

Somatic symptoms and related disorders

- To diagnose somatic symptoms disorder the duration must be? **At least 6 months**
- What is the key difference between illness anxiety disorder and somatic symptom disorder?
 - A- The presence of an associated medical condition
 - B- Whether they are a diagnosis of exclusion
 - C- Somatic symptom disorder need treatment rather than investigation**
 - D- Presence of neurological deficits
 - E- Number of symptoms
- 39- year-old man comes to the office due to concerns about having pancreatic cancer after a coworker died of the disease 6 months ago. The patient has no epigastric pain, jaundice, or weight loss. However, he worries constantly because in researching the illness he read that it may not have obvious symptoms in early stages and can be rapidly fatal. The patient saw another physician 2 months ago, who performed a physical examination, laboratory evaluation, and abdominal CT scan. The results were normal and the physician reassured the patient that he did not have cancer. However, the patient reports that he has noticed occasional stomach noises after eating and would like to have additional testing done. Which of the following is the most likely diagnosis?
 - A- Adjustment disorder with anxiety
 - B- Conversion disorder
 - C- Delusional disorder (somatic subtype)
 - D- Factitious disorder
 - E- Generalized anxiety disorder
 - F- Illness anxiety disorder**
- person has an episode of seizure lasting for 3 to 5 minutes, he has no postictal state of confusion after the episode, incompatibility between the symptoms and the seizure, what is the diagnosis?
 - A- Factitious disorder
 - B- Conversion disorder**
 - C- Malingering
- Difference between illness anxiety disorder & somatic symptom disorder?
Predominance of somatic symptoms

- What is the difference between Factitious Disorder & Malingering? **Secondary gain**
- Male patient with negative medical work up but despite all reassurance from doctor and normal investigations results , he said : I have cirrhosis and your results are wrong and not enough , what is your diagnosis ?

A-Factitious disorder

B- Illness anxiety disorder

C-conversion disorder

D- malingering

E- somatic symptom disorder

- which of the following disorders does the individual have the motivation to assume the sick role in the absence of any secondary gain? Select one:

a Malingering

b. Factitious disorder

e Somatic symptom disorder

d. illness anxiety disorder

e Conversion disorder

- According to DSM-5. how many somatic symptoms (distressing or disruptive to daily life) are required for the diagnosis of somatic symptom disorder? Select one:

a. One

b. Two

C. Three

d. Four

e. Five

- Long question about patient believe that he had cancer , correct diagnosis ?

Somatic symptom disorder

- The distinguishing factor between malingering, factitious disorder, illness anxiety disorder, somatic symptom disorder... etc: **malingering has an external incentive (reward, motivation**

- the main difference between hypochondriasis & somatisation disorder is that

1) hypochondriasis ... fear of having serious dse

- someone who thinks bowel irritability is caused by cancer :

hypochondriasis

- somatoform disorder Q1. one is false

1) 8 in 10 persons in developed countries are hospitalized in psychiatric Hospitals

- Somatoform disorders differ from hypochondriac disorders by all the following EXCEPT:

A- The emphasis of the patient on his symptoms

B- Accepting drugs

C- The conviction of serious underlying illness XXX

D- Symptoms may be referred to any part of the body

E- Refuses psychological basis for his illness

- All The following are somatoform disorders except

a. Hypochondriasis

b. Dissociative disorder

c. Somatization disorder

d. Psychogenic pain dis

e. Conversion disorder

- Somatic symptoms of anxiety include :

A-tinnitus

B-irritable bowel syndrome

C-carpopedal spasm

D-tremor

- Features of somatization disorders include :

A-bitter complaint about one particular part of the body

B-several weeks duration

C-no physical basis demonstrated

D-onset generally in old age

- conversional disorders are ?????

A-observed in chronic schizophrenia

B-multiple somatic complaints

C-fulfill the primary and secondary gain ?

D-good response to sedatives

- chronic pain syndrome ?

A-Anti-depressant can be of benefit

B-may be associated with secondary gain

C-responds to reassurance

D-A type of somatoform disorders

- In clinical or forensic evaluations when financial compensation or special benefits may be available, a psychiatrist must consider the diagnosis of : A . Factitious disorder
B .Malingering . C .Somatization D .Hypochondriasis E .Conversion .
- One of the following is most likely to be associated with Somatization disorder;
 - a. Patient refusal of prescribed drugs
 - b. Fear of serious physical diseases
 - c. Patient insists on advanced medical investigation
 - d. Consulting psychiatrist is the most priority than other specialists
 - e. The main concern is about symptoms relieve****
- Which of the following correctly describes difference between somatic symptoms disorder and illness anxiety disorder?
- **somatic disorder patients request treatment and symptomatic relief**
- true about conversion disorder : **Neurological symptoms**
- case scenario for female patient who was admitted for exacerbation of asthma, suddenly she developed nonproductive cough and a fever of 39 ,.....the nurse saw the patient dipping the thermometer in hot cup of liquid, possible dx? **Factitious disorder**
- case about a child that has conflicting parents who want to have a divorce then the child suddenly develops blindness but seems calm and indifferent to it
answer:- **conversion disorder**
- pt has seizure attack and EEG was negative and conflicting with his wife ?
conversion disorder
- One of the following symptoms not considered in conversion syndrome **Pain**
- A young lady develops transient bladder incontinence with recent job loss. A few months later she presents to her GP with weakness of the right leg. Which of the following Medical disorder is often confused with conversion disorder?
Select one:
 - a. Myasthenia gravis
 - b. Guillain-Barre' syndrome
 - c. Brain tumor
 - d. Creutzfeldt-Jakob syndrome
 - e. Multiple sclerosis**

- Conversion more common in:

combat

- Pts came to emergency with left side paralysis, low socioeconomic ?

Conversion disorder

- Regarding conversion disorder, one of the following is false :

- a. Paralysis, ataxia, aphonia may occur
- b. there is close temporal relationship between symptoms and stress
- c. The person is not conscious about the symptom
- d. Right sided symptoms are common than left sided symptoms**
- e. It is a subtype of somatoform disorder

- Conversion (dissociative) disorder is characterized by all following statements; except

- A. Sudden loss of sensory or motor functions
- B. Often preceded by stressful life event.
- C. Patients appear relatively unconcerned.
- D. Patients may refuse to appear in public.**
- E. More common in young adults and adolescents

- A 17 year old female was presented with a sudden paralysis of the lower limbs. The diagnosis most likely to be Conversional disorder in the presence of the following, Except;

- a. The patient is worried about her problem ****
- b. The onset followed a personal stressful situation
- c. Repeated neurological examinations showed changes of signs from time to another
- d. Grandmother had lower limb paralysis a few years ago
- e. She was brought by her family

- Female pt says she is depressed and plays the sick role without any secondary gain?

Factitious disorder

- man who frequently visits the outpatient clinic because he is worried that he has HIV, he gets some routine tests , and goes home, what is the most probable diagnosis?

A-factitious disorder

B-illness anxiety disorder

C-malingering

D-factitious disorder by proxy

- Which of the following most closely describes a person who may have a factitious disorder?

Select one:

- a Iman sees visions and talks to people who aren't there.
- b. Fatmah starves herself and is convinced she is overweight
- e Fadi pretends to be sick in order to avoid coming to the exam he didn't study for
- d. Hanan tricks the doctors to believe she is ill by injecting herself by insulin**

- regarding factitious, come w/ ?

1-unexplained bleeding

2- recurrent hypoglycemia

3- hemoptysis

4- all of the above

6- non of

- False about Factitious Disorder :

A. more common in men

B. it can be intentional

C. the gain is primary gain

D. Fagin symptoms such as hyperthermia

E. falsification of injury or disease

- Female call she suffer depression not for external reward?**Factitious disorder**

- signs & symptoms with both mechanism & motivation conscious is : malingering

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- A female patient admitted to psychiatric ward complains that a man sitting in the next room has pierced her body using invisible cannula and draining her blood against her wish over which she is not able to exercise any control, probable diagnosis is
a. personality disorder c. Delusion of persecution b. **Somatic passivity** d. Organic brain syndrome
- 35 years old man who was heavy smoker started thinking that he is suffering from lung cancer for more than 6 months. clinical examination did not reveal any significant findings and all the relevant investigation were normal. However he continued to persist with the belief. In the process he has visited several doctors and got himself investigated. He is most likely suffering from
a. somatisation disorder b. delusional disorder c. **hypochondriacal disorder** d. malingering
- "Munchausen's syndrome is
a. **Factitious disorder**
c. Somatoform disorder
b. Mood disorder
d. Adjustment disorder
- A 40 year old male is admitted with complaints of abdominal pain and headache. General physical examination reveals six scars on the abdomen from previous surgeries. Mental status examination did not reveal any major psychopathology. History from the family members did not reveal any major financial or litigation problem with the patient. The treating team failed to diagnose any major physical illness in the patient yet he demanded multiple tests including a liver biopsy. He is most likely suffering from
a. Hypochondriasis b. Malingering
c. Somatisation disorder d. **Factitious disorder**
- "La belle indifference" is seen in ?
a. Schizophrenia
b. Manic Depressive Psychosis
c. **Conversion / Dissociation Disorder**
d. Depression

Reaction to stress and adjustment disorder

- not an intrusive symptom in dsm-5 criteria of PTSD

A- Persistent inability to experience positive emotion

B- Memories

C- Flashbacks

- PTSD occurs most commonly in?

sexual assault

3- Behavioral symptom of stress?

A- Rage

B- Sleep pattern changes

C- Appetite changes

D- Palpitation

E- Headache

4- The following are true for post-traumatic stress disorder (ptsd) except:

A-flashbacks

B-anhedonia

C-seeking reminders of the trauma

D-good response to medications

5- A person had an RTA 3 weeks ago, that caused death of his friend, the patient is feeling sad, anhedonic and started having nightmares & flashbacks about the accident, Your Diagnosis?

A- Post-traumatic stress disorder

B- Adjustment Disorder

C- Acute Stress Disorder

6- the stressor of adjustment disorder happens within :-

a- 1 month

b- 3 months

c- 6 months

- A criteria of adjustment disorder:

causes significant impairment

- Difference between PTSD and acute stress disorder: **Time**

- Physical signs and symptoms of stress overload are all except: Question 39: a Diarrhea or constipation
 - b. Eating more or less**
 - c. Nausea, dizziness
 - d Chest pain, tachycardia
 - e. Frequent colds
- One of the following is adjustment disorder?
 - A. Job loss**
 - B. Relative death
 - C. rape
 - D. None of above
 - E. All of above
- A 22 years old patient have got abroad job opportunities know he Can't sleep well, feeling worried about travelling to a new country without knowing its language and circumstances, feeling on edge.. Since 2 months.. He's probably suffering from?
 - A. Generalized anxiety disorder
 - B. Adjustment disorder with depression
 - C. Adjustment disorder with anxiety**
 - D. Phobia
- Which of the following is considered adjustment disorder?
 - A) psychosis
 - B) mixed depression and anxiety**
 - C) intermittent explosive
 - D) bipolar

12- About adjustment disorder:

- A- should remit within 6 months
- B- is often inappropriately diagnosed/overdiagnosed by psychiatrists,
- C- often involves daily life activities not rare catastrophic events
- D- could lower the subthreshold for other disorders
- E- all of the above**

- Acute stress reaction
 - A-occur following stressfull event**
 - B-needs hospital admission
 - C-equal sex ratio
 - D-needs psychoanalytical approach

• Physical sign and symptoms of stress overload are all except: | frequent cold

• post traumatic stress disorder, one is false

1) occur after few minutes to the stressful event

• Which of the following does not occur in PTSD?

- Hypervigilance
- avoidance of triggers
- nightmares
- flashbacks
- compulsions

• Sign in child with PTSD:

bed wetting

• One of the following is not subtypes of adjustment disorder?

- adjustment disorder with depressed mood
- adjustment disorder with bipolar features
- adjustment disorder with anxiety
- adjustment disorder with dissociation
- None of the above

• Treatment for adjustment disorder?

- supportive counseling and psychotherapy

• Treatment of acute stress?

A) Psychotherapy

• Patient went to the hospital one week ago and suffered from complications and she felt like she is dying, now she has symptoms again but does not want to go to hospital because of what happened to her before, what is the diagnosis?

Acute stress disorder

• Fireman has nightmares about the incidence where his colleague died two years ago, what is the diagnosis?

PTSD

• 30) avoidance occur in which disorder

A) PTSD

B) depression.

C) Schizoaffictive

D) OCD

- What is false about PTSD:

a-more common in men

b-avoidance of stimuli is a characteristic feature

c-children are less likely to respond to psychotherapy

d-the symptoms must last for at least 1 month

- The following are features of Post Traumatic Stress Disorder (PTSD), except;

a. Frequent remembering of the previous traumatic event

b. Symptoms develop immediately after exposure to trauma **

- high rates of PTSD noticed with :

Combat

- post traumatic stress disorders (PTSD) manifests in the followings;

A-startle reflex

B-decrease recall ability

C-drug addiction

D-hallucinations

- 25-Delayed reaction of post traumatic stress disorder(PTSD include

A-mal adaptive behavior

B-chronic depressive state

C-dudenal ulcer

D-denial phase

- Features of PTSD include all the following EXCEPT:

~A- Detachment from other people

B- Sense of numbness immediately after the trauma XXX

~ C- Loss of interest

D- Avoidance of situations reminding the patient of the accident

E- Anxiety and depression due to hypervigilance

- women after her house was burnt :

PTSD

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- 80) 28 year old female who lost her son in a natural disaster Tsunami, 2 months later she started having flashbacks, hyperarousals, intrusive images of the event.

What is the probable diagnosis?

- a. PTSD (post traumatic stress disorder)
- c. Acute stress disorder
- b. Dissociative disorder
- d. Depressive episode

- Selye's (1956, 1976) studies of the general adaptation syndrome investigated _____ responses to stress.

- a. psychological
- b. gastrointestinal
- c. adrenomedullary
- d. adrenocortical

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Delirium

- 72-year-old male in the ICU due to multiple MI and stroke, on EEG there is a low wave in the background, he is confused and disoriented but he is not agitated, what is the diagnosis? **Delirium**

- Difference between delirium and dementia? **Loss of Consciousness**

- -Difference between delirium and dementia:

Answer:-fluctuation in conscious

- -long case of an old woman have symptoms of delirium and she was agitated come to ER ,best drug of choice?

Haloperidol

- Which is true according to FDA about Delirium? No preference for Risperidone over **Haloperidol**

- wrong about delirium

a- may be chronic

b-decline in both the level of consciousness and cognition

c-impairment in attention

d-hypoactive type more likely to go undetected

- pt 70 year old , his family noticed he is sleeping during talking , from 5 days ago ?
delirium

- Difference between delirium and dementia? **Acute onset in delirium**

- patient was brought to the ER, with decreased level of consciousness, disorientation to time, and is agitated, what is the most likely diagnosis?

A- Dementia **B- Delirium**

- Not diagnostic for delirium ?

Improve at night

- Case of delirium (not delirium tremens) , what is the drug of choice : **haloperidol**

- Delirium vs dementia?

short term and immediate memory

- 82years old patient ,in the evening he become agitated and confused (symptoms of delirium)..what is the best management:

- A. Putting a Calender on the wall
- B. Diazepam
- C. An anti psychotic
- D.High light system

- variety of clues help distinguish delirium from dementia. Which of these clues is incorrect?

Select one:

a. Poor short-term memory (delirium); poor working memory and immediate recall (dementia)

b. Fragmented sleep (delirium); sleep-wake reversal (dementia) c. Fluctuating course (delirium); gradual deterioration (dementia) d. Acute onset (delirium); insidious onset (dementia)

- Which ex to do in Pt with delirium ?

Orientaion

(ما لازميجومع بعض بنفسا الخيارات اتوقع) Cognitive(the orientation is part of cognition

- Delirium vs dementia wrong ??

Short term memory loss in dementia *** (in dementia its recent memory and later remote memory

- which one of the following suggests dementia rather delirium:

- a) LOC
- b) ??? recent or immediate memory is normal
- c)days to weeks
- d)**progressive**

- the main symptom of delirium is

10 clouded consciosness

- The following pairs are correct EXCEPT:

- A- SLE ----- schizophrenia
- B- HIV encephalopathy ----- dementia
- C- Hypothyroidism ----- depression
- D- Hyperthyroidism ----- anxiety
- E- **Hyperparathyroidism ----- delirium XXX**

- The course of Delirium is characterized by the following, Except;
 - a. Fluctuating symptoms
 - b. Fluctuating course
 - c. Lucid intervals of normal orientation
 - d. Sudden recovery **
 - e. Transition to dementia is the end result
- duration to diagnose delirium : 1 month
- delirium : wrong
 - A. Sudden onset
 - B. Brief and fluctuant course
 - C. Resolves immediately after defining the underlying cause and treating it
 - D. Domiprazole is the first line treatment**

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- Which of the following is the most common cause of delirium in the elderly?
 - a. Substance Abuse
 - b. Use of multiple medications**
 - c. Accidental Positioning
 - d. Alcohol Withdrawal

- A gentleman aged around 60yrs recovering in post operative ward becomes fearful of surrounding, does not recognize his family, talks to wall and is unable to recall the time or date. He is suffering from:
 - a. Depression
 - b. Dementia
 - c. Fear psychosis
 - d. Delirium**

- Common post operative psychiatric condition immediately after operation
 - a. Delirium**
 - b. Schizophrenia
 - c. Hysteria
 - d. Depression

Postpartum psychiatric disorders

- regarding postpartum, what is right ?

Postpartum depression, after 1 week

Postpartum blue, after 1 month

Pituitary apoplexy, after 12 months

Post partum psychosis after 2 weeks

All of above

- A 20-year- old woman who presented to your office one month ago with postpartum depression returns for follow up. She states that her mood is improved shortly after beginning fluoxetine. Her energy is greatly improved . She states she has cleaned her house several times and is sleeping only 2 to 3 hours each night. She is speaking quickly and appears distractible.The most appropriate treatment would be:

A . Increase her fluoxetine.

B . Schedule electro-convulsive therapy.

C . Begin a mood stabilizer and stop fluoxetine.

D . Begin dialectical behavioral therapy.

E . Begin cognitive- behavioral therapy.

- postpartum psychosis strongly related to: **bipolar disorder**

- percentage for postpartum depression is : **10%**

- which postpartum disorder has 70% prevalence ?

A) maternal blue

B) depression

C) postpartum psychosis

- Most common postpartum disorder?

1.postpartum depression

2.postpartum psychosis

3.postpartum blue**

- the management of postpartum depression and postpartum psychosis?

1.isolation &avoiding

2.request consult from professionals

3.know the cause and she go away

4.SSRI*?

5.seek therapy *?

- most persistent risk factor in postpartum depression : (primiparity) first pregnancy
- sleep disturbance role in postpartum depression: one of the diagnostic criteria
- RF OF POSTPARTUM DEPRESSION:
 - A-previous history of depression *
 - B- Good family support
- Prevalence POSTPARTUM DEPRESSION
 - a-10-25%
- Postpartum depression: lack of bonding
- The main hormone that's responsible for the postpartum depression is -estrogen
 - Oxytocin
 - testosterone
 - cortisole
 - Progesterone (we are not sure about this answer because in postpartum seminar, both of estrogen and progesterone were mentioned as the major contributing factors for the postpartum depression)
- not a postpartum depression symptom:
 - Joyful feelings
- most common complication of postpartum depression? Suicide
- A female gave birth to her child 3 weeks ago, she complains of change in appetite and sleep and she hears the baby crying even when he is sleeping, diagnosis?
 - Postpartum psychosis
 - هاد جواب الارشيف (Major depression with psychotic features)
 - بس اذا كان الخيار الاول من ضمن الخيارات فبكون اصح
- How to differentiate between pp blues and pp depression ?
 - Severity and duration of symptoms

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- Which is a first-line treatment for moderate-to-severe postpartum depression?
- a) Electroconvulsive therapy (ECT)
- b) Psychotherapy alone
- c) Antidepressants alone
- d) Psychotherapy plus an antidepressant
- **Answer: d) Psychotherapy plus an antidepressant**

- Which antidepressant is recommended due to its minimal transfer to breastmilk?
- a) Paroxetine
- b) Sertraline
- c) Fluoxetine
- d) Citalopram
- **Answer: b) Sertraline**

- Which antipsychotic is considered first-line therapy for postpartum psychosis during lactation due to safety data?
- a) Haloperidol
- b) Quetiapine
- c) Aripiprazole
- d) Ziprasidone
- **Answer: b) Quetiapine**

- Which medication should be avoided during pregnancy due to potential risks of cardiac anomalies?
- a) Sertraline
- b) Paroxetine
- c) Fluoxetine
- d) Citalopram
- **Answer: b) Paroxetine**

- What is the recommended duration for monitoring women treated with SSRIs for postpartum depression?
- a) 1-3 months
- b) 3-6 months
- c) 6-12 months
- d) 12-18 months
- **Answer: c) 6-12 months**

Eating disorders

- Which of these abnormalities is caused by a patient of anorexia nervosa inducing vomiting?

Hypokalemic Hypochloremic Metabolic Alkalosis

- patient who has a negative body image and occupied with their weight , she regularly engages in eating binges followed by self inducing vomiting her weight is 48kg and height is 1.70 cm .what is the diagnosis:-

A- Anorexia nervosa restricting type

B- Anorexia nervosa binge eating/purging type

C- Bulimia nervosa

D- Binge eating disorder

E- None of the above

- - A patient presented to your clinic that has Russel sign, normal weight & parotid swelling what is the most likely diagnosis?

A-anorexia nervosa

B-bulimia nervosa

C-Binge eating disorder

D- Conversion disorder

- One is increasing in anorexia nervosa: **BUN**

- Hair character in anorexia nervosa : **Langue hair**

- true about history of eating disorder 15) **50% of bulimia nervosa have history of anorexia nervosa**

- FDA approved drug for anorexia nervosa?

Clozapine

Fluxetine

NON of the above

- Which of the following medications is approved by the FDA for treatment of anorexia nervosa? **None of the above coz AN THERE IS NO FDA TREATMENT EVEN OLANZEPAME is not FDA TREAT.**

- wrong statement about anorexia nervosa? **Most commonly affects women aged 20-25**
- Which of the following diagnostic criteria for anorexia nervosa has been eliminated in DSM-5? Select one:
 - a. Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
 - b. Restriction of energy intake relative to requirement, leading to a significantly low body weight in the context of age, sex, developmental trajectory and physical health
 - c. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight
 - d. Amenorrhea (the absence of at least three consecutive menstrual cycles) in postmenarcheal females.**
 - e Hypothyroidism
- FDA-approved drug to treat bulimia nervosa: **fluoxetine (pay attention to the eating disorder, anorexia nervosa has no FDA-approved drug to treat it)**
- Worst prognostic sign in patient with anorexia nervosa :
late onset
- . the main feature of anorexia nervosa is
10 fear of normal body weight
- Characteristic of anorexia nervosa EXCEPT:
 - A- Disturbed body image
 - B- Fear of adolescent weight
 - C- Deliberate loss of weight
 - D- Loss of appetite XXX**
 - E- Happy with amenorrhea
- Dymorphophobia is
(A type of overvalued idea in which the patient believes one aspect of his body is abnormal or conspicuously deformed)
 - A-observed in ethnic minority
 - B-anorexia nervosa**
 - C-plastic surgery clinics
 - D-acute schizophrenia

- The following are true about Anorexia Nervosa, Except;
 - a. Loss of libido
 - b. Loss of appetite ****
 - c. Loss of awareness into body debilitation
 - d. Loss of worry about disturbed menstrual period
 - e. Dieting despite severe loss of weight
- anorexia nervosa :
 - a- Restriction of energy relative to requirement , intense fear of becoming fat , distortion in a perception of body weight and shape****
 - b- low self esteem _being fat -distortion
- FDA approved medication for Bulimia Nervosa? **Fluoxetine**
- The key differentiating characteristic between binge eating and bulimia nervosa is? **Lack of Inappropriate compensatory behavior**
- diagnosis of bulimia :-
 - a- at least twice a week for six months
 - b- at least twice a week for three months
 - c- at least once a week for three months**
 - d- at least once a week for six months
 - e- none of the above
- All are true about bulimia nervosa except? **Hyperkalemia**
- Which of the following should be included in a workup for bulimia nervosa?
Select one:
 - a. Chest radiography
 - b. Brain MRI
 - c. Neuropsychological testing
 - d. Pregnancy test**
- not a criteria for bulimia nervosa
A) Poor Sexual adjustment as essential

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- What is the mortality rate range for anorexia nervosa due to starvation, suicide, or cardiac failure?
 - a) 1-5%
 - **b) 5-18%**
 - c) 10-20%
 - d) 15-25%
- What percentage of anorexia nervosa patients may attempt suicide or self-harm?
 - a) 10%
 - b) 25%
 - **c) 33%**
 - d) 50%
- What psychological trait is a predisposing factor for anorexia nervosa?
 - a) Extroversion
 - **b) Perfectionism**
 - c) Aggressiveness
 - d) Impulsiveness
- How do patients with bulimia nervosa typically differ from those with anorexia nervosa?
 - a) They have higher mortality rates
 - **b) They typically maintain a normal body weight**
 - c) They engage in excessive exercise
 - d) They have lower rates of depression
- What is the crude mortality rate for bulimia nervosa per decade?
 - a) 1%
 - **b) 2%**
 - c) 5%
 - d) 10%
- What percentage of patients with bulimia nervosa typically recover fully with treatment?
 - a) 25%
 - **b) 50%**
 - c) 75%
 - d) 90%