UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF COMMUNITY HEALTH NURSING SCIENCES
FINAL EXAMINATION
MAY 2017

COURSE TITLE: MANAGEMENT OF MENTAL DISORDERS IN ADULTS
COURSE CODE: CMH 406
TIME ALLOCATED: 2 HOURS
TOTAL MARKS ALLOCATED: 75

INSTRUCTIONS:

1. PLEASE WRITE LEGIBLY
2. PLEASE ANSWER ALL QUESTIONS
3. USE THE PROVIDED ANSWER BOOKLET FOR ALL YOUR ANSWERS
4. START EACH QUESTION ON A NEW PAGE
5. MAKE SURE THAT ALL YOUR ANSWERS ARE NUMBERED CORRECTLY

DO NOT OPEN THE QUESTION PAPER UNTIL PERMISSION HAS BEEN GRANTED BY THE CHIEF INVIGILATOR OR HIS/HER REPRESENTATIVE
SECTION A

For each of the following questions, each question has only one correct option as an answer. Choose the most correct answer. Write clearly the question number and the letter that corresponds with the most appropriate or correct answer, e.g. 50. J. Each correctly answered question carries one (1) mark.

1. The psychiatric/mental health nurse assesses this by asking the patient the year in which King Mswati III became king of Swaziland.
   a. Memory
   b. Orientation
   c. Judgement
   d. Intelligence

2. When screening families for post-traumatic stress disorder following a major natural disaster, mental health nurses are practicing which type of disease prevention?
   a. Primary
   b. Secondary
   c. Tertiary
   d. Rehabilitative

CASE: Mr. Mahlatsi recently lost his job as an accountant because his production was grossly unsatisfactory. Mr. Mahlatsi has a history of drinking at least half a litre of Jim Mbo every day. During a psycho-education session, the nurse tells Mr. Mahlatsi that his alcohol consumption was now pathological and requires admission to hospital for “drying out”. In response, Mr. Mahlatsi angrily tells the nurse that his alcohol consumption is not a problem and had nothing to do with the loss of his job, but rather he was fired because the manager was jealous and felt threatened by him. Questions 3-9 relates to this case.

3. Which of the following assessments is used to confirm alcohol intake?
   a. Pupil dilatation
   b. Hair follicular analysis
   c. Urine sample
   d. Sputum sample

4. Mr. Mahlatsi’s response to the nurse indicates that he is at what phase of alcoholism?
   a. Prodromal phase
   b. Chronic phase
   c. Crucial phase
   d. Pre-alcoholic phase
5. Mr. Mahlatsi is at risk for all of the following conditions as a result of prolonged alcohol intake, except:
   a. Pancreatitis
   b. Liver Cirrhosis
   c. Hypomagnesaemia
   d. Cancer of the anus

5. Nursing care of Mr. Mahlatsi will involve all of the following except:
   a. Ensuring nutritional balance
   b. Ensuring adequate sleep
   c. Monitoring for alcohol withdrawal syndrome
   d. Keeping Mahlatsi sedated

7. A day after admission Mr. Mahlatsi becomes disoriented, anxious and present with visual hallucinations and severe hand tremors. Mr. Mahlatsi is suffering from
   a. Delirium tremens
   b. Delusional disorder
   c. Paranoid disorder
   d. Dementia

8. The nursing management of Mr. Mahlatsi’s disorder in Q7 will include all of the following except:
   a. Mechanical restraint to ensure his safety
   b. Locking the patient in a seclusion room to protect others as he may be violent
   c. Monitoring vital signs and providing intravenous therapy to ensure electrolyte balance
   d. Giving antiepileptic medication to prevent occurrence of seizures

9. As part of management of Mr. Mahlatsi, the psychiatrist is likely to order alcohol replacement therapy in the form of:
   a. Diazepam
   b. Haloperidol
   c. Fluphenazine decanoate
   d. All of the above

10. Which of the following neurotransmitters is responsible for the regulation of nerve pathways that affect pleasure and emotional reward?
    a. Serotonin
    b. Norepinephrine
    c. Dopamine
    d. Acetylcholine
11. According to biological theorists which neurotransmitters are particularly implicated in the development of bipolar disorder:
   a. Dopamine, serotonin and norepinephrine
   b. GABA and serotonin
   c. Norepinephrine and serotonin
   d. all of the above

12. A patient is being evaluated for discharge from the psychiatric hospital after spending three weeks, due to major depression with suicidal ideation. The psychiatric nurse knows that an important outcome has been met when the patient states:
   a. “I can’t wait to get home and forget that this ever happened.”
   b. “I feel so much better. If I continue to feel this way I can probably stop taking the medications soon.”
   c. “I have a list of support groups and a crisis line that I can call if I feel suicidal.”
   d. “I am very happy to go home; I miss my bed so much.”

13. Seth is a mental health/psychiatric nurse assigned to an acute male ward in the national psychiatric referral hospital. He noticed that one of his patients follows every move he makes. For example when the nurse stands up, sit down, or move his hand, the patient would do likewise. This behaviour is called:
   a. Echolalia
   b. Echopraxia
   c. Waxy flexibility
   d. Penevration

14. A patient who was admitted yesterday to a psychiatric unit with an adjustment disorder and depressed mood has not left his or her room. The nurse’s most therapeutic approach at meal time today is to respond:
   a. “I will bring your food to your room if it will make you comfortable”
   b. “I will walk with you to the dining room and sit with you while you eat”
   c. “Where would you like to eat your meals then?”
   d. “You will feel better if you go to the dining room and eat there with the others”

15. Phuthuma is admitted to the psychiatric referral hospital with a diagnosis of schizophrenia. The patient has episodes of isolating himself, pacing up and down, talking with God. The nurse’s most appropriate response is to:
   a. Inform the patient that his perceptions of reality are distorted because of his illness
   b. Acknowledge that the patient’s perceptions seem real to him and refocus the patient’s attention on an activity
c. Encourage patient to express his thoughts to determine the meaning they have for him

d. Ignore the patient’s behaviour because it will diminish after being given his medication.

16. The mental health care team at the psychiatric referral hospital is formulating a discharge plan with a 32 year old patient with schizophrenia. A major consideration in the plan is that:

a. The patient will need hospitalisation, supportive care and treatment for life
b. The patient will require a referral for vocational rehabilitation services
c. The patient’s contact with the hospital will diminish as he/she gets better, but the patient will continue to need outpatient support

d. The patient’s contact with the hospital will gradually decrease until his/her therapy can be terminated

17. According to DSM-5, a person diagnosed with __________ disorder must present with two or more of symptoms, one of which should be delusions, hallucinations or disorganised speech.

a. Psychosis
b. Bipolar I
c. Bipolar II
d. Schizophrenia

18. Management of choice for the disorder in Q17 above is:

a. Psychotherapy
b. Psychopharmacology
c. Behavioural therapy
d. A combination of psychotherapy and psychopharmacology

19. One of the rights of patients is confidentiality. In which circumstance would a breach of this right (patient confidentiality) be appropriate?

a. A supervisor from another department enquires about the patient
b. The patient’s relative enquires about the patient without his or her knowledge
c. The patient has knowingly participated in an illegal activity.
d. A and C

20. When assessing a client diagnosed with paranoid personality disorder the nurse might identify which characteristic behaviour?

a. A lack of empathy.
b. Shyness and emotional coldness.
c. Suspiciousness without justification.
   d. A lack of remorse for hurting others.

21. During history taking, 26 year old Musa stated that he was a billionaire, owns the Riverstone Mall in Manzini and frequently dines with King Mswati who is his close friend. Musa’s history is suggestive of:
   a. Delusions of grandeur
   b. Persecutory Delusion
   c. Delusion of reference
   d. Paranoid delusions

22. The most likely psychiatric diagnosis for Musa would be:
   a. Bipolar disorder-mania
   b. Drug-induced psychosis
   c. Antisocial personality disorder
   d. Delusional disorder

23. All of the following are negative symptoms of schizophrenia except:
   a. Delusions
   b. Apathy
   c. Poor personal hygiene and grooming
   d. Impairment in role functioning

24. All of the following are part of criteria A of DSM 5 in diagnosis of substance use disorder except:
   a. Delusions
   b. Hallucinations
   c. Social and/or occupational dysfunction
   d. Disorganised speech

25. Mental status examination is a skillful process that largely involves
   a. Observation, listening and talking
   b. Listening, talking and judgement
   c. Observation, talking and judgement
   d. All of the above
QUESTION TWO

Sabelo is a 45 year old male admitted at the National Psychiatric Referral Hospital for the first time as an involuntary patient with a history of recurrent seizures in the last 24 hours. The history also showed that Sabelo was violent, had poor sleep and was restless. According to relatives, Sabelo drinks not less than two 750 ml bottles of castle almost every day for the last seven years. He lost his job due to alcohol use as he would drink even during working hours. During mental status examination Sabelo was irritable and restless, had clammy skin and tremors of hands. His speech was coherent. Though acknowledging that he had seizures, he denied that they were due to the alcohol. According to him, alcohol helps him function better as he becomes sick without alcohol. The psychiatrist diagnosed Sabelo as suffering from alcohol use disorder (AUD).

a. Differentiate between alcohol dependence and alcohol abuse (2 marks)
b. State the DSM 5 diagnostic criteria for alcohol use disorder (19 marks)
c. Develop a nursing care plan for Sabelo using the following nursing diagnosis:
   •Risk for physical injury related to seizures (8 marks)
d. Briefly discuss the role of the nurse during the detoxification process for people with alcohol use disorder (5 marks).

QUESTION THREE

Simon is a 43 year old male admitted to the National Psychiatric Referral Hospital for the second time. His last admission was in 2014. On admission he was reported to be isolating himself, refusing to eat, praying non-stop, violence towards family and poor personal hygiene. Further details reveal that during the initial admission in 2014 he was presenting with audio-visual hallucinations of persecutory nature which started a week after he lost his job. The nurse learnt that Simon had eight children who were dependant on him, four of which were in high school. He also once threw himself in-front of a moving car under the instruction of the voices, but survived the accident. The nurse also noted that Simon defaulted his treatment three months after discharge from the hospital. On examination the nurse found that he had scars on the left wrist as a result of cutting himself with a razor blade because the voices were telling him to kill himself. The Psychiatriist diagnosed Simon with Bipolar Disorder and put him on haloperidol 5mg and atarane 2mg daily.

a. Using the DSM 5 criteria discuss whether the diagnosis given by the psychiatrist is correct or not (6 marks)
b. State a priority nursing diagnoses for Simon and give rationale (2 marks)
c. Construct a nursing care plan for the diagnosis in b) (8 marks)
d. Briefly outline the mechanism of action of haloperidol (4 marks)
e. Discuss the nursing implications for Haloperidol (5 marks)