

**THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS**

**MOCK WRITTENS**

**MODIFIED ESSAY PAPER**

**MARKING GUIDE**

**November 2022**

**Produced and delivered by the NSW Branch Training Committee in collaboration with Health Education and Training Institute Higher Education**



**CANDIDATE’S NAME:**

 **DATE:**

**TRAINING ZONE:**

**Modified Essay Question 3 Candidate Name:**

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

**Modified Essay Question 3: (25 Marks)**

You are a junior consultant in private practice rooms. A 32-year-old recently married woman, Kylie, comes to see you. She was diagnosed with ADHD during high school years and has been intermittently managed by other doctors over the last 15 years, sometimes with stimulant medication.

**Question 3.1**

**List the symptoms and signs of ADHD you would be looking for, to clarify whether she has ADHD. (6 marks)**

|  |  |  |
| --- | --- | --- |
|  |  | **Mark****(circle)**  |
| **A** | **≥5 symptoms of inattention and/or ≥5 symptoms of hyperactivity/impulsivity** must have persisted for **≥6 months** to a degree that is inconsistent with the developmental level and negatively impacts social and academic/occupational activities.Symptoms of inattention are• Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.• Often has trouble holding attention on tasks or play activities.• Often does not seem to listen when spoken to directly.• Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).• Often has trouble organizing tasks and activities.• Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).• Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).• Is often easily distracted• Is often forgetful in daily activities.Symptoms of hyperactivity and impulsivity are• Often fidgets with or taps hands or feet, or squirms in seat.• Often leaves seat in situations when remaining seated is expected.• Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).• Often unable to play or take part in leisure activities quietly.• Is often “on the go” acting as if “driven by a motor”.• Often talks excessively.• Often blurts out an answer before a question has been completed.• Often has trouble waiting their turn.• Often interrupts or intrudes on others (e.g., butts into conversations or games) | 0123 |
| **B** | Several symptoms (inattentive or hyperactive/impulsive) were present **before the age of 12 years.** | 01 |
| **C** | Several symptoms (inattentive or hyperactive/impulsive) must be present in **≥2 settings** (e.g., at home, school, or work; with friends or relatives; in other activities). | 01 |
| **D** | There is clear evidence that the **symptoms interfere with or reduce** the quality of social, academic, or occupational **functioning.** | 01 |
| **E** | **Symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder** (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication, or withdrawal). | 01 |
| **F** | Did handwriting affect marking? |  |
|  |  **Up to a maximum of 6 marks in total**  **TOTAL** |  |

**Note to Examiner:** Final mark is set at not more than 6 (i.e. if they score more, final mark is still 6)

**Modified Essay Question 3 contd. Candidate Name:**

*You are a junior consultant in private practice rooms. A 32-year-old recently married woman, Kylie, comes to see you. She was diagnosed with ADHD during high school years and has been intermittently managed by other doctors over the last 15 years, sometimes with stimulant medication.*

Kylie is a school teacher and is having difficulty organising herself at work, she is behind on her paperwork, and school reports are due in soon and she hasn’t started writing them. She has been off stimulant meds for the last 3 years. At home, she is having difficulty managing caring for her 4-year-old stepson by marriage. She wants to try and get pregnant this year.

**Question 3.2**

**Describe (list and explain) what further issues you would explore with Kylie? (8 marks)**

*Please note: a list without any explanation will not receive any marks.*

|  |  |  |
| --- | --- | --- |
|  |  | **Mark****(circle)** |
| **A** | **Exploration of current difficulties** e.g., with function at work (work-place stressors), parenting function, prioritisation of child needs, any concerns raised by day care, home (behavioural difficulties with son, reason?), in the relationship (newly married). | 0123 |
| **B** | **Rule out any other psychiatric co-morbid** conditions (if any) – e.g., substance use disorder, anxiety, depression, complex developmental trauma | 012 |
| **C** | **Explore attitudes to pregnancy:** why she wants to get pregnant this year, has she discussed this with her husband, consider impacts of pregnancy and early motherhood on wellbeing and function, keep welfare of the baby in mind, readiness for shift in roles. | 01 |
| **D** | **Exploring level of supports:** Consider issues such as coercive control, DV, need for mothercraft support, financial freedom, and social network capacity | 01 |
| **E** | **Ascertain her level of understanding** with regards to safety of stimulant medications in pregnancy/discuss this topic, generally dexamphetamine is safer than methylphenidate during pregnancy. All stimulants have the potential to attenuate placental sufficiency, threaten premature labour, restrict foetal growth and induce neonatal abstinence syndrome. 1st trim- risk of cardiac defects (marginal increase)Lactation- contraindicated (milk conc can be as high as 2.5x plasma) | 012 |
| **F** | **Past response to non-pharmacological management – e.g.,** psychological support, ADHD coaching, neurofeedback? | 01 |
| **G** | Did handwriting affect marking? |  |
|  |  **Up to a maximum of 8 marks in total**  **TOTAL**  |  |

**Note to Examiner:** Final mark is set at not more than 8 (i.e., if they score more, final mark is still 8)

**Modified Essay Question 3 contd. Candidate Name:**

*You are a junior consultant in private practice rooms. A 32-year-old recently married woman, Kylie, comes to see you. She was diagnosed with ADHD during high school years and has been intermittently managed by other doctors over the last 15 years, sometimes with stimulant medication.*

*Kylie is a school teacher and is having difficulty organising herself at work, she is behind on her paperwork, and school reports are due in soon and she hasn’t started writing them. She has been off stimulant meds for the last 3 years. At home, she is having difficulty managing caring for her 4-year-old stepson by marriage. She wants to try and get pregnant this year.*

Kylie is not functioning well and wants to consider starting medication for ADHD.

**Question 3.3**

**Describe (list and explain) your approach to management. How would you access the most recent information on this? (4 marks)**

*Please note: a list without explanation will not receive any marks*

|  |  |  |
| --- | --- | --- |
|  |  | **Mark (circle)**  |
| A | **1st line: Stimulants** (Pregnancy category)• Dexamphetamine (B3)• Lisdexamfetamine (Vyvanse) (B3)• Methylphenidate (Ritalin) (D)• Methylphenidate long-acting (D)• Methylphenidate modified release (Concerta) (D)Some discussion of this, with interpretation of what the pregnancy categories meanEmphasising the uncertainty associated with the categorical classification of drugs and that most drugs recommended during gestation are either category B or C. Key is careful risk benefit analysis and well-informed patient decision | 0123 |
| **B** | **Non-stimulants** (Pregnancy category)**2nd line:**• Atomoxetine (B3)• Clonidine (B3)• Guanfacine (B3)**3rd line:**• Modafinil (D)• Buproprion (B2)• Reboxetine (B1)• Venlafaxine (B2) | 012 |
| **C** | Accessing information: via MIMS, do a literature review, discuss at peer-group review, consult a peri-natal psychiatrist, supervision, etc  | 01 |
| **D** | Did handwriting affect marking? |  |
|  |  **Up to a maximum of 4 marks in total** **TOTAL** |  |

**Note to Examiner:** Final mark is set at not more than 4 (i.e. if they score more, final mark is still 4)

**Modified Essay Question 3 contd. Candidate Name:**

*You are a junior consultant in private practice rooms. A 32-year-old recently married woman, Kylie, comes to see you. She was diagnosed with ADHD during high school years and has been intermittently managed by other doctors over the last 15 years, sometimes with stimulant medication.*

*Kylie is a school teacher and is having difficulty organising herself at work, she is behind on her paperwork, and school reports are due in soon and she hasn’t started writing them. She has been off stimulant meds for the last 3 years. At home, she is having difficulty managing caring for her 4-year-old stepson by marriage. She wants to try and get pregnant this year.*

*Kylie is not functioning well and wants to consider starting medication for ADHD.*

Kylie has her baby, and the next year consults with you when the newborn is 12 weeks old, and breastfeeding. Kylie has not been on any psychiatric medications during her postnatal period. Her ADHD is really impairing her functioning, her marriage is under strain, and she wants help.

**Question 3.4**

**Outline (list and justify) the management strategies would you implement/consider implementing? (7 marks)***Please note: a list without any justification will not receive any marks.*

|  |  |  |
| --- | --- | --- |
|  |  | **Mark (circle)** |
|  **A** | General approach: Empathic, non-judgmental, form a good therapeutic alliance. Practical & holistic biopsychosocial management approach. | 01 |
|  **B** | Exclude PND/puerperal psychosis/mania. Impact of sleep deprivation |  01 |
|  **C** | **Biological management:**Consider starting or start medications for ADHD. Discuss safety of these during breastfeeding, pros/cons of medicating at this point, amount of time she still wants to/is capable of breastfeeding. Maximise sleep – consider hypnotics (Need to consider safety of these meds in BF). | 01 2 |
|  **D** | **Psychological management**: ADHD coaching, community perinatal nurse intervention, breast feeding help if needed, marital counselling, sleep hygiene, therapy at a later stage when she can manage this. Consider mothercraft support, including admission to a specialised facility for technique and coaching. Practical aids- phone reminders etc Parenting programs to enhance mentalisation of baby and build capacity - facilitate secure attachment environment.Assertive child and family health nursing engagement in community  | 01 2 |
|  **E** | **Social management:** help with meals, shopping, housework, childcare (relatives, friends, paid external help). Sharing feeds with husband (e.g., express breastmilk and hubby can give bottle overnight, or husband/mother/someone else can give an overnight formula feed bottle; sometimes expressing is laborious and takes too much time/energy – she may need to be given permission to go to formula and not feel guilty), attending playgroups/library baby groups/parks/early childhood centre link in with mothers’ groups.Get out for 30 mins a day without the baby if possible and go for a walk-in fresh air or sunshine. Any child protection concerns need to be addressed. | 01 2 |
|  **F** | **Arrange follow-up** (involve partner or a close involved family member) | 01 |
|  **G** | Did handwriting affect marking? |  |

|  |  |  |
| --- | --- | --- |
|  |  **Up to a maximum of 7 marks in total** **TOTAL**  |  |

**Note to Examiner:** Final mark is set at not more than 7 (i.e. if they score more, final mark is still 7)