

Dr. High Yield Psychiatry Practice Test (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 EEG finding is typical of delirium?**
 - A. Alpha waves**
 - B. Diffuse background slowing**
 - C. Generalized spike-and-wave**
 - D. Triphasic waves**

- 2. Which is NOT part of the AEIOU mnemonic for dialysis indications?**
 - A. Acidosis**
 - B. Overload (fluid)**
 - C. Hypertension**
 - D. Ingestion/Intoxicants**

- 3. Which medication is used to treat parkinsonism as an extrapyramidal symptom?**
 - A. Benztropine**
 - B. Haloperidol**
 - C. Risperidone**
 - D. Clozapine**

- 4. For tardive dyskinesia, which antipsychotic is preferred to switch to?**
 - A. Haloperidol**
 - B. Clozapine**
 - C. Risperidone**
 - D. Olanzapine**

- 5. Refeeding syndrome involves which energy pathway leading to phosphate depletion?**
 - A. Glycolysis driven by rapid glucose uptake**
 - B. Lipolysis**
 - C. Ketogenesis**
 - D. Proteolysis**

- 6. In a chronic benzodiazepine user with acute overdose, what is the recommended management?**
- A. Flumazenil**
 - B. Benzo taper**
 - C. Naloxone**
 - D. Haloperidol**
- 7. Illness anxiety disorder differs from somatic symptom disorder in that illness anxiety is worried about getting a disease but no symptoms. Which option best reflects this distinction?**
- A. Worries about disease with pain**
 - B. Worries about disease with no symptoms**
 - C. No concerns about disease**
 - D. Existence of functional symptoms**
- 8. Triphasic sharp wave complexes on EEG are characteristic of which disease?**
- A. Alzheimer disease**
 - B. Creutzfeldt-Jakob disease**
 - C. Multiple sclerosis**
 - D. Parkinson disease**
- 9. Which anticholinergic is commonly associated with delirium in older adults?**
- A. Diphenhydramine**
 - B. Lorazepam**
 - C. Dextromethorphan**
 - D. Acetaminophen**

10. Which statement best differentiates social anxiety disorder from avoidant personality disorder?

- A. Social anxiety is fear of embarrassment in public areas; avoidant PD is fear of rejection and feeling not good enough, with desire to make friends**
- B. Social anxiety is fear of rejection; avoidant PD is fear of embarrassment**
- C. Social anxiety has no social evaluation component; avoidant PD does**
- D. Social anxiety occurs only in childhood**

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Answers

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

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Explanations

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1. Which EEG finding is typical of delirium?

- A. Alpha waves
- B. Diffuse background slowing**
- C. Generalized spike-and-wave
- D. Triphasic waves

Delirium is marked by a diffuse slowing of the EEG background, reflecting global brain dysfunction during an acute change in mental status. In this pattern, the normal awake alpha rhythm is reduced and slower theta or delta activity becomes prominent across the cortex. This contrasts with alpha waves, which indicate a normal awake/relaxed state; generalized spike-and-wave discharges, seen in epilepsy; and triphasic waves, which are more typical of metabolic encephalopathy. So the diffuse background slowing best fits the acute delirium pattern.

2. Which is NOT part of the AEIOU mnemonic for dialysis indications?

- A. Acidosis
- B. Overload (fluid)
- C. Hypertension**
- D. Ingestion/Intoxicants

The AEIOU framework for dialysis indications includes Acidosis, Electrolyte disturbances, Ingestion/intoxication, Overload (fluid), and Uremia. Hypertension is not part of this mnemonic, even though high blood pressure often accompanies kidney failure. Dialysis indications focus on acidosis, dangerous electrolyte imbalances, significant fluid overload, uremic symptoms, or dialyzable toxin ingestions. So hypertension alone isn't a listed indication in AEIOU.

3. Which medication is used to treat parkinsonism as an extrapyramidal symptom?

- A. Benztropine**
- B. Haloperidol
- C. Risperidone
- D. Clozapine

When antipsychotics block dopamine in the nigrostriatal pathway, acetylcholine becomes relatively dominant in the striatum, producing parkinsonian features such as tremor, rigidity, and slowed movement. Benztropine is a central antimuscarinic that blocks muscarinic receptors in the CNS, reducing acetylcholine activity and helping restore the dopaminergic-cholinergic balance. This directly mitigates the motor symptoms of extrapyramidal parkinsonism, making benztropine the medication used to treat this specific EPS. (The other drugs listed are antipsychotics themselves or have less effect on these motor symptoms and do not serve as the treatment for EPS.)

4. For tardive dyskinesia, which antipsychotic is preferred to switch to?

- A. Haloperidol**
- B. Clozapine**
- C. Risperidone**
- D. Olanzapine**

Tardive dyskinesia comes from long-term blockade of dopamine D2 receptors in the motor pathways, so the goal is to switch to an antipsychotic with the lowest risk of extrapyramidal effects. Clozapine stands out because it has the lowest propensity for EPS and tardive symptoms among antipsychotics, thanks to its pharmacology of weaker D2 antagonism in the nigrostriatal pathway and stronger 5-HT_{2A} antagonism. Switching to clozapine can reduce ongoing motor side effects and may even improve TD in some patients. Of course, clozapine requires regular blood monitoring due to the risk of agranulocytosis and other potential side effects. Other antipsychotics in these options carry higher risks of movement disorders, especially haloperidol, which makes clozapine the preferred choice for TD.

5. Refeeding syndrome involves which energy pathway leading to phosphate depletion?

- A. Glycolysis driven by rapid glucose uptake**
- B. Lipolysis**
- C. Ketogenesis**
- D. Proteolysis**

Refeeding after a period of fasting triggers a surge of insulin, which drives glucose into cells and rapidly accelerates glycolysis. To metabolize this influx of glucose, cells use inorganic phosphate at multiple steps, especially during glycolysis (for phosphorylation of intermediates and for ATP production). As glycolysis and related anabolic processes ramp up, phosphate shifts from the bloodstream into cells, leading to hypophosphatemia. This intracellular phosphate depletion is a hallmark of refeeding syndrome and can contribute to complications like weakness, respiratory failure, and arrhythmias. Lipolysis, ketogenesis, and proteolysis are more associated with the fasting state and do not explain the rapid phosphate draw into cells seen with refeeding.

6. In a chronic benzodiazepine user with acute overdose, what is the recommended management?

- A. Flumazenil
- B. Benzo taper**
- C. Naloxone
- D. Haloperidol

The important idea is that reversing benzodiazepines abruptly in someone who is chronically dependent can cause serious harm. In a chronic user, blocking the benzodiazepine effect with an antagonist often precipitates withdrawal symptoms, including seizures, and can lead to dangerous agitation or arrhythmias, especially if other depressants are involved. So the acute management centers on supportive care rather than reversal. Focus on securing the airway and breathing, ensuring adequate circulation, monitoring vitals, and providing ongoing supportive care until the drug effect wears off. If needed, provide respiratory support or intubation and admission to a monitored setting. After the patient has stabilized, the long-term plan is to address dependence with a slow, supervised taper of benzodiazepines to minimize withdrawal symptoms. Naloxone would not reverse a benzodiazepine overdose unless there's an opioid co-ingestion, and haloperidol has no role in treating benzodiazepine overdose and could worsen the outcome. The key takeaway is that reversal is generally avoided in chronic benzodiazepine overdose, with emphasis on supportive care and careful tapering once stabilization is achieved.

7. Illness anxiety disorder differs from somatic symptom disorder in that illness anxiety is worried about getting a disease but no symptoms. Which option best reflects this distinction?

- A. Worries about disease with pain
- B. Worries about disease with no symptoms**
- C. No concerns about disease
- D. Existence of functional symptoms

Illness anxiety disorder centers on preoccupation with having or acquiring a serious illness, with little or no physical symptoms. The phrase “worries about disease with no symptoms” best captures this focus—a health-related anxiety without significant somatic complaints. In contrast, somatic symptom disorder involves actual somatic symptoms that are distressing and lead to disproportionate thoughts, feelings, or behaviors about those symptoms. The other options imply the presence of symptoms (pain or functional symptoms) or no concern at all, which doesn't reflect the illness-anxiety pattern.

8. Triphasic sharp wave complexes on EEG are characteristic of which disease?

- A. Alzheimer disease**
- B. Creutzfeldt-Jakob disease**
- C. Multiple sclerosis**
- D. Parkinson disease**

Creutzfeldt-Jakob disease is characterized by periodic, generalized sharp-wave complexes on EEG. These complexes tend to recur regularly, about once per second, and reflect widespread cortical involvement from rapid prion-driven neurodegeneration. This EEG pattern helps distinguish CJD from other dementias in the appropriate clinical setting. In contrast, Alzheimer's disease does not produce this periodic sharp-wave pattern (often only diffuse slowing in later stages), and multiple sclerosis or Parkinson's disease generally do not show these characteristic EEG complexes.

9. Which anticholinergic is commonly associated with delirium in older adults?

- A. Diphenhydramine**
- B. Lorazepam**
- C. Dextromethorphan**
- D. Acetaminophen**

In older adults, drugs with anticholinergic effects can provoke delirium by blocking acetylcholine activity in the brain, which is important for attention and cognition. Diphenhydramine has strong central anticholinergic properties and crosses the blood-brain barrier easily, making it a common culprit for delirium in the elderly. While lorazepam can contribute to delirium through sedation and cognitive slowing, it does not exert its effects via anticholinergic receptor blockade. Dextromethorphan mainly affects NMDA and other neurotransmitter systems and is not classically anticholinergic. Acetaminophen has no meaningful anticholinergic activity and is not typically linked to delirium through that mechanism.

10. Which statement best differentiates social anxiety disorder from avoidant personality disorder?

- A. Social anxiety is fear of embarrassment in public areas; avoidant PD is fear of rejection and feeling not good enough, with desire to make friends**
- B. Social anxiety is fear of rejection; avoidant PD is fear of embarrassment**
- C. Social anxiety has no social evaluation component; avoidant PD does**
- D. Social anxiety occurs only in childhood**

The main idea is how the fear drives behavior and how pervasive it is. Social anxiety disorder centers on fear of embarrassment or negative evaluation in social or performance situations; people worry about being judged in public and may avoid those situations or endure them with distress, but the focus is on the anxiety tied to social scrutiny in specific contexts. Avoidant personality disorder, by contrast, involves a long-standing pattern of social inhibition, feelings of inadequacy, and hypersensitivity to rejection, with a genuine desire for close relationships that is thwarted by fear of being rejected or seen as not good enough. So the difference lies in what is feared and how it permeates life: social embarrassment in public settings for SAD, versus fear of rejection and a pervasive sense of inadequacy with a longing for friendships for AVPD. The other statements mix up what is feared, or misstate the presence of social evaluation or the pervasiveness, which doesn't fit how these disorders truly differ.

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://drhighyieldpsychiatry.examzify.com>

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

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