

UKOT'S BACK TO BASICS MCQs

MENTAL HEALTH, GENERAL
PEDIATRICS, AND FAMILY
MEDICINE

Inyang Ukot



Bentham Books

**Ukot's Back to Basics MCQs:
Mental Health, General Pediatrics,
and Family Medicine**
(Volume 3)

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Family Medicine**

(Volume 3)

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FOREWORD

Ukot's Back to Basics MCQs: Mental Health, General Pediatrics, and Family Medicine contains material that reasonably covers the three specialties indicated in its Chapters yet is of a reasonable size. It is unique because, unlike typical textbooks in Medicine, it is short although it encompasses three specialties.

The book covers two hundred and ninety-five multiple-choice questions (MCQs) of the single best answer format. Each MCQ has an unambiguous stem which is further enhanced by making the font bold. The book makes a reasonable attempt to apply Bloom's taxonomy with a balanced distribution of MCQs between the lower and upper segments of the ladder, therefore making the book suitable for medical students and clinicians. Every MCQ in this book provides the reader with four options of which only one is the best – qualifying it to be the Answer. No matter how close any of the other options is, just one is the Answer; the reader should choose that one.

This book contains Answers that are backed with robust Notes. Many of the Notes are satisfactorily referenced using the Vancouver style. This book further includes a comprehensive Index, thus providing the reader with what is an uncommon feature of existing MCQ books in Medicine.

Chapters 1 and 4 of this book are on **Mental Health**. Chapter 1 contains seventy-five questions which the author selected carefully. Chapter 4 contains the Answers and Notes for the MCQs.

Chapter 2 and Chapter 5 contain MCQs, Answers and Notes on **General Pediatrics**. There are one hundred and twenty multiple-choice questions which the author selected carefully to cover the most common conditions in Pediatrics globally.

Chapters 3 and 6 include selected topics in **Family Medicine**. The one hundred MCQs with their Answers and Notes on indispensable topics come under theoretical and practical aspects of this broad specialty.

I have followed Inyang's interest and contributions in authoring books on the basics in Medicine and I am glad that he has included these three essential areas but especially Mental Health which is often overlooked. I earnestly hope that including these aspects of Mental Health will aid physicians suspect and promptly identify mental illnesses, initiate treatment, and activate referral before severe

complications occur. The book should be invaluable to medical students, general medical practitioners, and residents- especially in Family Medicine.

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PREFACE

The need for Ukot's Back to Basics MCQs: Mental Health, General Pediatrics, and Family Medicine, despite a plethora of standard textbooks in each of these specialties, is because, currently, there are relatively few books on multiple-choice questions (MCQs). It is easier for specialists to work as a team and produce a voluminous textbook in any of the numerous areas of Medicine than to single-handedly craft an MCQ book that has an appeal to a global reading audience.

Prior to the professional examinations in the medical school, a student should have and utilize a variety of good sources of MCQs to test the level of their understanding of lectures and the contents of textbooks in Mental Health, General Pediatrics, and Family Medicine that touch many angles of these specialties. Medical practitioners and other professionals who provide care in these specialties should regularly test themselves to ensure a proper transfer of knowledge to practice on patients and to maintain currency in theory and practice.

This book is designed to allow the reader to self-test on the principles and practical application of Mental Health, General Pediatrics, and Family Medicine. The contents are restricted to the foundational and common topics in these specialties. The contents are also selected to have a global appeal, ensuring that the student and medical practitioner in developed countries find clinical correlates with their study and practice environment, while their counterparts in the developing countries also find conditions in their practice setting; moreover, this book ensures that each set of readers learns from what applies to the other.

The book is designed to be relatively small in size; the rationale is to make it depart from the usual much more voluminous text and thus make it easy for a medical student, medical practitioner, and other healthcare professionals who provide services in these specialties to carry the physical book in their clinical coat pockets. This book contains a good mix of theory and practice that aims at ensuring a good understanding of health challenges and rendering appropriate and safe service to patients. The e-book is also a veritable resource.

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DEDICATION

This book is dedicated to Sarah Inyang Ukot my third daughter

and

To every patient who has walked into the clinic, emergency room, operating room, and ward in any medical facility because of a condition in Mental Health, General Pediatrics, or Family Medicine and received services that they certified satisfactory – and to those who unfortunately received less than Optimal services.

They all have contributed to the realization of this book project.

ACKNOWLEDGMENTS

The author acknowledges Professor Paul D. Ekwere, Professor of Urology at the University of Calabar, Nigeria, and formerly Provost, College of Medical Sciences, University of Uyo, Uyo, Nigeria, for being very instrumental in guiding the inclusion of topics in the preliminary stages of preparation that have led to this book.

Great appreciation is also due to Dr. (Mrs.) Modupe Ladipo, Consultant Family Physician at the University College Hospital (UCH), Ibadan, Nigeria and Senior Lecturer in Family Medicine at the College of Medicine, University of Ibadan, Ibadan, Nigeria, for providing insightful critique at the early stages of the author's MCQ book projects, which have given this book a balance of theory and practice and made it suitable for both medical students and multispecialty medical practitioners.

INTRODUCTION

The first three chapters of **Ukot's Back to Basics MCQs: Mental Health, General Pediatrics, and Family Medicine** comprise Multiple-Choice Questions (MCQs) on Mental Health, General Pediatrics, and Family Medicine. Chapters 4 to 6 cover the Answers and Notes for the MCQs in the three preceding chapters. The user determines if they want to commence with attempting questions on any of the question chapters.

The book has the following features:

- o The first six chapters of this book are arranged in the following pairs: Chapter 1 and Chapter 4, Chapter 2 and Chapter 5, then Chapter 3 and Chapter 6. The first of every pair has an Abstract and an Introduction that apply to its corresponding pair.
- o The book provides the reader with the current single best answer (SBA) format of MCQs, each of which has a stem with every word in bold letters. Each stem is a real question that ends with a question mark (?) The question may follow an introductory statement, a clause, or a phrase; this is especially when the question describes a clinical case scenario. When the question is couched in the "negative," the word "***not***" is inserted in italics to alert the reader/user of the book – other words that point the reader to this type of question are "incorrect" and "not applicable." The user benefits from the "best-of-four" options that this book utilizes and should keep this in mind that the "non-answers" may not always be wrong, but not always the best. (This feature runs through all titles in the three-volume MCQ book series).
- o The book contains graded MCQs based on the levels in Bloom's taxonomy. The user appreciates that they should not be satisfied with just remembering and understanding facts in **Ukot's Back to Basics MCQs: Mental Health, General Pediatrics, and Family Medicine**. In the practice of each of the three specialties, readers need to apply established facts in emergency clinical conditions or "cold cases," analyze information that patients present to them (and sometimes ask their patients questions to extract facts they may have ignored or forgotten), or evaluate the progress of patients who are undergoing treatment. Sometimes the medical student, physician, or another healthcare provider who uses this book must use the body of information they obtain from their patients and during patients' care to create knowledge from research.
- o MCQs on the basics of Mental Health, General Pediatrics, and Family Medicine: These test the user's foundations in Mental Health, General Pediatrics, and Family Medicine. If the reader is deficient at this point, the MCQs direct them to pay more attention to the basics before attempting the higher-level MCQs.

- o MCQs on applied Mental Health, General Pediatrics, and Family Medicine: This category of MCQs is for users who have scaled the hurdle of the “only basics” of this book. The reader should attempt questions that the author deliberately crafted to test the users’ comprehensive grasp of mental health and family medicine towards addressing their patients’ needs for efficient care in the emergency room, outpatient clinics, and in the wards. General Pediatrics hardly has these difficult MCQs.
- o Chapters 4, 5, and 6: This portion, comprising Answers and Notes for the MCQs on Mental Health, General Pediatrics, and Family Medicine, is useful to every user of the book. It provides answers to every MCQ and the notes that particularize the reasons each is the answer and, sometimes, why the other three options are not.
- o Chapter 6 is followed by Differential Diagnoses for some of the main topics in two of the three specialties that this book covers. This chapter is rich in details and every reader is encouraged to pay attention to its contents. The curious reader will find the need to maximize use of its contents, for they are crafted to make the reader engage in deeper and wider reading. The differential diagnoses also have references at their end.
- o Chapter References – every answer and notes chapter (chapters 4, 5, and 6) of this book ends with references.
- o After the differential diagnoses, there is a compilation of all chapter references on the pertinent topics and points in the earlier chapters of this book; it appears at the tail end of the book.
- o An Index – Although this is an MCQ book, the author considered it expedient to add a rich Index. It is useful to readers as it directs them in times of urgent need to cross-check facts to find the page where the MCQ is and the accompanying information in the notes.

Global appeal – The book covers essential topics on mental health, general pediatrics, and family medicine in any setting of practice globally. Examples of clinical challenges in developing countries and cases in developed countries are presented for the benefit of every user.

CHAPTER 1

Mental Health Multiple-Choice Questions

Abstract: Mental Health is currently one of the most important specialties in medicine. It is so important that it finds its way into every area of medicine. For any specialist to do well and continue to satisfy their patients and patients' relatives, they must understand and apply the aspects of mental health that show up in patients in their specialties. This is why there are specialties in child psychiatry, adolescent psychiatry, and psychogeriatrics. In obstetrics and gynecology, there are mental health issues associated with pregnancy on the one hand and infertility on the other; in internal medicine, there are established mental health issues related to obesity and self-image, just as anorexia nervosa and bulimia nervosa are at the other extreme of the weight-related mental health challenges spectrum. Mental health challenges are also present in some patients pre-surgery or post-surgery.

Keywords: Anxiety states, Childhood psychiatry, Chronic brain syndrome, Depressive states, Drug therapy, Eating disorders, Liaison psychiatry, Mood disorders, Personality disorders, Post-traumatic stress disorder, Psychiatric patient, Psychogeriatrics, Psychotherapies, Referral, Schizophrenia, Sexual preference disorder, Sleep disorders, Substance use disorders.

INTRODUCTION

The topics that these multiple-choice questions (MCQs) cover are as follows: definitions and assessment of the psychiatric patient, acute brain syndrome, chronic brain syndrome, referral in psychiatry, psychiatric drug therapy, anxiety states, post-traumatic stress disorder (PTSD), depressive states, other mood disorders, schizophrenia, childhood psychiatry, substance use disorders, eating disorders, sleep disorders, personality disorders, disorders of sexual preference (orientation), liaison psychiatry, psychogeriatrics, and psychotherapies. Since the reader of this book is expected to communicate effectively with the patient or patient's relations during consultation (psychiatric interview), 32% of the questions in this Chapter are devoted to the definition of terms and assessment of the psychiatric patient.

In this chapter, most of the questions are basic and require having a pre-understanding of the facts behind the questions, in addition to remembering the facts and relating the knowledge and information recall to the questions.

In approximately 20% of the cases, the questions are designed to test or task the reader's ability to analyze the questions and go further to apply the facts on which the questions are based. The questions are clinically based but easy to navigate; the questions on the upper rungs of Bloom's taxonomy ladder are therefore just a few.

The MCQs in this book are of the single best answer (SBA) format with four options. Choose the best of the four options as the Answer for every question.

Definitions and Assessment of the Psychiatric Patient

1. Which of the following statements about mentally ill patients in developing and least developed countries is incorrect?

- A. Some are known to receive treatment from prayer houses/churches.
- B. In many instances, their relations take them to consult traditional healers.
- C. They delay seeking professional help from physicians.
- D. They hardly have physical illness.

2. Which of the following is *not* a known predisposing factor to acquiring mental illness?

- A. Vitamin C deficiency.
- B. Previous head injury.
- C. Pregnancy.
- D. Encephalitis.

3. Which of the following statements about disorders of content of thought is incorrect?

- A. Erotic delusion.
- B. A gardener, believing himself to be the President of the country.
- C. Tangentiality.
- D. A husband becoming upset with his wife for putting bad thoughts in his mind.

4. Illusion: Which of the following statements is correct?

- A. It is a disorder of perception.
- B. It is synonymous with misinterpretation.
- C. It does not occur in fatigue.
- D. It means giving a false meaning to sensory stimuli from existing objects.

5. Hallucination: Which of the following statements is correct?

- A. It involves a heightening of the intensity of perception.
- B. It is a false perception of non-existent objects.
- C. It does not occur in hysterical reaction.
- D. It is not a feature of schizophrenia.

6. Regarding hallucinations, which of the following statements is incorrect?

- A. The patient with auditory type may get used to the voices with time.
- B. Visual hallucination occurs in delirium.
- C. Depressed patients may perceive themselves as smelling.
- D. Formication is a form of gustatory hallucination seen in acute organic states.

CHAPTER 2

General Pediatrics Multiple-Choice Questions

Abstract: General Pediatrics holds a prominent place as one of the primary specialty subjects in medical school and medical practice. An understanding of children's health and disease is important for every physician, but particularly for pediatricians. Medical students become pediatricians (and other specialists) after graduation and residency.

Ukot's Back to Basics MCQs: Mental Health, General Pediatrics, and Family Medicine considers it expedient to include general pediatrics, no matter how few the questions are and how brief the notes accompanying the answers are. Pediatrics is so important that it has numerous sub-specialties, which include pediatric surgery, cardiology, neurology, nephrology, and psychiatry. The author of this proposed book considers it important to select globally relevant and common conditions in childhood for inclusion in this short volume – this was difficult to achieve as what to include is fewer than what to exclude.

Keywords: Bacterial infections, Cardiac conditions, Diarrhea, Encephalitis, Gonococcal infections, Hemophilus infections, Malaria, Malnutrition, Musculoskeletal deformities, Neonatal period, Neoplasms, Nerve palsies, Nervous system infections, Ophthalmic conditions, Osteomyelitis, Parasitic infections, Rickets, Sickle cell disease, Spirochetal infections, Streptococcal infections, Surgical conditions, Viral infections.

INTRODUCTION

The MCQs cover the following topics: The neonatal period, diarrhea in childhood, encephalitis, osteomyelitis, streptococcal infections, spirochetal, hemophilus, and gonococcal infections, malaria, enteric bacteria and the infections they cause, nervous system infections, other bacterial infections, malnutrition, rickets, parasitic infections, sickle cell disease, renal loss of protein, viral infections, nerve palsies, musculoskeletal deformities, ophthalmic conditions, surgical conditions, cardiac conditions, and neoplasms.

The MCQs in this book are of the single best answer (SBA) format with four options. Select the best option from the four choices as the Answer for each question.

The Neonatal Period

76. Which of the following statements about a normal full-term newborn infant is incorrect?

- A. Birth weight of 2.2kg.
- B. Head circumference of 35cm.
- C. Length of 52cm.
- D. Relatively short and straight external ear canals.

77. Which of the following is expected in a normal newborn infant?

- A. Non-palpable liver.
- B. Fully developed paranasal sinuses.
- C. Yellowish stools on the first day of life.
- D. Five stools in a day in a breast-fed one-week-old baby.

78. Which statement regarding the following findings is appropriate for a one-week-old baby?

- A. Proteinuria may be a normal finding.
- B. A hemoglobin level of 17g/dL is abnormal.
- C. A white blood cell count of 12,000/microliter ($12.0 \times 10^9/L$) is high.
- D. T-lymphocytes function optimally.

79. Which of the following statements about a normal infant delivered at full term is accurate in the first week of life?

- A. It is unable to see.
- B. It does not enjoy bonding with the mother.
- C. It gets attracted to human faces.
- D. It does not respond to human voices.

80. Regarding a premature infant, which of the following statements is correct?

- A. Born at 30 weeks in a rural hospital in a developing country, it should be referred to a pediatrician's care.
- B. With a birth weight of 2.4kg, it is not expected to have good muscle tone.
- C. It is the one delivered before 38 weeks from the beginning of the last menstrual period.
- D. It is synonymous with a low-birth-weight infant.

81. Which of the following conditions is not associated with prematurity?

- A. Cervical incompetence.
- B. Maternal obesity.
- C. Polyhydramnios.
- D. Pre-eclampsia.

CHAPTER 3**Family Medicine Multiple-Choice Questions**

Abstract: Family Medicine is a subject (specialty) that a doctor should be well-grounded in. A physician need not be a family physician to incorporate into their practice the principles of this wide specialty. The best time to grasp its importance and applicability is in medical school. Family medicine is an essential part, irrespective of the part of the world where a doctor practices or a prospective physician will practice. Sometimes a doctor “moves” to where conditions with Family medicine slant are prevalent; at other times patients with Family medicine conditions “move” to where a physician who is a specialist in a specific specialty in medicine is – and what happens to turnaround times if such patients are not attended to just because the specialist is not equipped to handle conditions “outside” their precise specialties? Being familiar with (even if not adept in) these specialties/subjects is essential and gives the medical student and practicing physician confidence during their clinical postings and in their practice, respectively – this applies anywhere in the world.

Keywords: Alternative medicine, Clinical audit, Clinical audit medicine services, Complementary medicine, Domestic violence, Drug prescribing, End-of-life care, Family life cycle, Family medicine services, Family, Genomics, General systems theory, Hazards, Health behavior; Health care services, Health communications, Health, Holistic care, Non-communicating diseases, Patient-centered clinical management, Pre-employment medical examination, Psychogeriatrics, Referral, Risks, Routine medical examination, Traditional medicine.

INTRODUCTION

The multiple-choice questions in this Chapter cover aspects of the theory and practice of the following selected topics in Family Medicine: general systems theory, genomics, family life cycle, the family and health, social determinants of health, health communications, holistic care, referral, violence in the domestic setting, pre-employment medical examination, routine medical examination, hazards and risks, end-of-life care, management of health institutions, ethics in medical practice, non-communicating diseases, levels of prevention, change model of health promotion, transtheoretical model for health promotion, levels of influence on health behavior, levels of health care services, patient-centered clinical management, traditional, complementary, and alternative medicine, psychogeriatrics, drug prescribing, family medicine services, and clinical audit. Over 75% of the MCQs in this chapter are clinically oriented and at the higher level of

Bloom's taxonomy; the chapter's contents are designed to challenge the reader's analysis and application of facts. For chapter 2, the aim is the exact opposite of this, which focusses on to the basic information only.

The Multiple-Choice Questions (MCQs) in this book are in the single best answer (SBA) format with four options. Choose the best of the four options as the Answer for every question.

196. Which of the following statements about general systems theory is correct?

- A. It is a theory that is difficult to apply due to its vagueness.
- B. It is applicable to the abstract aspects of the physical sciences only.
- C. It was brought to the attention of academics in the early 2000s.
- D. It is applicable to the practice of medicine.

197. Which of the following is a brief description of a theory and a system?

- A. "Theory" refers to a speculation.
- B. "System" has elements that show functional relatedness on scrutiny.
- C. "Theory" refers to speculations made by academics.
- D. "System" has overtly linked elements.

198. In the practice of family medicine, which of the following is the appropriate name for domiciling the General systems theory?

- A. Systems model.
- B. Systems theory.
- C. Family systems theory.
- D. Theory of open systems.

199. Which of the following statements reflects family systems theory?

- A. The family functions as a system when members recognize and pursue a common goal.
- B. Members working at cross purposes do not negate the wholeness of the system.
- C. Family members lose their individuality because of the system.
- D. The relationship between members is primarily structural; functionality is inessential.

200. With respect to genomics, which of the following statements is accurate?

- A. It is a recent field of science that shows the relationship between genes and the inheritance of diseases and certain traits.
- B. It concentrates on chromosomes and clarifies chromosomal abnormalities better than before.
- C. It emphasizes the entire genetic makeup of an organism, including humans.
- D. It is an alternative name for genetics.

201. Considering the following list, which condition is most likely to have its etiology, pathophysiology, and ultimate treatment genomics-based?

- A. Sickle cell disease.
- B. Diabetes mellitus.
- C. Achondroplasia.
- D. Klinefelter syndrome.

CHAPTER 4**Answers and Notes for Mental Health MCQs**

Abstract: Mental Health is currently one of the most important specialties in medicine. It is so important that it finds its way into every area of medicine. For any specialist to do well and continue to satisfy their patients' needs, they must understand and apply the aspects of mental health that show up in patients in their specialties. This is why there are child psychiatry, adolescent psychiatry, and geriatric psychiatry. In obstetrics and gynecology, there are mental health issues associated with pregnancy on the one hand and infertility on the other; in internal medicine, mental health issues associated with obesity and self-image are observed, just as anorexia nervosa and bulimia nervosa, which are at the other extreme of the weight-related mental health challenges. Mental health challenges are also present in some patients pre-surgery or post-surgery.

Keywords: Anxiety states, Childhood psychiatry, Chronic brain syndrome, Depressive states, Drug therapy, Eating disorders, Liaison psychiatry, Mood disorders, Personality disorders, Psychogeriatrics, Psychotherapies, Psychiatric patient, Post-traumatic stress disorder, Referral, Schizophrenia, Sexual preference disorder, Sleep disorders, Substance use disorders.

INTRODUCTION

The topics that the answers and notes for these multiple-choice questions (MCQs) cover are as follows: definitions and assessment of the psychiatric patient, acute brain syndrome, chronic brain syndrome, referral in psychiatry, psychiatric drug therapy, anxiety states, post-traumatic stress disorder (PTSD), depressive states, other mood disorders, schizophrenia, childhood psychiatry, substance use disorders, eating disorders, sleep disorders, personality disorders, disorders of sexual preference (orientation), liaison psychiatry, psychogeriatrics, and psychotherapies. Since the reader of this book is expected to communicate effectively with the patient or patient's relatives during consultation (psychiatric interview), 32% of the questions in this Chapter are devoted to the definition of terms and assessment of the psychiatric patient. Having attempted to answer the MCQs in Chapter 1, the reader will benefit from these notes – if they are medical students, the notes form a basis for further study and revision for the professional examination in psychiatry.

Definitions and Assessment of the Psychiatric Patient

1. D Although the majority of the approximately half a billion people who experience mental illness are in the developed countries, only about 10% of them have ready access to standard care by medical practitioners or mental health specialists [1, 2]. In their research,

Sorsdahl et al., found that regarding “Health seeking behaviour among participants without a DSM-IV diagnosis,” the respondents who were Black were 7.4 times more likely to seek treatment from a traditional healer when compared to white, colored, or Asian/Indian participants [3]. They were also more likely to exceed 50 years of age. This study was based in South Africa [3]. A similar pattern exists in Nigeria and some other parts of Africa, where mentally ill patients are known to receive treatment from prayer houses/churches, traditional and other “spiritual” healing homes, and thus delay seeking professional help from physicians

2. A The WHO lists the following as predisposing factors to developing mental illness: violence, poverty, inequality, and disability [4]. Other risk factors are a genetic predisposition, family dysfunction and family conflicts, homelessness and unemployment, alcohol and substance use, and discrimination [5]. Previous head injury, pregnancy, encephalitis, etc., are predisposing factors to mental illness. The following are among protective factors: personal skills for solving problems and coping with stress, having an optimal level of physical activity, belonging to a supportive society or socio-cultural group, and being in good physical health and having behavior that enhances health [5].

3. C Tangentiality is a disorder of a form of thought; other examples include word salad and loosening of association. Abnormalities of the content of thought are frequently delusions. In erotic delusion, a lady may believe that a person she fancies but is inaccessible to her is interested in making at least sexual advances on her. The experience of the gardener who believes that he is the President of his country is a grandiose delusion. The husband who gets upset that the bad thoughts he has are caused by the wife is suffering from a delusion of thought possession, in this case, thought insertion.

4. D Illusion means giving a false meaning to sensory stimuli from existing objects [6]. Illusion is a disorder of perception. It is not always a feature of mental illness, as it may occur in fatigued individuals.

5. B Hallucination is a false perception of non-existent objects [7]. To the person who is hallucinating, the perception appears real, although it is not. The perception is associated with the five human senses, and so it may be visual (sight), auditory (hearing), gustatory (taste), tactile (touch), and olfactory (smell). Hallucination may involve a distinct voice giving instructions to the patient; this is an auditory hallucination. Hallucination is a feature of schizophrenia. Apart from occurring in psychiatric illness, hallucination occurs in some neurological diseases and even among normal individuals [8].

6. D Formication is a tactile hallucination with the appreciation of the sense of ants or other insects crawling under or on the skin without it happening. Patients with temporal lobe epilepsy may have auditory hallucinations.

7. B A patient with mental illness who still has some insight may deny hallucinations as being real. Hallucination, especially during the initial episodes, may terrify the patient. In acute brain syndrome, it occurs in the clouding of consciousness. In patients with schizophrenia, hallucinations are usually auditory; the patient with the auditory type may get used to the voices as the experience continues. Visual hallucinations occur in delirium. Patients with depressive illness may perceive themselves as smelling.

8.A The patient with depersonalization does not believe the unusual feeling. The patient with schizophrenia is likely to believe their thoughts are broadcast. To the bipolar disorder patient in mania, time tends to “fly.” The patient with depression may feel time has slowed down or stopped.

9. C The WHO estimates that in 2019, 970 million people, *i.e.*, 12.5% of the global population, were living with a mental disorder; it also specified that anxiety states and depressive disorders were the most prevalent conditions [9, 10]. WHO Key facts about mental health status of the elderly population states that about 14% of people in the age bracket ≥ 60 years suffer from mental disorders with every one in six of them being abused by those who are supposed to be caring for them. It also shows that the most important risk factors for mental illness in this age grouping are social isolation and loneliness [11]. Among the elderly, mental illness poses a worse prognosis than mental illness in adolescence or other age brackets. Due to the coexistence of poor cognition and physical illness in elderly patients, they may misinterpret mental illness in the early stages and present for consultation late; even physicians tend to downplay mental illness and attribute some of the features to physical illness, delaying diagnosis. Depressive illness is common globally, with a prevalence between 10% and 20% depending on the cultural context [12]. At a rate of 31.74%, this pooled prevalence of depression in the elderly population globally, obtained from a review and meta-analysis study by Zenebe Y, is very high, and draws the attention of many stakeholders to do something to stop this high prevalence and a possible worsening trend [13].

10. A Flight of ideas is a formal thought disorder [14]. Since thought is easily assessed when it is expressed, flight of ideas shows in the patient as a rapid shift in what the patient says; the patient moves from the expression of one thing or theme to another, which are usually associative and so related by a topic, word, or environment. Overall, the listener cannot appreciate what the person with flight of ideas is trying to communicate, as nothing concrete comes from the speech. Flight of ideas is a feature of the manic phase of bipolar disorder [14]. It is also observed in patients who have psychosis and occasionally in patients with autistic disorder, that has to do with multiple complex developmental disorders [15]. Thought blocking is associated with schizophrenia and bipolar disorder. In thought blocking, the patient’s train of thought is suddenly arrested; this pause may take seconds or minutes as the person seems to be at a loss of how to continue expressing what must have been in their mind. When the patient restarts the interrupted sentence, it expresses another thought [16]. The sudden blankness that the patient experiences may be due to the

CHAPTER 5**Answers and Notes for General Pediatrics MCQs**

Abstract: General Pediatrics holds a prominent place as one of the primary specialty subjects in medical school and medical practice. An understanding of children's health and disease is important for every physician, but particularly for pediatricians. Medical students become pediatricians (and other specialists) after graduation and residency.

Ukot's Back to Basics MCQs: Mental Health, General Pediatrics, and Family Medicine considers it expedient to include general pediatrics, no matter how few the questions are and how brief the notes accompanying the answers are. Pediatrics is so important that it has numerous sub-specialties, which include pediatric surgery, cardiology, neurology, nephrology, and psychiatry. The author of this proposed book considers it important to select globally relevant and common conditions in childhood for inclusion in this short volume – this was difficult to achieve as what to include is fewer than what to exclude.

Keywords: Bacterial infections, Cardiac conditions, Diarrhea, Encephalitis, Gonococcal infections, Hemophilus infections, Infections, Malaria, Malnutrition, Musculoskeletal deformities, Neoplasms, Neonatal period, Nerve palsies, Nervous system infections, Ophthalmic conditions, Osteomyelitis, Parasitic infections, Rickets, Sickle cell disease, Spirochetal infections, Streptococcal infections, Surgical conditions.

INTRODUCTION

The answers and notes of the MCQs cover the following topics: the neonatal period, diarrhea in childhood, encephalitis, osteomyelitis, streptococcal infections, spirochetal, hemophilus, and gonococcal infections, malaria, enteric bacteria and the infections they cause, nervous system infections, other bacterial infections, malnutrition, rickets, parasitic infections, sickle cell disease, renal loss of protein, viral infections, nerve palsies, musculoskeletal deformities, ophthalmic conditions, surgical conditions, cardiac conditions, and neoplasms.

The Neonatal Period

76. A In a normal full-term newborn infant, the weight should be about 2.5kg to 4.5kg. The pediatricians Ethel Dunham and Arvo Ylppo made the recommendation of 2500g (2.5kg) or 5.5lb (pounds) as the cut-off figure for normal weight, consequent upon the observations that newborns who weighed less than 2.5kg were at a greater risk of experiencing adverse outcomes, the worst being death [1]. When

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a baby is born with a birth weight that is less than 2.5kg, that birth weight is low—the gestational age is immaterial. The next consideration is the actual gestational age of that baby at the time of birth. If the gestational age is less than 37 completed weeks, the baby is born before term and is a preterm infant. If the baby is born at term, the infant's weight is low for the gestational age [2]. 2.2kg in this case is small-for-gestational age. Averagely, for babies born at gestational age between 37 weeks and 41 weeks (full term), the body weight is 3.2kg to 3.5kg [1, 3].

Regarding head circumference, about 32.5cm to 37cm is the normal range for head circumference, with the average being 35cm [3]. The normal range for length is 45cm–55cm averagely of 50cm [3]. A newborn baby's length is the distance from the top of the head to the heel of one foot. In some countries, the measurement is made in inches. The conversion factor from centimeters to inches and vice versa is 2.54. To convert, *e.g.*, 50cm to inches, divide 50cm by 2.54, which gives 19.7inches (19.7in or 19.7"). In the same vein, if the head circumference of a newborn is recorded as 13 ¾ inches (13.75in or 13.75"), the baby's head circumference is 13.75 x 2.54 = 34.925cm, which is $\equiv$ 35 centimeters. Traditionally, a baby's birth weight is recorded in g (grams) or lb. (pounds) and oz. (ounces). Grams and kilograms are of the metric system, while pounds and ounces are of the avoirdupois system or unit of measurement (in this case, weight) [1].

77. D In the normal newborn infant, the liver is palpable at the level of the right costal margin or just below it. The paranasal sinuses “mature” as the child grows. Five stools in a day in a breast-fed one-week-old baby. Meconium is expected on the first day or two, not yellowish stools. Some normal babies between one week and six weeks have a bowel movement after every feeding, and so may pass stools between five and ten times a day. Other normal newborn babies may do it with a reduced frequency of every two or three days [4]. As long as the newborn does not show features of illness and has passed meconium within 48 hours after birth, the physician may safely reassure the parents. As the baby gets older, up to three months of age, a breast-fed infant has more frequent bowel movements than a child who is fed with formula. In addition, their stools are softer and have a greater intensity of yellow color [5]. A heart rate between 120 and 160 beats per minute is considered normal.

78. A Proteinuria may be a normal finding in a week-old baby [6]. Proteinuria that is benign is supposed to be transient; when it persists, the underlying cause should be sought [6]. A thorough clinical history, physical examination, and laboratory investigation may unveil pathology in the renal system [6]. In a one-week-old neonate, hemoglobin concentration of 17g/dL and WBC of $12.0 \times 10^9/L$ are normal.

At this age, the T-lymphocytes function sub-optimally; ABO antibodies are adequately present in blood from the second month.

79. C As early as the first week of life, a normal infant delivered at full term is attracted to human faces; there is a preferential attraction to human faces. The newborn baby can see on the day of birth and can fix its vision on objects, following their movements. The baby enjoys bonding with the mother unless there are adverse psychosocial circumstances surrounding the pregnancy and childbirth. The newborn responds to human voices, especially to the sound of the mother's voice. A normal infant delivered at full term by operative intervention should have a close interaction with the mother to encourage early bonding between the two.

80. A Without a pediatrician's care with functional incubator facilities, chances of survival for a baby born at 30 weeks' gestational age are slim in a typical rural medical facility in a developing country. Such hospitals do not have specialists like pediatricians. A premature infant with a birth weight of 2.4kg is expected to have good muscle tone. The birth of a premature infant is before 37 weeks of gestation. Infants who, at birth, weigh 2.5kg or less may be premature, intrauterine growth retarded, or both. A premature infant has a higher mortality and morbidity risk than a full-term infant.

81. B Prematurity is associated with cervical incompetence, polyhydramnios, pre-eclampsia, premature rupture of membranes, twin pregnancy, and higher order multiples; 50% of triplets are born before 32 weeks, while many mothers who carry twin pregnancies have spontaneous premature labor [7]. Other risk factors include a history of preterm labor or preterm delivery, urinary tract infections, hypertension, index pregnancy from *in vitro* fertilization, diabetes mellitus, placenta previa, smoking, alcohol use, substance use, and ethnicity—mothers who are African, African-American, American Indian/Alaska Native [8]. Maternal age: Being younger than 18 years or older than 35 years is a risk factor [9].

82. D Risks of the premature infants in the neonatal period include sepsis, hypocalcemia, hyperbilirubinemia, hypothermia, and hypoglycemia. Neonatal sepsis is a severe blood infection that occurs in an infant who is less than ninety days old [10]. Premature infants in the neonatal period are especially at risk of this infection. The bacteria that are usually incriminated include *Escherichia coli*, Group B Streptococcus, Listeria, and the virus Herpes simplex virus. [10] In early neonatal sepsis, the neonate acquires the causative organisms from the mother, and the mode of transmission to the baby may be transplacental or hematogenous [11]. Infants with intrapartum sepsis manifest symptoms of sepsis within six hours after

CHAPTER 6**Answers and Notes for Family Medicine MCQs**

Abstract: Family Medicine is a subject (specialty) that a doctor should be well-grounded in. A physician need not be a family physician to incorporate into their practice the principles of this wide specialty. The best time to grasp its importance and applicability is in medical school. Family medicine is an essential part irrespective of the part of the world where a doctor practices or a prospective physician will practice. Sometimes a doctor “moves” to where conditions with Family medicine slant are prevalent; at other times patients with Family medicine conditions “move” to where a physician who is a specialist in a specific specialty in medicine is – and what happens to turnaround times if such patients are not attended to just because the specialist is not equipped to handle conditions “outside” their precise specialties? Being familiar with (even if not adept in) these specialties/subjects is essential and gives the medical student and practicing physician confidence during their clinical postings and in their practice, respectively – this applies anywhere in the world.

Keywords: Alternative medicine, Clinical audit, Complementary medicine, Domestic violence, Drug prescribing, End-of-life care, Family life cycle, Family medicine services, Family, General systems theory, Genomics, Hazards, Health behavior; health care services, Health communications, Health, Holistic care, Non-communicating diseases, Patient-centered clinical management, Pre-employment medical examination, Psychogeriatrics, Referral, Risks, Routine medical examination, Traditional medicine.

INTRODUCTION

The answers and notes to the Multiple-choice questions in this Chapter cover aspects of the theory and practice in the following selected topics in Family Medicine: general systems theory, genomics, family life cycle, the family and health, social determinants of health, health communications, holistic care, referral, violence in the domestic setting, pre-employment medical examination, routine medical examination, hazards and risks, end-of-life care, management of health institutions, ethics in medical practice, non-communicating diseases, levels of prevention, change model of health promotion, transtheoretical model for health promotion, levels of influence on health behavior, levels of health care services, patient-centered clinical management, traditional, complementary, and alternative medicine, psychogeriatrics, drug prescribing, family medicine services, and clinical audit. Over 75% of the answers of MCQs in this chapter are clinically oriented and

at the higher level of Bloom's taxonomy; the chapter's contents are designed to test the reader's analysis and application of facts.

196. D General systems theory is applicable to the practice of medicine. It is an encompassing theory that is easy to apply by domesticating it to most fields of study and practice. It to the physical sciences, such as physics, chemistry, and biology, as well as to engineering, social sciences, and medicine. It was brought to the attention of academics in the first half of the 20th century by Ludwig von Bertalanffy, who went on, in just about 20 years after introducing the concept of General Systems Theory, to document it in the 1950s.

197. B One of the features of "System" is the possession of elements or components that show functional relationships or relatedness when subjected to scrutiny; on the surface, the elements of a "System" may not show any or sufficient interconnection. Speculation hardly yields to propounding a "Theory." A "Theory" puts together a set or group of concepts that propose actions or steps that should be taken to achieve a particular practice. One theory may guide one practice, yet not be applicable to another practice.

198. C As earlier stated, General systems theory is applicable almost universally. In family medicine, the term "Family systems theory" is used to describe General Systems Theory in this specialty [1]. General systems theory enables a whole to be broken down into its component parts and the pieces to be rebuilt because the relationships between the integral parts are understood; it is like dismantling the parts of a complex puzzle and putting it back together with confidence. This is very useful in understanding the relationships between a patient, the patient's medical condition(s), the patient's immediate family members, and other close family members.

199. A The family functions as a system when members recognize and pursue a common goal. When members of the family work at cross purposes, they inflict injury to the system, and its wholeness may cease to exist. The fact that there are members of the family "system" does not mean that they lose their individuality; rather, their individuality contributes to the characteristics of that family and its wholeness. The relationship between members of a family is both structural and functional. If the family is compared with any person's body, the members are equivalent to the liver, bone marrow, eyes, skin, *etc.* Each of these parts has not only its peculiar structure but also its specific functions. The functions are interrelated, and one becoming "sick briefly" or another becoming "cancerous" affects not only their individual purposes but also the purpose, structure, and

function of the entire body. The structure and functions of the body are different from the structure and functions of the body's individual parts, but the whole body carries all the parts in its capacity as one entity.

200. C Genomics is a field of science that emphasizes the total genetic constitution of an organism, including human beings. With respect to human beings, it endeavors to establish relationships between the various genes of the individual; it also seeks to define the connection between a person's genetic makeup and their environment [2, 3]. This overall genetic makeup-environment relationship is believed to bring elucidation to complex diseases in human beings.

201. B Diabetes mellitus, bronchial asthma, and cancers are some of the complex diseases of humankind that an understanding and application of genomics has the potential of providing a fuller appreciation of their etiology, pathophysiology, improved modalities of investigations, and ultimate treatment. Current scientific knowledge has provided clues that they are not straightforward diseases, as there are interlacing genetic and environmental factors. Sickle cell disease is a well-known genetic disease that results from an alteration in amino acid sequencing in the normal hemoglobin molecule [4, 5]. Achondroplasia is another genetic disease, but it is an autosomal dominant disease. Klinefelter syndrome, 47 XXY, is a genetic disease associated with the sex chromosome in which males have an extra X chromosome.

202. C When considering the five-stage family life cycle, [6] the correct sequence of the experiences of that family is Independence > Coupling > Parenting > Launching. In this model, the individuals who make up the family start as independent persons. They start a relationship and eventually get married. Thereafter, they proceed to the stage of parenting and bear or have at least one baby that they nurture through the various milestones of childhood and through adolescence. The fourth stage is when this family matures enough to launch an adult or adults into society." This stage may be short for one family and long for another; in the former, where there is one child, the tendency is for it to be short, while a family with four or five children will do the launching periodically until the last adult child is launched into society. The final stage is when parents enter their senior years and are typically in retirement. This is simplified, and the time frame for the stages may differ from family to family and from one society to another. It could also vary between the level of advancement in the economy of one community or country and another.

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