

CERTIFIED ADDICTIONS REGISTERED NURSE (CARN) ADVANCED PRACTICE (AP) PRACTICE TEST (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. How quickly can tolerance develop to benzodiazepines with continued use?**
 - A. Within 3-4 weeks
 - B. Within 1-2 days
 - C. Within 6 months
 - D. Never
- 2. Approximately how long does it typically take to complete the YFAS?**
 - A. 90 minutes.
 - B. 2 minutes.
 - C. 10 minutes.
 - D. 45 minutes.
- 3. The 5th stage of change focuses on preventing relapse and consolidating gains. Which stage is described?**
 - A. Precontemplation
 - B. Contemplation
 - C. Action
 - D. Maintenance
- 4. Which of the following is NOT listed as a tobacco withdrawal symptom?**
 - A. Insomnia
 - B. Nausea
 - C. Anxiety
 - D. Irritability
- 5. Which of the following are common symptoms of alcohol withdrawal?**
 - A. Agitation, Fever, Seizures, Tremors, Confusion, Delusions
 - B. Nausea and lightheadedness only
 - C. Chronic cough and wheezing
 - D. Hyperactivity and euphoria
- 6. Acamprosate (Campral) dosing is which of the following?**
 - A. 333 mg PO daily
 - B. 600 mg PO daily
 - C. 100 mg PO daily
 - D. 2 g PO daily

7. Binge drinking - amount for men and women.

- A. Men 3 or more in 2 hours; Women 3 or more in 2 hours
- B. Men 6 or more in 2 hours; Women 5 or more in 2 hours
- C. Men 5 or more in 2 hours; Women 4 or more in 2 hours
- D. Men 7 or more in 2 hours; Women 6 or more in 2 hours

8. Glutamate is excitatory or inhibitory?

- A. GABA inhibitory
- B. Both
- C. Excitatory
- D. Neither

9. Which medication is associated with the brand Wellbutrin?

- A. Zyban
- B. Chantix
- C. Nicoderm
- D. Wellbutrin

10. Can patients smoke while using nicotine replacement therapy (NRT)?

- A. No
- B. Sometimes
- C. Yes
- D. Only with supervision

Answers

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

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Explanations

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1. How quickly can tolerance develop to benzodiazepines with continued use?

- A. Within 3-4 weeks
- B. Within 1-2 days
- C. Within 6 months**
- D. Never

Tolerance to benzodiazepines develops as the brain adapts to continued exposure to the drug. Over time, changes in GABA-A receptor function and neural circuits reduce the drug's effects, so larger or more frequent doses may be needed to achieve the same level of relief or sedation. In practice, noticeable tolerance to common benzodiazepine effects often emerges after months of daily use rather than days. By about six months of ongoing use, many patients experience diminished response to the same dose across several effects (anxiolysis, sedation, amnesia, etc.), making the six-month timeframe a reasonable expectation for tolerance to accumulate. This is why the option stating tolerance can develop within six months is the best choice. It's important to distinguish tolerance from dependence: tolerance is a reduced effect requiring dose changes, whereas dependence involves withdrawal symptoms and physiological adaptation upon stopping. Shorter intervals (like a few days) are generally too early for broad tolerance to have developed, and "never" isn't accurate given the brain's adaptive capacity with sustained exposure.

2. Approximately how long does it typically take to complete the YFAS?

- A. 90 minutes.
- B. 2 minutes.
- C. 10 minutes.**
- D. 45 minutes.

The YFAS is designed to be completed relatively quickly as a self-report screening. In typical administration, most respondents finish in about 10 minutes. This duration reflects enough time to read and respond to the items about eating behaviors, cravings, and related impacts without making the assessment overly burdensome in clinical or research settings. The other durations are less plausible: 2 minutes is usually not enough to thoughtfully complete all items, while 45 or 90 minutes would imply a much longer, more in-depth interview than the standard YFAS typically requires. If you're using the full YFAS 2.0 in some contexts, it can take somewhat longer (often around 15–20 minutes), but a common practical estimate remains around 10 minutes.

3. The 5th stage of change focuses on preventing relapse and consolidating gains. Which stage is described?

- A. Precontemplation
- B. Contemplation
- C. Action
- D. Maintenance**

In this stage, the focus is on sustaining the new behavior and preventing relapse over the long term. After making initial changes and consolidating early gains, the individual works to keep those changes stable, integrate them into daily life, and strengthen coping skills to handle triggers and stress. Relapse prevention is central: identifying high risk situations, using coping strategies (urge management, distraction, problem-solving), maintaining supports (therapy, peer groups, family), and planning for slips without abandoning the change. This stage is distinct from earlier ones where the person isn't ready to change (precontemplation), is weighing options but not yet committed (contemplation), or is actively implementing new behaviors (action). The description provided aligns with the maintenance phase, where the goal is long term stabilization of the new, healthier behavior.

4. Which of the following is NOT listed as a tobacco withdrawal symptom?

- A. Insomnia
- B. Nausea**
- C. Anxiety
- D. Irritability

Nausea is not part of the standard tobacco withdrawal symptom cluster. When someone stops smoking, the typical withdrawal effects are insomnia, anxiety, irritability, restlessness, difficulty concentrating, depressed mood, increased appetite with potential weight gain, and strong tobacco cravings. Nausea can occur for other reasons or as a side effect of nicotine replacement therapy, but it isn't listed as a core withdrawal symptom. Therefore, nausea is the correct choice as the item that isn't a tobacco withdrawal symptom.

5. Which of the following are common symptoms of alcohol withdrawal?

- A. Agitation, Fever, Seizures, Tremors, Confusion, Delusions**
- B. Nausea and lightheadedness only
- C. Chronic cough and wheezing
- D. Hyperactivity and euphoria

Alcohol withdrawal happens when someone who has been drinking heavily stops or reduces intake, and the brain becomes hyperactive as it readjusts. This produces a range of symptoms from mild to severe. Common features include tremors, agitation, anxiety, insomnia, tachycardia, hypertension, sweating, and nausea. As withdrawal can progress, seizures may occur within a day or two, and delirium tremens can develop with severe confusion and marked agitation, often accompanied by fever and perceptual disturbances. The option that includes agitation, fever, seizures, tremors, confusion, and delusions fits this spectrum, capturing both the autonomic and neurologic signs seen with withdrawal and the potential delirium stage. The other options don't describe the withdrawal pattern: nausea and lightheadedness alone are too limited; chronic cough and wheezing point to respiratory disease; hyperactivity and euphoria suggest stimulant effects, not withdrawal.

6. Acamprosate (Campral) dosing is which of the following?

- A. 333 mg PO daily**
- B. 600 mg PO daily
- C. 100 mg PO daily
- D. 2 g PO daily

Acamprosate needs to be taken in divided doses to maintain steady drug levels and support ongoing abstinence from alcohol. The standard maintenance regimen is 666 mg per dose, taken three times daily, which totals about 2,000 mg (roughly 2 g) per day. This dosing is typically given as two 333 mg tablets with each of the three daily doses, often taken with meals. Dosing options that provide only a small daily total—such as 333 mg once daily, 600 mg daily, or 100 mg daily—do not achieve the necessary exposure for efficacy. The approximate 2 g per day regimen is the most consistent with how acamprosate is intended to be used.

7. Binge drinking - amount for men and women.

- A. Men 3 or more in 2 hours; Women 3 or more in 2 hours
- B. Men 6 or more in 2 hours; Women 5 or more in 2 hours
- C. Men 5 or more in 2 hours; Women 4 or more in 2 hours**
- D. Men 7 or more in 2 hours; Women 6 or more in 2 hours

Binge drinking is defined by the amount of alcohol consumed in a short period, with different thresholds for men and women because of physiological differences. A standard drink is about 14 grams of pure alcohol (roughly 12 oz of beer, 5 oz of wine, or 1.5 oz of 80-proof distilled spirits). The commonly used definition is five or more drinks for men or four or more drinks for women within about two hours. This two-hour window reflects the rapid rise in blood alcohol concentration linked to harm. So the correct statement matches five or more for men and four or more for women in two hours. The other options set thresholds that are either too low or too high relative to the standard definition.

8. Glutamate is excitatory or inhibitory?

- A. GABA inhibitory
- B. Both
- C. Excitatory**
- D. Neither

Glutamate is the primary excitatory neurotransmitter in the brain. When it binds to ionotropic receptors (NMDA, AMPA, kainate) on the postsynaptic neuron, these channels open and allow Na⁺ (and often Ca²⁺) to enter while K⁺ leaves. This inward positive current depolarizes the neuron, creating excitatory postsynaptic potentials and increasing the likelihood of firing an action potential. Some metabotropic glutamate receptors can modulate activity in more complex ways, but the overall effect of glutamate signaling is excitatory. For contrast, GABA is the main inhibitory neurotransmitter, producing hyperpolarization and reducing firing. Excessive glutamate activity can lead to excitotoxicity due to calcium overload.

9. Which medication is associated with the brand Wellbutrin?

- A. Zyban
- B. Chantix
- C. Nicoderm
- D. Wellbutrin**

Wellbutrin is the brand name for the antidepressant active ingredient bupropion. It's prescribed for major depressive disorder and seasonal affective disorder and is also used to help people quit smoking. The same medication is sold as Zyban for smoking cessation, showing how the same drug can carry different brands depending on the indication. The other options are different products—Chantix is varenicline, a separate smoking-cessation drug, and Nicoderm is a nicotine replacement patch. So the medication associated with the brand Wellbutrin is bupropion.

10. Can patients smoke while using nicotine replacement therapy (NRT)?

- A. No
- B. Sometimes
- C. Yes
- D. Only with supervision

Nicotine replacement therapy provides nicotine to ease withdrawal and cravings in a safer form than smoking. You don't have to be smoke-free before starting NRT; many patients continue to smoke while using it as they work toward quitting. Using NRT alongside ongoing smoking is permissible and can help reduce craving intensity and withdrawal symptoms, and may even lower overall cigarette consumption as you move toward complete cessation. The main idea is to use NRT to support quitting, not to require avoiding cigarettes first. If someone notices signs of nicotine overload—like nausea, dizziness, or flushing—they should adjust use with a clinician's guidance.

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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://carnap.examzify.com>

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

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