

Case 9

Marking scheme	Indicative content	Learning outcome
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Question 1a

[2]

Diagnosis (1)	Major Depressive Disorder / MDD (1) <i>Reject: 'depression' alone</i> <i>Accept: reasonable alternatives e.g. Depression and Anxiety / Psychotic Depression / Insomnia with depression</i>	Describe the classification of mood disorders
At least 2 of criteria stated (1)	Depressed for longer than 2 weeks (several months) Decrease interest or pleasure in activities for longer than 2 weeks (several months) Insomnia Fatigue / loss of energy Recurrent thoughts of suicide Inappropriate guilt (1)	

Question 1b

[1]

First-line therapy stated (1)	Suicide management e.g. admission, psychiatric evaluation, safety-netting, CRISIS etc. (1)	Describe non-pharmacological approaches to managing mental ill-health
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Question 2a

[2]

Definition of stigma (1)	Idea that: disapproval of / discrimination against an individual / group based on perceivable social characteristics that serve to distinguish them (from other members of a society) (1)	Describe the attitudes of society towards people with mental ill health
Links to mental health (1)	Idea that: complex issue that many do not understand / stereotypes and preconceptions of mental health / poor signposting and recognition of mental health / budget cuts to mental health services etc (1)	

Question 2b

[2]

One characteristic of MUS (1)	Lack of identifiable or visible pathology to cause symptoms (1)	Describe the range and frequency of MUS and associated morbidity
Another characteristic of MUS (1)	Chronic picture: persistent for weeks / months / years (1) Disorder of body function (1) Somatisation / psychosomatic (1)	

Question 3a

[2]

One valid reason (1)	The patient has cognitive symptoms which may be explained by hyperthyroidism / a thyroid disorder (1)	Apply the principles of clinical reasoning in comparing and contrasting the presentation of hyper and hypothyroidism
Another valid reason (1)	The patient has anxious symptoms which may be explained by hyperthyroidism / a thyroid disorder (1)	

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Question 3b

[3]

One sign correctly identified (1)	<p>Abnormally upbeat, jumpy, "full of energy", euphoric, restless, aggravated (1)</p> <p>Increased energy and psychomotor movements (1)</p> <p>Decreased sleep / insomnia (1)</p> <p>Unusual talkativeness (1)</p> <p>Racing thoughts (1)</p> <p>Distractable (1)</p>	<p>Apply the principles of clinical reasoning in formulating a differential diagnosis between the different presentations of mental ill health</p>
Another sign correctly identified (1)	<p>Poor decision making for example reckless driving, sexual risks, investments, drugs/alcohol abuse (1)</p> <p>Sense of delusions, unrealistic feelings of self-importance (1)</p> <p>Focusing intensely on a 'goal' or project (1)</p> <p>Evidence of psychosis for example hallucinations, disturbed thinking, illogical thinking (1)</p>	
Links to thyroid disorders (1)	<p>Thyroid disorders can mimic mental health presentations, for example hypothyroidism can present with fatigue, depression / hyperthyroidism can present with anxiety, restlessness (1)</p> <p>Patients with thyroid disorders are at a higher risk of developing mental health problems for example, hypothyroidism can induce depression, hyperthyroidism can induce anxiety states (1)</p>	

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Question 3c

[2]

Identification of factor (1)	<p>Physiological: genetic, emotional reactivity/instability (1)</p> <p>Social: parental loss, lack of parental care, child abuse (1)</p> <p>Personality disorders e.g. histrionic, borderline, sarcastic (1)</p> <p>Social relationships: weak social support network, issues with husband/family (1)</p>	Define the concept of mental health, and ill-health, and what influences it
Explanation of factor (1)	<p>Physiological: genetic picture / biological mechanisms / pathophysiology of neurotransmitter (serotonin, dopamine, norepinephrine) imbalance (1)</p> <p>Social: adverse effects to brain physiology/neuronal networks at a young age, unresolve complex trauma (1)</p> <p>Personality disorders: risk factor for development of mental health disorders, co-presentation (1)</p> <p>Social relationships: lack of support network propagates mental health etc. (1)</p>	

Question 3d

[1]

Suggestion of protective factor (1)	<p>Good marital relationship / good support network / high self-esteem / self-resilience / socioeconomic stability (1)</p>	Define the concept of mental health, and ill-health, and what influences it
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Question 4a

[2]

Valid suggestion and justified (1)	TFT to rule out hypothyroidism due to fatigue and low mood (1)	Apply the principles of clinical reasoning in the differential diagnosis of patients presenting with fatigue
Valid suggestion and justified (1)	FBC to rule out anaemia due to fatigue (1)	

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Question 4b

[2]

Basic definition correct (1)	(Incident or pattern of incidents of) controlling / coercive / threatening behaviour / violence / abuse (1)	Define domestic abuse
Information about age and people correct (1)	Between those aged 16 or over who are or have been intimate partners or family members (1)	

Question 4c

[2]

Valid suggestion (1)	High risk age group (1) Non-specific symptoms (1)	Describe the types and scale of domestic abuse and the impact on health
Valid suggestion (1)	May present to doctor before police / only time away from perpetrator (1)	

Question 4d

[2]

Intervention named (1)	CBT (1)	Describe non-pharmacological approaches to managing mental ill-health
Any additional valid and relevant information (1)	Addresses interaction between thoughts, feelings, emotions, behaviours / talking therapy / delivered by clinical psychologist (1)	

Question 5e

[2]

Valid point (1)	Wide range of physical symptoms (1)	Describe the range, frequency and models of causation of medically unexplained symptoms and the associated morbidity
Valid point (1)	Presented many times / no organic pathology found (1) Symptoms have persisted for more than a few weeks (1) Adequate investigation (1)	

Question 5f

[1]

Correctly identified (1)	Non-cardiac chest pain (1)	Describe the range, frequency and models of causation of medically unexplained symptoms and the associated morbidity
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Question 5g

[3]

Named model (1)	Somatosensory amplification theory (1)	Describe the range, frequency and models of causation of medically unexplained symptoms and the associated morbidity
Valid explanatory point (1)	Symptoms have emotional quality – symptoms and emotion become linked (1)	
Valid explanatory point (1)	Hyper-awareness of sensations and symptoms (1) E.g. ectopic beats linked to fear (1)	

Question 5h

[2]

Recognition stated or described (1)	Active listening to appreciate ICE (1)	Demonstrate an empathic response
Response stated or described (1)	I to you statements to show understanding of the patient perspective (1)	