

American Board of Psychiatry and Neurology (ABPN) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which characteristic is associated with schizoid personality disorder?**
 - A. Bright, revealing clothing**
 - B. Lack of close relationships**
 - C. Grandiosity**
 - D. Magical thinking**
- 2. The most frequent neurological complication of chronic alcohol abuse is:**
 - A. Wernicke's encephalopathy**
 - B. Alcoholic cerebellar degeneration**
 - C. Alcoholic neuropathy**
 - D. Marchiafava-Bignami disease**
- 3. What ethical principle is illustrated by obtaining informed consent before treatment?**
 - A. Competence**
 - B. Justice**
 - C. Autonomy**
 - D. Nonmaleficence**
- 4. What type of antibodies can be seen in patients with peripheral nerve myelin issues?**
 - A. Anti-nuclear antibodies**
 - B. Complement-fixing antibodies**
 - C. Antineutrophil cytoplasmic antibodies**
 - D. Anti-double-stranded DNA antibodies**
- 5. Which thought process is least likely to occur in a manic bipolar patient?**
 - A. Flight of ideas**
 - B. Suicidal ideation**
 - C. Clang associations**
 - D. Racing thoughts**

- 6. Which disorder has a female-to-male ratio of about 10 to 1?**
- A. Substance Abuse Disorders**
 - B. Eating Disorders**
 - C. Dissociative Disorders**
 - D. Personality Disorders**
- 7. In psychodynamic therapy, why is empathy considered crucial?**
- A. It controls the therapy duration**
 - B. It keeps the therapist neutral**
 - C. It enhances patient understanding of their condition**
 - D. It fosters acceptance of therapist interpretations**
- 8. A patient with classic diabetic third nerve palsy is most likely to have which underlying condition?**
- A. Stroke**
 - B. Diabetes**
 - C. Myasthenia gravis**
 - D. Multiple sclerosis**
- 9. Which antidepressant is known to have the longest half-life?**
- A. Fluvoxamine**
 - B. Paroxetine**
 - C. Citalopram**
 - D. Fluoxetine**
- 10. Thioridazine is primarily associated with which side effect?**
- A. Hematuria**
 - B. Delayed orgasm**
 - C. Retrograde ejaculation**
 - D. Priapism**

Answers

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1. B
2. C
3. C
4. B
5. B
6. B
7. D
8. B
9. D
10. C

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Explanations

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1. Which characteristic is associated with schizoid personality disorder?

- A. Bright, revealing clothing**
- B. Lack of close relationships**
- C. Grandiosity**
- D. Magical thinking**

The characteristic most closely associated with schizoid personality disorder is the lack of close relationships. Individuals with this disorder typically exhibit a pervasive pattern of detachment from social relationships and a restricted range of emotional expression in personal contexts. They often prefer solitary activities and may have little desire for intimacy, leading to few, if any, close relationships. This detachment is a key feature of the disorder, distinguishing it from other personality disorders where interpersonal relationships may be more prominent, albeit in a dysfunctional manner. The other options highlight traits that do not align with the defining characteristics of schizoid personality disorder. Bright, revealing clothing may suggest a desire for attention or engagement with others, which is contrary to the reserved nature of those with this disorder. Grandiosity is more characteristic of narcissistic personality disorder, where individuals may have an inflated sense of self-importance and a need for admiration. Magical thinking is often associated with schizotypal personality disorder, where individuals may have odd beliefs or experiences that deviate from reality, adding another layer of social disconnection but in a different context than that seen in schizoid personality disorder.

2. The most frequent neurological complication of chronic alcohol abuse is:

- A. Wernicke's encephalopathy**
- B. Alcoholic cerebellar degeneration**
- C. Alcoholic neuropathy**
- D. Marchiafava-Bignami disease**

The most frequent neurological complication of chronic alcohol abuse is alcoholic neuropathy. This condition is characterized by damage to the peripheral nerves, which can result in a variety of symptoms including weakness, numbness, and pain, often in the limbs. The pathophysiology behind alcoholic neuropathy is multifaceted, involving direct neurotoxic effects of alcohol, nutritional deficiencies (especially thiamine), and the impact of alcohol on nerve blood flow. Alcoholic neuropathy is more prevalent among individuals with chronic alcohol abuse compared to other complications because it occurs as a cumulative effect of high alcohol exposure and other contributing factors such as malnutrition. This differs from conditions like Wernicke's encephalopathy, which, although serious, is less frequent and usually occurs acutely due to thiamine deficiency primarily related to alcohol consumption. Other neurological complications, while significant, do not manifest as commonly or do not have as broad of a prevalence as alcoholic neuropathy among chronic alcohol users. Understanding the distinction in frequency and clinical presentation helps in recognizing the more prevalent effects of long-term alcohol use on the nervous system, particularly regarding peripheral nerve damage.

3. What ethical principle is illustrated by obtaining informed consent before treatment?

- A. Competence
- B. Justice
- C. Autonomy**
- D. Nonmaleficence

The principle illustrated by obtaining informed consent before treatment is autonomy. Autonomy refers to the right of individuals to make informed decisions about their own lives and bodies. In the context of medical treatment, this means that patients have the right to understand their condition, the proposed treatment options, the potential risks and benefits, and to make a voluntary choice regarding whether or not to proceed with treatment. By ensuring that patients are fully informed and are able to exercise their personal choices, healthcare providers respect and uphold the principle of autonomy. This process is crucial in fostering trust between patients and providers and in promoting the ethical practice of medicine. Informed consent is not just a legal formality; it embodies the respect for the patient's independence and capacity to make decisions that align with their values and preferences. This respect for personal agency is foundational to ethical medical practice, as it emphasizes the importance of the patient's perspective in the treatment process.

4. What type of antibodies can be seen in patients with peripheral nerve myelin issues?

- A. Anti-nuclear antibodies
- B. Complement-fixing antibodies**
- C. Antineutrophil cytoplasmic antibodies
- D. Anti-double-stranded DNA antibodies

In patients with peripheral nerve myelin issues, complement-fixing antibodies are associated with certain types of neuropathies, especially those that are autoimmune in nature. Peripheral nerve myelin damage can be a result of conditions such as Guillain-Barré syndrome or chronic inflammatory demyelinating polyneuropathy (CIDP), wherein the immune system mistakenly attacks the myelin sheath surrounding nerves. Complement-fixing antibodies function by binding to antigens on the surface of cells, activating the complement system. This process can lead to an inflammatory response that damages the myelin. It is an important mechanism in the pathophysiology of autoimmune demyelinating conditions. On the other hand, anti-nuclear antibodies are more commonly associated with systemic lupus erythematosus and other connective tissue diseases rather than specifically targeting peripheral nerve myelin. Antineutrophil cytoplasmic antibodies primarily target neutrophils and are associated with vasculitis and not directly related to peripheral neuropathies. Anti-double-stranded DNA antibodies are also primarily linked to systemic lupus erythematosus and do not play a direct role in peripheral nerve myelin issues. Therefore, the presence of complement-fixing antibodies is the most relevant to the context of peripheral nerve myelin.

5. Which thought process is least likely to occur in a manic bipolar patient?

- A. Flight of ideas**
- B. Suicidal ideation**
- C. Clang associations**
- D. Racing thoughts**

In the context of a manic episode in bipolar disorder, the least likely thought process to occur is suicidal ideation. During mania, individuals often experience elevated mood, increased energy, and heightened self-esteem, which can lead to an exaggerated sense of wellbeing and a decreased likelihood of contemplating self-harm. This elevated state typically diminishes the severity of depressive thoughts and feelings, reducing the prevalence of suicidal ideation at that time. In contrast, flight of ideas, clang associations, and racing thoughts are all common features of manic episodes. Flight of ideas refers to the rapid and tangential thinking that occurs during a manic state, where individuals jump quickly from one thought to another. Clang associations involve the use of rhyming or similar-sounding words in speech, often seen in manic patients as their thought processes become disorganized. Racing thoughts describe the subjective experience of having one's thoughts moving quickly and may present as difficulty concentrating or a sense of being overwhelmed by thoughts. These thought processes are hallmarks of mania and reflect the increased tempo of cognition characteristic of this mood state.

6. Which disorder has a female-to-male ratio of about 10 to 1?

- A. Substance Abuse Disorders**
- B. Eating Disorders**
- C. Dissociative Disorders**
- D. Personality Disorders**

Eating disorders are known to have a significant female predominance, with estimates often suggesting a female-to-male ratio around 10 to 1, particularly for conditions such as anorexia nervosa and bulimia nervosa. This stark difference is likely influenced by a combination of societal, biological, and psychological factors that predispose women more than men to develop these disorders. Understanding this prevalence helps in both clinical recognition and the tailoring of treatment approaches. Eating disorders can manifest differently in men, and awareness of this gender disparity is crucial for effective diagnosis and intervention. Watching for signs of eating disorders in both genders is essential, but recognizing the statistical predominance in females allows for improved screening in populations that are most at risk. The other choices do not exhibit such a pronounced female-to-male ratio. For instance, while substance use disorders can affect both genders significantly, they do not show the same extreme ratio as eating disorders. Similarly, dissociative and personality disorders also do not typically present a 10 to 1 ratio favoring females.

7. In psychodynamic therapy, why is empathy considered crucial?

- A. It controls the therapy duration**
- B. It keeps the therapist neutral**
- C. It enhances patient understanding of their condition**
- D. It fosters acceptance of therapist interpretations**

Empathy is considered crucial in psychodynamic therapy as it fosters a strong therapeutic alliance between the patient and therapist. This connection is vital for the patient to feel understood, accepted, and safe in sharing their thoughts and feelings. When a therapist demonstrates empathy, it enhances the patient's willingness to explore their inner experiences and conflicts. This openness facilitates a deeper understanding of the patient's emotions and thought processes, which in turn makes them more receptive to the therapist's interpretations and insights. Building trust through empathy allows the therapist to offer interpretations that might initially provoke resistance or discomfort. However, an empathic stance can help the patient process these interpretations in a supportive environment, ultimately leading to greater self-awareness and psychological growth. Thus, empathy serves as a foundation for effective communication and understanding, which is essential for the therapeutic process.

8. A patient with classic diabetic third nerve palsy is most likely to have which underlying condition?

- A. Stroke**
- B. Diabetes**
- C. Myasthenia gravis**
- D. Multiple sclerosis**

In the case of classic diabetic third nerve palsy, the underlying condition most commonly associated with this presentation is diabetes mellitus. This condition leads to microvascular complications that can affect cranial nerves, particularly the oculomotor nerve (the third cranial nerve). In diabetic patients, hyperglycemia can result in ischemic damage to small blood vessels, which in turn can compromise the blood supply to the oculomotor nerve, resulting in palsy. Symptoms normally include ptosis (drooping of the eyelid), ophthalmoplegia (eye movement disturbances), and sometimes a pupillary involvement depending on the severity of the nerve damage. Diabetic third nerve palsy typically has a classic presentation and can resolve over time with management of blood sugar levels and addressing any vascular issues. Other options, while they may involve cranial nerve palsies or neurological deficits, are less likely to cause this specific pattern of symptoms. Stroke would present differently, typically with acute onset and often involving other neurological signs. Myasthenia gravis is characterized by fluctuating muscle weakness and may lead to ocular symptoms, but it does not specifically cause a pure third nerve palsy in the same manner as diabetes. Multiple sclerosis may also cause cranial nerve dysfunction but again tends to

9. Which antidepressant is known to have the longest half-life?

- A. Fluvoxamine**
- B. Paroxetine**
- C. Citalopram**
- D. Fluoxetine**

Fluoxetine is known for having the longest half-life among the listed antidepressants. Its half-life is approximately 1 to 4 days, with its active metabolite, norfluoxetine, having an additional half-life that can extend up to 16 days. This prolonged half-life allows for more stable blood levels of the drug, which can be advantageous in treating depression, as it facilitates a smoother discontinuation process and reduces the potential for withdrawal symptoms. In contrast, the other options have shorter half-lives. For example, fluvoxamine typically has a half-life around 15 hours, paroxetine has a half-life of about 24 hours, and citalopram ranges from 20 to 35 hours. These shorter half-lives mean that they may require more frequent dosing, and patients discontinuing these medications may experience withdrawal symptoms more readily compared to fluoxetine. The longer half-life of fluoxetine makes it a unique option in the class of selective serotonin reuptake inhibitors (SSRIs).

10. Thioridazine is primarily associated with which side effect?

- A. Hematuria**
- B. Delayed orgasm**
- C. Retrograde ejaculation**
- D. Priapism**

Thioridazine, an antipsychotic medication, is primarily associated with retrograde ejaculation as a notable side effect. This condition occurs when semen enters the bladder instead of exiting through the urethra during ejaculation. Thioridazine can affect the autonomic nervous system, which regulates involuntary bodily functions, including the mechanisms involved in ejaculation. While other options mentioned can be side effects associated with various medications, they are not typically linked to thioridazine in the same way. For instance, hematuria (blood in urine) is not a recognized side effect of this medication, and delayed orgasm, although a possible result of some antidepressants and other antipsychotic medications, isn't specifically common with thioridazine. Priapism, which is an erection that lasts for an extended period, is also a rare side effect associated with certain medications but is not a primary concern with thioridazine. Hence, retrograde ejaculation is the most relevant and primary side effect tied to this particular drug.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://abpn.examzify.com>

We wish you the very best on your exam journey. You've got this!

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