

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY (ABPN) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 of the following concepts is not associated with the research of Nikolaas Tinbergen?**
 - A. Quantifying stimuli effects
 - B. Displacement activities
 - C. Innate releasing mechanisms
 - D. Imprinting

- 2. What is the most plausible diagnosis for a patient showing unpredictable episodes of aggression?**
 - A. Bipolar I disorder
 - B. Intermittent explosive disorder
 - C. Borderline personality disorder
 - D. Antisocial personality disorder

- 3. What does a high erythrocyte sedimentation rate typically indicate in a patient?**
 - A. Low hydration status
 - B. Systemic inflammation
 - C. Allergic reaction
 - D. Hypertension

- 4. What is the primary theory associated with positive and negative reinforcement in behavior modification?**
 - A. Operant conditioning developed by Skinner
 - B. Classical conditioning developed by Pavlov
 - C. Social learning theory developed by Bandura
 - D. Behavioral therapy developed by Watson

- 5. Lesch-Nyhan syndrome is caused by a deficiency in what enzyme?**
 - A. Ornithine transcarbamylase
 - B. Hypoxanthine-guanine phosphoribosyltransferase
 - C. Adenylosuccinate deficiency
 - D. Arginase

- 6. A patient with yearly episodes of hypersomnia and hyperphagia starting in fall is most likely experiencing what condition?**
- A. Panic disorder
 - B. Seasonal affective disorder
 - C. Generalized anxiety disorder
 - D. Major depressive disorder
- 7. Which neurotransmitter, synthesized from serine, has been studied for its involvement in reducing negative symptoms in schizophrenia?**
- A. GABA
 - B. Glycine
 - C. Dopamine
 - D. Glutamate
- 8. Which method is commonly used to predict the value of one variable in relation to another?**
- A. Probability
 - B. Point prevalence
 - C. Incidence
 - D. Regression analysis
- 9. What is a primary symptom of depression relating to REM sleep?**
- A. Decreased REM latency
 - B. Increased total sleep time
 - C. Night terrors
 - D. Excessive daytime sleepiness
- 10. A patient presents with confusion, myoclonus, and GI symptoms. Which condition does this most likely indicate?**
- A. Neuroleptic malignant syndrome
 - B. Serotonin syndrome
 - C. Dementia with Lewy bodies
 - D. Acute psychosis

Answers

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

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Explanations

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1. Which of the following concepts is not associated with the research of Nikolaas Tinbergen?

- A. Quantifying stimuli effects
- B. Displacement activities
- C. Innate releasing mechanisms

D. Imprinting

The concept of imprinting is not associated with the research of Nikolaas Tinbergen, but rather with Konrad Lorenz, who is famous for his work on this phenomenon in birds. Imprinting refers to a critical period shortly after birth or hatching during which young animals form attachments and learn behaviors, often related to recognizing their caregiver or species-specific cues. In contrast, Tinbergen's research focused on understanding animal behavior through various frameworks, including quantifying stimuli effects in experiments to see how animals react to specific environmental cues. He also explored displacement activities, which are behaviors that occur when an animal experiences conflict and cannot decide between different courses of action, resulting in seemingly irrelevant behaviors. Innate releasing mechanisms describe the processes that lead to the initiation of fixed-action patterns in response to certain stimuli, another area extensively studied by Tinbergen. Understanding these distinctions helps clarify the contributions of different ethologists to the field of animal behavior, illustrating how concepts like imprinting belong to Lorenz and are separate from Tinbergen's primary focus areas.

2. What is the most plausible diagnosis for a patient showing unpredictable episodes of aggression?

- A. Bipolar I disorder
- B. Intermittent explosive disorder**
- C. Borderline personality disorder
- D. Antisocial personality disorder

Intermittent explosive disorder (IED) is characterized by recurrent, sudden outbursts of impulsive, aggressive behavior that are disproportionate to any provocation, leading to significant distress or impairment in functioning. Individuals with IED often experience a sense of tension or arousal before the aggressive episodes, followed by relief after the outburst, which further confirms the impulsive nature of the aggression. The unpredictability and lack of premeditation associated with these episodes align with the diagnosis of IED, making it the most plausible explanation for the symptoms described. In contrast, conditions such as bipolar I disorder might involve aggression but typically within the context of manic or hypomanic episodes, which are episodic and more predictable in their course. Borderline personality disorder can also present with aggression; however, this behavior is often tied to emotional dysregulation and interpersonal conflicts rather than the more explosive and uncontrolled nature seen in IED. Antisocial personality disorder features persistent patterns of disregard and violation of the rights of others, with aggression being more calculated and manipulative rather than impulsive. Therefore, the characteristics of the aggression – impulsive, unpredictable, and out of proportion to the situation – strongly support a diagnosis of intermittent explosive disorder.

3. What does a high erythrocyte sedimentation rate typically indicate in a patient?

- A. Low hydration status
- B. Systemic inflammation**
- C. Allergic reaction
- D. Hypertension

A high erythrocyte sedimentation rate (ESR) is primarily indicative of systemic inflammation within the body. ESR is a nonspecific test that measures how quickly red blood cells settle at the bottom of a test tube in one hour. When inflammation is present, certain proteins increase in the blood, causing red blood cells to clump together and settle more quickly. This is often seen in conditions such as infections, autoimmune diseases, and other inflammatory disorders. In contrast, while low hydration status can affect various laboratory results, it does not specifically lead to a high ESR. An allergic reaction may cause other markers of inflammation to rise, but it is typically more localized and does not generally result in a significantly elevated ESR unless there is a broader systemic component. Hypertension, on the other hand, does not influence the ESR directly; it is a cardiovascular condition that does not encompass inflammation in the same manner as other systemic conditions. Therefore, a high ESR is most reliably associated with systemic inflammation, making it the most appropriate indication among the choices provided.

4. What is the primary theory associated with positive and negative reinforcement in behavior modification?

- A. Operant conditioning developed by Skinner**
- B. Classical conditioning developed by Pavlov
- C. Social learning theory developed by Bandura
- D. Behavioral therapy developed by Watson

The primary theory associated with positive and negative reinforcement in behavior modification is operant conditioning, which was developed by B.F. Skinner. This theory focuses on the idea that behaviors can be modified by their consequences; that is, behaviors that are followed by favorable outcomes tend to be repeated, while those that are followed by unfavorable outcomes are less likely to be repeated. Positive reinforcement involves providing a reward following a desired behavior, which increases the likelihood of the behavior occurring again. Negative reinforcement, on the other hand, involves the removal of an unpleasant stimulus following a desired behavior, also increasing the likelihood that the behavior will be repeated. This fundamental principle of operant conditioning is critical in behavior modification strategies, where practitioners aim to increase desirable behaviors and decrease undesirable ones through the systematic application of reinforcement. Other theories, such as classical conditioning by Pavlov, focus on the association between stimuli rather than the consequences of specific behaviors. Social learning theory by Bandura emphasizes the role of observation and imitation in learning, while behavioral therapy associated with Watson is more concerned with observable behavior and the environment's role in shaping that behavior, without specifically addressing the reinforcement principles that are central to operant conditioning.

5. Lesch-Nyhan syndrome is caused by a deficiency in what enzyme?

- A. Ornithine transcarbamylase
- B. Hypoxanthine-guanine phosphoribosyltransferase**
- C. Adenylosuccinate deficiency
- D. Arginase

Lesch-Nyhan syndrome is specifically caused by a deficiency in hypoxanthine-guanine phosphoribosyltransferase (HGPRT). This enzyme plays a crucial role in the purine salvage pathway, which recycles purines to help maintain the nucleotide pool within cells. When this enzyme is deficient or absent, it leads to an accumulation of uric acid due to the overproduction of purines, resulting in the characteristic features of Lesch-Nyhan syndrome, such as severe neurological deficits, behavioral abnormalities, and self-mutilating behaviors, along with hyperuricemia. The other enzymes listed are associated with different metabolic disorders. For instance, ornithine transcarbamylase is involved in the urea cycle, and its deficiency leads to hyperammonemia rather than symptoms related to Lesch-Nyhan syndrome. Adenylosuccinate deficiency impacts purine metabolism as well, but it causes a different set of symptoms. Lastly, arginase deficiency is tied to urea cycle disorders, resulting in issues related to ammonium accumulation rather than the specific clinical manifestations seen in Lesch-Nyhan syndrome.

6. A patient with yearly episodes of hypersomnia and hyperphagia starting in fall is most likely experiencing what condition?

- A. Panic disorder
- B. Seasonal affective disorder**
- C. Generalized anxiety disorder
- D. Major depressive disorder

The scenario described indicates a patient experiencing yearly episodes of hypersomnia (excessive sleepiness) and hyperphagia (increased appetite) that occur in the fall. These symptoms align closely with the characteristics of seasonal affective disorder (SAD), which is a type of depression that follows a seasonal pattern. Individuals with SAD often experience significant changes in mood, energy, and behavior during specific seasons, most commonly during the fall and winter when daylight hours are shorter. In cases of seasonal affective disorder, the onset of symptoms usually occurs during the fall months, with individuals experiencing increased sleep and appetite, frequently leading to weight gain. As spring approaches and daylight hours increase, symptoms often remit. While the other conditions listed may involve mood disturbances or changes in behavior, they do not specifically align with the seasonal pattern and associated symptoms of hypersomnia and hyperphagia as found in this patient. Panic disorder is characterized by recurrent panic attacks and doesn't typically present with seasonal symptoms. Generalized anxiety disorder involves chronic anxiety and worry, while major depressive disorder, while it can have seasonal features, does not typically present with the same predictable seasonal pattern of hypersomnia and hyperphagia seen in this case.

7. Which neurotransmitter, synthesized from serine, has been studied for its involvement in reducing negative symptoms in schizophrenia?

- A. GABA
- B. Glycine**
- C. Dopamine
- D. Glutamate

Glycine is synthesized from the amino acid serine and has been significantly studied in relation to its effects on schizophrenia, particularly in reducing negative symptoms. In the context of schizophrenia, negative symptoms include aspects such as social withdrawal, anhedonia, and flat affect, which can significantly impair a person's quality of life. Research indicates that glycine acts as a co-agonist at the NMDA receptor, which is implicated in the pathophysiology of schizophrenia. By enhancing NMDA receptor function, glycine can potentially counteract some of the neurotransmitter imbalances associated with the disorder, particularly regarding dopaminergic and glutamatergic pathways. Moreover, clinical studies have suggested that supplementation with glycine may lead to improvements in negative symptoms of schizophrenia, making it a focus for therapeutic strategies aimed at managing this aspect of the disorder.

8. Which method is commonly used to predict the value of one variable in relation to another?

- A. Probability
- B. Point prevalence
- C. Incidence
- D. Regression analysis**

Regression analysis is a statistical method used to understand the relationship between a dependent variable and one or more independent variables. It allows researchers to predict the value of the dependent variable based on the values of the independent variables. This technique can be applied in various fields, including psychology and medicine, to identify trends, correlations, and causal relationships. By fitting a model to the data, regression analysis can provide insights into how changes in one variable may affect another. For example, in psychiatry, it can help determine how factors like treatment adherence influence patient outcomes. Regression coefficients derived from this analysis can indicate the strength and direction of these associations, assisting healthcare providers and researchers in making informed decisions based on the predictive model. In contrast, the other methods listed have different applications. Probability is a measure of the likelihood of an event occurring and is not specifically used for prediction in the same way as regression. Point prevalence refers to the proportion of a population with a condition at a specific point in time, while incidence measures the rate of occurrence of new cases of a disease over a given time period. Although these terms are important in epidemiology and public health, they do not focus on predicting the value of one variable based on another, which is the core function of regression analysis.

9. What is a primary symptom of depression relating to REM sleep?

- A. Decreased REM latency**
- B. Increased total sleep time
- C. Night terrors
- D. Excessive daytime sleepiness

Decreased REM latency is recognized as a primary symptom of depression due to its association with the alterations in sleep architecture typically observed in individuals with depression. REM latency refers to the duration of time it takes to reach the first episode of rapid eye movement (REM) sleep after falling asleep. In depressed individuals, this latency is often shortened, meaning they enter REM sleep more quickly than those who are not experiencing depression. Research indicates that changes in sleep patterns, including shortened REM latency, often accompany depressive disorders. This sleep disturbance can be attributed to neurobiological factors associated with depression, such as alterations in serotonin and norepinephrine levels, which impact the sleep-wake cycle and the regulation of REM sleep. Monitoring REM sleep patterns can therefore provide insights into the severity and presence of depressive symptoms in patients, making it a crucial aspect of understanding the interplay between mood disorders and sleep abnormalities. In contrast, while increased total sleep time, night terrors, and excessive daytime sleepiness can be related to mood disturbances or other sleep disorders, they do not specifically point to a primary symptom of depression like decreased REM latency does. These other symptoms may occur in different contexts or diagnoses, but they are less specific to depression itself.

10. A patient presents with confusion, myoclonus, and GI symptoms. Which condition does this most likely indicate?

- A. Neuroleptic malignant syndrome
- B. Serotonin syndrome**
- C. Dementia with Lewy bodies
- D. Acute psychosis

The presence of confusion, myoclonus, and gastrointestinal symptoms points towards serotonin syndrome, a potentially life-threatening condition that occurs due to excessive serotonergic activity in the central nervous system. This syndrome often arises following the use of serotonergic medications, and the symptoms develop rapidly after exposure to these drugs. Confusion indicates altered mental status, commonly seen in serotonin syndrome, as the elevated levels of serotonin affect cognitive functions. Myoclonus refers to sudden, involuntary muscle jerks, which frequently appear in this condition due to the overstimulation of the central nervous system. Gastrointestinal symptoms, such as nausea, vomiting, and diarrhea, are also characteristic features, resulting from the effects of increased serotonin in the gut. Understanding these symptoms in the context of serotonin syndrome allows for timely intervention and management, as recognizing this condition can prevent severe complications. Other conditions, while they may show some overlapping features, do not present with this specific triad of symptoms.

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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