in testamentary incapacity.	<input type="radio"/>	<input type="radio"/>
G.	That she is not under any undue influence in making the will.	<input type="radio"/>	<input type="radio"/>
H.	That she is aware that she may seek independent legal advice.	<input type="radio"/>	<input type="radio"/>
I.	SPARE	<input type="radio"/>	<input type="radio"/>
J.	CANDIDATE DID NOT ATTEMPT	<input type="radio"/>	<input type="radio"/>
K.	DID HANDWRITING AFFECT MARKING?	<input type="radio"/>	<input type="radio"/>

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No other bubbles should be filled in.
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NOTE TO MARKERS

One's competency to make a will. Three psychological abilities are necessary to demonstrate this competency: (1) the nature and extent of their bounty (property); (2) that they are making a will; and (3) who their natural beneficiaries are, for example, their spouse, children, and other relatives. Kaplan & Sadock.
<http://www.austlii.edu.au/au/journals/UNSWLawJl/2015/30.html>