Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) Practice Exam (Sample)

Study Guide

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Questions

1. Which condition is defined by significant anxiety or worry across multiple situations?

A. Agoraphobia

B. Anxiety Disorder Due to Another Medical Condition

C. Generalized Anxiety Disorder

D. Obsessive-Compulsive Disorder

2. In Avoidant/Restrictive Food Intake Disorder, individuals may show:

A. An interest in social meals and gatherings

B. No significant weight changes

C. Dependence on nutrition supplements for health

D. Repeated episodes of binge eating

3. What is characterized by depression induced by another medical condition?

A. Depressive Disorder Due to Another Medical Condition

B. Unspecified Depressive Disorder

C. Other Specified Depressive Disorder

D. Generalized Anxiety Disorder

4. What distinguishes bipolar I disorder from bipolar II disorder?

A. Presence of manic episodes in bipolar I

B. Only depressive episodes are present in bipolar II

C. Both must have psychotic symptoms

D. Bipolar I has shorter episodes than bipolar II

5. Inhalant use can lead to which of the following serious outcomes?

A. Increased physical endurance

B. Potential coma or stupor

C. Enhanced cognitive clarity

D. Reduced social interaction

6. Which condition is least likely to require multiple etiologies for diagnosing NCD?

A. Major or Mild NCD due to HIV infection

B. Major or Mild NCD due to another medical condition

C. Major or Mild NCD due to substance use

D. Major or Mild NCD due to multiple conditions

7. What might an example of a problem related to pregnancy affecting treatment be?

A. Healthy pregnancy resources

B. Support from family during pregnancy

C. Complications arising during pregnancy

D. Access to prenatal care

8. Which condition can directly result from hallucinogen use?

A. Weight gain

B. Permanent hallucinations

C. Hallucinogen Persisting Perception Disorder

D. Generalized anxiety disorder

9. Neurocognitive disorders can be characterized by what kind of onset of cognitive decline?

A. Acute

B. Rapid

C. Insidious

D. Immediate

10. Which of the following is true about Unspecified Intellectual Developmental Disorder?

A. It applies only to children under 5 years old

B. It is used when assessment cannot be conducted adequately

C. It is a common diagnosis for all age groups

D. It requires immediate intervention

Answers

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

Explanations

1. Which condition is defined by significant anxiety or worry across multiple situations?

A. Agoraphobia

B. Anxiety Disorder Due to Another Medical Condition

C. Generalized Anxiety Disorder

D. Obsessive-Compulsive Disorder

Generalized Anxiety Disorder (GAD) is characterized by excessive and persistent worry about various aspects of life, including work, health, relationships, and everyday tasks. Individuals with GAD typically find it challenging to control their anxiety, which can lead to significant distress and impairment in social, occupational, or other important areas of functioning. This condition is defined specifically by the presence of anxiety or worry occurring more days than not for at least six months, impacting multiple situations rather than being confined to specific triggers or fears. In contrast, other options represent different anxiety-related disorders. Agoraphobia involves anxiety related to places or situations where escape might be difficult or help unavailable in case of panic-like symptoms. Anxiety Disorder Due to Another Medical Condition can occur as a direct consequence of a medical issue, while Obsessive-Compulsive Disorder is characterized by the presence of obsessions (intrusive, unwanted thoughts) and compulsions (repetitive behaviors or mental acts performed to alleviate anxiety) rather than generalized anxiety across multiple contexts.

2. In Avoidant/Restrictive Food Intake Disorder, individuals may show:

A. An interest in social meals and gatherings

B. No significant weight changes

C. Dependence on nutrition supplements for health

D. Repeated episodes of binge eating

In Avoidant/Restrictive Food Intake Disorder (ARFID), individuals often have a limited range of food preferences, which can lead to nutritional deficiencies. They may avoid certain foods due to their sensory characteristics or previous negative experiences with certain foods. Because of this restricted intake, many individuals with ARFID may rely on nutritional supplements to ensure they receive adequate nutrition. These supplements can help maintain their health when their food intake does not provide sufficient nutrients, highlighting the importance of such dependencies in the management of the disorder. It's important to note that individuals with ARFID typically do not enjoy social meals and gatherings as they might find the variety of foods overwhelming or anxiety-provoking. Additionally, significant weight changes are often observed in ARFID due to the limited diet, potentially leading to underweight or nutritional deficiencies, rather than no significant changes. The disorder is also distinct from others like binge eating disorders, as binge eating is characterized by recurrent episodes of excessive food intake, which is not a feature of ARFID.

3. What is characterized by depression induced by another medical condition?

A. Depressive Disorder Due to Another Medical Condition

B. Unspecified Depressive Disorder

C. Other Specified Depressive Disorder

D. Generalized Anxiety Disorder

The correct answer is a clear representation of a specific diagnosis outlined in the DSM-5-TR. Depressive Disorder Due to Another Medical Condition specifically refers to the emergence of depressive symptoms that are directly correlated with the physiological effects of another medical illness. This distinguishes it from primary mood disorders because the depressive symptoms result from a known medical condition rather than arising independently. For instance, conditions such as cancer, chronic illness, or neurological disorders can lead to depression due to the psychological stress of managing a serious health issue or the biochemical changes in the brain associated with the medical condition. The diagnosis emphasizes the necessity of recognizing the interplay between medical health and mental health, focusing on treatment that addresses both the medical condition and the associated depressive symptoms. The other choices represent different categories of mood disorders or anxiety disorders that do not specifically attribute the depressive symptoms to another medical condition. Unspecified Depressive Disorder refers to depression that does not meet the criteria for any specific depressive disorder, while Other Specified Depressive Disorder indicates diagnosable criteria are present but do not fit into the conventional categories. Generalized Anxiety Disorder, on the other hand, is characterized by chronic anxiety and worry, not by depression stemming from medical conditions.

4. What distinguishes bipolar I disorder from bipolar II disorder?

A. Presence of manic episodes in bipolar I

B. Only depressive episodes are present in bipolar II

C. Both must have psychotic symptoms

D. Bipolar I has shorter episodes than bipolar II

The distinction between bipolar I disorder and bipolar II disorder primarily revolves around the type and severity of episodes experienced. In bipolar I disorder, individuals experience at least one manic episode that is sufficiently severe to cause significant impairment or necessitate hospitalization. These manic episodes are characterized by an elevated, expansive, or irritable mood, combined with increased activity or energy, and can lead to notable dysfunction in social or occupational areas of functioning. On the other hand, bipolar II disorder involves a pattern of depressive episodes and hypomanic episodes (which are less severe than full manic episodes). Therefore, the presence of manic episodes is what specifically identifies bipolar I disorder and differentiates it from bipolar II disorder. The other options do not correctly capture the key differences between the two disorders. For example, bipolar II disorder does not consist solely of depressive episodes; hypomanic episodes also characterize it. Additionally, psychotic symptoms are not a requisite feature for diagnosis in either type of bipolar disorder, as they can occur but are not essential criteria. Lastly, the duration of episodes can vary significantly among individuals and is not a definitive factor in distinguishing between the two disorders. Thus, the presence of manic episodes is the critical distinguishing factor for bipolar I disorder.

5. Inhalant use can lead to which of the following serious outcomes?

A. Increased physical endurance

B. Potential coma or stupor

C. Enhanced cognitive clarity

D. Reduced social interaction

Inhalant use is associated with various significant health risks, and one of the most severe outcomes can indeed be comas or stupors. Inhalants depress the central nervous system, which can lead to a range of adverse effects, including loss of consciousness. This depressant effect can cause brain function to slow down dramatically, potentially resulting in a state of stupor or even coma if used in sufficient quantities or frequency. This outcome emphasizes the dangers associated with inhalant abuse, particularly as individuals may underestimate the risks involved. The other options illustrate less likely outcomes of inhalant use. For example, increased physical endurance and enhanced cognitive clarity are not typical effects; rather, inhalants often impair physical and mental functions. Reduced social interaction might occur indirectly, as a result of harmful consequences of abuse, but it does not directly correlate as a serious immediate outcome compared to the risk of coma or stupor.

6. Which condition is least likely to require multiple etiologies for diagnosing NCD?

A. Major or Mild NCD due to HIV infection

B. Major or Mild NCD due to another medical condition

C. Major or Mild NCD due to substance use

D. Major or Mild NCD due to multiple conditions

The reasoning behind identifying Major or Mild NCD due to HIV infection as the least likely to require multiple etiologies stems from the common understanding of how HIV directly impacts cognitive function. Major or Mild NCD due to HIV infection typically has a well-established pathophysiological basis directly linked to the virus itself. HIV-related neurocognitive disorder occurs as a direct result of the effects of the virus on the central nervous system, leading to cognitive impairments. This means that when diagnosing NCD in the context of HIV, the focus is primarily on the effects of the virus, rather than a combination of several different causes or contributing factors. In contrast, the other conditions listed typically involve multiple contributing causes or factors. For instance, Major or Mild NCD due to another medical condition might involve a range of health issues that can collectively affect cognition. The same applies to NCD due to substance use, where the cognitive impairment might arise from various substances and the complexities of their impacts. Lastly, the category of Major or Mild NCD due to multiple conditions inherently suggests that multiple etiological factors need to be considered in the diagnosis. This clarity regarding the single etiological factor (HIV) versus the multifactorial nature of the other conditions leads to the

7. What might an example of a problem related to pregnancy affecting treatment be?

A. Healthy pregnancy resources

B. Support from family during pregnancy

C. Complications arising during pregnancy

D. Access to prenatal care

Complications arising during pregnancy can significantly affect treatment in various ways, making this option the most relevant choice. When a woman experiences complications during pregnancy, such as gestational diabetes, hypertension, or other medical issues, it may necessitate modifications to her treatment plan. Healthcare providers must consider the specific risks associated with the pregnancy, which can include both the health of the mother and the developing fetus. This may lead to more cautious prescribing of medications, altered therapeutic approaches, or increased monitoring. Healthy pregnancy resources, while important, are not directly indicative of how complications can influence treatment decisions. Support from family is beneficial for emotional and practical reasons, but it does not inherently alter clinical treatment approaches. Access to prenatal care is crucial for ensuring a healthy pregnancy, but it does not specifically address the complications that may arise during pregnancy that could impact treatment strategies. Thus, the nature of pregnancy complications provides a clear context for how treatment may need to be adjusted to ensure the safety and health of both the mother and child.

8. Which condition can directly result from hallucinogen use?

A. Weight gain

B. Permanent hallucinations

C. Hallucinogen Persisting Perception Disorder

D. Generalized anxiety disorder

Hallucinogen Persisting Perception Disorder (HPPD) is a condition that can arise after the use of hallucinogenic substances. Individuals experiencing HPPD have persistent visual disturbances resembling those produced by the hallucinogen, even when not under the influence of the drug. These disturbances can include geometric hallucinations, flashes of color, and trailing effects on moving objects. The DSM-5-TR outlines HPPD as occurring after the cessation of hallucinogen use, making it a direct consequence of hallucinogen exposure. Unlike weight gain, which is unrelated to hallucinogen use, or generalized anxiety disorder, which does not specifically stem from hallucinogens, HPPD is directly linked to the effects of these drugs on perception. The condition illustrates how the use of hallucinogens can lead to long-lasting changes in sensory perception, thus reinforcing the idea that hallucinogen use can have far-reaching psychological effects even long after the drugs have left the system.

9. Neurocognitive disorders can be characterized by what kind of onset of cognitive decline?

A. Acute

B. Rapid

C. Insidious

D. Immediate

Neurocognitive disorders are typically characterized by an insidious onset of cognitive decline, meaning that the deterioration occurs gradually over time rather than suddenly or in a more acute fashion. This gradual process allows individuals, families, and healthcare providers to sometimes overlook or underestimate the severity and impact of the cognitive changes initially. For example, conditions like Alzheimer's disease begin with subtle memory lapses and cognitive difficulties that progressively worsen, leading to significant impairments in daily functioning. This insidious nature of onset helps differentiate neurocognitive disorders from other types of cognitive impairments that may be caused by acute factors like traumatic brain injury or substance intoxication, which tend to occur suddenly and may resolve with treatment of the underlying issue. Therefore, an insidious onset is a hallmark of the cognitive decline associated with neurocognitive disorders, reflecting the chronic nature of these conditions.

10. Which of the following is true about Unspecified Intellectual Developmental Disorder?

A. It applies only to children under 5 years old

B. It is used when assessment cannot be conducted adequately

C. It is a common diagnosis for all age groups

D. It requires immediate intervention

Unspecified Intellectual Developmental Disorder is indeed utilized when an adequate assessment cannot be conducted, making it challenging to accurately diagnose a specific intellectual disability. This might occur in situations where information is incomplete or a patient presents with limitations that do not neatly fit within the criteria of other intellectual disabilities. This diagnosis serves as a way for clinicians to note the presence of intellectual impairment without needing to specify the exact nature or cause of the impairment. It's particularly useful in complex cases where the individual's functioning is unclear or when there are significant barriers to proper evaluation, such as language differences or severe cognitive impairments that prevent testing. The other options address misunderstandings about the criteria and application of this diagnosis. For example, the diagnosis is not limited strictly to children under five years old; it can affect individuals of varied ages who meet the necessary clinical criteria. Additionally, it is not used as a common diagnosis across all age groups but rather in specific contexts where a thorough evaluation is not possible. Lastly, while intervention may be necessary in cases of intellectual disabilities, the diagnosis itself does not inherently dictate the immediacy of such actions; it depends on the individual circumstances surrounding the person diagnosed.