

[LC 0213]

FEBRUARY 2013

SUBCODE: 4001

M.MED.FAMILY MEDICINE - FIRST YEAR

PAPER I - MEDICINE AND ALLIED SPECIALTIES

Q.P. CODE : 434001

TIME: THREE HOURS

MAXIMUM MARKS: 100

**INSTRUCTIONS**

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 marks)**.
- **Part B** will have Objective type EMQs (**Extended Matching Questions**) **(60 marks)**.
  - ❖ This will have 10 Extended Matching sets of questions.
  - ❖ Each set will have 6 questions.
  - ❖ Each question will carry 1 mark.
  - ❖ Each set has a **theme** on the top. In each set there are **some options** given on the top followed by some **questions**. The options are lettered using the English alphabets A, B, C, D and so on.

Example:

**3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)**  
**From the options 'A to H' given below, choose the best answer for the questions 3(i) – 3(vi)**

**Options:**

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine deconoate
- H. Tab. Risperidone

**Questions: What is your treatment option in the following cases?**

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

**Answer :** 3(i) - A

3(ii) - F

**PART – A**  
**DESCRIPTIVE QUESTIONS**

**(ANSWER ALL QUESTIONS)**

Mr. Gupta a 51 year old chronic smoker complains of chest pain and tightness when he walks more than 300 meters and also on climbing stairs. The pain is felt along his left shoulder and arm. His BMI is 29.

**(TOTAL: 5 x 4 = 20 MARKS)**

- A.** What are the characteristic features of angina? *(5 marks)*
- B.** List the common causes of chest pain in primary care *(5 marks)*
- C.** What risk factors for coronary artery disease does Mr. Gupta have? List in general the modifiable risk factors for a patient with coronary artery disease. *(5 marks)*
- D.** What are the indications and contraindications for Treadmill test? *(5 marks)*

**2.** Mr. Jacob, a 57-year-old shopkeeper who is a chronic smoker comes to your clinic with early satiety, nausea and abdominal discomfort for the past two months. He says he has lost weight. He also has polyuria and polydypsia. On examination he looks anxious and pale.

**(TOTAL: 5 x 4 = 20 MARKS)**

- A.** List the systemic and gastrointestinal causes of dyspepsia. What could be the cause of dyspepsia in this patient? *(5 marks)*
- B.** What are the alarm signs and symptoms of dyspepsia and which ones of the alarm features does this patient have? *(5 marks)*
- C.** What are the common investigations for a case of dyspepsia *(5 marks)*
- D.** List lifestyle interventions for dyspepsia *(5 marks)*

**PART – B**  
**EXTENDED MATCHING QUESTIONS**

(ANSWER ALL QUESTIONS)

**1. THEME: NAUSEA & VOMITING [QUESTIONS. 1(i) – 1(vi)] (TOTAL: 6 MARKS)**

**From the options ‘A to P’ given below , choose the best answer for the questions 1(i) – 1(vi);**

**Options :**

- |                     |                          |
|---------------------|--------------------------|
| A. Prochlorperazine |                          |
| B. Cyclizine        | K. Desipramine           |
| C. Ondansetron      | L. Acetaminophen         |
| D. Prednisolone     | M. Magnesium trisilicate |
| E. Promethazine     | N. Pyridoxine            |
| F. Metoclopramide   | O. Misoprostol           |
| G. Scopolamine      | P. Mannitol              |
| H. Chlorpheniramine |                          |
| I. Pantoprazole     |                          |
| J. Acelofenac       |                          |

**Questions : Choose the appropriate antiemetic**

- 1(i).** A 22year old female who is 7 weeks pregnant presents with multiple episodes of vomiting.
- 1(ii).** A 42year old teacher has episodes of throbbing headache associated with her menstrual cycles. The headache is relieved with vomiting.
- 1(iii).** A patient on morphine for breast carcinoma with secondaries has vomiting.
- 1(iv).** A 14year old who is known to have travel sickness comes for a prescription prior to his school excursion.
- 1(v).** 15 month old with has acute gastroenteritis who is not tolerating ORS.
- 1.(vi)** A 35 year old male is on treatment with cyclophosphamide for Hodgkin’s lymphoma develops severe nausea and vomiting.

**2. THEME: DIARRHOEA IN ADULTS [QUESTIONS. 2(i) – 2(vi)] (TOTAL: 6 MARKS)**

**From the options ‘A to M’ given below, choose the best answer for the questions 2(i) – 2(vi)**

**Options :**

- |                                |                                  |
|--------------------------------|----------------------------------|
| <b>A.</b> Ulcerative Colitis   | <b>H.</b> HIV                    |
| <b>B.</b> Autonomic neuropathy | <b>I.</b> Tropical Sprue         |
| <b>C.</b> Amoebic colitis      | <b>J.</b> Giardiasis             |
| <b>D.</b> CMV diarrhoea        | <b>K.</b> Thyrotoxicosis         |
| <b>E.</b> Abdominal TB         | <b>L.</b> Hypothyroidism         |
| <b>F.</b> Chronic pancreatitis | <b>M.</b> Drug induced diarrhoea |
| <b>G.</b> Food poisoning       |                                  |

**Questions:**

**What is your clinical diagnosis for the following patients?**

**2(i).** A 24 year old with cough, weight loss, recurrent diarrhoea, low grade fever and vague abdominal pain of 6 months duration.

**2(ii).** A 19 year old college student presents with 10 hours of abdominal pain, several episodes of vomiting & watery diarrhoea with low grade fever. This has occurred once before.

**2(iii).** A 27 year old woman presents with cramping abdominal pain, nocturnal bloody diarrhoea, and joint pain. On examination she has aphthous ulcers and a few sores on the skin.

**2(iv).** A 45 year old man has a long history of drinking excess alcohol. He has a 3 month history of intermittent, severe abdominal pain & diarrhoea with pale, bulky, foul-smelling stools which are hard to flush away.

**2(v).** A 22 year old complains of diarrhoea, palpitations, sweaty palms and weight loss despite a good appetite.

**2(vi).** A 5 year old who was treated for otitis media is brought back after 48 hours. The earache is better but the child has developed loose stools.

**3. THEME: FEVER – DIAGNOSIS & TREATMENT [QUESTIONS. 3(i) – 3(vi)]  
(TOTAL: 6 MARKS)**

**From the options ‘A to P’ given below , choose the best answer for the questions :3(i) – 3(vi)**

**Options :**

- |                                    |                            |
|------------------------------------|----------------------------|
| A. Hepatic abscess                 | I. Leptospirosis           |
| B. Empyema                         | J. Pyelonephritis          |
| C. Legionella pneumonia            | K. Mycoplasma Pneumonia    |
| D. Peritonitis                     | L. Urinary tract infection |
| E. Viral Hepatitis                 | M. Scrub typhus            |
| F. Cerebral Malaria                | N. Klebsiella pneumonia    |
| G. Pulmonary tuberculosis          | O. Haemophilus influenza   |
| H. Staphylococcus aureus pneumonia | P. Dengue                  |

**Questions:**

**What is your clinical diagnosis for the following patients?**

**3(i).** A 21 year old male has fever of insidious onset, a dry cough with headache, myalgia, and fatigue. On examination there are few scattered crepitations in the left lung field.

**3(ii).** A 27 year old male presents with high grade fever, sharp pain in the right lower chest and anorexia. On examination there is intercostal tenderness and the liver is enlarged.

**3(iii).** A 23 year old sewage worker has been having high grade fever for 5days with intense headache and body pain. On clinical examination he is mildly icteric, has conjunctival suffusion and hepatosplenomegaly.

**3(iv)** 53 year old Mr. Satheesh who is a known case of COPD has symptoms suggestive of pneumonia. What would be the likely organism in a patient with pre-existing lung disease

**3(v).** Naveen a 23year old male presents with low-grade fever, nausea, and anorexia. He has noticed that his urine is dark yellow. On examination he is jaundiced. He has just got back from a 3week long college educational tour.

**3(vi)** Which type of pneumonia shows radiological features of bulging of the fissures due to oedema?

**4. THEME – ASTHMA MANAGEMENT**

**[QUESTIONS. 4(i) – 4(vi)]**

**(TOTAL: 6 MARKS)**

**From the options ‘A to I’ given below , choose the best answer for the questions 4(i) – 4(vi)**

**Options:**

- |   |  |
|---|--|
| <b>A.</b> Low-to medium-dose glucocorticosteroid plus long-acting inhaled $\beta$ 2 – agonist | <b>D.</b> High-dose inhaled glucocorticosteroid plus long-acting inhaled $\beta$ 2-agonist |
| <b>B.</b> Inhaled short acting beta 2 agonists as and when needed                             | <b>E.</b> Mild persistent  |
| <b>C.</b> Low-dose inhaled glucocorticosteroid plus short acting beta 2 agonist               | <b>F.</b> Severe Persistent  |
|   | <b>G.</b> Mild Intermittent  |
|   | <b>H.</b> Moderate Persistent  |
|   | <b>I.</b> Oral Prednisolone  |

**Questions:**

*11 year old Mamta, a diagnosed case of asthma gets day time symptoms of breathlessness for more than once a week, but less than once a day; Night symptoms for more than 2 times a month. Misses school during the episodes.*

**4(i).** What is your grading of asthma?

**4(ii).** How will you treat her?

*17 year old Arvind a diagnosed case of asthma gets day time symptoms more than once a week; Night symptoms for less than 2 times a month.*

**4(iii).** What is your grading of asthma?

**4(iv).** How will you treat him?

*24 year old Nandhini, a diagnosed case of asthma gets day time symptoms daily; Night symptoms more than once a week, and episodes affect her daily activities.*

**4(v).** What is your grading of asthma?

**4(vi).** How will you treat her?

**5. THEME: EDEMA [QUESTIONS 5(i) – 5(vi)]**

**(TOTAL: 6 MARKS)**

**From the options ‘A to M’ given below, choose the best answers for the questions 5(i) – 5(vi):**

**Options:**

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| <b>A.</b> Nephrotic syndrome    | <b>G.</b> Filariasis                 |
| <b>B.</b> Glomerulonephritis    | <b>H.</b> DVT                        |
| <b>C.</b> Cirrhosis             | <b>I.</b> Cellulitis                 |
| <b>D.</b> Hypothyroidism        | <b>J.</b> Ovarian malignancy         |
| <b>E.</b> Chronic renal failure | <b>K.</b> Malnutrition               |
| <b>F.</b> Hyperthyroidism       | <b>L.</b> Congestive cardiac failure |
|                                 | <b>M.</b> Pneumonia                  |

**Questions:**

**What is your clinical diagnosis for the following patients?**

- 5(i)** 54 year old male presents with easy fatiguability , nausea, headache and swelling of his feet. On examination he is pale and his BP is 180/100mmHg.
- 5(ii)** A 46year old female complains of tiredness, constipation and weight gain. Examination reveals a lady with puffy face, coarse skin and edema of the feet.
- 5(iii)** An obese lady who is two weeks post caesarean section presents with low grade fever for 2 days, pain and swelling of the right lower limb and right calf muscle tenderness.
- 5(iv)** A 17 year old male is brought with acute onset of headache, swelling of both feet and tea coloured urine. His BP is 144/94 mmHg .
- 5(v)** A 47year old male who has ischemic heart disease presents with breathlessness on walking, cough and swelling of his feet. On examination JVP is elevated, and fine crepitations are heard in both lung fields.
- 5(vi)** A middle aged lady who has been having malaise and fatigue for a long time, presents with hematemesis and malena. On examination she has bilateral pedal edema and ascites.

**6. THEME: SEIZURES – TREATMENT**

**[QUESTIONS. 6(i) – 6(vi)]**

**TOTAL: 6 MARKS)**

**From the options ‘A to K’ given below , choose the best answer for the questions ‘6(i) – 6(vi)’:**

**Options**

**A. Diazepam**

**G. Alprazolam**

**B. Sodium Valproate**

**H. Lamotrigine**

**C. Trazodone**

**I. Carbamazepine**

**D. Phenytoin**

**J. Lorazepam**

**E. Primidone**

**K. Phenobarbitone**

**F. Ethosuximide**

**Questions :**

**6(i).** A 9 year old boy is referred to the clinic because his teachers have noticed multiple episodes when he becomes ‘vacant’ and still and then within a few seconds he resumes whatever he is doing as if nothing happened. EEG shows 3-4Hz wave. What is the drug of choice if valproate is not available?

**6(ii).** Anticonvulsant of choice in Myoclonic seizures.

**6(iii).** Mariamma comes to you with 2 episodes of generalized tonic clonic seizures over 1 month. She is not on treatment and you want to start her on an antiepileptic. Which antiepileptic causes ataxia, slurred speech, chorieform movements and hirsutism.

**6(iv).** When treating a patient who is actively seizing, in your anxiety, you pushed the intravenous injection very fast and the patient developed respiratory depression. The drug probably is

**6(v).** This drug is secreted into breast milk and produces drowsiness in infants when mother is on high doses.

**6(vi).** Drug of choice for status epilepticus if refrigerated storage is available

**7. THEME : DIABETES MELLITUS – COMPLICATIONS [QUESTIONS. 7(i) – 7(vi)]  
( TOTAL: 6 MARKS)**

**From the options ‘A to P’ given below , choose the best answer for the questions ‘7(i) – 7(vi)’:**

**Options**

- |  |                                  |
|--|----------------------------------|
| <b>A.</b> Proliferative Diabetic Retinopathy | <b>H.</b> Small fibre neuropathy |
| <b>B.</b> Acoustic neuroma                   | <b>I.</b> Nephropathy            |
| <b>C.</b> Autonomic neuropathy               | <b>J.</b> Retinal detachment     |
| <b>D.</b> Proximal motor neuropathy          | <b>K.</b> Mononeuropathy         |
| <b>E.</b> Large fiber neuropathy             | <b>L.</b> Glaucoma               |
| <b>F.</b> Entrapment syndrome                | <b>M.</b> Cataract               |
| <b>G.</b> Diffuse symmetrical polyneuropathy | <b>N.</b> Sciatica               |
|  | <b>O.</b> Giardiasis             |
|  | <b>P.</b> Diabetic ketoacidosis  |

**Questions :**

**What is your clinical diagnosis for the following patients?**

**7(i).** A 67-year-old woman has had diabetes for the past 15years. Her diabetes has been mostly poorly controlled. She complains of pain in both her thighs and difficulty in standing up after squatting

**7(ii)** A 56year old male with diabetes for 9years now, presents with inability to sleep at night because of burning sensation of both his feet along with tingling and numbness for past 4months.

**7(iii)** A 40 year old woman with a 20 year history of type I diabetes mellitus presents with a 3 week history of severe hypoglycemic episodes. There has been no recent change in her insulin therapy, diet or eating habits.

**7(iv)** A 28 year old clerk with a 12 year history of type I diabetes has total visual loss in his right eye which he describes like a dark curtain. He does not have regular check ups but he appears well and has not had previous visual symptoms. He reports that he had a dark shadow in the peripheral visual field some days ago which he ignored.

**7(v)** A 59 year old woman with a 15 year history of type II diabetes mellitus presents with early satiety, abdominal discomfort, bloating and nausea. She has been having episodic diarrhoea which is mainly nocturnal.

**7(vi)** . A 57year old male presents to the casualty complaining of right sided facial numbness since the previous night. When he woke up in the morning, he found that he had a right sided facial droop and that he was unable to close the right eye. He also noticed that fluid drips out of his mouth while drinking.

**8. THEME : THE VIRAL AGENTS IN HEPATITIS**

**[QUESTIONS. 8(i) – 8(vi)]  
( TOTAL: 6 MARKS)**

**From the options ‘A to E’ given below , choose the best answer for the questions ‘8(i) – 8(vi)’:**

**Options**

- A. Hepatitis A
- B. Hepatitis B
- C. Hepatitis C
- D. Hepatitis D
- E. Hepatitis E

**Questions :**

**Identify the viral agent with the following characteristics:**

**8(i)** This viral agent spreads through blood, saliva and rarely through sexual intercourse. It has a carrier state. It has no specific vaccine. Name it.

**8(ii)** This a DNA virus

**8(iii)** This virus spreads through faeces, cannot be prevented by active immunization and has mortality of 2%.

**8(iv)** This viral agent has no carrier state, usually infects the young and does not cause chronic liver disease

**8(v)** This virus spreads through blood and can lead to chronic liver disease but cannot be prevented by active immunization.

**8(vi)** This virus is always associated with another virus which causes hepatitis.

**9. THEME : WEIGHT LOSS IN THE ADULT**

**[QUESTIONS. 9(i) – 9(vi)]**

**( TOTAL: 6 MARKS)**

**From the options ‘A to J’ given below , choose the best answer for the questions ‘9(i) – 9(vi)’:**

**Options**

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| <b>A.</b> Hypothyroidism        | <b>F.</b> Malignancy                 |
| <b>B.</b> Hyperthyroidism       | <b>G.</b> Tuberculosis               |
| <b>C.</b> Diabetes Mellitus     | <b>H.</b> Pheochromocytoma           |
| <b>D.</b> Chronic Renal Failure | <b>I.</b> Congestive cardiac failure |
| <b>E.</b> Depression            | <b>J.</b> Chronic liver disease      |

**Questions :**

**9(i)** Mr.Titus, a known diabetic comes to you with the complaints of nausea and decreased appetite. He has noticed that his weight has reduced from 55 kg to 44 kg over the past six months. His sugars are under control. On examination his blood pressure is 140/90, he has pallor and mild bilateral pitting pedal edema. What is your diagnosis?

**9(ii)** 55 year old Mrs.Cynthia presents with complaints of loss of appetite since 1 month. On examination, there is raised JVP, pedal edema and basal crackles on auscultation. What could be the likely cause of her loss of appetite?

**9(iii)** A 28 year old Maya presents with complaints of weight loss though she has increased appetite, She is very happy with her family and her work . She also says that she has become intolerable to heat, feels anxious, and has palpitations, sweating and tremors. What could be the most likely cause of her weight loss?

**9(iv)** 26 year old Dinakaran presents with history of loss of appetite and loss of weight. He has lost interest in his work and gets tired easily. He has lost his father two years ago. What could be the likely diagnosis?

**9(v)** 40 year old Hafeez presents with increased appetite but has loss of weight, he also feels thirsty and has an increase in frequency of micturition. What could be the likely cause of weight loss in him?

**9(vi)** 60 year old Narayan presents with weight loss and constipation for the past three months. Constipation alternates with periods of diarrhea .There is blood associated with stools. What is your diagnosis?

**10. THEME : ERECTILE DYSFUNCTION – TREATMENT**

**[QUESTIONS. 10(i) – 10(vi)] ( TOTAL: 6 MARKS)**

**From the options ‘A to M’ given below , choose the best answer for the questions ‘10(i) – 10(vi)’:**

**Options**

- |   |  |
|---|--|
| <b>A.</b> Prolongs action of Guanosine monophosphate            | <b>G.</b> Vardenafil                           |
| <b>B.</b> Alprastodil, Sildenafil and Tadalafil                 | <b>H.</b> Alprastodil, Papaverine and Prazosin |
| <b>C.</b> Stimulates Phosphodiesterase 5                        | <b>I.</b> Papavarine                           |
| <b>D.</b> Prolongs the action of cyclic guanosine monophosphate | <b>J.</b> Alprastodil                          |
| <b>E.</b> Tadalafil   | <b>K.</b> Phentolamine                         |
| <b>F.</b> Sildenafil  | <b>L.</b> Phenylephrine                        |
|   | <b>M.</b> Prostaglandin E-1                    |

**Questions :**

**10(i)** Mr. Pattabiram has erectile dysfunction and you have started him on Sildenafil. How does this drug act?

**10(ii)** What is the composition of Trimix?

**10(iii)** The side effect of this drug causes the blue haze effect.

**10(iv)** Flushing as a side effect occurs mostly due to which drug?

**10(v)** Which drug does MUSE therapy use?

**10(vi)** This drug is used to treat priapism.

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**M.MED.FAMILY MEDICINE**

**FIRST YEAR THEORY EXAM– AUG 2013**

**PAPER I - MEDICINE AND ALLIED SCIENCES**

**TIME: THREE HOURS**

**MAXIMUM MARKS: 100**

**INSTRUCTIONS**

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  - ✓ This will have 10 sets of these questions.
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Example:

**3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)**

**From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)**

**Options:**

- A.** Inj. Haloperidol
- B.** Amitriptyline + counseling
- C.** Tab. Chlorpromazine
- D.** Tab. Trihexyphenidyl
- E.** Tab. Diazepam
- F.** Tab. Lithium
- G.** Inj. Fluphenazine deconoate
- H.** Tab. Risperidone

**Questions: What is your treatment option in the following cases?**

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

**PART – A**  
**DESCRIPTIVE QUESTIONS**

**(ANSWER ALL QUESTIONS)**

1. 6 months old Anika is brought to the outpatient clinic by her anxious parents because the child is crying incessantly from morning. There is low grade fever. **(TOTAL: 20 MARKS)**

- A. How will you evaluate a child with incessant cry by history? **(5 Marks )**
- B. What are the relevant clinical findings you will look for in a child with incessant cry?  
**(5 Marks)**
- C. What investigations will you do? **(5 Marks )**
- D. Describe features of infantile colic **( 5 Marks )**

2. 60 year old Doraiswamy has been brought to you with clinical depression.

**(TOTAL: 20 MARKS)**

- A. What are the diagnostic criteria for category 1 disorder? **(5 Marks )**
- B. What are the organic conditions responsible for depression and how will you evaluate for them? **(5 Marks )**
- C. What are the non pharmacological and the pharmacological methods of treating depression ? . **(7 Marks )**
- D. What are the referral guidelines for depression? **(3 Marks )**

**PART – B**  
**EXTENDED MATCHING QUESTIONS**

(ANSWER ALL QUESTIONS)

**1. THEME: NAUSEA AND VOMITING [QUESTIONS. 1(i) – 1(vi)]**

**(TOTAL: 6 MARKS)**

**From the options 'A to F' given below, choose the best answer for the questions 1(i) – 1(vi):**

**Options :**

- A. Scopolamine
- B. Ondansetron
- C. Meclizine
- D .Prochlorperazine.
- E. Pyridoxine
- F. Domperidone

**Questions:**

**1(i).** Drug of choice for Mrs. Sulochana who has vomiting along with migraine

**1(ii).** Drug of choice for Mr. Ravi who has motion sickness

**1(iii).** Drug of choice for Mrs. Shannah who is receiving chemotherapy

**1(iv) .** Drug of choice for Mrs. Kalpana who is in her first semester of pregnancy

**1(v) .** Drug of choice for Mrs. Radha who has vomiting and is on morphine for advanced breast carcinoma with secondaries

**1(vi)** Drug of choice for Mr.Govind who has vestibular neuronitis

**2. THEME: CONTRAINDICATIONS FOR ANTIHYPERTENSIVES**  
**[QUESTIONS. 2(i) - 2(vi)] (TOTAL: 6 MARKS)**

**From the options 'A to F' given below, choose the best answer for the questions 2(i) – 2(vi)**

**Options :**

- A. Unstable Angina
- B. Pregnancy
- C. Addison's Disease
- D. Asthma
- E. Hepatic Precoma
- F. Depression

**Questions: Which of the options given above are contraindicated for the use of the Anti-hypertensives given below?**

**2.(i). Amlodipine**

**2.(ii). Enalapril**

**2.(iii). Clonidine**

**2.(iv). Furosemide**

**2.(v). Atenolol**

**2.(vi) prazosin**

**3. THEME: DIAGNOSIS OF SEIZURE DISORDER [ QUESTIONS 3(i) – 3(vi)]  
(TOTAL: 6 MARKS)**

**From the options ‘A to I ’given below, choose the best answer for the questions 3(i) - 3(vi)]**

**Options :**

- A. status epilepticus
- B. absence seizures
- C. simple partial seizures
- D. complex partial seizures
- E. Myoclonic seizures
- F. Atonic Phase
- G. Infantile spasms
- H. Tonic-clonic Phase
- I. Neonatal seizures

**Questions:**

- 3(i).** Mr.Balakrishna has seizure disorder. His seizures manifest as hearing abnormal sounds.  
The diagnosis is
- 3(ii).** 26 year old Muthu swami presents with generalized seizures, loud cry, impaired respiration, and pooling of secretions in oropharynx. What is the diagnosis?
- 3(iii).** 7 year old Neha presents with sudden, brief lapses of consciousness without loss of postural control which lasts for only few seconds; Consciousness returns as suddenly it was lost, accompanied by subtle brief motor signs such as rapid blinking of eyelids, chewing movements or small amplitude clonic movements of the hands. What type of seizures is this?
- 3(iv).** 4 month old Keerthi presents with abrupt movements of head, trunk or limbs and occur in a cluster of 10 to 20 movements per episode. What is the diagnosis?
- 3(v).** 16 year old Venkataraman has strong bilateral symmetrical jerky movements involving the upper limbs and his jaw usually in the morning after he has woken up. It lasts for a minute. He gives history of falling down momentarily. What type of seizures is this?
- 3(vi).** Jikku has seizure which starts in the right hand then becomes generalized. What type of seizures is this?

**4. THEME: HEAD ACHE [QUESTIONS. 4(i) – 4(vi)] (TOTAL: 6 MARKS)**

**From the options ‘A to H’ given below, choose the best answer for the questions 4(i) –4(vi)**

**Options :**

- |                     |                               |
|---------------------|-------------------------------|
| A. Classic migraine | E. Trigeminal neuralgia       |
| B. Common migraine  | F. Complicated migraine       |
| C. Tension headache | G. Glossopharyngeal neuralgia |
| D. Cluster headache | H. Subarachnoid hemorrhage    |

**Questions: Choose the correct diagnosis from the options given above for the case scenarios given below:**

- 4(i).** 20 year old Mrs. Madhuri presents with unilateral headache which is pulsating in quality which severely limits daily activities and accompanied by nausea. There is no aura.
- 4(ii).** 36 year old Mr. Manoj presents with deep, unilateral, excruciating, burning or stabbing pain which awakens him from sleep, associated with lacrimation
- 4(iii).** 24 year old Ms. Vanitha comes with unilateral headache which is pulsating in quality which severely limits daily activities and accompanied by nausea and aura
- 4(iv).** 30 year old Ramola presents with pressing, tightening, or vice-like gripping headache extending from the forehead to the occiput which is bilateral and radiating to trapezius and posterior neck
- 4(v).** 32 year old Amrita has history of paroxysms of sharp and stabbing unilateral facial pain of sudden onset, and repeated at very short intervals
- 4(vi).** 40 year old Mr. Mahesh suddenly gets a very severe ‘worst head ache ever’ when he is in working in the office

**5. THEME: PSYCHIATRIC DISORDERS - TREATMENT [QUESTIONS. 5(i) – 5(vi)]  
(TOTAL: 6 MARKS)**

**From the options ‘A to H’ given below, choose the best answer for the questions . 5(i)–5(vi):**

**Options :**

- |                            |                               |
|----------------------------|-------------------------------|
| <b>A.</b> Sodium valproate | <b>E.</b> Bowel training      |
| <b>B.</b> Antidepressants  | <b>F.</b> Polyethylene glycol |
| <b>C.</b> Bisacodyl        | <b>G.</b> Liquid Paraffin     |
| <b>D.</b> Lactulose        | <b>H.</b> Enema               |

**Questions:**

- 5(i).** Treatment for Mrs. Sonali who alternates between pathological bursts of energy, excessive talkativeness , sleeplessness and periods of remorse and apathy.
- 5(ii).** Treatment for 20 year old Doraiswamy who has been brought with hallucinations, delusions and illusions for the past 10 days. He is sitting quietly, talking to himself and occasionally including you in conversation to tell about how two people are talking to him about his school days.
- 5(iii).** Treatment for Gowthami who presents with psychotic symptoms and marked agitation. She is not violent.
- 5(iv).** Treatment for Subhash who presents with anorexia, loss of weight, Insomnia, fatigue and generalized weakness for the last 6 weeks. There is no history of drug abuse; his physical examination is completely normal.
- 5(v) .** Treatment for Mr. Sultan who has come with psychotic symptoms and coronary artery disease
- 5(vi).** Treatment for Doris who has come with tardive dyskinesia following antipsychotics

**6. THEME : DIABETIC RETINOPATHY[QUESTIONS. 6(i) – 6(vi)]**  
( TOTAL: 6 MARKS)

From the options ‘A to P’ given below, choose the best answer for the questions ‘6(i) – 6(vi)’:

**Options**

- |  |                             |
|--|-----------------------------|
| <b>A.</b> Proliferative Diabetic Retinopathy | <b>H.</b> Cotton wool spots |
| <b>B.</b> Sub clinical neuropathy            | <b>I.</b> Venous beading    |
| <b>C.</b> Autonomic neuropathy               | <b>J.</b> Hard exudates     |
| <b>D.</b> Proximal neuropathy                | <b>K.</b> Micro aneurysms   |
| <b>E.</b> Large fiber neuropathy             | <b>L.</b> Blot hemorrhages  |
| <b>F.</b> Entrapment syndrome                | <b>M.</b> Moderate NPDR     |
| <b>G.</b> Diffuse symmetrical polyneuropathy | <b>N.</b> Severe NPDR       |
|  | <b>O.</b> Very severe NPDR  |
|  | <b>P.</b> Mild NPDR         |

**Questions :**

**6(i).** 58 year old Mr.Raju, a diabetic who has been on treatment presents with complaints of dull, aching, deep seated pain. He has impaired vibration sense, depressed deep tendon reflexes, sensory ataxia, Rombergs sign positive, small muscle wasting and deformity of toes and fingers. What is the most likely cause for this?

**6(ii)** 78 year old Mr.Kasi, a known patient of diabetes mellitus presents with pain in his right wrist and history of dropping his glasses and spoons. The pain has progressed slowly. He complains of numbness in hands and tingling in fingers . What is the most likely cause for this?

*Mrs. Kani a known diabetic comes to you with difficulty in vision. You perform an ophthalmoscopic examination.*

**6(iii)** You see bright white yellow structures with a wavy outline, coalescing to form patterns in the retina. What are they?

**6(iv)** You find saccular outpouchings from retinal capillaries seen as round bright spots with regular borders. What do you think they are?

**6(v)** If you see venous beading present in two or more quadrants, it indicates:

**6(vi)** 81 year old Mr.Balu, a diabetic presents to you with abrupt onset of pain in both thighs which started on the right thigh and progressed to the left thigh. This was followed by weakness of the thigh muscles and inability to rise from sitting position. What does Mr.Balu have?

**7. THEME – THYROID DISORDERS**

**[QUESTIONS. 7(i) – 7(vi)]**

**(TOTAL: 6 MARKS)**

**From the options ‘A to H’ given below, choose the best answer for the questions 7(i) – 7(vi)**

**Options:**

**A.** Hashimotos Thyroiditis

**E.** Hypothyroidism

**B.** Lymphocytic Thyroiditis

**F.** TSH high, free T4 low

**C.** De Quervain Thyroiditis

**G.** TSH normal, free T4 low

**D.** Growth hormone deficiency

**H.** TSH low, free T4 high

**Questions: Mark the correct diagnosis for the following patients:**

**7(i)** . 46 year old Mrs. Mary with enlargement of thyroid gland with evidence of hypothyroidism and positive result for thyroid antibodies.

**7(ii)**. 35 year old Mrs. Faridha with painful thyroid swelling, fever and malaise for the past 2 weeks which started along with what looked like a viral fever.

**7(iii)**. 24 year old Megala, a type 1 diabetic who has a 3 month old baby with new onset thyroid swelling

**7(iv)**. Child with symmetrical dwarfism and decreased intelligence

***Mrs. Sheetal, 65 years old lady comes to you with a history of bilateral pedal oedema, lethargy, constipation, weight gain and intolerance to cold.***

**7(v)**. What is your Diagnosis?

**7(vi)**. What will be her TSH and free T4 levels for you to make such a diagnosis?

**8. THEME: INTERPRETING RESULTS OF CSF ANALYSIS**

[QUESTIONS 8(i) – 8(vi)] (TOTAL: 6 MARKS)

From the options 'A to L' given below, choose the best answers for the questions 8(i) – 8(vi):

**Options:**

- A. Viral meningitis
- B. Bacterial meningitis
- C. Subdural haematoma
- D. Papilloedema
- E. Tuberculous meningitis
- F. Normal
- G. N. Meningitides
- H. H.Influenza
- I. Staphylococcus Aureus
- J. Inj. Crystalline Penicillin : 0.5 lakh units daily in 3 divided doses for 14 days.
- K. Inj. Cefotaxime: 200 mg / kg/day q 6 H for 14 days
- L. L. Inj. Ciprofloxacin 500mg BD X 21 days

**Questions:**

*From the Options above choose the right diagnosis for the following CSF analysis results:*

**8(i).**CSF fluid turbid, WBC-500,Polymorphs-nil, Protein > 62mg/dl, Glucose 45mg/dl

**8(ii)** CSF fluid Crystal clear, WBC - 3, Polymorphs-nil, Protein 24 mg/dl, Glucose – 64 mg/dl

**8(iii)** CSF fluid turbid, WBC- 5238, Polymorphs- 86%, Protein 72 mg/dl, Glucose 35mg/dl.

**8(iv).**CSF fluid turbid, WBC- 512, Polymorphs- 27% lymphocytes – 73%, Protein 300mg/dl, Glucose 40 mg/dl.

*22 year old Balaji comes to you with symptoms of meningitis. CSF gram stain shows bacterial meningitis.*

**8(v)** What is the most probable causative organism?

**8(vi)** How will you treat Balaji?

**9. THEME – CHEST PAIN [QUESTIONS. 9(i) – 9(vi)] (TOTAL: 6 MARKS)**

**From the options ‘A to N’ given below, choose the best answer for the questions 9(i) – 9(vi)**

**Options:**

- |                        |                  |
|------------------------|------------------|
| A. Dissecting aneurysm | H. Pneumothorax  |
| B. Pericarditis        | I. STEMI         |
| C. Pulmonary embolism  | J. Pneumonia     |
| D. Pneumonia           | K. NSTEMI        |
| E. Unstable angina     | L. Positive      |
| F. Dissecting aneurysm | M. Negative      |
| G. Stable angina       | N. Indeterminate |

**Questions: Mark the correct diagnosis for the following patients:**

- 9(i).** Mr. Shankar with pleuritic type of pain, fever with findings of egophony and dullness on percussion
- 9(ii).** Mrs. Banu with Pleuritic type of pain which gets relieved with sitting up and leaning forward and aggravated by lying supine and change in position. On examination, her temp –normal, Pulse rate- 114/min, B.P- 100/70mmHg.
- 9(iii).** Mr. Saleem known case of lung malignancy with a sudden onset of severe dyspnoea and chest pain and hemoptysis.
- 9(iv).** Mr. Murugan, a known case of COPD with sudden onset of dyspnoea and chest pain and findings of trachea shifted to opposite side and hyper resonant lung with absent breath sounds. On examination, he is Afebrile, Pulse rate- 114/min. Resp Rate- 32/min.
- 9(v).** Mrs. Malini with retrosternal chest pain radiating to back, both the thighs and legs with hypotension and absent pulses in right lower limb, radial pulse rate- 120/min, B.P- 90/70mmHg.
- 9(vi).** Mrs. Packyavathi has come with typical chest pain within 2 hours of chest pain. Her ECG is normal and troponin levels I are 0.6 ng/mL. Is it positive or negative?

**10. THEME: SEIZURES – DIAGNOSIS & TREATMENT [QUESTIONS. 10(i) – 10(vi)]  
TOTAL: 6 MARKS)**

**From the options ‘A to K’ given below , choose the best answer for the questions  
‘10(i) – 10(vi)’:**

**Options**

- |                                   |  |
|-----------------------------------|--|
| <b>A. Diazepam</b>                | <b>G. Myoclonic seizure</b>                |
| <b>B. Sodium Valproate</b>        | <b>H. Generalised tonic clonic seizure</b> |
| <b>C. Complex partial seizure</b> | <b>I. Simple partial seizure</b>           |
| <b>D. Phenytoin</b>               | <b>J. Lorazepam</b>                        |
| <b>E. Atonic seizure</b>          | <b>K. Absence seizure</b>                  |
| <b>F. Alcohol</b>                 |  |

**Questions :**

- 10(i).** Mr. Kumar who is known to have Diabetes took his usual medication for the same but missed his lunch because he got busy. While on the bus home, he had loss of consciousness with tonic clonic movements of his limbs followed by postictal confusion. What type of seizure is this?
- 10(ii).** When treating a patient who is actively seizing, in your anxiety, you pushed the intravenous injection too fast and the patient developed respiratory depression. The drug you were giving must have been:
- 10(iii).** Mariamma comes to you with 2 episodes of generalized tonic clonic seizures over 1 month. She is not on treatment and you want to start her on an antiepileptic. Which antiepileptic causes nystagmus, ataxia, slurred speech, choreiform movements and hirsutism?
- 10(iv).** Sumitha suffers from episodes of sudden brief loss of postural tone and consciousness. She has had head injury once before because of this sudden fall. What is your diagnosis?
- 10(v).** Monika, 23 years has seizure disorder on treatment. She is going to get married this month. Drug of choice for all generalized seizures but best avoided in pregnancy is :
- 10(vi).** Drug of choice for status epilepticus if refrigerated storage is available is:

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(LE 0214)

M.MED.FAMILY MEDICINE

Sub. Code: 4001

FIRST YEAR THEORY EXAM– FEB 2014

PAPER I - MEDICINE AND ALLIED SCIENCES

*Q.P. CODE: 434001*

TIME: THREE HOURS

MAXIMUM MARKS: 100

**INSTRUCTIONS**

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios (**40 marks**).
- **Part B** will have Objective type EMQs **extended matching questions (60 marks)**.
  - ✓ This will have 10 sets of these questions.
  - ✓ Each set will have 6 questions.
  - ✓ Each question will carry 1 mark.
  - ✓ Each set has a **theme** on the top. In each set there are **some options** given on the top followed by some **questions**. The options are lettered using the English Alphabets A, B, C, D and so on.

Example:

**3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)**  
**From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)**

**Options:**

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine deconoate
- H. Tab. Risperidone

**Questions: What is your treatment option in the following cases?**

- 3(i) What is the drug of choice for Acute Psychosis?
- 3(ii) What is the drug of choice for Bipolar illness?

**PART – A**  
**DESCRIPTIVE QUESTIONS**

**(ANSWER ALL QUESTIONS)**

1. 55 year old Mr. Ravi, a tailor, comes to your clinic with complaints of loose stools 4-5 times a day for the last four weeks. He has lost 4 Kgs over the last two months. He was treated in a nearby hospital and it has not given him any relief. On examination he is well-hydrated, but has pallor. Other than this, systemic examination is unremarkable.

**(TOTAL: 20 MARKS)**

- A.** Is the cause of diarrhoea organic or functional? Give reasons. **(3 Marks )**
- B.** Mr. Ravi says that he has occasionally noticed some blood as well as mucus in the stools. What are the differential diagnoses? **(4 Marks )**
- C.** What are the red flags in this patient? **(5 Marks )**
- D.** How will you investigate Mr. Ravi? **(5 Marks )**
- E.** Describe features of small bowel diarrhoea. **(3 Marks )**

2. 24 year old Murthy, an agricultural worker and a known epileptic is brought to causality. He is seizing. His friends say convulsions started approximately 15 minutes before when he was working in the fields and has been continuing.

**(TOTAL: 20 MARKS)**

- A.** What condition is he suffering from? Justify your answer. **(3 Marks )**
- B.** What are the possible causes of Mr.Murthy's condition? **(3 Marks )**
- C.** What are the three possible complications of prolonged seizures? **(3 Marks )**
- D.** Draw an algorithm for the management for Mr. Murthy. **(8 Marks )**
- E.** When will you refer Mr Murthy? **(3 Marks )**

**PART – B**  
**EXTENDED MATCHING QUESTIONS**

(ANSWER ALL QUESTIONS)

**1. THEME: FEVER – DIAGNOSIS & TREATMENT [QUESTIONS. 1(i) – 1(vi)]**

**(TOTAL: 6 MARKS)**

**From the options ‘A to R’ given below, choose the best answer for the questions 1(i) – 1(vi):**

**Options :**

- |  |   |
|--|---|
| <b>A.</b> Intermittent fever                                   | <b>I.</b> Paracetamol and review after 48 hours if fever persists       |
| <b>B.</b> T. Cefixime 200mg bd for 5 days                      | <b>J.</b> Tab. Azithromycin 500 mg od for 5days                         |
| <b>C.</b> Investigate for cause of fever and start antibiotics | <b>K.</b> Remittent fever   |
| <b>D.</b> Change antibiotics, reassure and review after 2 days | <b>L.</b> Deep Abscess with a thick wall                                |
| <b>E.</b> 7 to 10 days   | <b>M.</b> Penicillin G or Ceftriaxone 7 days                            |
| <b>F.</b> Metronidazole for 21 days                            | <b>N.</b> Large abscess with a thin wall                                |
| <b>G.</b> Advise admission and manage as inpatient             | <b>O.</b> Haemophilus influenza   |
| <b>H.</b> Staphylococcus aureus                                | <b>P.</b> Six weeks   |
|  | <b>Q.</b> Penicillin G or Ceftriaxone 10-14 days                        |
|  | <b>R.</b> Metronidazole followed by diloxanide furoate for 10 days each |

**Questions:**

**1(i)** . 24 year old Mr. Manoj is admitted with fever. His temperature is not touching baseline but varies by more than 2<sup>0</sup>C. You will call this fever as.

**1(ii)**. 22 year old Mr. Arvind presents to you in the OPD with fever of 2 days duration associated with body ache. There are no other symptoms. Clinical examination is normal except for a temperature of 101<sup>0</sup>C and a pulse rate of 108/min. Your best management plan would be

**1(iii)**. 45 year old Mr. Sushil has cough, fever and pleuritic chest pain for the last 5 days. He was treated by a local doctor with C.Amoxycillin 500mg TID for the last 2 days but continues to have fever. His respiratory rate is 36/min, BP is 130/80. Respiratory system examination suggests consolidation. Your plan for him would be

**1(iv)**. Antibiotic of choice for 22 year old Mr. Faizal whose CSF culture has grown Neisseria meningitides

**1(v)** . 30 year old Mr. Subash presents with a syndrome suggestive of atypical pneumonia without any indications for admission. The most appropriate antibiotic would be

**1(vi)** 71 year old Mrs. Latha is prescribed 21 days antibiotic for her pneumonia. What is the causative organism?

**2. THEME: DYSPEPSIA [QUESTIONS. 2(i) - 2(vi)] (TOTAL: 6 MARKS)**

**From the options ‘A to K’ given below, choose the best answer for the questions 2(i) – 2(vi)**

**Options :**

- |                                   |                                  |
|-----------------------------------|----------------------------------|
| <b>A.</b> Cholecystitis           | <b>G.</b> Faecal antigen testing |
| <b>B.</b> Malignant gastric ulcer | <b>H.</b> Urea breath test       |
| <b>C.</b> Acid peptic disease     | <b>I.</b> GERD                   |
| <b>D.</b> Leukaemia               | <b>J.</b> Dyspepsia              |
| <b>E.</b> Gastric ulcer           | <b>K.</b> Non-ulcer dyspepsia    |
| <b>F.</b> Duodenal ulcer          |                                  |

**Questions:**

- 2.(i).** Mr. Ravi has dyspeptic symptoms and is on treatment for H. Pylori. The test which is used in monitoring the progress of treatment in H. Pylori infection is
- 2.(ii).** Mr. Bashrat has dyspeptic symptoms, normal endoscopy and pellet-like stools and sensation of incomplete rectal evacuation. What is your diagnosis?
- 2.(iii).** 48 year old Mrs. Meena presents with right upper abdominal pain, nausea and frequent belching. Her BMI is 32. What is your diagnosis?
- 2.(iv).** Mr. Ram, a 63 year old man presents with loss of weight, loss of appetite and complaints of “acidity”. He has pallor on examination. What is your diagnosis?
- 2.(v).** Mr. Swamy, a 39 year old smoker and consumer of alcohol gives a 3 year history of upper abdominal pain which is more at nights and relieved by eating. He has gained weight in the past 3 months. What is your diagnosis?
- 2.(vi)** Mr. Dixit, a 30 year IT professional presents with epigastric pain which is relieved by vomiting and made worse by eating. He gives a history of weight loss over past 2-3 months. What is your diagnosis?

**3. THEME: HYPERTENSION [ QUESTIONS 3(i) – 3(vi)] (TOTAL: 6 MARKS)**

**From the options 'A to L' given below, choose the best answer for the questions 3(i) - 3(vi)]**

**Options :**

- |                                   |                             |
|-----------------------------------|-----------------------------|
| <b>A.</b> 120 -139 / 80-89 mmHg   | <b>G.</b> Alpha 1 blocker   |
| <b>B.</b> 140-159 / 90-99mmHg     | <b>H.</b> Clonidine         |
| <b>C.</b> >160 / 100 mm of Hg     | <b>I.</b> Thiazides         |
| <b>D.</b> Beta blocker            | <b>J.</b> Alpha Methyl dopa |
| <b>E.</b> Calcium channel blocker | <b>K.</b> Alpha 2 blocker   |
| <b>F.</b> ACE inhibitor           | <b>L.</b> Spironolactone    |

**Questions:**

- 3(i).** Mr.Balakrishna was told to have hypertension Stage 1. His BP should have been in the range of
- 3(ii).** 56 year old Mr. Muthu swami presents with edema and BP of 160/94 mm of Hg. The drug of choice for him will be
- 3(iii).** Drug of choice for 27 years old Kalyani, a primi gravida with BP160/100mmHg
- 3(iv).** Drug that can cause gynecomastia
- 3(v).** Drug of choice for 70 years old Mr.Basker with obstructive symptoms secondary to benign prostatic hypertrophy and BP-154/114 mm Hg
- 3(vi).** Drug of choice for 54yrs old Mr. Ashok, a known COPD patient with history of Transient Ischemic Attack .His blood pressure is BP-156/98 mmHg.

**4. THEME: DIARRHOEA IN ADULTS [QUESTIONS. 4(i) – 4(vi)] (TOTAL: 6 MARKS)**

**From the options ‘A to I’ given below, choose the best answer for the questions 4(i) –4(vi)**

**Options :**

- |                                  |                          |
|----------------------------------|--------------------------|
| <b>A.</b> Anti Tuberculous Drugs | <b>F.</b> Tetracycline   |
| <b>B.</b> Ganciclovir            | <b>G.</b> Furazolidone   |
| <b>C.</b> Paramomycin            | <b>H.</b> Albendazole    |
| <b>D.</b> ORS and symptomatic    | <b>I.</b> Amphotericin B |
| <b>E.</b> Ciprofloxacin          |                          |

**Questions:**

**4 (i).** Mr. Gauthum , an 28-year-old Mechanic, has come with history of two episodes of vomiting and 4 episodes of watery stools since morning. There was no blood in his stool. He feels tired and weak. His pulse is 100/min, BP: 100/60, He is lethargic, but his eyes are not sunken, tongue is moist, and skin looks normal.

**4 (ii).** 25-year-old Mrs. Rani presents with the history of diarrhoea with blood and mucus since last night. She has a low-grade fever with crampy abdominal pain.

**4 (iii).** 30-year-old Mr. Vishal is unwell for the past two months. He presents with history of loss of weight and appetite for the past 3 months. He has had a productive cough with a low-grade fever for the past 1 month. Diarrhoea is intermittent. On examination he is found to have ascites.

**4 (iv).** Treatment for Mr. Subbu, who is diagnosed to have tropical sprue

**4 (v).** Treatment for Mrs. Sita, a patient with positive HIV serology, and found to have CMV diarrhea.

**4 (vi).** Treatment for Mr. Sudhakar, a patient with positive HIV serology, and chronic diarrhea. His stool examination shows cryptococcal oocytes in stool examination.

**5. THEME: CONSTIPATION- TREATMENT**

**[QUESTIONS. 5(i) – 5(vi)]  
(TOTAL: 6 MARKS)**

**From the options ‘A to H’ given below, choose the best answer for the questions. 5(i)–5(vi):**

**Options:**

- |                           |                               |
|---------------------------|-------------------------------|
| <b>A.</b> Bran            | <b>E.</b> Bowel training      |
| <b>B.</b> Antidepressants | <b>F.</b> Polyethylene glycol |
| <b>C.</b> Biscodyl        | <b>G.</b> Liquid Paraffin     |
| <b>D.</b> Lactulose       | <b>H.</b> Enema               |

**Questions:**

**5(i).** Causes reflex evacuation

**5(ii).** Changes intestinal mucosal permeability; stimulates muscle activity and fluid secretion.

**5(iii).** Causes Volume lavage

**5(iv).** Increases fecal bulk as well as the fluid retained in the bowel lumen

**5(v).** Lubricates and softens fecal mass

**5(vi).** Salts lead to retained fluid in the bowel lumen with increased fluid secretion in the small intestine.

**6. THEME : DIABETES MELLITUS – COMPLICATIONS [QUESTIONS. 6(i) – 6(vi)]  
( TOTAL: 6 MARKS)**

**From the options ‘A to P’ given below , choose the best answer for the questions ‘6(i) – 6(vi)’:**

**Options**

- |  |                             |
|--|-----------------------------|
| <b>A.</b> Proliferative Diabetic Retinopathy | <b>H.</b> Cotton wool spots |
| <b>B.</b> Sub clinical neuropathy            | <b>I.</b> Venous beading    |
| <b>C.</b> Autonomic neuropathy               | <b>J.</b> Hard exudates     |
| <b>D.</b> Proximal neuropathy                | <b>K.</b> Micro aneurysms   |
| <b>E.</b> Large fiber neuropathy             | <b>L.</b> Blot hemorrhages  |
| <b>F.</b> Entrapment syndrome                | <b>M.</b> Moderate NPDR     |
| <b>G.</b> Diffuse symmetrical polyneuropathy | <b>N.</b> Severe NPDR       |
|  | <b>O.</b> Very severe NPDR  |
|  | <b>P.</b> Mild NPDR         |

**Questions :**

**6(i).** 58 year old Mr.Raju, a diabetic on treatment presents with complaints of dull, aching, deep seated pain. On examination, he has impaired vibration sense, depressed deep tendon reflexes, Romberg’s sign positive, small muscle wasting and deformity of toes and fingers. What is the most likely cause for this?

**6(ii)** 78 year old Mr.Kasi, a known diabetic presents with pain in his right wrist and history of dropping his glasses and spoons. The pain has progressed slowly. He complains of numbness in hands and tingling in fingers. What is the most likely cause for this?

***Mrs.Kani a known diabetic comes to you with difficulty in vision. You perform an ophthalmoscopic examination. You observe the following. What is your inference?***

**6(iii)** Bright white yellow structures with a wavy outline , coalescing to form patterns in the retina are:

**6(iv)** When venous beading is present in two or more quadrants, it indicates:

**6(v)** Saccular outpouchings from retinal capillaries seen as round bright spots with regular borders:

**6(vi)** 81 year old Mr. Balu, a diabetic, presents to you with abrupt onset of pain in both thighs which started on the right thigh and progressed to the left thigh. This was followed by weakness of the thigh muscles and inability to rise from sitting position. What does Mr. Balu have?

**7. THEME – EDEMA AND THYROID DISORDERS**

**[QUESTIONS. 7(i) – 7(vi)]  
(TOTAL: 6 MARKS)**

**From the options ‘A to J’ given below, choose the best answer for the questions 7(i) – 7(vi)**

**Options:**

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <b>A.</b> Hashimoto’s Thyroiditis   | <b>F.</b> TSH high, free T4 low   |
| <b>B.</b> Lymphocytic Thyroiditis   | <b>G.</b> TSH normal, free T4 low |
| <b>C.</b> De Quervain Thyroiditis   | <b>H.</b> TSH low, free T4 high   |
| <b>D.</b> Growth hormone deficiency | <b>I.</b> Lithium                 |
| <b>E.</b> Hypothyroidism            | <b>J.</b> Sodium valproate        |

**Questions: Mark the correct diagnosis for the following patients:**

**7(i)** 37 year old Mrs. Janaki with goitre, high TSH, low free T4 and thyroid antibodies.

**7(ii).** Mrs. Sheela, a 65 years old lady comes to you with a history of bilateral pedal oedema, lethargy, constipation, weight gain and intolerance to cold. What is the diagnosis?

**7 (iii).** What will be her TSH and free T4 levels for you to make such a diagnosis?

**7 (iv).** 24 year old Megala, a type 1 diabetic with new onset thyroid swelling .She has delivered a healthy male baby 3 months ago.

**7(v).** Mrs. Sheetal, 65 years old lady develops symptoms of hypothyroidism after being on this medication.

**7 (vi).** 35 year old Mrs. Hilda with painful thyroid swelling, fever and malaise for the past 2 weeks

**8. THEME: INTERPRETING CSF ANALYSIS RESULTS**

[QUESTIONS 8(i) – 8(vi)] (TOTAL: 6 MARKS)

From the options 'A to H' given below, choose the best answers for the questions

8(i) – 8(vi):

**Options:**

A. CSF fluid turbid, WBC-500, Polymorphs-  
nil, Protein > 62mg/dl, Glucose - 45mg/dl.

B. CSF fluid turbid, WBC- 5238,  
Polymorphs- 86%, Protein 72 mg/dl,  
Glucose - 35mg/dl

C. CSF fluid turbid, WBC- 512,  
Polymorphs- 27% lymphocytes – 73%  
Protein 300mg/dl, Glucose - 40 mg/dl.

D. CSF fluid crystal clear, WBC - 3,  
Polymorphs-nil, Protein 24 mg/dl, Glucose –  
64 mg/dl

E. Staphylococcus Aureus

F. Crystalline penicillin : 0.5 lakh units daily  
in 3 divided doses for 14 days.

G. Cefotaxime: 200 mg / kg/day q 6 H for 14 days

H. Neisseria Meningitides

**Questions:**

8(i). Mr. Ravi has been diagnosed to have bacterial meningitis. What will the CSF picture be?

8(ii) Mrs. Rani has been diagnosed to have viral meningitis. What will the CSF picture be?

8(iii) Mr. Das has been diagnosed to have tuberculous meningitis. What will the CSF picture be?

8(iv) Mrs. Fazia is suspected to have acute CNS infection. But the CSF picture turned out to be normal .What will the normal CSF picture be?

*22 year old Mr. Balaji comes to you with symptoms of meningitis. CSF gram stain shows bacterial meningitis.*

8(v) What is the most probable causative organism?

8(vi) How will you treat Balaji?

**9. THEME – CHEST PAIN [QUESTIONS. 9(i) – 9(vi)] (TOTAL: 6 MARKS)**

**From the options ‘A to L’ given below, choose the best answer for the questions 9(i) – 9(vi)**

**Options:**

- |                        |                 |
|------------------------|-----------------|
| A. Dissecting aneurysm | H. Pneumothorax |
| B. Pericarditis        | I. STEMI        |
| C. Pulmonary embolism  | J. NSTEMI       |
| D. Pneumonia           | K. Positive     |
| E. Unstable angina     | L. Negative     |
| G. Stable angina       |                 |

**Questions: Mark the correct diagnosis for the following patients:**

- 9(i).** Mr. Shankar, with pleuritic type of pain, fever with findings of egophony and dullness on percussion.
- 9(ii).** Mrs. Banu with pleuritic type of pain which gets relieved with sitting up and leaning forward . It gets aggravated by lying supine and change in position. On examination, her temperature is normal, pulse rate is 114/minute and B.P is 100/70mmHg.
- 9(iii).** Mr. Saleem , a known case of lung malignancy, presents with a sudden onset of severe dyspnoea and chest pain and hemoptysis.
- 9(iv).** Mr. Murugan, a known case of COPD presents with sudden onset of dyspnoea and chest pain. On examination, he is Afebrile, pulse rate is 114/minute; respiratory rate is 32/minute; trachea is shifted to opposite side, lung is hyper resonant with absent breath sounds.
- 9(v).** Mrs. Malini presents with retrosternal chest pain radiating to back, both the thighs and legs. On examination, pulses are absent in right lower limb, radial pulse rate is 120/minute, BP is 90/60mmHg.
- 9(vi).** Mrs. Packyavathi has come with typical chest pain within 2 hours of chest pain. Her ECG is normal and troponin levels I are 0.6 ng/mL. Is troponin level positive or negative for MI?

**10. THEME: SEIZURES – DIAGNOSIS [QUESTIONS. 10(i) – 10(vi)]**

**TOTAL: 6 MARKS)**

**From the options‘A to L’given below,choose the best answer for questions‘10(i)– 10 (vi)’:**

**Options**

- |   |   |
|---|---|
| <b>A.</b> Typical absence seizures                      | <b>G.</b> Atonic seizures               |
| <b>B.</b> Complex partial seizures                      | <b>H.</b> Unclassified seizures         |
| <b>C.</b> Simple partial seizures                       | <b>I.</b> Pathologic myoclonic seizures |
| <b>D.</b> Partial seizure with secondary generalization | <b>J.</b> Infantile spasms              |
| <b>E.</b> Primary generalized seizures                  | <b>K.</b> Syncope                       |
| <b>F.</b> Tonic seizures                                | <b>L.</b> Psychogenic seizure           |

**Questions :**

- 1.** Mala brings her 40 days old baby with complaints of episodes of abrupt movements of head, trunk or limbs; occur in a cluster of 10 to 20 movements per episode; the movements are sudden flexion of the neck and abdomen with extension of the limbs.
- 2.** 4 months old Subala’s baby with history of hypoxic birth injury is brought with complaints of episodes of sudden and brief muscle contraction that involve whole or part of the body. The child has not attained social smile yet.
- 3.** 7 year old Subbu is brought with episodes of sudden loss of postural tone lasting for 1 to 2 seconds associated with brief loss of consciousness. His EEG shows Brief, generalized spike-and-wave discharges followed immediately by diffuse slow waves that correlate with the loss of muscle tone.
- 4.** 6 month old Fausia is brought with episodes of rigid, violent muscular contractions, fixing the limbs in some strained position, with deviation of the eyes and of the head toward another side. These episodes of hypertonia are not followed by clonic jerks.
- 5.** 25 year old Murugan is brought with complaints of seizures; the seizures start suddenly; the initial phase consists of tonic contractions of the muscles throughout the body; he lets out a loud cry, develops impaired respiration, and cyanosis. Sometimes there is biting of tongue. This period of 10-20 seconds is followed by period of relaxation and then slowly he regains consciousness.
- 6.** 45 year old Mr. Sudhakar has complaints of episodes of experiencing unusual intense odors. CT scan of the brain will show a focal lesion in the temporal lobe. He does not lose consciousness during the episode.

\*\*\*\*\*

(LF 0214)

M.MED.FAMILY MEDICINE

Sub Code: 4001

FIRST YEAR THEORY EXAM- AUGUST 2014

PAPER I - MEDICINE AND ALLIED SCIENCES

QP CODE: 434001

TIME: THREE HOURS

MAXIMUM MARKS: 100

**INSTRUCTIONS**

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 marks)**.
- **Part B** will have Objective type EMQs (**Extended Matching Questions**) **(60 marks)**.
  - ✓ This will have 10 sets of these questions.
  - ✓ Each set will have 6 questions.
  - ✓ Each question will carry 1 mark.
  - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English alphabets **A, B, C, D** and so on.

Example:  
**3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)**  
**From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)**

**Options:**

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazinedeconoate
- H. Tab. Risperidone

**Questions: What is your treatment option in the following cases?**

3(i) What is the drug of choice for Acute Psychosis?  
 3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	
3(ii)	
3(iii)	
3(iv)	
3(v)	
3(vi)	

❖ Each option may be used more than once. Some options may not be used at all.

**PART – A**  
**DESCRIPTIVE QUESTIONS**  
**(ANSWER ALL QUESTIONS)**

1. 22-year-old Mr. Anil has come to your clinic. He is worried because he has had an episode of seizures a day ago. **(Total: 20 Marks)**
- A. How will you classify seizures according to EEG findings and clinical features? **(5 Marks)**
  - B. What are seizure-mimics? Give some examples. How will you differentiate syncope and a true seizure? **(5 Marks)**
  - C. What are the screening questions that are used to decide whether an episode of jerky movements of the body was a seizure or not? **(3 Marks)**
  - D. What are the indications of CT in a patient who has had the first episode of seizure **(2 Marks)**
  - E. Draw an algorithm for step by step management of a patient with status epilepticus with dosage of drugs. **(5 Marks)**
2. 56 year old Mr. Shasta has come with generalized edema. **(Total: 20 Marks)**
- A. What are the major factors in the pathogenesis of edema **(4 Marks)**
  - B. Classify the causes of generalized edema according to the cause of edema and enumerate the conditions under the causes. **(4 Marks)**
  - C. You find that Mr. Shasta has ascites. Describe three methods to demonstrate ascites in a patient. **(6 Marks)**
  - D. Explain how will you differentiate whether Mr. Shasta's ascites is an exudate or a transudate through investigations. Write 4 causes each for transudative ascites and for exudative ascites. **(6 Marks)**

**PART – B**  
**EXTENDED MATCHING QUESTIONS**  
**(ANSWER ALL QUESTIONS)**

- 1. THEME: SYMPTOMS OF PSYCHIATRIC ILLNESS [1(i) – 1(vi)] (Total: 6 Marks)**  
**From the options 'A to L' given below, choose the best answer for the questions 1(i) – 1(vi):**

**Options:**

- |                       |                      |
|-----------------------|----------------------|
| A. Thought insertion  | D. Palilalia         |
| B. Thought withdrawal | E. Poverty of speech |
| C. Echolalia          | F. Neologism         |

- G. Flight of ideas
- H. Thought broadcasting
- I. Delusion

- J. Delirium
- K. Illusion
- L. Thought blocking

**Questions: Choose the correct ‘Symptom’ from the options above for the description of the patient experience given below:**

1. (i) Mr. Samy tells you, “There is a man standing beside my door me all the time with a knife to stab, doctor”. His wife tells you that she has tried showing him the place and explaining that there is no one there, but he refuses to believe it and gets angry with her for lying to him.
1. (ii) 70 year old Mrs. Geetha is brought to casualty. She is screaming, shouting and is in a confused state with fluctuating levels of consciousness. Her son says the symptoms started suddenly in the morning.
1. (iii) Mr. Faizal, a 21 year old college student tells you, “I know ... I know for sure it is not me, doctor, but it is somebody... who put these ideas into my mind.... I know that I do not think like that!”
1. (iv) Mr. Hiralalal is brought to your clinic with complaints of not responding to any calls or touch, though awake and conscious. He is sitting immobile for hours and ignores all external stimuli.
1. (v) Mrs. Devi has brought her husband saying that he is beating the rope pieces in the back yard of the house, all the time screaming, “Snakes! Snakes!” in spite of her repeatedly explaining to him that they are just ropes.
1. (vi) Mrs. Kala is brought by her husband with complaints of abnormal behavior. She says that she wants to talk to you alone. Once her husband goes outside, she tells you, “It is no use, doctor. Even if he sits outside, he will always know what I am thinking... I am not even free to think for myself”... and she bursts into tears.

**2. THEME:TREATMENT OF PSYCHIATRIC ILLNESS [2(i) – 2(vi)] (Total: 6 Marks)**  
**From the options ‘A to M’ given below, choose the best answer for the questions 2(i) – 2(vi):**

**Options:**

- |                          |                  |
|--------------------------|------------------|
| A. FluphenazineDecanoate | H. Promethazine  |
| B. Risperidone           | I. Valproic acid |
| C. Trihexyphenydydyl     | J. Haloperidol   |
| D. Olanzapine            | K. Mirtazapine   |
| E. Lithium               | L. Fluoxetine    |
| F. Carbamazepine         | M. Amitriptyline |
| G. Phenytoin             |                  |

## Questions

2. (i) Mr. Hari Krishnan is diagnosed to have depression and has difficulty in falling asleep. What medicine would you prescribe?
2. (ii) Mrs. Sumitrais diagnosed to have bipolar disorder and she is on Eltroxine. The drug to be avoided in her is:
2. (iii) Mrs. Seetha has clinical depression and she needs a pharmacological agent. She is a cardiac patient on nitrates. The drug of choice for her is
2. (iv) Mr. Gopalanis diagnosed to have bipolar disorder and he was diagnosed to have alcoholic hepatitis six months ago. The drug to be avoided in him is:
2. (v) Mr. Jillani has presented with dystonia after taking chlorpromazine. He is not agitated and the sleep pattern is normal. What medicine would you prescribe?
2. (vi) Ms. Banuis diagnosed to have psychosis and she is not agitated. What is the newer antipsychotic of choice for her?

### **3. THEME: INVESTIGATIONS FOR DYSPEPSIA [3 (i) – 3(vi)] (Total: 6 Marks)**

**From options 'A to H' given below, choose the best answer for questions 3 (i) – 3 (vi):**

## Options

- |                                   |                        |
|-----------------------------------|------------------------|
| A. Histo-pathological examination | E. Faecal antigen test |
| B. Urea breath study              | F. Serology            |
| C. Ultra sonogram                 | G. Endoscopy           |
| D. Urinary Antigen test           | H. Contrast study      |

## Questions

3. (i) Mr. Ram has features of dyspepsia. If his Murphy's sign is positive, what will be the investigation of choice?
3. (ii) Mr. Hithesh has dyspepsia. His history and examination is not suggestive of any diagnosis. If you want to investigate him for H. Ducreyi, which is the cheapest but the least accurate test available?
3. (iii) Among all the investigations available for evaluating dyspepsia, which is the simpler, less costly but disagreeable test to patients?
3. (iv) Among all the investigations available for evaluating dyspepsia, which is the most comfortable investigation for the patient that has a specificity >95%?
3. (v) This investigation used for evaluating dyspepsia has the 'inability to do a biopsy' as its limitation
3. (vi) This investigation used for evaluating dyspepsia carries the risk of 'aspiration'

**4. THEME: NAUSEA AND VOMITING [4 (i) –4(vi)]**

**(Total: 6 Marks)**

**From options 'A to I' given below, choose the best answer for the questions 4 (i) –4 (vi):**

**Options**

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <b>A.</b> Renal failure              | <b>F.</b> Hypertensive urgency        |
| <b>B.</b> Congestive cardiac failure | <b>G.</b> Malignant hypertension      |
| <b>C.</b> Metabolic encephalopathy   | <b>H.</b> Raised intracranial tension |
| <b>D.</b> Diabetic ketoacidosis      | <b>I.</b> Hepatic encephalopathy      |
| <b>E.</b> Acute congestive glaucoma  |                                       |

**Questions: Choose the correct diagnosis for the following patients:**

- 4. (i)** Mr. Ganesh presents with nausea, vomiting, loss of appetite, facial puffiness and pedal edema
- 4. (ii)** Mrs. Geetha presents with nausea, vomiting, acidotic breathing and abdominal pain
- 4.(iii)** Mr. Ravi presents with nausea, loss of appetite, pedal edema and exertional dyspnea. On examination, he has elevated JVP, basal crepitations, tachycardia and audible S3/S4.
- 4. (iv)** Mrs. Leela presents with early morning increase in headache and projectile vomiting. His blood pressure is 120/80 mm of hg and there is papilledema.
- 4. (v)** Mr. Lal presents with early morning increase in headache and projectile vomiting. His blood pressure is 210/140mm of hg and there is papilledema. His creatinine is 4.2 mg/dl.
- 4. (vi)** Ms. Kala presents with early morning increase in headache and projectile vomiting. His right eye is red and painful. The fundus is normal; blood pressure is 120/80 mmHg

**5. THEME: DIARRHOEA IN ADULTS [5 (i) – 5 (vi)]**

**(Total: 6 Marks)**

**From the options 'A to I' given below, choose the best answer for the questions 5 (i) –5 (vi):**

**Options:**

- A.** Abdominal tuberculosis
- B.** Tropical sprue
- C.** Isospora belli
- D.** Cytomegalovirus (CMV)
- E.** Cryptosporidiosis
- F.** Inflammatory bowel disease
- G.** Irritable Bowel Syndrome
- H.** Gastric Malignancy
- I.** Salmonellosis

## Questions

5. (i) Mr. Tilak has come with acute watery diarrhea, fever and abdominal pain. His HIV serology is positive; there is eosinophilia in the peripheral blood smear and the stool examination shows large oocysts by modified acid-fast staining. What organism is this likely to be?
5. (ii) Mr. Hrithik presents with frequent small volume stools with tenesmus and pain on defecation; he also has fever, malaise, anorexia, fatigue, arthralgia and night sweats. His HIV serology is positive. What will you think of?
6. (iii) Mrs. Ramani presents with severe dehydration, profuse watery diarrhea, abdominal pain, fever, anorexia, malaise, malabsorption and wasting. The stool examination shows protozoan oocysts 4-5 microns in diameter by with special staining. What organism is this likely to be?
5. (iv) 17 year old Sultana presents with loss of weight, loss of appetite, low grade fever and diarrhea for the past 2 months. On examination, there is ascites and a palpable mass in right iliac fossa. What is the most likely diagnosis?
5. (v) 26 year old Laxmi presents with chronic diarrhea and anemia. There is stomatitis glossitis and knuckles are hyper pigmented on examination. Her HIV serology is negative and MCV\* is 108 fl. What is your diagnosis?
5. (vi) 22 year old Sudeep presents with recurrent episodes of bloody diarrhea and abdominal pain. On examination, he is anemic, there are aphthous ulcers on examination and there is clubbing. What is your diagnosis?

\*MCV – Mean Corpuscular Volume

### **6. THEME: HYPERTENSION [6 (i) –6 (vi)]**

**(Total: 6 Marks)**

**From the options 'A to H' given below, choose the best answer for the questions 6 (i) –6 (vi). More than one answer may be selected.**

### Options:

- A. Hydrochlorothiazide
- B. Enalapril
- C. Atenolol
- D. Amlodipine
- E. Losartan
- F. Alpha Methyl dopa
- G. Prazosin
- H. Adelfane

**Questions: Choose the most appropriate Antihypertensive from the options above for the following patients:**

6. (i) 72 year old Mr. Dinesh has isolated systolic hypertension. He is on allopurinol for his joint pain. Which antihypertensive will you choose?
6. (ii) 50 year old Mr. Luke had a stroke last month. The antihypertensive you will prefer for him is:
6. (iii) 45 year old Mr. Lalhas diabetic nephropathy and his blood pressure is 140/90 mm of Hg.
6. (iv) The antihypertensive of choice for 60 year old Mrs. Kala who had an Myocardial Infarction last month is:
6. (v) The antihypertensive of choice for 54 year old Mr. Ahamed who has left ventricular dysfunction is:
6. (vi) The antihypertensive of choice for 58 year old Mrs. Asha who has Congestive Cardiac Failure is:

**7. THEME: HEADACHE [7 (i) –7 (vi)]**

**(Total: 6 Marks)**

**From the options 'A to I' given below, choose the best answer for the questions 7 (i) –7 (vi):**

**Options:**

- A. Propranolol
- B. Carbamazepine
- C. Amitriptyline
- D. Inhaled oxygen
- E. Verapamil
- F. Narcotic analgesic
- G. Nitrous oxide
- H. Mirtazapine
- I. Olanzapine

**Questions**

*Mrs. Sujatha suffers from episodes of very severe unilateral pain deep, excruciating, burning or stabbing pain over the orbital, supraorbital and temporal region, which often awakens her from sleep.*

7. (i) What is the agent that can stop the acute episode of headache in such patient?
7. (ii) The drug that is used as a prophylaxis for Mrs. Sujatha is:
7. (iii) Mrs. Parvathy has episodes of headache for the past one year. The headaches are severe, lasts for around 6 hours. Pain is often unilateral, throbbing, worse with exertion,

and accompanied by symptoms such as nausea and sensitivity to light, sound, odors. Her T4 level is 3.0 ng /ml and TSH is 0.0 U/MI. If she needs a prophylaxis, what will be the first drug that you would use?

7. (iv) Mrs. Jothi has episodes of right sided facial pain which is sharp and stabbing which usually lasts for less than a minute. What will be the drug of choice?

*Mrs. Geetha has complaints of headache for the past 3 months; it lasts for around 2-3 hours. The headache is bilateral; non-pulsating; not aggravated by routine physical activity and there is no vomiting /nausea or photophobia*

7. (v).Which drug will you prescribe her?

7. (vi)The drug that you will avoid in Mrs. Geetha is:

**8. THEME: SEIZURES [8 (i) – 8 (vi)]**

**(Total: 6 Marks)**

**From the options 'A to H' given below, choose the best answer for the questions 8 (i) – 8 (vi):**

**Options:**

- A. Primary generalized tonic – clonic seizure
- B. Absence seizure
- C. Infantile spasms
- D. Neonatal seizures
- E. Myoclonic seizure
- F. Tonic seizure
- G. Atonic seizure
- H. Secondary generalized tonic – clonic seizure

**Questions: Choose the appropriate type of seizure from the options above for the patient description given below:**

8. (i) Paul, a 14-year-old student is brought with the history of seizure, which started abruptly, without warning, in the school. His friend describes the episode as “Suddenly he fell on the floor; his muscles became stiff and then started jerking. After a few minutes he became quiet and when he woke up after 2 minutes, he was kind of confused”
8. (ii) 2 year old Keerthi has episodes of seizures characterized by sudden loss of postural tone lasting for 1 to 2 seconds associated with brief loss of consciousness.
8. (iii) 2 months old Booma has abrupt movements of head, trunk or limbs and occur in a cluster of 10 to 20 movements per episode. Sometimes there is associated sudden flexion of the neck and abdomen with extension of the limbs.

8. (iv) 24 year old Hari has episodes of rigid, violent muscular contraction, fixing the limbs in some strained position, with usually deviation of the eyes and of the head towards the opposite side.
8. (v) 7 year old Malathi has episodes of sudden, brief lapses of consciousness without loss of postural control, which lasts for only few seconds and occur more than 100 times a day.
8. (vi) 19 year old Jhansi has episodes of seizures that start as focal and then becomes generalized

**9. THEME: CHEST PAIN [9 (i) –9(vi)]**

**(Total: 6 Marks)**

**From the options 'A to H' given below, choose the best answer for the questions 9 (i) –9 (vi):**

**Options:**

- A. Pneumothorax
- B. Pneumonia
- C. Myocardial infarction
- D. Pulmonary embolism
- E. Aortic stenosis
- F. Dissection of aorta
- G. Myocarditis
- H. Pericarditis

**Questions: Choose the correct diagnosis from the options above for the following patients:**

9. (i) Mr. Somu, a known case nephrotic syndrome, is brought to the casualty with complaints of sudden onset of chest pain and difficulty in breathing. He coughing continuously and the sputum is blood stained. His heart rate is 112/minute and there is a friction rub over the site of pain.
9. (ii) Mr. Kannan has come with sudden onset of chest pain in the retrosternal area and diaphoresis.
9. (iii) Mr. Abdul, a known hypertensive has come with retrosternal chest pain radiating to back, both the thighs and legs.
9. (iv) Mrs. Jyothi presents with recurrent episodes of syncope, angina and dyspnea. She has Grade III or IV Ejection systolic murmur in aortic area which is conducted to carotids.
9. (v) 17 year old Felicity has come with chest pain and fever. On examination, she has bronchial breath sounds and crepitations in the right scapular area and that area is dull on percussion.

9. (vi) Sudden onset of dyspnea and chest pain and on examination trachea is shifted to left side while the right side of the chest is hyper resonant on percussion with absent breath sounds.

**THEME: CONSTIPATION [10 (i) –10 (vi)]**

**(Total: 6 Marks)**

**From the options ‘A to D’ given below, choose the best answer for the questions 10 (i) – 10 (vi):**

**Options:**

- A. Lactulose
- B. Ispaghula
- C. Biscodyl
- D. Polyethylene glycol enema

**Questions:**

*Giri is a 4-year-old just started going to the ‘proper school’. He has developed constipation for the past two months.*

10. (i) Apart from the behaviour modification, if you have to give a pharmacological agent, which would you prefer?
10. (ii) Drug of choice if Giri develop impacted stools is:

*Mr. Das is 72 year old retired teacher, who has constipation. He is ambulant and takes care himself.*

10. (iii) What will be your first choice of medicine?
10. (iv) Second choice of drug for Mr. Das if he does not respond to the first drug is:

*Mr. Gopalan has constipation and it all the more distressing because he is bedridden for the past four months due to a CVA. The stools are not impacted.*

10. (v) What is your drug of choice for Mr. Gopalan?
10. (vi) The drug to be avoided in Mr. Gopalan as a treatment for constipation is:

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(LG 0215)

M.MED.FAMILY MEDICINE

(Sub Code: 4001)

FIRST YEAR THEORY EXAM– FEBRUARY 2015

PAPER I - MEDICINE AND ALLIED SCIENCES

QP .CODE: 434001

Time: Three hours

Maximum Marks: 100

### INSTRUCTIONS

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 marks)**.
- **Part B** will have Objective type EMQs **extended matching questions(60 marks)**.
  - ✓ This will have 10 sets of these questions.
  - ✓ Each set will have 6 questions.
  - ✓ Each question will carry 1 mark.
  - ✓ Each set has a **theme** on the top. Below this, **some options** given on the top followed by some **questions**. The options are lettered using the English Alphabets **A, B, C, D** and so on.

Example:

**3. THEME–COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6Marks)**

**From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)**

**Options:**

- A.** Inj. Haloperidol
- B.** Amitriptyline + counseling
- C.** Tab. Chlorpromazine
- D.** Tab. Trihexyphenidyl
- E.** Tab. Diazepam
- F.** Tab. Lithium
- G.** Inj. Fluphenazine deconate
- H.** Tab. Risperidone

**Questions: What is your treatment option in the following cases?**

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

- ✓ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	A
3(ii)	F
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ✓ Each option may be used more than once. Some options may not be used at all.

**PART – A**  
**DESCRIPTIVE QUESTIONS**  
**(ANSWER ALL QUESTIONS)**

1. 58 year-old Mr. Chandran comes with gradually progressive stiffness, difficulty walking and going down stairs. On examination, he has expressionless face, staring gaze with limitation of gaze in all directions and bradykinesia. **(Total: 20 Marks)**
- A. What will be your first clinical diagnosis? **(2 Marks)**
  - B. How can you explain these symptoms? **(3 Marks)**
  - C. How will you manage him? Explain with the help of an algorithm. **(7 Marks)**
  - D. How will you follow up this patient? **(3 Marks)**
  - E. What will be the indications for referral in this patient? **(5 Marks)**
2. Mr. Manikandan, a 65-year-old retired schoolteacher comes to your clinic with one month history of frequent episodes of chest pain in the retro-sternal region while walking upstairs and lifting weights. He also gets sweating and palpitations associated with the pain. **(Total:20Marks)**
- A. Is this chest pain serious? Why do you think so? **(3 Marks)**
  - B. Define Unstable angina and NSTEMI **(4 Marks)**
  - C. What are the three important requisites for diagnosing STEMI? **(3 Marks)**
  - D. Describe the 5 steps in the management for stable angina? **(5 Marks)**
  - E. Write a prescription for this patient. **(5 Marks)**

**PART – B**  
**EXTENDED MATCHING QUESTIONS**  
**(ANSWER ALL QUESTIONS)**

1. **THEME: SLEEP DISORDERS [QUESTIONS. 1(i) - 1(vi)]** **(Total: 6 Marks)**  
From the options 'A to L' given below, choose the best answer for the questions 1(i) – 1(vi):

**Options :**

- |                              |                             |
|------------------------------|-----------------------------|
| A. Periodic limb movement    | G. Insomnia                 |
| B. Circadian rhythm disorder | H. Secondary Parasomnia     |
| C. Diazepam                  | I. Restless leg syndrome    |
| D. Pramipexole               | J. Primary Parasomnia       |
| E. Anti-depressants          | K. Memory loss              |
| F. Clonazepam                | L. Obstructive sleep apnoea |

**Questions :**

**Mr. Khan comes to you with the complaint of having confusional arousals at night and doing bizarre things like pulling the flush or switching on the TV.**

1(i). What is the diagnosis?

1(ii). How will you treat him?

**Mr. Karthikeyan comes with the complaint of having painful erections at night and causes him to wake up.**

1(iii). What is the diagnosis?

1(iv). How will you treat him?

**Mrs. Nalini has the urge to move the legs repeatedly before the onset of sleeping.**

1(v). What is the diagnosis?

1(vi). How will you treat her?

**2. THEME: ETIOLOGY OF STROKE [QUESTIONS. 2(i)-2(vi)] (Total: 6 Marks)**  
**From the options 'A to F' given below, choose the best answer for the questions 2(i) – 2(vi)**

**Options :**

- A. Thrombotic stroke
- B. Embolic stroke
- C. Posterior circulation stroke
- D. Intracerebral haemorrhagic stroke
- E. Anterior circulation stroke
- F. Lacunar stroke

**Questions:**

2.(i). Mr. Natarajan was brought to you with the complaint of having vertigo, dysphagia, bilateral visual disturbance and ataxia since yesterday. What could be the type of stroke?

2.(ii). Mrs. Rajamani is a known case of mitral stenosis with atrial fibrillation and she is not on treatment. She has come with features of stroke today. What is your opinion regarding the type of stroke?

2.(iii). Mr. Muthu aged 87 is a hypertensive. He has come to casualty with sudden loss of consciousness and right hemiplegia. The stroke is more likely to be.

2.(iv). In a stroke with this etiology, hemiparesis and other symptoms are maximal at onset and unassociated with head ache. Identify this stroke.

2.(v). Mrs. Kalyani was brought to you with the complaint of having disinhibition and speech preservation, altered mental status impaired judgment, contra lateral motor deficits and cortical sensory deficits. These are characteristic of this type of stroke.

2.(vi) Mr. Raman having dysarthria and clumsy hand which are characteristic of this type of stroke.

**3. THEME: DYSPNEA PART 1[QUESTIONS 3(i) –3(vi)] (Total:6 Marks)**  
**From the options 'A to J' given below, choose the best answer for the questions 3(i) -3(vi)]**

**Options :**

- |                                |                               |
|--------------------------------|-------------------------------|
| A. Tension Pneumothorax        | F. Mitral regurgitation       |
| B. Anxiety                     | G. Congestive cardiac failure |
| C. Aortic regurgitation        | H. Aortic stenosis            |
| D. Depression                  | I. Tricuspidregurgitation     |
| E. Traumatic cardiac tamponade | J. Mitral stenosis            |

**Questions:**

3(i). Mr. Rajan is 33 years old and he has come with complaints of palpitations for the past 9 months. Your new OPD assistant hesitantly comes and tells you that she is not able to measure the blood pressure because, though she is clearly able to make out the systolic pressure as 130 mm of Hg, the diastolic blood pressure is going below 10 mm of Hg! What cardiac lesion you can suspect in Mr. Rajan?

3(ii). 23 year old Murugan is brought to you after a road traffic accident. Murugan is conscious, oriented but not able to talk. He makes a sign that he is not able to breathe. On examination, he is dyspneic, respiratory rate is 42/ minute; blood pressure is 80 / 70 mm of Hg. His JVP is raised. His respiratory system is normal. You find his cardiac sounds are softer than normal. What is your diagnosis?

3(iii). Mrs. Janet comes to you with the complaint of fatigue, palpitations, exertional dyspnea and tachypnea. On examination pan systolic murmur loudest over the apex with radiation to the left axilla present. What is the probable diagnosis?

3(iv). Mr. Hariharan has exertional dyspnea, angina pectoris and syncope – these are the three cardinal symptoms of which condition?

3(v). 55 year old Mr. Rangaswamy presents to your clinic with a recent new onset dyspnea for the past 6 weeks. He has been a diabetic for 8 years and has recently been diagnosed to have stage I hypertension, on drugs. On examination, he is comfortable at rest and his blood pressure is 140/90 mmHg. He has crepitations in both lung bases. What is the most probable diagnosis?

3(vi). 31 year old Mrs. Muthukeshmi has come to you with progressive onset of difficulty in breathing for the past two years. She says even walking to toilet has become very difficult for

her for the past two months. On examining her, you find that her pulse rate is irregularly irregular, blood pressure is 96/80 mm of Hg, JVP is raised. There is a loud S1, and a mid-diastolic murmur in the left second intercostal space P2 is loud; there are scattered crepitations in both the lung bases. What is your clinical diagnosis?

**4. THEME: LOOSE STOOLS [QUESTIONS. 4(i) – 4(vi)] (Total: 6 Marks)**  
From the options 'A to K' given below, choose the best answer for the questions 4(i) –4(vi)

**Options :**

- |                          |                             |
|--------------------------|-----------------------------|
| A. Pseudo diarrhoea      | G. Amoebic colitis          |
| B. Faecal incontinence   | H. Irritable bowel syndrome |
| C. Large bowel diarrhoea | I. Tuberculosis             |
| D. Diabetes              | J. Salmonella               |
| E. Small bowel diarrhoea | K. Enterobiusvermicularis   |
| F. Shigella              |                             |

**Questions:**

*Mr. Wilfred an 80-year-old retired government official comes to you with the complaint of passing stool pellets about 6-8 times a day. His son has brought him to you for diarrhea. He has no sense of rectal urgency.*

4(i). What would you classify this condition as?

*20-year-old Mr. Felix has had 8 stools/day in the last 48 hours. The stools are small in amount, but some blood in the stools. He has pelvic pain that is relieved after defecation. He also has fever and looking ill.*

4(ii). What type of diarrhea does Mr. Felix have?

4(iii). What cause do you suspect in him?

*Two members of the Lal family – the father and the 20 year old son come to your clinic with a history of diarrhea 6-8 times/day and accompanied by blood, urgency, and tenesmus. However, they do not look ill.*

4(iv). What type of diarrhea is this?

4(v). What could be the possible cause?

*40-year-old Mr. Damodar has come with complaints of diarrhea for the past 4 months. On examination he has oral thrush.*

4(vi). What do you suspect could be the cause of his diarrhea?

**5. THEME: CONSTIPATION[QUESTIONS. 5(i) – 5(vi)] (Total:6 Marks)**  
From the options 'A to J' given below, choose the best answer for the questions. 5(i)–5(vi):

**Options:**

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <b>A.</b> Liquid Paraffin           | <b>F.</b> Irritable bowel syndrome |
| <b>B.</b> Digital rectal evacuation | <b>G.</b> Phenolphthalein          |
| <b>C.</b> Iatrogenic                | <b>H.</b> Sorbitol                 |
| <b>D.</b> Colorectal carcinoma      | <b>I.</b> Senna                    |
| <b>E.</b> Hypothyroidism            | <b>J.</b> Polyethylene glycol      |

**Questions:**

**5(i).** A 42 year old woman complains of weight gain, constipation, cold intolerance and depression. What could be the cause of constipation?

**5(ii).** A 38 year old woman who is on antidepressants complains of abdominal pain, bloating and constipation. She opens her bowels approximately twice a week with the passage of hard stool. She also complains of a dry mouth. What could be the cause of constipation?

**5(iii).** Which of the above drugs causes melanosis coli?

**5(iv).** A 66 year old man presents with a 3-month history of difficulty in passing stool with altered bowel habits. He is anorexic, and has an urge to pass stool but is unable to do so. What is your clinical impression about his problem?

**5(v).** A 21 year old woman who presented with weakness and lethargy is being treated for anaemia. She now complains of constipation and black stools. What is the likely cause?

**5(vi).** A 19 year old paraplegic male suffers from constipation. Faecal mass is palpable in the left iliac fossa and hard stool is felt on rectal examination. What would be the appropriate treatment for him?

**6. THEME: HYPERTENSION [QUESTIONS. 6(i) – 6(vi)] (Total:6 Marks)**  
**From the options ‘A to H’ given below, choose the best answer for the questions ‘6(i) – 6(vi)’:**

**Options**

- |                                   |  |
|-----------------------------------|--|
| <b>A.</b> Normal Blood Pressure   | <b>E.</b> Stage 3 hypertension           |
| <b>B.</b> Stage I hypertension    | <b>F.</b> Malignant hypertension         |
| <b>C.</b> Paroxysmal hypertension | <b>G.</b> Pregnancy induced Hypertension |
| <b>D.</b> Stage 2 hypertension    | <b>H.</b> White-coat hypertension        |

**Questions:**

**6(i)** Mrs. Thenmozhi comes to you for the treatment of hypertension for the past 6 months. She is not regularly taking her medicines. Now her blood pressure is 159/100 mmHg. What is the stage of her hypertension?

**6(ii)** Mr. Alex has blood pressure of 136/92 mmHg. He has no other comorbidities. What is your possible diagnosis?

- 6(iii)** Mr. Ganesan comes to you for the routine checkup and follow-up of his hypertension. However he is not very keen on taking medicines every day and not following any lifestyle modifications. His blood pressure now is 178/102 mmHg. What is the stage of his hypertension?
- 6(iv)** Mrs. Gomathi has brought to you her blood pressure recordings taken by a local nurse. You find that they fluctuate between normal and high levels. What is your possible diagnosis?
- 6(v)** Mr. Malik has blood pressure of 170/112 mmHg. What is the stage of his hypertension?
- 6(vi)** Mr. Pandian was brought to you with changes in conscious level and on examination you found that he has very high levels of blood pressure, changes in the fundus (papilloedema) and proteinuria. What is your diagnosis?

**7. THEME – EDEMA [QUESTIONS. 7(i) – 7(vi)] (Total: 6 Marks)**  
**From the options 'A to L' given below, choose the best answer for the questions 7(i) – 7(vi)**

**Options:**

- |                              |                                      |
|------------------------------|--------------------------------------|
| <b>A.</b> Nephrotic syndrome | <b>G.</b> Hyperthyroidism            |
| <b>B.</b> Glomerulonephritis | <b>H.</b> Filariasis                 |
| <b>C.</b> Hypothyroidism     | <b>I.</b> Malnutrition               |
| <b>D.</b> Cirrhosis          | <b>J.</b> Congestive cardiac failure |
| <b>E.</b> Cellulitis         | <b>K.</b> Deep Vein Thrombosis       |
| <b>F.</b> Ovarian malignancy | <b>L.</b> Chronic renal failure      |

**Questions: Mark the most likely diagnosis for the following patients:**

- 7(i).** 54 year old Mr. Raman presents with easy fatiguability, nausea, headache and swelling of his feet. On examination he is pale and his BP is 180/100mmHg.
- 7(ii).** 46 year old Mrs. Swati complains of tiredness, constipation and weight gain. Physical examination reveals puffy face, coarse skin and edema of the feet.
- 7(iii).** An obese lady who is two weeks post caesarean section presents with low grade fever for 2 days, pain and swelling of the right lower limb and right calf muscle tenderness.
- 7(iv).** A 14 year old Mr. Shyam is brought with acute onset of headache, swelling of both feet and tea coloured urine. His BP is 144/94 mmHg.
- 7 (v).** A 47 year old male who has ischemic heart disease presents with breathlessness on walking, cough and swelling of his feet. On examination JVP is elevated, and fine crepitations are heard in both lung fields.

7(vi). A middle aged lady who has been having pruritus for a long time presents with hematemesis and melena. On examination she has bilateral pedal edema and ascites.

**8. THEME: MENTAL HEALTH PROBLEMS [QUESTIONS 8(i) – 8(vi)] (Total:6 Marks)**

**From the options 'A to J' given below, choose the best answers for the questions 8(i) – 8(vi):**

**Options:**

- |                               |                              |
|-------------------------------|------------------------------|
| A. Haloperidol                | F. Benzodiazepines           |
| B. Olanzapine                 | G. Disulfiram                |
| C. Risperidone                | H. Carbamazepine             |
| D. Fluoxetine                 | I. Tricyclic antidepressants |
| E. Promethazine hydrochloride | J. Fluphenazine              |

**Questions:**

8(i). You recently started 55 year old Mr. Bhargav on medication for depression. Few days later, his son comes to your OPD and reports that his father collapsed this morning as soon as he got up from bed to go to the bathroom. Which drug could be responsible?

8(ii) You started college student Meenu on this newer antipsychotic which has weight gain, elevated blood sugars and lipids as side effects. Name the drug.

8(iii) Mr. Sunil, a 24 year old male, has developed Akathisia after being started on antipsychotics. What is the treatment?

8(iv) Mr. Prabhu, a 28 year old artist develops severe spasm of his neck muscles soon after taking his regular antipsychotic medication. What would you treat him with to relieve it?

*You decide on starting Mr. Sukumar, a known schizophrenic under follow up with you, on injectable antipsychotic medication, due to non-compliance with oral drugs. He does not have marked agitation.*

8(v) Older antipsychotic which can be given as injectable for patients without marked agitation is.

8(vi) Newer antipsychotic given for conditions without marked agitation is.

**9. THEME –NAUSEA & VOMITING [QUESTIONS. 9(i) – 9(vi)]**

**(Total: 6 Marks)**

**From the options 'A to J' given below, choose the best answer for the questions 9(i) – 9(vi)**

**Options:**

- |                        |                   |
|------------------------|-------------------|
| A. Acetaminophen       | F. Metoclopramide |
| B. Cyclizine           | G. Mannitol       |
| C. Ondansetron         | H. Pyridoxine     |
| D. Prednisolone        | I. Phenothiazines |
| E. Methyl Prednisolone | J. Pantoprazole   |

**Questions: Choose the appropriate antiemetic for the following patients:**

- 9(i).** Mrs. Lalitha 22 year old female who is 7 weeks pregnant comes to you with the complaint of having multiple episodes of vomiting. How will you treat her?
- 9(ii).** A 42 year old teacher has episodes of throbbing headache associated with her menstrual cycles. The headache is relieved with vomiting. How will you treat her?
- 9(iii).** A patient on morphine for breast carcinoma with secondaries has vomiting. What will you prescribe?
- 9(iv).** A 14 year old who is known to have travel sickness comes for a prescription prior to his school excursion. What will you prescribe?
- 9(v).** A 24 year old patient has acute gastroenteritis who is not tolerating ORS. What antiemetic would you like to give?
- 9(vi).** A 35 year old male is on treatment with cyclophosphamide for Hodgkin's lymphoma develops severe nausea and vomiting. How will you treat him?

**10. THEME: THE VIRAL AGENTS IN HEPATITIS [QUESTIONS. 10(i) – 10(vi)]**

**(Total: 6 Marks)**

**From the options 'A to E' given below, choose the best answer for the questions '10(i) – 10(vi)':**

**Options**

- A. Hepatitis A
- B. Hepatitis B
- C. Hepatitis C
- D. Hepatitis D
- E. Hepatitis E

**Questions:**

- 10(i).** This viral agent spreads through blood, saliva and rarely through sexual intercourse. It has a carrier state. It has no specific vaccine. Name it.
- 10(ii).** This is a DNA virus
- 10(iii).** This virus spreads through faeces, cannot be prevented by active immunization and has mortality of 2%.
- 10(iv).** This viral agent has no carrier state, usually infects the young and does not cause chronic liver disease.
- 10(v).** This virus spreads through blood and can lead to chronic liver disease but cannot be prevented by active immunization.
- 10(vi).** This virus is always associated with another virus which causes hepatitis.

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**M.MED.FAMILY MEDICINE**  
**FIRST YEAR THEORY EXAM– AUG 2015**  
**PAPER I - MEDICAL AND ALLIED SCIENCES**

*Q.P. Code: 434001*

**TIME: THREE HOURS**

**MAXIMUM MARKS: 100**

**INSTRUCTIONS**

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios (**40 marks**).
- **Part B** will have Objective type EMQs **Extended Matching Questions (60 marks)**.
  - ✓ This will have 10 sets of these questions.
  - ✓ Each set will have 6 questions.
  - ✓ Each question will carry 1 mark.
  - ✓ Each set has a **theme** on the top. Below this, **some options** are given on the top followed by some **questions**. The options are lettered using the English Alphabets **A, B, C, D** and so on.

Example:

**3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)**

**From the options 'A to H' given below, choose the best answer for the questions 3(i) – 3(vi)**

**Options:**

- A.** Inj. Haloperidol
- B.** Amitriptyline + counseling
- C.** Tab. Chlorpromazine
- D.** Tab. Trihexyphenidyl
- E.** Tab. Diazepam
- F.** Tab. Lithium
- G.** Inj. Fluphenazine deconate
- H.** Tab. Risperidone

**Questions: What is your treatment option in the following cases?**

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

**PART – A**  
**DESCRIPTIVE QUESTIONS**

**(ANSWER ALL QUESTIONS)**

1. Mr. Shyam Sunder, a 55-year-old clerk comes to your clinic with frequent episodes of chest pain on exertion. He gets retro-sternal pain while walking upstairs and lifting weights which is often associated with sweating and palpitations. He is a smoker for the last 25 years

**(TOTAL: 20 MARKS)**

- A. What is Acute Coronary Syndrome? Define Unstable angina and NSTEMI **(5 marks)**
- B. Mention the symptoms and the important requisites in terms of ECG changes and cardiac enzymes for diagnosing STEMI **(5 marks)**
- C. Describe the 5 steps in the management for stable angina **(5 marks)**
- D. Write a prescription for this patient. **(5 marks)**

2. Here are some patients who presented to your clinic with edema:

**(TOTAL: 20 MARKS)**

- A. Mr. Murugesh has presented to you with ascites. How will you classify ascites in any patient biochemically? Give 2 examples for each. **(4 marks)**
- B. Mr. Kandan has presented to you with generalized edema. Classify generalized edema according to its causes and give 2 examples for each. **(4 marks)**
- C. Draw an algorithm for the approach to edema in a patient. **(4 marks)**
- D. You have diagnosed 5 year old Nitish to have angioedema. How will you treat him? **(4 marks)**
- E. Mr. Santosh presented to you with ascites. You have diagnosed that he has cirrhosis with portal hypertension. How will you treat his ascites? **(4 marks)**

**PART – B**  
**EXTENDED MATCHING QUESTIONS**

(ANSWER ALL QUESTIONS)

**1. THEME: HEADACHE [ 1 (i) –1 (vi)]**

**(TOTAL: 6 MARKS)**

From the options 'A to N' given below, choose the best answer for the questions 1(i) –1(vi)

**Options:**

- |                       |                     |
|-----------------------|---------------------|
| A. Verapamil          | H. Nitrous oxide    |
| B. Carbamazepine      | I. Mirtazapine      |
| C. Propranolol        | J. Olanzapine       |
| D. Haloperidol        | K. Sodium Valproate |
| E. Narcotic analgesic | L. Phenytoin        |
| F. Amitriptyline      | M. Nifedepine       |
| G. Inhaled oxygen     | N. Labetalol        |

**Questions**

*Mrs. Jyothi has episodes of right sided facial pain which is sharp and stabbing which usually lasts for less than a minute*

1.(i) What will be the drug of choice for treating Mrs Jyothi?

*Mrs. Shyamala suffers from episodes of very severe unilateral pain which is deep, excruciating, burning or stabbing in nature over the orbital, supraorbital and temporal region, which often awakens her from sleep.*

1.(ii) What is the agent that can stop the acute episode of headache in such patient?

1.(iii) The drug that is used as a prophylaxis for Mrs. Shyamala is:

*Mrs. Sumathy has episodes of headache for the past one year. The headaches are severe, lasts for around 6 hours. Pain is often unilateral, throbbing, worse with exertion, and accompanied by symptoms such as nausea and sensitivity to light, sound, odors. Her T4 level is 3.0 ng /ml and TSH is 0.0 U/ML.*

1.(iv) If Sumathy needs a prophylaxis, what will be the first drug that you would use?

*Mrs. Seethalaksmi has complaints of headache for the past 3 months; it lasts for around 2-3 hours. The headache is bilateral; non-pulsating; not aggravated by routine physical activity and there is no vomiting /nausea or photophobia*

1.(v). Which drug will you prescribe her?

1.(vi) The drug that you will avoid in Mrs. Geetha is:

2. **THEME: SEIZURES -2 (i) – 2 (vi)]**

**(TOTAL: 6 MARKS)**

**From the options ‘A to K’ given below, choosethe best answer for the questions 2(i)–2(vi):**

**Options:**

- |                                  |                            |
|----------------------------------|----------------------------|
| A. Absence seizure               | G. Tonic seizure           |
| B. Primary generalized seizure   | H. Atonic seizure          |
| C. Secondary generalized seizure | I. Pseudo seizure          |
| D. Infantile spasms              | J. Complex Partial seizure |
| E. Neonatal seizure              | K. Simple Partial seizure  |
| F. Myoclonic seizure             |                            |

**Questions: Choose the appropriate type of seizure from the options above for the patient description given below:**

2. (i) 2 months old Sanita has abrupt movements of head, trunk or limbs which occur in a cluster of 10 to 20 movements per episode. Sometimes there is associated sudden flexion of the neck and abdomen with extension of the limbs.
2. (ii) 22 year old Pratishis brought with the history of seizure, which started abruptly, without warning, in the school. His friend describes the episode as “Suddenly he fell on the floor; his muscles became stiff and then started jerking. After a few minutes he became quiet and when he woke up after 2 minutes, he was kind of confused”
2. (iii) 2 year old Mani has episodes of seizures characterized by sudden loss of postural tone lasting for 1 to 2 seconds associated with brief loss of consciousness.
2. (iv) 22 year old Harish has episodes of rigid, violent muscular contraction, fixing the limbs in some strained position, with usually deviation of the eyes and of the head towards the opposite side.
2. (v) 22 year old Swetha has episodes of seizures that start with jerky movements of the lefthand which then spreads to the entire body and ends with violent jerking of the whole body
2. (vi) 7 year old Swati has episodes of sudden, brief lapses of consciousness without loss of postural control, which lasts for only few seconds and occurs more than 50 times a day. She has been performing poorly in school

**3. THEME: CHEST PAIN [3 (i) –3(vi)]**

**(TOTAL: 6 MARKS)**

**From the options 'A to L' given below, choosethe best answer for the questions 3(i)–3(vi):**

**Options:**

- |                          |                        |
|--------------------------|------------------------|
| A. Myocarditis           | G. Dissection of aorta |
| B. Pneumothorax          | H. Pulmonary edema     |
| C. Pneumonia             | I. Pericarditis        |
| D. Pulmonary embolism    | J. Costochondritis     |
| E. Aortic stenosis       | K. Acid Peptic Disease |
| F. Myocardial infarction | L. Pleural Effusion    |

**Questions: Choose the correct diagnosis from the options above for the following patients:**

3. (i) 45 year old MrKhan has come to casualty with sudden onset of severe chest pain in the retrosternal area and diaphoresis. He is a smoker and a known diabetic.
3. (ii) Mr. Sanathan, a known case nephrotic syndrome, is brought to the casualty with complaints of sudden onset of chest pain and difficulty in breathing. He coughing continuously and the sputum is blood stained. His heart rate is 112/minute and there is a friction rub over the site of pain.
3. (iii) Mr. Abdul, a known hypertensive has come with retrosternal chest pain radiating to back, both the thighs and legs.
3. (iv) Mrs. Sukumari presents with recurrent episodes of syncope, angina and dyspnea. She has Grade III or IV Ejection systolic murmur in aortic area which is conducted to carotids.
3. (v) 17 year old Eileen has come with chest pain and fever. On examination, she has bronchial breath sounds and crepitations in the right scapular area and that area is dull on percussion.
3. (vi) 49 year old Mr Sunil, a known patient of COPD, is rushed to casualty with sudden onset of dyspnea and chest pain and on examination you find that his trachea is shifted to left side while the right side of the chest is hyper resonant on percussion with absent breath sounds.

**4. THEME: BREATHING DIFFICULTY [4 (i)–4(vi)]**

**(TOTAL: 6 MARKS)**

**From the options 'A to M' given below, choose the best answer for the questions 4(i)–4(vi):**

**Options:**

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| <b>A.</b> Myocarditis                 | <b>H.</b> Myocardial infarction |
| <b>B.</b> Traumatic cardiac tamponade | <b>I.</b> Dissection of aorta   |
| <b>C.</b> Mitral regurgitation        | <b>J.</b> Pulmonary edema       |
| <b>D.</b> Congestive cardiac failure  | <b>K.</b> Pericarditis          |
| <b>E.</b> Aortic stenosis             | <b>L.</b> Aortic regurgitation  |
| <b>F.</b> Tricuspid regurgitation     | <b>M.</b> Pulmonary edema       |
| <b>G.</b> Mitral stenosis             |                                 |

**Questions: Choose the correct diagnosis from the options above for the following patients:**

- 4 (i).** Mrs. Jayalakshmi comes to you with the complaint of fatigue, palpitations, exertional dyspnea and tachypnea. On examination pan systolic murmur loudest over the apex with radiation to the left axilla present. What is the probable diagnosis?
- 4 (ii).** Mr. Sujanis 33 years old and he has come with complaints of palpitations and breathlessness on exertion for the past 9 months. Your new OPD assistant hesitantly comes and tells you that she is not able to measure the blood pressure because, though she is clearly able to make out the systolic pressure as 130 mm of Hg, the diastolic blood pressure is going below 10 mm of Hg! What cardiac lesion you can suspect in Mr. Sujan?
- 4 (iii).** 23 year old Madan is brought to you after a road traffic accident. Madan is conscious, oriented but not able to talk. He makes a sign that he is not able to breathe. On examination, he is dyspneic, respiratory rate is 42/ minute; blood pressure is 80 / 70 mm of Hg. His JVP is raised. His respiratory system is normal. You find his cardiac sounds are softer than normal. What is your diagnosis?
- 4 (iv).** 55 year old Mr. Rangad presents to your clinic with a recent new onset dyspnea for the past 6 weeks. He has been a diabetic for 8 years and has recently been diagnosed to have stage I hypertension, on drugs. On examination, he is comfortable at rest and his blood pressure is 140/90 mmHg. He has crepitations in both lung bases. What is the most probable diagnosis?
- 4 (v).** Mr. Somu has exertional dyspnea, angina pectoris and syncope – these are the three cardinal symptoms of which condition?
- 4 (vi).** 31 year old Mrs. Madhavi has come to you with progressive onset of difficulty in breathing for the past two years. She says even walking to toilet has become very difficult for her for the past two months. On examining her, you find that her pulse rate is irregularly irregular, blood pressure is 96/ 80 mm of Hg, JVP is raised. There is a loud S1, and a mid-diastolic murmur in the left second intercostal space P2 is loud; there are scattered crepitations in both the lung bases. What is your clinical diagnosis?

**5. THEME: PSYCHIATRIC DISORDERS - TREATMENT [QUESTIONS. 5(i) – 5(vi)]  
(TOTAL: 6 MARKS)**

**From the options ‘A to L’ given below, choose the best answer for the questions. 5(i)–5(vi):**

**Options :**

- |                                      |                            |
|--------------------------------------|----------------------------|
| <b>A.</b> Haloperidol                | <b>G.</b> Disulfiram       |
| <b>B.</b> Olanzapine                 | <b>H.</b> Carbamazepine    |
| <b>C.</b> Risperidone                | <b>I.</b> Amitriptyline    |
| <b>D.</b> Fluoxetine                 | <b>J.</b> Fluphenazine     |
| <b>E.</b> Promethazine hydrochloride | <b>K.</b> Sodium Valproate |
| <b>F.</b> Benzodiazepines            | <b>L.</b> Lithium          |

**Questions:**

**5 (i).** Treatment for Mrs. Sonali who alternates between pathological bursts of energy, excessive talkativeness, sleeplessness and periods of remorse and apathy.

**5 (ii).** Treatment for 20 year old Doraiswamy who has been brought with hallucinations, delusions and illusions for the past 10 days. He is sitting quietly, talking to himself and occasionally including you in conversation to tell about how two people are talking to him about his school days.

**5 (iii).** Treatment for Gowthami who presents with psychotic symptoms and marked agitation. She is not violent.

**5 (iv).** Treatment for Subhash who presents with anorexia, loss of weight, insomnia, fatigue and generalized weakness for the last 6 weeks. There is no history of drug abuse; his physical examination is completely normal.

**5 (v).** Treatment for Mr. Sultan who has come with psychotic symptoms and coronary artery disease

**5 (vi).** Treatment for Doris who has come with tardive dyskinesia following antipsychotics

**6. THEME: HYPERTENSION [QUESTIONS. 6(i) – 6(vi)]**

**(TOTAL: 6 MARKS)**

**From the options ‘A to H’ given below, choose the best answer for the questions ‘6(i) – 6(vi)’:**

**Options**

- A. Normal Blood Pressure
- B. Stage I hypertension
- C. Stage 2 hypertension
- D. Stage 3 hypertension
- E. Malignant hypertension

- F. Pre-eclampsia
- G. Chronic hypertension in pregnancy
- H. Pregnancy induced hypertension

**Questions:**

- 6 (i)** Mr. Kamal is a known hypertensive on treatment. Today his BP is 170/105 mm Hg. Mr. Kamal has
- 6 (ii)** 35 year old Mrs. Ranjitham is a known hypertensive for the past 5 years on treatment. Now she is 12 week pregnant and her BP is 150/95 mm Hg. Mrs. Ranjitham has
- 6 (iii)** Mr. Sekar is a known hypertensive on treatment. His BP today is 150/95 mm Hg. Mr. Sekar has
- 6 (iv)** Mr. Rajasekar is a hypertensive on treatment. Today his BP is 160/100 mm. Hg. His fundus examination shows papilloedema. Mr. Rajasekar has
- 6 (v)** Mrs. Saroja is a primigravida at 24 weeks gestation. Her BP today is 146/96 mm. Hg and her urine albumin is 2+. Mrs. Saroja has
- 6 (vi)** Mrs. Kothai is a hypertensive on treatment. Today her BP is 138/85 mm. Hg. Mrs. Kothai has

**7. THEME – NAUSEA / VOMITING AND ASSOCIATED CONDITIONS [QUESTIONS. 7(i) – 7(vi)] (TOTAL: 6 MARKS)**

**From the options ‘A to J’ given below, choose the best answer for the questions 7(i) – 7(vi)**

**Options:**

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <b>A.</b> Peptic ulcer          | <b>F.</b> Cholera               |
| <b>B.</b> Hepatitis A infection | <b>G.</b> Bacillary dysentery   |
| <b>C.</b> Acute appendicitis    | <b>H.</b> Acute cholecystitis   |
| <b>D.</b> Ureteric colic        | <b>I.</b> Diabetic Ketoacidosis |
| <b>E.</b> Viral gastroenteritis | <b>J.</b> Acute Pancreatitis    |

**Questions: Mark the most likely diagnosis for the following patients:**

- 7 (i)** 40 year old Mr.Ramesh a smoker presented to you with epigastric pain and vomiting. He also told you that the pain used to be severe on empty stomach. The most likely diagnosis is
- 7 (ii).** 2 year old Malathi was brought by the mother with the history of loose stools and vomiting for the past 2 days. Mother told that she had blood in the stools and Malathi has fever also. The most likely diagnosis is
- 7 (iii).** 10 year old Ganesh was brought with a history of low grade fever with vomiting and abdominal pain on and off for the past 10 days. On examination he has icterus. The most likely diagnosis is
- 7 (iv).**17 year old Sankar has been unwell since yesterday. He had low grade fever with central abdominal pain to start with. Today the abdominal pain is localized in the right lower quadrant of abdomen. He continues to have vomiting. The most likely diagnosis is
- 7 (v).**8 months old Vani was brought by mother with a history of loose stools and vomiting approximately 4 times each for the past 2 days. On examination the infant was lethargic and has some dehydration. The most likely cause of illness in Vani is
- 7 (vi).**18 months old Gopi has been brought with history of many episodes of vomiting and diarrhea over the last 6 hours. On examination he is severely dehydrated. The most likely cause of illness in Gopi is

**8. THEME: DYSPEPSIA [QUESTIONS 8(i) – 8(vi)]**

**(TOTAL: 6 MARKS)**

**From the options ‘A to J’ given below, choose the best answers for the questions 8(i) – 8(vi):**

**Options:**

- |   |                                  |
|---|----------------------------------|
| <b>A.</b> Functional dyspepsia              | <b>F.</b> Drug induced gastritis |
| <b>B.</b> Gastric ulcer                     | <b>G.</b> Gastric malignancy     |
| <b>C.</b> Duodenal ulcer                    | <b>H.</b> Chronic pancreatitis   |
| <b>D.</b> Gall bladder disease              | <b>I.</b> Pancreatic malignancy  |
| <b>E.</b> Gastro-oesophageal reflux disease | <b>J.</b> Chronic Hepatitis      |

**Questions:**

- 8 (i).** Mr. Ratnam has dyspepsia with retrosternal burning sensation during postprandial period. His symptoms are worse at night when he lies down. The most likely diagnosis is
- 8 (ii)** 55 year old Mrs. Malathi who is obese presents with dyspepsia with recurrent attacks of upper abdominal pain, often at night after a heavy fatty meal. The most likely diagnosis is
- 8 (iii)** 60 year old Mr. Rakesh presents with dyspepsia for the past 3 months. Initially he had vague mild epigastric pain but of late it is severe and constant. He has lost 6 kgs over the past 3 months. The most likely diagnosis is
- 8 (iv)** Mr. Xavier presented to you with localized epigastric pain which occurs 15-20 minutes after eating. The pain is relieved by vomiting and made worse by eating. The most likely diagnosis is
- 8 (v)** Mr. Gopal is a 40 year old Bank Manager who presented to you with dyspepsia and peptic ulcer symptoms for the past 3 months but investigation did not detect an ulcer in the upper GI tract. The most likely diagnosis is
- 8 (vi)** Mr. Obed presented to you with boring type of epigastric pain, He says that the pain increases 2-3 hours after meals and is relieved by eating. The most likely diagnosis is

**9. THEME – LOOSE STOOLS IN ADULTS [QUESTIONS. 9(i) – 9(vi)]**  
**(TOTAL: 6 MARKS)**

**From the options ‘A to H’ given below, choose the best answer for the questions 9(i) – 9(vi)**

**Options:**

- |                                |                                |
|--------------------------------|--------------------------------|
| <b>A.</b> Chronic diarrhea     | <b>E.</b> Large bowel diarrhea |
| <b>B.</b> Small bowel diarrhea | <b>F.</b> Acute diarrhea       |
| <b>C.</b> Autonomic neuropathy | <b>G.</b> Bacillary Dysentery  |
| <b>D.</b> Functional diarrhea  | <b>H.</b> Cholera              |

**Questions: Choose the appropriate answers for the following conditions:**

- 9 i).** 22 year old Ms. Ramya, a MBA student has come to you with diarrhea. While taking history she told you that she gets such diarrhoea before every semester exams. Ms.Ramya most likely has
- 9 (ii).**Mr. Aram has come to you with large volume stools around 4times/day associated with periumbilical pain and on examination he has some dehydration. Mr. Aram most likely has
- 9 (iii).**Mrs. Kamatchi has come to you with history of diarrhoea for the past 7 days. There is no blood or mucus or fever or tenesmus. Mrs. Kamatchi has
- 9 (iv).**Mrs. Lakshmi has come to you with small volume stools around 8-10 times/day with mucus in it. She also has tenesmus. Mrs. Lakshmi most likely has
- 9 (v).**Mr. Ramanathan has diarrhoea for the past 3 weeks. He has
- 9 (vi).**Mr. Loganathan is a diabetic for the past 15 years. For the past 2 months he has nocturnal diarrhoea. The most likely cause of his diarrhoea is

**10. THEME: LAXATIVES [QUESTIONS. 10(i) – 10(vi)]**

**TOTAL: 6 MARKS)**

**From the options ‘A to F’ given below, choose the best answer for the questions ‘10(i) – 10(vi)’:**

**Options**

- A. Bulk laxative
- B. Proctolytic agent
- C. Osmotic laxative
- D. Stool softener
- E. Stimulant and irritant
- F. Rectal suppository

**Questions:**

**10(i).** You have prescribed Ispaghula to Mrs. Lakshmi for her constipation. This is a

**10(ii).** You have prescribed saline as a laxative for Mr. Sundar. This is a

**10(iii)** You have prescribed liquid paraffin as a laxative for Mrs. Kanaga. This is a

**10(iv).** You have prescribed bisacodyl as a laxative for Mr. Raman. This is a

**10(v).** You have prescribed lactulose as a laxative for Mr. Abdul. This is a

**10(vi).** You have prescribed bran as a laxative for Mr. Sudhakar. This is a

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(LI 0216)

M.MED.FAMILY MEDICINE

(Sub: Code: 4001)

**FIRST YEAR THEORY EXAM– FEBRUARY 2016  
PAPER I - MEDICINE AND ALLIED SCIENCES**

*QP .CODE: 434001*

**Time: Three hours**

**Maximum marks: 100**

**INSTRUCTIONS**

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 marks)**
- **Part B** will have Objective type EMQs (**Extended Matching Questions**). **(60 marks)**
  - ✓ This will have 10 sets of these questions.
  - ✓ Each set will have 6 questions.
  - ✓ Each question will carry 1 mark.
  - ✓ Each set has a **theme** on the top. Below this, **some options** given on the top followed by some **questions**. The options are lettered using the English Alphabets **A, B, C, D** and so on.

Example:

**3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)**

**From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)**

**Options:**

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine deconoate
- H. Tab. Risperidone

**Questions: What is your treatment option in the following cases?**

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

- ✓ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	A
3(ii)	F
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ✓ Each option may be used more than once. Some options may not be used at all.

**PART – A**  
**DESCRIPTIVE QUESTIONS**  
**(ANSWER ALL QUESTIONS)**

1. 32 year-old Mrs. Geetha has come with complaints of headache for the past three weeks. **(Total:20 Marks)**
- A. What are the points you will elicit in history? **(3 Marks)**
  - B. What are the clinical findings you will look for? **(3 Marks)**
  - C. What red flags will you look for in history and on examination? **(3 Marks)**
  - D. What are the clinical criteria for migraine? **(3 Marks)**
  - E. Explain migraine prophylaxis regimen with an algorithm **(5 Marks)**
  - F. What is the management of migraine in pregnancy? **(3 Marks)**
2. Mr. Ravi, a 63-year-old hypertensive has come with sudden onset of difficulty in breathing for the past 1 hour. **(Total: 20 Marks)**
- A. What are the possible causes of acute new onset dyspnea in Mr. Ravi? **(3 Marks)**
  - B. What are the points you will elicit in the quick history? **(4 Marks)**
  - C. What are the clinical findings you will look for? **(3 Marks)**
  - D. If Mr. Ravi's diagnosis is acute pulmonary edema, how will you manage him? **(5 Marks)**
  - E. What are the 5 important drugs used in the treatment of chronic congestive cardiac failure in a primary care? Discuss the dose and two side effects of each drug. **(5 Marks)**

**PART – B**  
**EXTENDED MATCHING QUESTIONS**  
**(ANSWER ALL QUESTIONS)**

1. **THEME: SEIZURE DISORDERS [QUESTIONS. 1(i) - 1(vi)]** **(Total: 6 Marks)**  
**From the options 'A to K' given below, choose the best answer for the questions 1(i) – 1(vi):**

**Options :**

- |   |                          |
|---|--------------------------|
| A. Generalized Tonic-Clonic Seizure               | F. Neonatal seizures     |
| B. Complex partial seizure                        | G. Myoclonic seizures:   |
| C. Simple partial seizures                        | H. Tonic seizures        |
| D. Atonic seizures                                | I. Absence seizures      |
| E. Infantile spasms                               | J. Restless leg syndrome |
| K. Partial seizures with secondary generalization |                          |

**Questions : What is the best possible diagnosis for each of the scenarios below?**

- 1.(i). 22 year old Mr. Gautam gets episodes of seizures involving his right hand for the past 1 week. He reports that he does not lose consciousness during the episodes.
- 1.(ii). 12 year old Mani is brought by his parents with complaints of episodes of blinking, lip smacking, chewing, swallowing and picking movements of the hand for the past 15 days. Following the episodes, he loses consciousness.
- 1.(iii). 14 year old Keerthana has episodes of seizures which start from her right upper limb and then involves her whole body.
- 1.(iv). 5 year old Fiona's teacher complains to her parents that Fiona is inattentive in the class. She suddenly does not pay attention, rapidly blinks, chews, moves her hands without any purpose and becomes alright in few seconds. She repeats this again and again in the class for many times in a day.
- 1.(v). 9 months old Surya has episodes of sudden and brief muscle contraction that involve the body. The episodes are more in the morning.
- 1.(vi). 5 month old Hrithick has episodes of sudden flexion of the neck and abdomen with extension of the limb. Whenever he gets these, there is a cluster of 10 to 20 movements per episode. His milestones are delayed for his age.

**2. THEME: TREATMENT OF SEIZURES[QUESTIONS. 2(i) - 2(vi)] (Total: 6 Marks)**  
**From the options 'A to F' given below, choose the best answer for the questions 2(i) – 2(vi)**

**Options :**

- A. Lamotrigine
- B. Sodium valproate
- C. Carbamazepine
- D. Tiagabine
- E. Levteracetam
- F. Phenobarbitone

**Questions:**

2. (i). Tina has absence seizures. The drug to be avoided in her is
- 2.(ii). Swetha has myoclonic seizures. The drug to be avoided in her is
- 2(iii). Roy is diagnosed to have tonic seizures. The drug to be avoided in him is
- 2.(iv). Das has absence seizures and has developed adverse reactions with sodium valproate. The next drug of choice is
- 2.(v). Swetha has myoclonic seizures and has developed adverse reactions with sodium

valproate. The next drug of choice is

2.(vi) Roy is diagnosed to have tonic seizures. The appropriate newer anticonvulsant for him is

**3. THEME: MOVEMENT DISORDERS [QUESTIONS 3(i) – 3(vi)] (Total: 6 Marks)**  
**From the options 'A to J' given below, choose the best answer for the questions 3(i) - 3(vi)]**

**Options :**

- |                        |                        |
|------------------------|------------------------|
| A. Sydenham's chorea   | F. Secondary dystonias |
| B. Huntington's chorea | G. Salaam attacks      |
| C. Tardive dyskinesia  | H. Parkinsonism        |
| D. Essential tremor    | I. Action tremor       |
| E. Primary dystonias   | J. Intentional tremor  |

**Questions: What would be the possible diagnosis for each of the patient problems given below?**

3(i). Mr. Rajan, a 53 years old retired teacher has developed tremors which occurs when he tries to pick up an object. His Romberg sign is positive.

3(ii). 12 year old Murugan has complaints of brief, irregular contractions that are not repetitive or rhythmic, but appear to flow from one muscle to the next. The movements are writhing and sinusoidal.

3(iii). 40 years old Mrs. Janet comes to you with the complaints of tremors for the past 2 months. The tremor is fine and observed only in the upper limbs. There are no other neurological signs. Her mother also has similar symptoms.

3(iv). 18 year old Jegan has irregular repetitive stereotyped movements and grunting noises which are more frequent when he is relaxed.

3(v). 24 year old Suhana has complaints of involuntary sustained muscle contractions frequently causing twisting and repetitive movements of the trunk for the past 4 months. She was started on antipsychotics just before the complaints started.

3(vi). 65 year old Mr. Jagadish has come with complaints of tremor, rigidity and bradykinesia.

**4. THEME: SHOCK [QUESTIONS. 4(i) – 4(vi)] (Total: 6 Marks)**  
**From the options 'A to H' given below, choose the best answer for the questions 4(i) –4(vi)**

**Options :**

- |                       |                      |
|-----------------------|----------------------|
| A. Hypovolemic shock  | D. Compressive Shock |
| B. Inflammatory Shock | E. Obstructive Shock |
| C. Cardiogenic Shock  | F. Neurogenic Shock. |

**G. Compensated shock**

**H. Refractory shock**

**Questions: What type of shock do you think each of the following patients had?**

**4 (i).** Mr. Wilfred, A 56 year old diabetic is admitted with clinical features of confusion, slurred speech, cold, clammy, cyanotic skin; slow, shallow, irregular respirations ; dilated, sluggishly reacting pupils and decreased body temperature. His pulse is slow, irregular, thready and his BP is not recordable.

**4 (ii).** Mrs. Felicity is admitted with thready, rapid pulse and unrecordable BP following the delivery of her first child 2 hours ago at home.

**4 (iii).** Mrs. Margaret, a diabetic for 15 years is admitted in shock. Her peripheries are warm. Her records show that she was being treated for UTI for the past 3 days.

**4 (iv).** Mr. Giri was admitted into ICU with organo phosphorus poisoning and his blood pressure dropped immediately after he was connected to a ventilator. He is a healthy young man, 24 year old, with no past history of any illnesses.

**4 (v).** Mr. Das is admitted with evidence of pneumothorax right side. His pulse rate is 120/minute; BP is 70/ 60 mm of Hg. There is evidence of shift of trachea to the left side.

**(vi).** Mr. Murugan went into shock immediately after the spinal anesthesia for his hydrocelectomy.

**5. THEME: CHEST PAIN [QUESTIONS. 5(i) – 5(vi)]**

**(Total: 6 Marks)**

**From the options 'A to J' given below, choose the best answer for the questions. 5(i)–5(vi):**

**Options:**

**A.** Unstable angina

**F.** Pneumonia

**B.** Stable angina

**G.** Pneumothorax

**C.** Prinzmetal angina

**H.** Pancreatitis

**D.** Pericarditis

**I.** GERD

**E.** Dissection of aorta

**J.** Costochondritis

**Questions: What would be the possible diagnosis for each of the patient problems given below?**

**5(i).** Mrs. Jhansi, 56 year old and post-menopausal for 5 years, has complaints of typical angina pain which has suddenly started 4 weeks ago; the pain is present even at rest or even with minimal exertion usually lasting more than 10 minutes. ECG and cardiac enzymes are normal.

**5(ii).** Mrs. Mona, a 32 year old software executive comes to you with complaints of retrosternal chest pain, burning in nature and sore throat.

**5(iii).** 34 year old Mrs. Devi has complaints of pleuritic type of pain. The pain is relieved by sitting up and leaning forward and aggravated by lying supine and change in position.

**5(iv).** 45 year old Mr. Krishnan is admitted in shock with complaints of retrosternal chest pain radiating to back and both the thighs and legs. Lower limb peripheral pulses are absent. ECG and cardiac enzymes are normal.

**5(v).** Mrs. Sujatha, A 35 year old mother of three children has come with complaints of pain in the left upper chest. The clinical examination is normal except for tenderness in the left second costochondral junction.

**5(vi).** 36 year old Mr. Hari is admitted with complaints of chest and abdominal pain. Cullen's sign and Grey Turner's sign is positive.

**6. THEME : HYPERTENSION[QUESTIONS. 6(i) – 6(vi)] (Total: 6 Marks)**  
**From the options 'A to F' given below, choose the best answer for the questions '6(i)–(vi)':**

**Options**

- A. Beta blockers
- B. Angiotensin Converting Enzyme Inhibitors
- C. Angiotensin Receptor Blockers
- D. Calcium Antagonists
- E. Diuretics
- F. Alpha Blockers

**Questions: What is the drug of choice in the following clinical situations?**

**6(i)** Mrs. Thenmozhi is 40 year old and she is confirmed to have hypertension. She has no other comorbid factors.

**6(ii)** Mr. Alex, a 60 year old retired teacher, is diagnosed to have hypertension. His uric acid level is 6 mg/dl.

**6(iii)** Mr. Ganesan is 48 year old. He is on treatment for diabetes for the past 5 years. Now, he is diagnosed to have hypertension.

**6(iv)** 50 year old Mrs. Gomathi is on hydrochlorothiazide and atenolol for her hypertension for the past 3 months. Her compliance is good and the doses are maximum. Her blood pressure is still not under control. What will be third add-on drug?

**6(v)** Mr. Malik, a 48 year old shop keeper has developed angio edema with ACEI. He is a diabetic and has high lipid levels.

**6(vi)** 70 year old Mr. Pandian has isolated systolic hypertension.

**7. THEME – SYNCOPE [QUESTIONS. 7(i) – 7(vi)] (Total: 6 Marks)**  
**From the options ‘A to E’ given below, choose the best answer for the questions 7(i) – 7(vi)**

**Options:**

- A. Orthostatic syncope
- B. Vaso-vagal syncope
- C. Situational syncope
- D. Cardiac syncope
- E. Psychogenic syncope

**Questions: Mark the most likely diagnosis for the following patients:**

7(i). 2 year old Monisha has breath-holding spells following an episode of crying.

7(ii). 70 year old Mr. Hemanth developed syncope when he was trying to pass urine.

7(iii). Mr. Shanmugam gets syncope every day morning after being started on a new hypertensive.

7(iv). 12 year old Anu has developed syncope after standing in the sun for a long time on a sports day in school.

7(v). Mr. Sudhakar has come with syncope. He has had watery, frequent loose stools from last night.

7(vi). Mr. Raju has complaints of syncope for the past 1 month. He is 60 years old and has clinical features of parkinsonism. His cardiac examination and investigations are normal. He has no other comorbid factors.

**8. THEME: MENTAL HEALTH PROBLEMS [QUESTIONS 8(i) – 8(vi)](Total: 6Marks)**  
**From the options ‘A to J’ given below, choose the best answers for the questions 8(i) – 8(vi):**

**Options:**

- |                               |                              |
|-------------------------------|------------------------------|
| A. Haloperidol                | F. Benzodiazepines           |
| B. Olanzapine                 | G. Disulfiram                |
| C. Risperidone                | H. Carbamazepine             |
| D. Fluoxetine                 | I. Tricyclic antidepressants |
| E. Promethazine hydrochloride | J. Fluphenazine              |

**Questions:**

8 (i). Mr. Bharath is diagnosed with depression. He has trouble sleeping in the night. What is the drug of choice?

**8 (ii)** 21 year old Ms. Devi has gained a lot of weight after she was started on this newer antipsychotic. Also, her blood sugars and lipid levels have gone up.

**8 (iii)** 24 year old Thilak , after starting on treatment for his schizophrenia, has developed the tendency to be always moving, continuously shifting, crossing and uncrossing his legs. You identify this as a side effect to the antipsychotic drug. How will you treat this adverse effect?

**8 (iv)** Mrs. Heera has come back with complaints of episodes of severe spasm of neck muscles after being started on anti-psychotics. How will you treat this adverse effect?

**8 (v)** Drug of choice for 20 year old Megna who is diagnosed to have schizophrenia but refuses to be compliant with her oral medications is

**8 (vi)** Mr. Ravi is diagnosed to have schizophrenia and he is not agitated or violent. What is the newer antipsychotic that can be given to him?

**9. THEME – ASTHMA [QUESTIONS. 9(i) – 9(vi)]** **(Total: 6 Marks)**  
**From the options ‘A to D’ given below, choose the best answer for the questions 9(i) – 9(vi)**

**Options:**

- A. Moderate Persistent
- B. Mild Persistent
- C. Mild intermittent
- D. Severe persistent

**Questions: Classify the following patients with asthma appropriately:**

**9(i).** 8 year old Lalitha, has night symptoms >2 times a month and her FEV1/PEF variability is  $\geq 80\%$  /20-30%.

**9(ii).** 12 year old Akshay has day symptoms > 1 time a week but < 1 time a day. He misses school whenever he gets the episodes.

**9(iii).** 14 year old Grace has night symptoms  $\leq 2$  times a month and her FEV1/PEF variability is  $\geq 80\%$  / >20%.

**9(iv).** 27 year old Mrs. Geetha’s night symptoms are frequent and her FEV1/PEF variability is  $\leq 60\%$  / >30%.

**9(v).** 14 year old Kalyan has day symptoms > 1 time a week but < 1 time a day. The attacks affect his normal activity.

**9(vi).** Mrs. Parvathy has daily day symptoms and her symptoms affect her activity. Her night symptoms are >1 time a week. Her FEV1/PEF variability is  $60\%$  -80 % / >30%.

**10. THEME: HEPATITIS INVESTIGATIONS [QUESTIONS. 10(i) – 10(vi)]**

**(Total: 6 Marks)**

**From the options 'A to G' given below, choose the best answer for the questions '10(i) –10 (vi)':**

**Options**

- A. Alcoholic hepatitis
- B. Gilbert's syndrome
- C. Obstructive jaundice
- D. Chronic Hepatitis B infection
- E. Developed immunity for hepatitis B infection
- F. Has high infectivity for hepatitis B infection
- G. Auto immune hepatitis

**Questions: After reviewing the following patients with their investigation reports what would be your diagnosis for each of them?**

**10 (i).** These are the reports of 28 year old Mr. Das. HBsAg is negative and HBsAb (or anti HBs) is positive.

**10(ii).** These are the reports of 34 year old Mr. Lal with jaundice. ALT/AST ratio is 2:1; CGT twice as normal.

**10(iii).** 40 year old Mr. Kannan had jaundice 6 months ago. His HBeAg is positive.

**10(iv).** These are the reports of 28 year old Ms. Leela. AST 2500 IU/L, ALT 1000 IU/L and AP normal.

**10(v).** These are the reports of 24 year old Ms. Anu. Total bilirubin 12 mg%; conjugated bilirubin 2 mg%; AST normal/ ALT normal/ AP normal.

**10(vi).** These are the reports of 38 year old Mr. Sulaiman: AST 150 IU/L, ALT 500 IU/L and AP normal.

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FIRST YEAR THEORY EXAM – AUGUST 2016  
PAPER I - MEDICINE AND ALLIED SCIENCES

QP .CODE: 434001

Time: Three Hours

Maximum Marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 Marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 Marks)**.
- **Part B** will have Objective type EMQs (**Extended Matching Questions**) **(60 Marks)**.
  - ✓ This will have 10 sets of these questions.
  - ✓ Each set will have 6 questions.
  - ✓ Each question will carry 1 mark.
  - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English alphabets **A, B, C, D** and so on.

Example:  
**3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)**  
**From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)**

**Options:**

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazinedecanoate
- H. Tab. Risperidone

**Questions: What is your treatment option in the following cases?**

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	
3(ii)	
3(iii)	
3(iv)	
3(v)	
3(vi)	

❖ Each option may be used more than once. Some options may not be used at all.

**PART – A**  
**DESCRIPTIVE QUESTIONS**  
**(ANSWER ALL QUESTIONS)**

1. 26 years old Ms. Anita has come to your clinic with complaints of headache for the past six months. **(Total:20 Marks)**
- A. What are the red flags in history and what are the red flags in signs in a patient with headache? **(5 Marks)**
  - B. What are the indications for imaging in a patient with headache? **(5 Marks)**
  - C. What are the indications for referral in a patient with headache? **(2 Marks)**
  - D. What are the diagnostic criteria for migraine? What are the non-pharmacological and pharmacological methods of treatment of migraine? Explain. **(5 Marks)**
  - E. What are the factors that should prompt consideration of preventive therapy in migraine? **(3 Marks)**
2. 67 year old Mr. Shankar, a retired clerk, comes to you with centralized chest pain with some sweating for the last one hour. He gives a one week history of similar episodes of lesser intensity, precipitated by exercising or walking upstairs. He is not a known diabetic or hypertensive on examination, he is afebrile. Pulse rate is 78/min. Blood pressure-140/100mmHg. Systemic examination is normal. **(Total: 20 Marks)**
- A. What is your clinical diagnosis? Justify your answer. **(4 Marks)**
  - B. What investigations would you do for Mr. Shankar **(4 Marks)**
  - C. What is the diagnosis if the results show the following? **(3 Marks)**
    - (i). Normal ECG and normal enzymes
    - (ii). Normal ECG and raised enzymes
    - (iii). ECG showing ST elevation  $\geq 0.2\text{mm}$  in chest leads and raised enzymes
  - D. Assuming that Mr. Shankar's ECG and enzymes were normal, write a prescription for Mr. Shankar? **(4 Marks)**
  - E. What would be your role as a family Physician in helping Shankar **(4 Marks)**

**PART – B**  
**EXTENDED MATCHING QUESTIONS**  
**(ANSWER ALL QUESTIONS)**

1. **THEME:TREATMENT OF PSYCHIATRIC ILLNESS [ 1 (i) – 1(vi)] (Total:6 Marks)**  
**From options 'A to M' given below, choose the best answer for questions 1(i)–1(vi):**

**Options :**

- |                    |                           |
|--------------------|---------------------------|
| A. Fluoxetine      | H. Fluphenazine Decanoate |
| B. Amitriptyline   | I. Phenytoin              |
| C. Risperidone     | J. Promethazine           |
| D. Trihexyphenidyl | K. Valproic acid          |
| E. Olanzapine      | L. Haloperidol            |
| F. Lithium         | M. Mirtazapine            |
| G. Carbamazepine   |                           |

**Questions:**

1. (i) The drug of choice for 21 year old Gokul who is diagnosed to have schizophrenia and poor compliance.
1. (ii) Antipsychotic to be avoided in Mrs. Dina who has family history of diabetes and hypercholesterolemia.
1. (iii) Drug of choice in Mr. Krishnan who has presented with dystonia after anti psychotics and extremely agitated.
1. (iv) Ms. Helena is on anti convulsants for her seizure disorder, what is the anticonvulsant that can cause depression.
1. (v) Mr. John is a 60 year old retired clerk. He is diagnosed to have depression. Though he is depressed, he is able to sleep in the night. What will be the antidepressant of choice if you have to prescribe a drug to him?
1. (vi) Mr. Leon is diagnosed to have psychosis and he is very agitated. What is the newer antipsychotic of choice for him?

**2. THEME: DYSPEPSIA [2(i) – 2(vi)]**

**(Total: 6 Marks)**

**From the options ‘A to I’ given below, choose the best answer for questions 2(i) –2(vi):**

**Options :**

- |                               |                             |
|-------------------------------|-----------------------------|
| A. Chronic cholecystitis      | F. Malignancy               |
| B. Gastric outlet obstruction | G. Irritable bowel syndrome |
| C. Inflammatory bowel disease | H. Chronic pancreatitis     |
| D. Hyperthyroidism            | I. Hyperadrenalism          |
| E. Autonomic neuropathy       |                             |

**Questions: What is the most likely diagnosis for the following case scenarios?**

2. (i) Mrs. Leela is diabetic and has dyspeptic symptoms; she has episodes of nocturnal diarrhea and occasional giddiness.
2. (ii) Mr. Giri has dyspeptic symptoms, but vomiting is more pronounced. He has lost weight around 5 Kgs and Virchow’s node is palpable.
2. (iii) Mrs. Daisy presents with increased appetite, dyspepsia and anxiety. Her pulse rate is 102/ minute.
2. (iv) Mr. Kannan presents with dyspepsia, with persistent abdominal pain and steatorrhea.
2. (v) Mr. Johan presents with dyspepsia with examination revealing succussion splash.
2. (vi) Mr. Sekhar, a 28 year old business man presents with dyspepsia; has pain or nausea on waking in the morning. There are symptoms suggestive of colonic dysmotility like pellet-like stools and sensation of incomplete rectal evacuation. He looks otherwise well.

**3. THEME: TREATMENT OF NAUSEA AND VOMITING [3(i) – 3 (vi)]**

**(Total: 6 Marks)**

**From options 'A to H' given below, choose the best answer for the questions 3 (i)–3 (vi):**

**Options :**

- |                         |                            |
|-------------------------|----------------------------|
| <b>A.</b> Domperidone   | <b>E.</b> Esomeprazole     |
| <b>B.</b> Ranitidine    | <b>F.</b> Buclizine        |
| <b>C.</b> Dexamethasone | <b>G.</b> Prochlorperazine |
| <b>D.</b> Pyridoxine    | <b>H.</b> Ondansetron      |

**Questions:**

**3(i).** Mrs. Devi is asking for an anti emetic for her son who is suffers from motion sickness when he travels.

**3(ii).** Drug of choice for Mr. Kannan who has developed severe vomiting after getting a dose of an opioid analgesic for his Intra-Vertebral Disc Prolapse.

**3(iii).** Drug of choice for Mrs. Rani who has severe vomiting because of her chemo therapy.

**3(iv).** Drug of choice for Mr. John who is vomiting on his first post-operative day.

**3(v).** The drug of choice for Mrs. Fazia who is in her 8<sup>th</sup> week of pregnancy and has vomiting

**3(vi).** Mrs. Fazia is not responding to the drug you gave her. She continues to vomit and now she is dehydrated, acidotic and her sensorium is not clear. In addition to correcting the dehydration and electrolyte disturbances, what is the drug of choice now?

**4. THEME: CHEST PAIN [4 (i) –4 (vi)]**

**(Total: 6 Marks)**

**From the options 'A to J' given below, choose the best answer for the questions 4 (i) –4 (vi):**

**Options:**

- |                                 |                               |
|---------------------------------|-------------------------------|
| <b>A.</b> Myocarditis           | <b>F.</b> Pulmonary embolism  |
| <b>B.</b> Pericarditis          | <b>G.</b> Aortic stenosis     |
| <b>C.</b> Pneumothorax          | <b>H.</b> Dissection of aorta |
| <b>D.</b> Pneumonia             | <b>I.</b> Costochondritis     |
| <b>E.</b> Myocardial infarction | <b>J.</b> Sternitis           |

**Questions: Choose the correct diagnosis from the options above for the following patients:**

**4. (i)** Mr. Somu, a known case nephrotic syndrome, is brought to the casualty with complaints of sudden onset of chest pain and difficulty in breathing. He coughing continuously and the sputum is blood stained. His heart rate is 112/minute and there is a friction rub over the site of pain.

**4. (ii)** Mr. Kannan has come with sudden onset of chest pain in the retrosternal area and diaphoresis.

4. (iii) Mr. Abdul, a known hypertensive has come with retrosternal chest pain radiating to back, both the thighs and legs.
4. (iv) Mrs. Jyothi presents with recurrent episodes of syncope, angina and dyspnea. She has Grade III or IV Ejection systolic murmur in aortic area which is conducted to carotids.
4. (v) 17 year old Felicity has come with chest pain and fever. On examination, she has bronchial breath sounds and crepitations in the right scapular area and that area is dull on percussion.
4. (vi) Sudden onset of dyspnea and chest pain and on examination trachea is shifted to left side while the right side of the chest is hyper resonant on percussion with absent breath sounds.

**5. THEME: DIARRHOEA IN ADULTS [5 (i) – 5 (vi)] (Total: 6 Marks)**

**From options 'A to J' given below, choose the best answer for questions 5 (i) – 5 (vi):**

**Options :**

- |                 |                                   |
|-----------------|-----------------------------------|
| A. Doxycycline  | F. Metronidazole                  |
| B. Loperamide   | G. Oral or parenteral rehydration |
| C. Azithromycin | H. Kaolin                         |
| D. Vancomycin   | I. Ciprofloxacin                  |
| E. Tetracycline | J. Lacto Bacillus                 |

**Questions:**

5. (i) Mr. Thomas presents with complaints of loose stools for the past 3 weeks. The stools are small quantity, two or more unformed stools a day with mucus and sometimes with streaks of blood; Stools have an offensive odour. He has not lost weight and he looks well otherwise. There is tenderness along the line of the colon, usually more marked over the caecum and pelvic colon. What is the drug of choice?
5. (ii) What is the drug of choice of Mr. Jones from the US who is travelling India and has developed loose stools with occasional blood in it? He says he is allergic to quinolones.
5. (iii) Drug of choice for Mr. Munna who is come with acute onset of watery stools with consistency of rice water consistency.
5. (iv) Mr. Lingasamy has developed profuse watery diarrhea; up to 10 to 15 times per day with blood in the stool following a course of amoxicillin. He is dehydrated, febrile and there is abdominal tenderness and cramping. What is the drug of choice?
5. (v) Mrs. Seetha has come with complaints of loose stools for the past 2 months. There is associated abdominal pain and cramps. She looks anemic and there is glossitis, stomatitis and the knuckles are hyper pigmented. Her HIV status is negative and MCV is 105 Fl. You also observe that there are few more patients from the same area with similar complaints. What is the drug of choice for Mrs. Seetha's diarrhea?
5. (vi) Mr. David has come with acute onset diarrhea with vomiting, stools are watery and yellow colored. There is no tenesmus or blood in the stools. What drug will you prescribe?

**6. THEME: HYPERTENSION [6 (i) –6 (vi)]**

**(Total: 6 Marks)**

**From the options 'A to G' given below, choose the best answer for the questions 6 (i) –6 (vi). More than one answer may be selected:**

**Options :**

- |   |                          |
|---|--------------------------|
| <b>A.</b> Calcium Channel Blocker                 | <b>D.</b> Beta blocker   |
| <b>B.</b> Angiotensin Converting Enzyme Inhibitor | <b>E.</b> Spironolactone |
| <b>C.</b> Angiotensin Receptor Blocker            | <b>F.</b> Alpha blocker  |
|   | <b>G.</b> Diuretic       |

**Questions:**

6. (i) 70 year old Mr. Das has isolated systolic hypertension. He has features of gout.
6. (ii) 45 year old Mrs. Geetha has diabetic nephropathy and her blood pressure is 140/90 mm of Hg.
6. (iii) 50 year old Mr. Luke had a stroke last month. The antihypertensive you will prefer for him.
6. (iv) The antihypertensive of choice for 60 year old Mrs. Kalyani who had an Myocardial Infarction last month.
6. (v) The antihypertensive of choice for 54 year old Mr. Anwar who has left ventricular dysfunction.
6. (vi) The antihypertensive of choice for 58 year old Mr. Ayyapan who has Congestive Cardiac Failure.

**7. THEME: HEADACHE [7 (i) –7 (vi)]**

**(Total: 6 Marks)**

**From the options 'A to J' given below, choose the best answer for questions 7 (i) –7 (vi):**

**Options :**

- |  |                                       |
|--|---------------------------------------|
| <b>A.</b> Migraine                             | <b>F.</b> Tuberculous meningitis      |
| <b>B.</b> Cluster headache                     | <b>G.</b> Subarachnoid hemorrhage     |
| <b>C.</b> Tension headache                     | <b>H.</b> Glosso pharyngeal neuralgia |
| <b>D.</b> Trigeminal neuralgia                 | <b>I.</b> Hypnic headaches            |
| <b>E.</b> Idiopathic Intracranial Hypertension | <b>J.</b> Viral Encephalitis          |

**Questions: Choose the most likely diagnosis for the following patients with headache:**

7. (i) Mrs. Sujatha suffers from episodes of very severe unilateral pain which is deep, excruciating, burning or stabbing in nature. The pain is localized to the orbital, supraorbital and temporal region and often awakens her from sleep.
7. (ii) 68 year old Mrs. Devi has developed headache for the past 6 months. The headache occurs in the night times. The imaging and ESR are normal.
7. (iii) Mrs. Geetha has complaints of headache for the past 3 months; it lasts for around 2-3 hours. The headache is bilateral; non-pulsating; not aggravated by routine physical activity and there is no vomiting /nausea or photophobia.

7. (iv) Mrs. Parvathy has episodes of headache for the past one year. The headaches are severe, lasts for around 6 hours. Pain is often unilateral, throbbing, worse with exertion, and accompanied by symptoms such as nausea and sensitivity to light, sound, odors.
7. (v) Mrs. Jothi has episodes of right sided facial pain which is sharp and stabbing which usually lasts for less than a minute.
7. (vi) Ms. Preethi, aged 24 years presents with progressive diffuse headache, aggravated by straining and cough. On examination her BMI is 30. There is evidence of field defects and sixth nerve palsy. The imaging of brain does not reveal any space occupying lesions.

**8. THEME: TREATMENT OF SEIZURES [8 (i) – 8 (vi)] (Total: 6 Marks)**  
**From options 'A to H' given below, choose the best answer for questions 8 (i) – 8 (vi):**

**Options :**

- |                     |                    |
|---------------------|--------------------|
| A. Sodium valproate | E. Oxcarbazepine   |
| B. Lamotrigine      | F. Phenytoin       |
| C. Levetiracetam    | G. Topiramate      |
| D. Topiramate       | H. Absence seizure |

**Questions:**

8. (i) The first line anticonvulsant for Mrs. Jessica with a diagnosis of focal seizures with secondary generalization.
8. (ii) The first line anticonvulsant for Mr. Gopal with a diagnosis of primary generalized tonic – clonic seizure.
8. (iii) The first line anticonvulsant for Felix with a diagnosis of myoclonic seizure.
8. (iv) The first line anticonvulsant for Shiva with a diagnosis of tonic seizure.
8. (v) The first line anticonvulsant for Swetha with a diagnosis of atonic seizure.
8. (vi) The first line anticonvulsant for Ravi with a diagnosis of clonic seizure.

**9. THEME: SEIZURES [9 (i) –9(vi)] (Total: 6 Marks)**  
**From the options 'A to I' given below, choose the best answer for questions 9 (i) –9 (vi):**

**Options :**

- |                          |   |
|--------------------------|---|
| A. Neurocysticercosis    | F. Temporal lobe epilepsy ( Partial seizures) |
| B. Tuberculoma           | G. Absence seizures                           |
| C. Atonic seizures       | H. Tuberculous meningitis                     |
| D. Tonic clonic seizures | I. Pyogenic meningitis                        |
| E. Brain abscess         |   |

**Questions: Choose the correct diagnosis from the options menu above for each of the patients described below:**

9. (i) Mr. Johnson who has come with complaints of seizures has a homogeneous disc like enhancement around the region of hypo density with central nidus of calcification in CT brain

9. (ii) Mr. Hari who has come with complaints of seizures has multiple ring lesions with irregular margins. Most of them have a diameter more than 20 mm in CT brain
9. (iii) 12 year old Rani who has complaints of seizures show high-amplitude activity is typically interrupted by slow waves to create a “spike-and-wave” pattern in EEG.
9. (iv) 11 year old Bharat who has complaints of seizures show brief, generalized spike-and-wave discharges followed immediately by diffuse slow waves that correlate with the loss of muscle tone in EEG.
9. (v) 27 year old Kumar who presented with focal seizures has a lesion with a low-density necrotic centre, a well-developed contrast- enhancing capsule and surrounding cerebral oedema in CT brain.
9. (vi) 17 year old Mani who has come with complaints of seizures has brought a CT scan of the brain which shows a focal lesion. The radiologist’s report says ‘hippocampalsclerosis.’”

**10. THEME: CONSTIPATION [10 (i) –10 (vi)] (Total: 6 Marks)**

**From options ‘A to F’ given below, choose the best answer for questions 10 (i) –10 (vi):**

**Options:**

- |                   |                                   |
|-------------------|-----------------------------------|
| A. Bulk agents    | D. Rectal suppositories and enema |
| B. Osmotic agents | E. Anti-motility agents           |
| C. Stimulants     | F. Digestive extracts             |

**Questions:**

***Mrs. Shantha, a diabetic and hypertensive, who recently had a stroke and is bed-ridden, has constipation. The stools are not impacted.***

10. (i) What is your drug of choice for Mrs. Shantha?
10. (ii) The drug to be avoided in Mrs. Shantha as a treatment for constipation:

***4 year old Meena, who has been in a playschool till now and just started going to a regular school has developed constipation for the past two weeks.***

- 10.(iii) Apart from the behaviour modification, if you have to use a pharmacological agent, what will you prefer?
- 10.(iv) Drug of choice if Meena develops impacted stools.

***Mr. Doraiswamy is a 76 year old retired teacher, who has constipation. He is ambulant and takes care himself.***

- 10.(v) What will be your first choice of drug for Mr. Doraisamy?
- 10.(vi) Second choice of drug for Mr. Doraiswamy if he does not respond to the first drug.

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(LK 0217)

M.MED. FAMILY MEDICINE

(Sub: Code: 4001)

**FIRST YEAR THEORY EXAM – FEBRUARY 2017  
PAPER I - MEDICINE AND ALLIED SCIENCES**

*QP .CODE: 434001*

**Time: Three Hours**

**Maximum Marks: 100**

**INSTRUCTIONS**

- The paper will be for a total of **100 Marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios. **(40 Marks)**
- **Part B** will have Objective type EMQs **extended matching questions**. **(60 Marks)**
  - ✓ This will have 10 sets of these questions.
  - ✓ Each set will have 6 questions.
  - ✓ Each question will carry 1 mark.
  - ✓ Each set has a **theme** on the top. Below this, **some options** given on the top followed by some **questions**. The options are lettered using the English Alphabets **A, B, C, D** and so on.

Example:

**3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)**  
**From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)**

**Options:**

- A.** Inj. Haloperidol
- B.** Amitriptyline + counseling
- C.** Tab. Chlorpromazine
- D.** Tab. Trihexyphenidyl
- E.** Tab. Diazepam
- F.** Tab. Lithium
- G.** Inj. Fluphenazinedeconoate
- H.** Tab. Risperidone

**Questions: What is your treatment option in the following cases?**

- 3(i) What is the drug of choice for Acute Psychosis?
- 3(ii) What is the drug of choice for Bipolar illness?

- ✓ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	A
3(ii)	F
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ✓ Each option may be used more than once. Some options may not be used at all.

**PART – A**

**DESCRIPTIVE QUESTIONS**

**(ANSWER ALL QUESTIONS)**

1. Mr. Sukumar, a 59 year old retired clerk, comes to you with gradually progressive stiffness, difficulty walking and going down stairs. On examination, he has expressionless face, staring gaze with limitation of gaze in all directions and bradykinesia. He is not a hypertensive or diabetic. **(Total: 20 Marks)**

- A. What will be your first clinical diagnosis? **(2 Marks)**
- B. How can you explain these symptoms? **(3 Marks)**
- C. How will you manage him? Explain with the help of an algorithm. **(7 Marks)**
- D. How will you follow up this patient? **(3 Marks)**
- E. What will be the indications for referral in this patient? **(5 Marks)**

2. Mr. Mohan, a 65 year old retired schoolteacher comes to your clinic with one-month history of frequent episodes of chest pain in the retro-sternal region while walking upstairs and lifting weights. He also gets sweating and palpitations associated with the pain. He stopped smoking 10 years ago and does not consume alcohol. **(Total: 20 Marks)**

- A. Define Unstable angina and NSTEMI. **(4 Marks)**
- B. What are the three important requisites for diagnosing STEMI? **(3 Marks)**
- C. Describe the 5 steps in the management for stable angina? **(5 Marks)**
- D. Write a prescription for this patient. **(4 Marks)**
- E. What would be your role as a family Physician in helping Mr. Mohan **(4 Marks)**

**PART – B**

**EXTENDED MATCHING QUESTIONS**

**(ANSWER ALL QUESTIONS)**

1. **THEME: DIAGNOSIS OF HYPERTENSION [QUESTIONS. 1(i) – 1(vi)]**

**(Total: 6 Marks)**

**From the options ‘A to H’ given below, choose the best answer for questions ‘1(i) –1(vi)’:**

**Options**

- |                            |                                   |
|----------------------------|-----------------------------------|
| A. Normal Blood Pressure   | E. Stage 3 hypertension           |
| B. Stage I hypertension    | F. Malignant hypertension         |
| C. Paroxysmal hypertension | G. Pregnancy induced Hypertension |
| D. Stage 2 hypertension    | H. White-coat hypertension        |

**Questions:**

1(i) You have been treating Mrs. Sowmya for hypertension for the past 6 months, but she is irregular with her medication. Now her blood pressure is 159 / 100 mmHg. What is the stage of her hypertension?

- 1(ii) Mr. Anand has blood pressure of 136 / 92mmHg. He has no other comorbidities. What is your possible diagnosis?
- 1(iii) Mr. Shant comes to you for the routine checkup and follow-up of his hypertension. His blood pressure now is 178 / 102 mmHg. He is non-compliant with medicines as well as lifestyle changes. What is the stage of his hypertension?
- 1(iv) You had asked Mrs. Gayatri to get her blood pressure recordings taken by a local nurse. You find that they fluctuate between normal and high levels. What is your possible diagnosis?
- 1(v) Mr. Mani has blood pressure of 170 / 112 mmHg. What is the stage of his hypertension?
- 1(vi) You are asked to see Mr. Panda who is brought to you with altered sensorium and on examination you found that his blood pressure is 200/120. His fundus examination shows papilloedema. What is your diagnosis?

**2. THEME – DIAGNOSIS OF EDEMA [QUESTIONS. 2(i) – 2(vi)] (Total: 6 Marks)**

**From the options ‘A to M’ given below, choose the best answer for the questions 2(i) – 2(vi)**

**Options:**

- |                       |                               |
|-----------------------|-------------------------------|
| A. Nephrotic syndrome | H. Filariasis                 |
| B. Glomerulonephritis | I. Malnutrition               |
| C. Hypothyroidism     | J. Congestive cardiac failure |
| D. Cirrhosis          | K. Deep Vein Thrombosis       |
| E. Cellulitis         | L. Chronic renal failure      |
| F. Ovarian malignancy | M. Chronic liver disease      |
| G. Hyperthyroidism    |                               |

**Questions: Mark the most likely diagnosis for the following patients:**

- 2(i) Mr. Ram, a 54 year old teacher, presents with easy fatigability, nausea, headache and swelling of his feet. On examination he is pale and his BP is 180/100mmHg.
- 2(ii). Mrs. Swati is a 46 year old housewife complains of tiredness, constipation and weight gain. Physical examination reveals puffy face, coarse skin and edema of the feet.
- 2(iii). 34 year old Mrs. Swati, an obese house wife, who is two weeks post caesarean section. She presents with low grade fever for 2 days, pain and swelling of the right lower limb and right calf muscle tenderness.
- 2(iv). A 14 year old school student is brought with acute onset of headache, swelling of both feet and tea coloured urine. His BP is 144/94 mmHg.
- 2(v). A 47 year old market executive who has ischemic heart disease presents with breathlessness on walking, cough and swelling of his feet. On examination, he has bilateral pedal edema, JVP is elevated and fine crepitations are heard in both lung fields.
- 2(vi). A middle aged lady who has been having pruritus for a long time presents with hematemesis and melena. On examination she has bilateral pedal edema and ascites.

**3. THEME: TREATMENT OF MENTAL HEALTH PROBLEMS [QUESTIONS 3(i) – 3(vi)] (Total: 6 Marks)**

**From the options 'A to J' given below, choose the best answers for the questions 3(i) – 3(vi):**

**Options:**

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <b>A.</b> Haloperidol                | <b>F.</b> Benzodiazepines           |
| <b>B.</b> Olanzapine                 | <b>G.</b> Disulfiram                |
| <b>C.</b> Risperidone                | <b>H.</b> Carbamazepine             |
| <b>D.</b> Fluoxetine                 | <b>I.</b> Tricyclic antidepressants |
| <b>E.</b> Promethazine hydrochloride | <b>J.</b> Fluphenazine              |

**Questions:**

**3(i).** Mr. Gaurav, a 55 year old clerk has been recently started on medication for depression. Few days later, his son comes to your OPD and reports that his father collapsed this morning as soon as he got up from bed to go to the bathroom. Which drug could be responsible?

**3(ii).** You started college student Gina on this newer antipsychotic which has weight gain, elevated blood sugars and lipids as side effects. Name the drug.

**3(iii).** Mr. Steve, a 24 year old male, has developed Akathisia after being started on antipsychotics. What is the treatment?

**3(iv).** Mr. Prasanth, a 28 year old artist develops severe spasm of his neck muscles soon after taking his regular antipsychotic medication. What would you treat him with to relieve it?

*You decide on starting Mr. Shyam, a known schizophrenic under follow up with you, on injectable antipsychotic medication, due to non-compliance with oral drugs. He does not have marked agitation.*

**3(v).** Older antipsychotic which can be given as injectable for patients without marked agitation is

**3(vi).** Newer antipsychotic given for conditions without marked agitation is

**4. THEME–TREATMENT FOR VOMITING [QUESTIONS. 4(i)–4(vi)] (Total: 6 Marks)**

**From the options 'A to J' given below, choose the best answer for the questions 4(i) – 4(vi)**

**Options:**

- |                               |                          |
|-------------------------------|--------------------------|
| <b>A.</b> Acetaminophen       | <b>F.</b> Metoclopramide |
| <b>B.</b> Cyclizine           | <b>G.</b> Mannitol       |
| <b>C.</b> Ondansetron         | <b>H.</b> Pyridoxine     |
| <b>D.</b> Prednisolone        | <b>I.</b> Phenothiazines |
| <b>E.</b> Methyl Prednisolone | <b>J.</b> Pantoprazole   |

**Questions: Choose the appropriate antiemetic for the following patients:**

**4(i).** Seven weeks pregnant Mrs. Lal, 22 year old primigravida, comes to you with the complaint of having multiple episodes of vomiting. How will you treat her?

- 4(ii).** A 40 year old teacher has episodes of throbbing headache associated with her menstrual cycles. The headache is relieved with vomiting. How will you treat her?
- 4(iii).** A patient on morphine for breast carcinoma with secondaries has vomiting. What will you prescribe?
- 4(iv).** Raja, a 13 year old student, who is known to have travel sickness, comes for a prescription prior to his school excursion. What will you prescribe?
- 4(v).** A 24 year old patient has acute gastroenteritis who is not tolerating ORS. What antiemetic would you like to give?
- 4(vi).** A 35 year old male is on treatment with cyclophosphamide for Hodgkin's lymphoma develops severe nausea and vomiting. How will you treat him?

**5. THEME: VIRAL AGENTS IN HEPATITIS [QUESTIONS. 5(i) – 5(vi)]**

**(Total: 6 Marks)**

**From options 'A to E' given below, choose the best answer for the questions '5(i)–5 (vi)':**

**Options**

- |                       |                       |
|-----------------------|-----------------------|
| <b>A.</b> Hepatitis A | <b>D.</b> Hepatitis D |
| <b>B.</b> Hepatitis B | <b>E.</b> Hepatitis   |
| <b>C.</b> Hepatitis C |                       |

**Questions:**

- 5(i).** This viral agent spreads through blood, saliva and rarely through sexual intercourse. It has a carrier state. It has no specific vaccine. Name it.
- 5(ii).** This is a DNA virus.
- 5(iii).** This virus spreads through faeces, cannot be prevented by active immunization and has mortality of 2%.
- 5(iv).** This viral agent has no carrier state, usually infects the young and does not cause chronic liver disease.
- 5(v).** This virus spreads through blood and can lead to chronic liver disease but cannot be prevented by active immunization.
- 5(vi).** This virus is always associated with another virus which causes hepatitis.

**6. THEME: SLEEP DISORDERS [QUESTIONS. 6(i) -6(vi)]**

**(Total: 6 Marks)**

**From the options 'A to L' given below, choose the best answer for the questions 6(i)–6(vi)**

**Options :**

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <b>A.</b> Periodic limb movement    | <b>G.</b> Insomnia                 |
| <b>B.</b> Circadian rhythm disorder | <b>H.</b> Secondary Parasomnia     |
| <b>C.</b> Diazepam                  | <b>I.</b> Restless leg syndrome    |
| <b>D.</b> Pramipexole               | <b>J.</b> Primary Parasomnia       |
| <b>E.</b> Anti-depressants          | <b>K.</b> Memory loss              |
| <b>F.</b> Clonazepam                | <b>L.</b> Obstructive sleep apnoea |

**Questions :**

*Mr. Khanna comes to you with the complaint of having confusional arousals at night and doing bizarre things like pulling the flush or switching on the TV.*

- 6.(i). What is the diagnosis?
- 6.(ii). How will you treat him?

*48 year old Mr. Kumar comes with the complaint of having painful erections at night and causes him to wake up.*

- 6.(iii). What is the diagnosis?
- 6.(iv). How will you treat him?

*Mrs. Malini has the urge to move the legs repeatedly before the onset of sleeping.*

- 6.(v). What is the diagnosis?
- 6.(vi). How will you treat her?

**7. THEME: ETIOLOGY OF STROKE [QUESTIONS. 7(i) -7(vi)] (Total: 6 Marks)**  
**From the options 'A to F' given below, choose the best answer for the questions 7(i) – 7(vi)**

**Options :**

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| A. Thrombotic stroke            | D. Intracerebral haemorrhagic stroke |
| B. Embolic stroke               | E. Anterior circulation stroke       |
| C. Posterior circulation stroke | F. Lacunar stroke                    |

**Questions:**

- 7(i). Mr. Natarajan was brought to you with the complaint of having vertigo, dysphagia, bilateral visual disturbance and ataxia since yesterday. What could be the type of stroke?
- 7(ii). Mrs. Rajamani is a known case of mitral stenosis with atrial fibrillation and she is not on treatment. She has come with features of stroke today. What is your opinion regarding the type of stroke?
- 7(iii). Mr. Muthu aged 87 is a hypertensive. He has come to casualty with sudden loss of consciousness and right hemiplegia. The stroke is more likely to be:
- 7(iv). In a stroke with this etiology, hemiparesis and other symptoms are maximal at onset and unassociated with head ache. Identify this stroke.
- 7(v). Mrs. Kalyani was brought to you with the complaint of having disinhibition and speech preservation, altered mental status impaired judgment, contra lateral motor deficits and cortical sensory deficits. These are characteristic of this type of stroke:
- 7(vi). Mr. Raman having dysarthria and clumsy hand which are characteristic of this type of stroke:

**8. THEME: CAUSES OF DYSPNEA [QUESTIONS 8(i)–8(vi)]**

**(Total: 6 Marks)**

**From the options ‘A to J’ given below, choose the best answer for the questions 8(i)-8(vi)]**

**Options :**

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <b>A.</b> Tension pneumothorax        | <b>F.</b> Mitral regurgitation       |
| <b>B.</b> Anxiety                     | <b>G.</b> Congestive cardiac failure |
| <b>C.</b> Aortic regurgitation        | <b>H.</b> Aortic stenosis            |
| <b>D.</b> Depression                  | <b>I.</b> Tricuspidregurgitation     |
| <b>E.</b> Traumatic cardiac tamponade | <b>J.</b> Mitral stenosis            |

**Questions:**

- 8(i).** Mr. Rajan is 33 years old clerk and he has come with complaints of palpitations for the past 9 months. Your new OPD assistant hesitantly comes and tells you that she is not able to measure the blood pressure because, though she is clearly able to make out the systolic pressure as 130 mm of Hg, the diastolic blood pressure is going below 10 mm of Hg! What cardiac lesion you can suspect in Mr. Rajan?
- 8(ii).** David is brought to you after a road traffic accident. David is conscious, oriented but not able to talk. He makes a sign that he is not able to breathe. On examination, he is dyspneic, respiratory rate is 42/minute; blood pressure is 80/70 mm of Hg. His JVP is raised. His respiratory system is normal. You find his cardiac sounds are softer than normal. What is your diagnosis?
- 8(iii).** Mrs. Sunita comes to you with the complaint of fatigue, palpitations, exertional dyspnea and tachypnea. On examination pan systolic murmur loudest over the apex with radiation to the left axilla present. What is the probable diagnosis?
- 8(iv).** Mr. Herbert has exertional dyspnea, angina pectoris and syncope – these are the three cardinal symptoms of which condition?
- 8(v).** Mr. Abdul, a 55 year old clerk, presents to your clinic with a recent new onset dyspnea for the past 6 weeks. He has been a diabetic for 8 years and has recently been diagnosed to have stage I hypertension, on drugs. On examination, he is comfortable at rest and his blood pressure is 140/90 mmHg. He has crepitations in both lung bases. What is the most probable diagnosis?
- 8(vi).** 31 year old Mrs. Mona has come to you with progressive onset of difficulty in breathing for the past two years. She says even walking to toilet has become very difficult for her for the past two months. On examining her, you find that her pulse rate is irregularly irregular, blood pressure is 96/ 80 mm of Hg, JVP is raised. There is a loud S1, and a mid-diastolic murmur in the left second intercostal space P2 is loud; there are scattered crepitations in both the lung bases. What is your clinical diagnosis?

**9. THEME: DIAGNOSIS OF LOOSE STOOLS [QUESTIONS. 9(i) – 9(vi)]**

**(Total: 6 Marks)**

**From the options ‘A to K’ given below, choose the best answer for the questions 9(i) –9(vi)**

**Options:**

- |                                 |                                    |
|---------------------------------|------------------------------------|
| <b>A.</b> Pseudo diarrhoea      | <b>G.</b> Amoebic colitis          |
| <b>B.</b> Faecal incontinence   | <b>H.</b> Irritable bowel syndrome |
| <b>C.</b> Large bowel diarrhoea | <b>I.</b> Tuberculosis             |
| <b>D.</b> Diabetes              | <b>J.</b> Salmonella               |
| <b>E.</b> Small bowel diarrhoea | <b>K.</b> Enterobius vermicularis  |
| <b>F.</b> Shigella              |                                    |

**Questions:**

*Mr. Waseem, an 80-year-old retired government official, comes to you with the complaint of passing stool pellets about 6-8 times a day. He has no sense of rectal urgency.*

**9(i).** What would you classify this condition as?

*Mr. Sundar, a 20-year-old college student, has had 8 stools /day in the last 48 hours. The stools are small in amount, but some blood in the stools. He has pelvic pain that is relieved after defecation. He also has fever and looking ill.*

**9(ii).** What type of diarrhea does Mr. Felix have?

**9(iii).** What cause do you suspect in him?

*Two members of the Khan family – the father and the 20-year-old son come to your clinic with a history of diarrhea 6-8 times/day and accompanied by blood, urgency, and tenesmus. However, they do not look ill.*

**9(iv).** What type of diarrhea is this?

**9(v).** What could be the possible cause?

*Mr. Tariq, a 40-year-old truck driver, has come with complaints of diarrhea for the past 4 months. On examination he has oral thrush.*

**9(vi).** What do you suspect could be the cause of his diarrhea?

**10. THEME: CONSTIPATION [QUESTIONS. 10(i) – 10(vi)]**

**(Total: 6 Marks)**

**From the options ‘A to J’ given below, choose the best answer for the questions. 5(i)–5(vi):**

**Options:**

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <b>A.</b> Liquid Paraffin           | <b>F.</b> Irritable bowel syndrome |
| <b>B.</b> Digital rectal evacuation | <b>G.</b> Phenolphthalein          |
| <b>C.</b> Iatrogenic                | <b>H.</b> Sorbitol                 |
| <b>D.</b> Colorectal carcinoma      | <b>I.</b> Senna                    |
| <b>E.</b> Hypothyroidism            | <b>J.</b> Polyethylene glycol      |

**Questions:**

**10(i).** Mrs. Mala, a 42 year old teacher, complains of weight gain, constipation, cold intolerance and depression. What could be the cause of constipation?

**10(ii).** Mrs. Sumathi, a 38 year old receptionist, who is on antidepressants complains of abdominal pain, bloating and constipation. She opens her bowels approximately twice a week with the passage of hard stool. She also complains of a dry mouth. What could be the cause of constipation?

**10(iii).** Which of the above drugs can cause melanosis coli?

**10(iv).** Mr. Shantam, a 66-year-old retired policeman, presents with a 3-month history of difficulty in passing stool with altered bowel habits. He is anorexic, and has an urge to pass stool but is unable to do so. What is your clinical impression about his problem?

**10(v).** Ms. Gomathi, a 21 year old woman who presented with weakness and lethargy is being treated for anaemia. She now complains of constipation and black stools. What is the likely cause?

**10(vi).** Mr. Murali, a 19-year-old paraplegic, suffers from constipation. Faecal mass is palpable in the left iliac fossa and hard stool is felt on rectal examination. What would be the appropriate treatment for him?

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(LM 0218)

M.MED. FAMILY MEDICINE

(Sub: Code: 4001)

**FIRST YEAR THEORY EXAM– FEBRUARY 2018  
PAPER I - MEDICINE AND ALLIED SCIENCES**

*QP. CODE: 434001*

**Time: Three Hours**

**Maximum Marks: 100**

**INSTRUCTIONS**

- The paper will be for a total of **100 Marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 Marks)**.
- **Part B** will have Objective type EMQs (**Extended Matching Questions**) **(60 Marks)**.
  - ✓ This will have 10 sets of these questions.
  - ✓ Each set will have 6 questions.
  - ✓ Each question will carry 1 mark.
  - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English alphabets **A, B, C, D** and so on.

Example:

**3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)**  
**From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)**

**Options:**

- A.** Inj. Haloperidol
- B.** Amitriptyline + counseling
- C.** Tab. Chlorpromazine
- D.** Tab. Trihexyphenidyl
- E.** Tab. Diazepam
- F.** Tab. Lithium
- G.** Inj. Fluphenazine deconate
- H.** Tab. Risperidone

**Questions: What is your treatment option in the following cases?**

- 3(i) What is the drug of choice for Acute Psychosis?
- 3(ii) What is the drug of choice for Bipolar illness?

- ❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	
3(ii)	
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ❖ Each option may be used more than once. Some options may not be used at all.

**PART – A**  
**DESCRIPTIVE QUESTIONS**  
**(ANSWER ALL QUESTIONS)**

1. Forty year old Mr. Dinesh has come to your clinic with severe epigastric pain for the fourth time in the last two months. You observe that he looks tired and untidy; his eyes are blood shot and there is mild tremor of hands. **(Total: 20 Marks)**
- A. Name 4 scales used for screening of problem drinking. What are the symptoms and signs in a patient that suggest screening for problem drinking? **(4 Marks)**
  - B. Discuss CAGE questionnaire. **(4 Marks)**
  - C. What are the stages of decision making? As a family physician, how will you specifically support your patient in every stage of decision making? **(5 Marks)**
  - D. What are the pharmacological agents used in problem drinking? Discuss their indications and doses. **(3 Marks)**
  - E. How will you manage a patient coming with delirium tremens in primary care? **(4 Marks)**
2. 58 year old Mr. Thiagu, a businessman, comes to your clinic with complaints of loose stools 5 - 6 times a day for the last four weeks. He has lost weight 4 Kg over the last two months. He was treated in a nearby hospital and it has not given him any relief. **(Total:20 Marks)**
- A. Mention the common conditions causing chronic diarrhea in adults. **(4 Marks)**
  - B. How will you differentiate small bowel and large bowel diarrhoea? **(2 Marks)**
  - C. How will you differentiate organic or functional cause of chronic diarrhoea? **(4 Marks)**
  - D. How will you evaluate a patient with chronic diarrhea? **(6 Marks)**
    - i) History **(2 Marks)**
    - ii) Clinical examination **(2 Marks)**
    - iii) Investigations **(2 Marks)**
  - E. How will you manage a patient with Chronic Diarrhoea in primary care? Explain with an algorithm. **(4 Marks)**

**PART – B**  
**EXTENDED MATCHING QUESTIONS**  
**(ANSWER ALL QUESTIONS)**

1. **Theme: Management of Headache [1(i) – 1(vi)]** **(Total: 6 Marks)**  
**From the options 'A to N' given below, choose the best answer for questions 1(i) –1(vi):**

**Options:**

- |                       |                  |
|-----------------------|------------------|
| A. Verapamil          | H. Nitrous oxide |
| B. Carbamazepine      | I. Mirtazapine   |
| C. Propranolol        | J. Olanzapine    |
| D. Haloperidol        | K. Phenobarbital |
| E. Narcotic analgesic | L. Phenytoin     |
| F. Amitriptyline      | M. Nifedipine    |
| G. Inhaled oxygen     | N. Labetalol     |

**Questions:**

*Mrs. Kamala has recurrent episodes of right sided facial pain which is sharp and stabbing which usually lasts for less than a minute.*

1. (i) What will be the drug of choice for treating her?

*Mrs. Shyamala suffers from episodes of very severe unilateral pain which is deep, excruciating, burning or stabbing in nature over the orbital, supraorbital and temporal region, which often awakens her from sleep.*

1. (ii) What is the agent that can stop the acute episode of headache in such patient?

1. (iii) What is the drug which can be given as a prophylaxis for Mrs. Shyamala?

*Mrs. Sumathy has 7 episodes of headache for the past one year. The headaches are severe, lasts for around 6 hours. Pain is often unilateral, throbbing, worse with exertion, and accompanied by symptoms such as nausea and sensitivity to light, sound, odours. Her T4 level is 3.0 ng/ml and TSH is 0.0 U/ml.*

1. (iv) If Sumathy needs a prophylaxis, what will be the first drug that you would use?

*Mrs. Seetha has complaints of headache for the past 3 months; it lasts for around 2-3 hours. The headache is bilateral; non-pulsating; not aggravated by routine physical activity and there is no vomiting /nausea or photophobia. Her headache becomes more towards evening.*

1. (v) Which drug will you prescribe her?

1. (vi) The drug that you will avoid in Mrs. Seetha is:

**2. Theme : Seizures [ 2(i) – 2(vi)]**

**(Total: 6 Marks)**

**From options ‘A to K’ given below, choose the best answer for questions 2(i) – 2(vi):**

**Options:**

- |   |                                   |
|---|-----------------------------------|
| <b>A.</b> Absence seizure               | <b>G.</b> Tonic seizure           |
| <b>B.</b> Primary generalized seizure   | <b>H.</b> Atonic seizure          |
| <b>C.</b> Secondary generalized seizure | <b>I.</b> Pseudo seizure          |
| <b>D.</b> Infantile spasms              | <b>J.</b> Complex Partial seizure |
| <b>E.</b> Neonatal seizure              | <b>K.</b> Simple Partial seizure  |
| <b>F.</b> Myoclonic seizure             |                                   |

**Questions: What is the type of seizure in the following scenarios?**

**2.(i)** 2 months old Sanita has abrupt movements of head, trunk or limbs which occur in a cluster of 10 to 20 movements per episode. Sometimes there is associated sudden flexion of the neck and abdomen with extension of the limbs.

**2.(ii)** 18 year old Prakash is brought with the history of seizure, which started abruptly, without warning. His friend describes the episode as “Suddenly he fell on the floor; his muscles became stiff and then started jerking. After a few minutes he became quiet and when he woke up after 2 minutes, he was kind of confused”

**2.(iii)** 2 year old Mani has episodes of seizures characterized by sudden loss of postural tone lasting for 1 to 2 seconds associated with brief loss of consciousness.

**2.(iv)** 22 year old Harish has episodes of rigid, violent muscular contraction, fixing the limbs in some strained position, with usually deviation of the eyes and of the head towards the opposite side.

2.(v) 22 year old Swetha has episodes of seizures that start with jerky movements of the left hand which then spreads to the entire body and ends with violent jerking of the whole body

2.(vi) 7 year old Swati has episodes of sudden, brief lapses of consciousness without loss of postural control, which lasts for only few seconds and occurs more than 50 times a day. She has been performing poorly in school

**3. Theme: Dyspepsia [3(i) – 3(vi)]**

**(Total: 6 Marks)**

From options 'A to I' given below, choose the best answer for the questions 3(i) – 3(vi):

**Options:**

- |                               |                               |
|-------------------------------|-------------------------------|
| A. Inflammatory bowel disease | F. Chronic pancreatitis       |
| B. Hyperthyroidism            | G. Hyperadrenalism            |
| C. Autonomic neuropathy       | H. Chronic cholecystitis      |
| D. Malignancy                 | I. Gastric outlet obstruction |
| E. Irritable bowel syndrome   |                               |

**Questions: What is the most likely diagnosis for the following scenarios?**

3.(i) 50 years old Mrs. Leela is diabetic and has dyspeptic symptoms; she has episodes of nocturnal diarrhea and occasional giddiness.

3.(ii) 60 years old Mr. Giri has dyspeptic symptoms, but vomiting is more pronounced. He has lost weight around 5 Kgs and Virchow's node is palpable.

3.(iii) 29 years old Mrs. Daisy presents with increased appetite, dyspepsia and anxiety. Her pulse rate is 102/ minute.

3.(iv) 45 years old Mr. Kannan presents with dyspepsia, with persistent abdominal pain and steatorrhea.

3.(v) 65 years old Mr. Johan presents with dyspepsia with examination revealing succussion splash.

3.(vi) Mr. Sekhar, a 28 year old business man presents with dyspepsia; pain, and nausea on waking up in the morning. He also gives the history of passing pellet-like stools and sensation of incomplete rectal evacuation. He looks otherwise well.

**4. Theme: Nausea and Vomiting [4(i) – 4 (vi)]**

**(Total: 6 Marks)**

From options 'A to H' given below, choose the best answer for the questions 4(i) – 4(vi):

**Options:**

- |                  |                     |
|------------------|---------------------|
| A. Dexamethasone | E. Prochlorperazine |
| B. Pyridoxine    | F. Ondansetron      |
| C. Esomeprazole  | G. Domperidone      |
| D. Promethazine  | H. Ranitidine       |

**Questions: What is the appropriate treatment for the following case scenarios?**

4.(i) Mrs. Devi is asking for an anti emetic for her son who is suffering from motion sickness when he travels.

- 4.(ii) Drug of choice for Mr. Kannan who has developed severe vomiting after getting a dose of an opioid analgesic for his Inter-Vertebral Disc Prolapse.
- 4.(iii) Drug of choice for Mrs. Rani who has severe vomiting because of her chemotherapy.
- 4.(iv) Drug of choice for Mr. John who is vomiting on his first post-operative day.
- 4.(v) The drug of choice for Mrs. Fazia who is in her 8<sup>th</sup> week of pregnancy, has vomiting.
- 4.(vi) Mrs. Fazia is not responding to the drug you gave her. She continues to vomit and now she is dehydrated, acidotic and her sensorium is not clear. In addition to correcting the dehydration and electrolyte disturbances, what is the drug now you will give?

**5. Theme: Constipation [5 (i) – 5 (vi)]**

**(Total: 6 Marks)**

From options 'A to J' given below, choose the best answer for questions 5(i) – 5(vi):

**Options:**

- |                    |                                      |
|--------------------|--------------------------------------|
| A. Osmotic agents  | F. Calcium supplements               |
| B. Stimulants      | G. Ranitidine                        |
| C. Bulk agents     | H. Plenty of fluids, high fiber diet |
| D. Codeine         | I. Omeprazole                        |
| E. Antidepressants | J. Rectal suppositories and Enema    |

**Questions:**

*Mr. Chockalingam, a 70 year old gentleman presents with constipation. He is active, ambulant and takes care of himself. His constipation is not better even after modifying his diet habits for the past 1 week.*

5. (i) What will be your first choice of drug for Mr. Chockalingam?
5. (ii) Second choice of drug for Mr. Chockalingam if he does not respond to the first drug:

*Shalini, a 4 year old girl, has just started going to the school. She has developed constipation for the past two months.*

5. (iii) Apart from the behaviour modification, if you have to use a pharmacological agent, what will you prefer?

*Mrs. Banumathi is 80 years old and confined to bed after she had Cerebrovascular accident, a year ago. She has troublesome constipation for the past 2 months.*

5. (iv) What is the laxative of choice in her case?
5. (v) Which laxative, you will avoid in her?
5. (vi) If she develops impacted stools. How will you manage her?

**6. Theme: Psychiatric Disorders [6(i) – 6 (vi)]**

**(Total: 6 Marks)**

From options 'A to L' given below, choose the best answer for the questions 6(i) – 6(vi):

**Options:**

- |                               |                     |
|-------------------------------|---------------------|
| A. Haloperidol                | G. Disulfiram       |
| B. Olanzapine                 | H. Carbamazepine    |
| C. Risperidone                | I. Amitriptyline    |
| D. Fluoxetine                 | J. Fluphenazine     |
| E. Promethazine hydrochloride | K. Sodium Valproate |
| F. Benzodiazepines            | L. Lithium          |

**Questions: Choose the appropriate treatment for the patient descriptions given below:**

6. (i) Mrs. Sonali who alternates between pathological bursts of energy, excessive talkativeness, sleeplessness and periods of remorse and apathy.
6. (ii) 20 year old Durai has been brought with hallucinations, delusions and illusions for the past 10 days. He is sitting quietly, talking to himself and occasionally including you in conversation to tell about how two people are talking to him about his school days.
6. (iii) Gowthami who presents with psychotic symptoms and marked agitation. She is not violent.
6. (iv) Suresh who presents with anorexia, loss of weight, insomnia, fatigue and generalized weakness for the last 6 weeks. There is no history of drug abuse; his physical examination is completely normal.
6. (v) Mr. Sultan who has come with psychotic symptoms and coronary artery disease.
6. (vi) Doris who has come with tardive dyskinesia following antipsychotics treatment.

**7. Theme: Chest Pain [7 (i) –7 (vi)]**

**(Total: 6 Marks)**

**From options 'A to J' given below, choose the best answer for questions 7(i) – 7(vi):**

**Options:**

- |                          |                         |
|--------------------------|-------------------------|
| A. Pneumothorax          | F. Pulmonary embolism   |
| B. Pneumonia             | G. Aortic regurgitation |
| C. Aortic stenosis       | H. Bronchiectasis       |
| D. Myocardial infarction | I. Chronic bronchitis   |
| E. Dissection of aorta   | J. Acute pancreatitis   |

**Questions: Choose the correct diagnosis for the following patients:**

7. (i) Forty five year old Mr. Khan has come to casualty with sudden onset of severe chest pain in the retrosternal area and diaphoresis. He is a smoker and a known diabetic.
7. (ii) Mr. Abdul, a known hypertensive has come with retrosternal chest pain radiating to back, both the thighs and legs.
7. (iii) Mrs. Sukumari presents with recurrent episodes of syncope, angina and dyspnea. She has Grade III or IV Ejection systolic murmur in aortic area which is conducted to carotids.
7. (iv) Seventeen year old Mala has come with chest pain and fever. On examination, she has bronchial breath sounds and crepitations in the right scapular area and that area is dull on percussion.
7. (v) Forty year old Mr. Sunil, a known patient of COPD, is rushed to casualty with sudden onset of dyspnea and chest pain and on examination you find that his trachea is shifted to left side while the right side of the chest is hyper resonant on percussion with absent breath sounds.
7. (vi) Mr. Kanthan, a known case nephrotic syndrome, is brought to the casualty with complaints of sudden onset of chest pain and difficulty in breathing. He is coughing continuously and the sputum is blood stained. His heart rate is 112/minute and there is a friction rub over the site of pain.

**8. Theme: Hypertension [8 (i) – 8 (vi)]**

**(Total: 6 Marks)**

From the options 'A to H' given below, choose the best answer for questions 8 (i) – 8 (vi):

**Options:**

- |                          |                                      |
|--------------------------|--------------------------------------|
| A. Stage I hypertension  | E. Isolated systolic hypertension    |
| B. Stage 2 hypertension  | F. Malignant hypertension            |
| C. Stage 3 hypertension  | G. Pre-eclampsia                     |
| D. Normal Blood pressure | H. Chronic hypertension in pregnancy |

**Questions: Choose the correct diagnosis for the following patients:**

8. (i) Mr. Kamal is a known hypertensive, on treatment. While examining him, you found that his Blood pressure is 170/105 mmHg.
8. (ii) Thirty five year old Mrs. Ranjitham is a known hypertensive for the past 5 years on treatment. Now she is 12 week pregnant and her BP is 150/95 mmHg.
8. (iii) Mr. Sekar is a known hypertensive, on treatment. While examining him, you found that his Blood pressure is 150/95 mmHg.
8. (iv) Mr. Raja is a hypertensive on treatment. While examining him, you found that his Blood pressure is 160/100 mmHg. His fundus examination shows papilloedema.
8. (v) Mrs. Saroja is a primigravida at 24 weeks gestation. While examining her, you found that her Blood pressure is 146/96 mmHg and her urine albumin is 2+. She doesn't have a past history of high blood pressure.
8. (vi) 45 years old Mrs. Kothai is a hypertensive, on treatment. While examining her, you found that her Blood pressure is 138/85 mmHg.

**9. Theme: Diagnosis of Sleep Disorders [9 (i) – 9(vi)]**

**(Total: 6 Marks)**

From options 'A to L' given below, choose the best answer for the questions 9(i) – 9(vi):

**Options:**

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| A. Circadianrhythm sleep disorders   | G. Parasomnias                      |
| B. Sleep related breathing disorders | H. Insomnia due to medical reasons  |
| C. Restless leg syndrome             | I. Drug induced insomnia            |
| D. Sleep Myoclonus                   | J. Hypersomnias of central origin   |
| E. Central hyposomnia                | K. Normal variant                   |
| F. Peripheral hypersomnia            | L. Periodic Limb Movements Syndrome |

**Questions:**

9. (i) Mr. Jasper is brought by his wife saying that, some nights he walks around the house in the night, opening the fridge and switching the bathroom lights on and off. In the morning, he does not recall any on these. What category does this diagnosis come under?
9. (ii) Mr. Subhani suffers from sleeplessness whenever he travels across the countries, which he cannot avoid because of his work. What category does this diagnosis come under?
9. (iii) Mrs. Jacinta, a known case of mitral heart disease is not able to sleep in the nights. What category does this diagnosis come under?

9. (iv) Somu, a 6-year-old boy is brought to you for counseling. His mother complains that he has not stopped bed-wetting till this age. She thought it will stop by the end of the 5th year and it has been an embarrassment recently in the family. What category does this diagnosis come under?

9. (v) Sankar, a 35 year old male, comes to you with a history of urge to move the legs, accompanied by unpleasant sensation in the legs. It worsens during the periods of rest, in the evenings and the nights. His father also had similar complaints. What category does this diagnosis come under?

9. (vi) Mr. Arumugam works in a factory where he has to do eight hours of shift. After working there for 2 years, now he is not able to sleep in the nights whenever he has day duty. What category does this diagnosis come under?

10. **Theme: Syncope [10 (i) –10 (vi)]**

**(Total: 6 Marks)**

**From options 'A to H' given below, choose the best answer for questions 10(i) – 10(vi):**

**Options:**

A. Cardiac Syncope

E. Pulmonary syncope

B. Psychogenic Syncope

F. Auditory syncope

C. Orthostatic Syncope

G. Pre syncope

D. Neurally-mediated Syncope

H. Senile syncope

**Questions: Choose the appropriate treatment for the patient descriptions given below:**

10. (i) 55 year old Mr. Kumar laughed a lot while seeing a funny movie and suddenly fainted

10. (ii) 60 year old Mr. Bharghav was drinking coffee and he suddenly became very pale and collapsed and had bradycardia but recovered within a few minutes.

10. (iii) 53 year old Mr. Sudhakar while shaving, suddenly turned to one side, after which he fainted and fell down

10. (iv) 16 year old Sowmya is brought Hyperventilating into your OPD and her mother says she fainted twice on the way.

10. (v) 67 year old Mr. Ratan had a fainting episode last night when he got up urgently to urinate in the middle of the night.

10. (vi) 62 year old Mr. Sehkar has Parkinsonism and he had syncope last night.

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