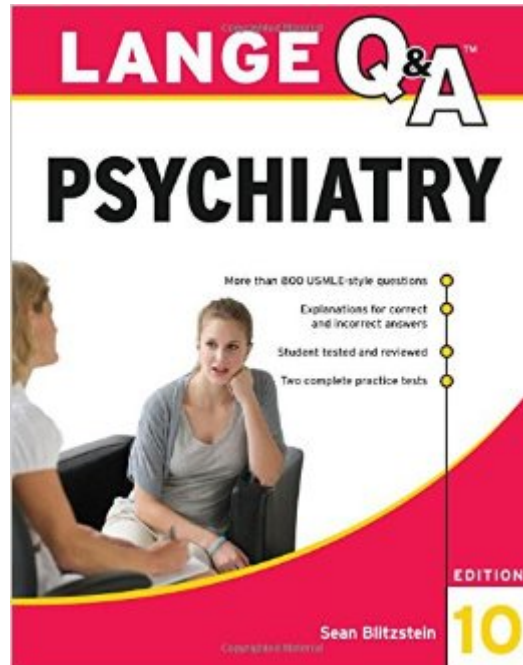


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# Lange Q&A Psychiatry, 10th Edition



## Synopsis

The most thorough and up-to-date psychiatry review available for the USMLE Step 2 CK and psychiatry clerkship exam 800+ board-style questions cover the clerkship's core competencies

## Book Information

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## Customer Reviews

A 25 year old medical student comes into your clinic complaining of anxiety for the past week. He tells you he has an upcoming shelf exam in psychiatry and "I haven't studied." Further history reveals that his clinical rotation did not expose him to all aspects of psychiatry, and there are major gaps in his knowledge base. His medical history is unremarkable other than a healing bruise on his right temple from wrestling a PCP-intoxicated schizophrenic to the ground. He reports some difficulty falling asleep but notes that "reading case files helps." When asked how his rotation has gone so far, the student says "fine, but I think one of the attendings has it out for me." When asked if he had any reason to believe the attending was conspiring against him, the student responds "dude, it's an expression. I meant he doesn't like me." Student denies anhedonia, depressed mood, or audio or visual hallucinations. Utox is negative. What treatment approach will be most effective in this patient? A. psychodynamic psychotherapy to find the source of his anxiety B. cognitive-behavioral therapy to overcome his fear of PCP-intoxicated schizophrenics C. risperidone for his persecutory delusion D. full leather restraints to assist study discipline E. Lange Q & A Psychiatry E. Psychodynamic psychotherapy generally requires the patient to meet with a therapist

for 4 or more sessions per week. Also, the patient has given you an identifiable stressor, his upcoming shelf exam. There are no indications that the encounter with the schizophrenic is the cause for his anxiety, so CBT would not be indicated. The patient clarified that he does not hold a persecutory delusion toward his attending but merely responded in a form of casual lay speak.

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