



FMGE June '26

RECALL SESSION

A Mega Recall Session By
India's Top Educators

Psychiatry



Q. A schizophrenia patient was started on a drug and he developed following symptoms (tremors, dystonia). Which drug is possibly responsible for this:

- a. Typical anti psychotics
- b. Mood Stabilizers
- c. SSRI's
- d. Benzodiazepines

Psychiatry



Q. A 4-year-old boy does not respond to his name, avoids eye contact, prefers playing alone, has delayed speech with echolalia, hand flapping, and gets upset with routine changes. He was ok with studies, but have problem making friends. What is the diagnosis?

- a. Attention deficit hyperactivity disorder
- b. Childhood schizophrenia
- c. Autism spectrum disorder
- d. Intellectual disability

Psychiatry



Q. A man develops an intense fear of having cancer after his uncle dies from it. He repeatedly visits doctors and undergoes investigations. Despite repeated reassurance that all reports are normal, he remains convinced that he has a serious illness. What is the most likely diagnosis?

- a. Somatic symptom disorder
- b. Hypochondriasis
- c. Delusional disorder, somatic type
- d. Generalized anxiety disorder

Psychiatry



Q. A kindergarten teacher believes that all her students are failing because of her. She also reports hearing voices commenting on her actions. What is the best treatment?

- a. Psychotherapy alone
- b. Antidepressant alone
- c. Antidepressant + Antipsychotic
- d. Mood stabilizer

Psychiatry



Q. A young woman with bipolar disorder has been receiving treatment with lithium and haloperidol. She now presents with marked hyperactivity and hyperreflexia. Which of the following is the most likely cause of her current symptoms?

- a. Neuroleptic malignant syndrome
- b. Lithium toxicity
- c. Serotonin syndrome
- d. Acute dystonia

Psychiatry



Q. A patient with bipolar disorder on treatment develops excessive thirst and polyuria. Which drug is the most likely cause?

- a. Valproate
- b. Carbamazepine
- c. Lithium
- d. Lamotrigine

Psychiatry



Q. A 24-year-old man is brought by his family with a 3-month history of suspicious behavior. He believes that his wife is secretly watching him through hidden cameras and plotting to harm him. He has started avoiding going outside, speaks to himself at times, and has become socially withdrawn. There is no history of substance use. Mental status examination reveals firm, fixed false belief of persecution not amenable to reason. What is the most appropriate initial management?

- a. Electroconvulsive therapy (ECT)
- b. High-dose benzodiazepines
- c. Antipsychotic medication
- d. Cognitive behavioral therapy alone



THANK YOU