



Modified Essay Questions

MARKING GUIDE

FEBRUARY 2023

INSTRUCTIONS:

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



Please MARK 1
LIKE THIS ONLY: 2 3

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 consultant psychiatrist in a community mental health clinic. A GP has referred Miranda for review of her depression. She is prescribed mirtazapine 45mg at night and venlafaxine 150mg in the morning.

Miranda is a 28-year-old sales assistant, who lives alone and is single, having recently ended a relationship with her partner. She reports she has been depressed for more than five years and had a similar episode in her adolescence. Since the age of 14 years, Miranda has been treated with three antidepressants (fluoxetine, escitalopram, and venlafaxine as monotherapy), all with minimal response. She attended three sessions only of CBT as she did not like her psychologist who gave her tasks to complete between sessions. She denied any significant history of neurovegetative symptoms and noted that her depression has always been worse immediately following arguments with others.

Miranda states that she feels better on her current prescription, having commenced this combination three months previously, but reports intermittent suicidal ideation following the relationship break-up. She feels lonely, isolated, has poor motivation, feels hopeless and inadequate, and has poor concentration. She lacks enjoyment. Her work is suffering as she is more anxious now.

Question 5.1

Outline (list and justify) the assessment of poor response to treatment in major depression.

Please note: a list with no justification will not receive any marks. (5 marks)

A.	<p>Review diagnosis and formulation:</p> <ul style="list-style-type: none"> • Collect a comprehensive history and, if possible, collateral history (GP). • Categorise type of depression (reactive, melancholic, psychotic). • Can include severity of depression. • Any history of persistent, chronic low mood (dysthymia). • Emotional dysregulation, interpersonal relationships, etc. 	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
B.	<p>Review previous treatment and response to it:</p> <ul style="list-style-type: none"> • Medication used, duration and doses. • Compliance with treatment; side effects. • Review engagement with psychotherapy. • Consider pharmacogenomic testing. 	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
C.	<p>Assess for comorbidities and ongoing psychosocial stressors:</p> <ul style="list-style-type: none"> • Substance use disorders, medical comorbidities (thyroid disease; other prescribed or non-prescribed medication), personality dysfunction, anxiety, other mood disorders. 	<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 5 marks, however, a total of greater than 5 is acceptable.
- **CHECK:** You have marked one bubble for each sub question and initial the box once you have completed marking.



Marker initials



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Please MARK 0
LIKE THIS ONLY: 1 2

Modified Essay 5

The information that is presented in italics in this question is a repetition of the earlier sections of the case vignette.

You are a junior consultant psychiatrist in a community mental health clinic. A GP has referred Miranda for review of her depression. She is prescribed mirtazapine 45mg at night and venlafaxine 150mg in the morning.

Miranda is a 28-year-old sales assistant, who lives alone and is single, having recently ended a relationship with her partner. She reports she has been depressed for more than five years and had a similar episode in her adolescence. Since the age of 14 years, Miranda has been treated with three antidepressants (fluoxetine, escitalopram, and venlafaxine as monotherapy), all with minimal response. She attended three sessions only of CBT as she did not like her psychologist who gave her tasks to complete between sessions. She denied any significant history of neurovegetative symptoms and noted that her depression has always been worse immediately following arguments with others.

Miranda states that she feels better on her current prescription, having commenced this combination three months previously, but reports intermittent suicidal ideation following the relationship break-up. She feels lonely, isolated, has poor motivation, feels hopeless and inadequate, and has poor concentration. She lacks enjoyment. Her work is suffering as she is more anxious now.

Miranda is feeling quite desperate and reported coming close to taking an overdose of analgesics a week ago, saying "I don't want to go down that path again". She describes ongoing worries that she might hurt herself. She admits to more recently superficially cutting her abdomen (to keep the scars hidden), with some relief of her loneliness. Miranda tells you she has been drinking up to a bottle of wine over the course of a week after not having had any alcohol for a number of years. She says the alcohol helps to numb her emotions. She reports feeling more depressed since her partner left. You have excluded a substance abuse disorder.

Miranda has gained 15 kilograms since being on the new antidepressant and feels that her partner left her because she was fat. She admitted to eating more fast food since being on her own, and often eats chocolate and ice cream at night when she feels lonely.

Despite her recent overdose and cutting, Miranda assures you that she has no active plans to kill herself. She wants relief from her current distress.

Question 5.2

Describe (list and explain) your management of Miranda at this time.

Please note: a list with no explanation will not receive any marks. (9 marks)

A.	Engagement and establishing a therapeutic alliance; arrange more intensive initial follow up within the MDT; contain and validate her distress - encourage ventilation of her feelings, allowing you to establish a therapeutic frame for ongoing management.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
B.	Psychoeducation regarding her symptoms and distress, including information about borderline personality disorder and the role of trauma in its development.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
C.	Review the use of psychotropic medications; discuss withdrawal of mirtazapine (due to adverse effects).	<input type="radio"/> 0 <input type="radio"/> 1
D.	Discuss appropriate psychological interventions including DBT, MBT, ACT, Interpersonal Therapy individually and in group settings.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
E.	Ask Miranda for consent to involve relatives or carers (including the GP) for corroborative history, psychoeducation, and involvement in the management plan.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
F.	Discuss the role of crisis intervention and safety plan: early signs of deterioration in her mood, coping, suicidal ideation, cutting, use of alcohol as maladaptive coping strategies. Consider potential for under-reporting.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
G.	Address lifestyle factors: referral to dietician; assess possibility of eating disorder (versus food as coping mechanism).	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
H.	SPARE	<input type="radio"/> 1
I.	CANDIDATE DID NOT ATTEMPT	<input type="radio"/>
J.	DID HANDWRITING AFFECT MARKING?	<input type="radio"/>

P.T.O. →

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Marker initials