

DR. HIGH YIELD PSYCHIATRY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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 laboratory finding is hallmark of refeeding syndrome?**
 - A. Hypophosphatemia
 - B. Hyperkalemia
 - C. Hypercalcemia
 - D. Hyponatremia

- 2. What is the most common physiological cause of erectile dysfunction?**
 - A. Atherosclerosis
 - B. Diabetes mellitus
 - C. Hypertension
 - D. Low testosterone

- 3. Which feature best differentiates alcohol withdrawal delirium (delirium tremens) from alcohol hallucinosis?**
 - A. Onset relative to last drink
 - B. Unstable vital signs such as hypertension and tachycardia
 - C. Presence of visual hallucinations
 - D. Normal pupillary responses

- 4. Night terrors occur during which sleep stage?**
 - A. N1
 - B. N2
 - C. N3
 - D. REM

- 5. ECT is indicated in which scenario according to the material?**
 - A. Severe depressive episode with psychotic features
 - B. Mild depressive episode
 - C. Generalized anxiety disorder
 - D. Simple phobia

- 6. In suspected tricyclic antidepressant overdose, which diagnostic test is most informative?**
- A. EKG showing a prolonged QT
 - B. Brain MRI
 - C. Complete blood count
 - D. Lumbar puncture
- 7. Which drug classes can precipitate lithium toxicity?**
- A. NSAIDs
 - B. ACE inhibitors
 - C. Thiazide diuretics
 - D. All of the above
- 8. Blocking dopamine receptors by an antipsychotic typically leads to which change in prolactin secretion?**
- A. Decrease
 - B. Increase
 - C. No Change
 - D. Variable With Dose
- 9. Delusional disorder is characterized by at least how long of delusions, with no hallucinations and normal functioning?**
- A. At least 1 month
 - B. At least 3 months
 - C. At least 6 months
 - D. At least 1 week
- 10. Why is flumazenil contraindicated in chronic benzodiazepine users who present with acute toxicity?**
- A. It has a high risk of seizures by precipitating withdrawal
 - B. It is ineffective in reversing benzodiazepine toxicity
 - C. It worsens liver toxicity
 - D. It causes severe hypotension

Answers

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

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Explanations

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1. Which laboratory finding is hallmark of refeeding syndrome?

A. Hypophosphatemia

B. Hyperkalemia

C. Hypercalcemia

D. Hyponatremia

When refeeding after a period of starvation, a surge of insulin drives phosphate into cells to support ATP production and other anabolic processes. This rapid intracellular shift causes a drop in circulating phosphate levels, making low serum phosphate the characteristic finding of refeeding syndrome. Severe hypophosphatemia can lead to energy failure in multiple organs, contributing to weakness, respiratory failure, cardiac dysfunction, hemolysis, and more. Other electrolyte changes can occur—potassium and magnesium also shift intracellularly, so hypokalemia and hypomagnesemia are common—but they are not the defining, hallmark finding. Hyponatremia can occur due to fluid shifts and other factors, but it is not the defining feature of refeeding syndrome.

2. What is the most common physiological cause of erectile dysfunction?

A. Atherosclerosis

B. Diabetes mellitus

C. Hypertension

D. Low testosterone

Erection relies on rapid arterial inflow to the penis and proper venous occlusion to trap that blood. The most common physiological problem that disrupts this process is atherosclerotic disease narrowing the penile arteries, which reduces arterial inflow and prevents the rise in penile blood pressure needed for an erection. This link to systemic vascular disease explains why ED is so often associated with aging and risk factors like smoking, high cholesterol, and hypertension. Diabetes is a strong risk factor and can worsen ED through vascular and nerve damage, but it's not the single most common mechanism. Low testosterone can contribute to ED, but hormonal deficiency is a less frequent cause of the physiological dysfunction that prevents erection.

3. Which feature best differentiates alcohol withdrawal delirium (delirium tremens) from alcohol hallucinosis?

A. Onset relative to last drink

B. Unstable vital signs such as hypertension and tachycardia

C. Presence of visual hallucinations

D. Normal pupillary responses

Delirium tremens is the severe alcohol withdrawal state that features delirium with autonomic hyperactivity. The strongest clue that sets it apart from alcohol hallucinosis is unstable vital signs, such as tachycardia, hypertension, and fever, reflecting a heightened physiological storm. In delirium tremens, this autonomic instability accompanies confused and fluctuating consciousness, agitation, and disorientation. By contrast, alcohol hallucinosis involves hallucinations—often auditory—while the patient's sensorium remains clear and vitals remain relatively stable, without the marked autonomic signs. Timing after the last drink can overlap between these conditions, and hallucinations can occur in both, but the presence of significant autonomic instability is the key differentiator. Pupillary responses are not consistently helpful as differentiators.

4. Night terrors occur during which sleep stage?

- A. N1
- B. N2
- C. N3**
- D. REM

Night terrors arise from deep non-REM sleep, the deepest stage often called slow-wave sleep. In this stage the brain shows large delta waves, and the sleeper is difficult to awaken, with abrupt episodes of intense fear, autonomic arousal, and confusion, usually with little or no memory of the event afterward. They tend to occur in the first part of the night. This contrasts with nightmares, which occur during REM sleep and typically involve vivid dream recall upon waking. Understanding that night terrors come from deep sleep helps explain why they feel so disruptive and are not the same as the dreams people remember from REM.

5. ECT is indicated in which scenario according to the material?

- A. Severe depressive episode with psychotic features**
- B. Mild depressive episode
- C. Generalized anxiety disorder
- D. Simple phobia

Electroconvulsive therapy is especially indicated when a depressive episode is severe and accompanied by psychotic features because this combination often requires a rapid, robust response that antidepressants alone may not achieve quickly enough. The presence of psychosis in a major depressive episode signals a more treatment-resistant course and higher risk, so ECT can produce quicker relief of both mood symptoms and psychotic symptoms, improving safety and function sooner. In contrast, a mild depressive episode is typically treated with psychotherapy and antidepressants, generalized anxiety disorder and simple phobia respond to targeted psychotherapies and pharmacologic options rather than ECT, and thus do not warrant this invasive, high-intensity intervention.

6. In suspected tricyclic antidepressant overdose, which diagnostic test is most informative?

- A. EKG showing a prolonged QT**
- B. Brain MRI
- C. Complete blood count
- D. Lumbar puncture

In suspected TCA overdose, the most informative test is the ECG because the drugs cause dangerous cardiac conduction abnormalities by blocking fast sodium channels. This blockade widening the QRS complex (and can be reflected in QT changes) directly signals the degree of cardiotoxicity and helps predict risk of seizures or ventricular arrhythmias, guiding urgent treatment such as sodium bicarbonate therapy. While imaging or labs like brain MRI, CBC, or lumbar puncture won't reveal the acute, drug-specific cardiac effects, the ECG provides the real-time picture of how the heart is being affected and whether aggressive cardioprotective measures are needed.

7. Which drug classes can precipitate lithium toxicity?

- A. NSAIDs
- B. ACE inhibitors
- C. Thiazide diuretics
- D. All of the above**

Lithium is cleared by the kidneys, and many drugs can raise its levels by altering renal handling or GFR. NSAIDs reduce renal prostaglandins, lowering renal perfusion and lithium clearance, which can push lithium toward toxicity. ACE inhibitors dilate the efferent arteriole and can decrease GFR and increase proximal tubule reabsorption of sodium and lithium, raising lithium levels. Thiazide diuretics cause volume depletion and hyponatremia, promoting greater proximal reabsorption of sodium and lithium. Because each of these classes can independently precipitate lithium toxicity, the option that includes all of them is correct. If such agents are needed in a patient on lithium, monitor lithium levels closely and adjust therapy as needed.

8. Blocking dopamine receptors by an antipsychotic typically leads to which change in prolactin secretion?

- A. Decrease
- B. Increase**
- C. No Change
- D. Variable With Dose

Dopamine tonically inhibits prolactin release through D2 receptors on lactotrophs in the tuberoinfundibular pathway. When an antipsychotic blocks these receptors, this inhibitory control is removed, leading to increased prolactin secretion (hyperprolactinemia). This rise is often dose-related and is more pronounced with agents that strongly antagonize D2 in the pituitary, such as risperidone. Clinically, hyperprolactinemia can cause galactorrhea, amenorrhea or infertility in women, and gynecomastia or sexual dysfunction in men. Decrease or no change don't fit because blocking dopamine lifts inhibition and increases prolactin; while saying it's variable with dose is less precise than stating the common outcome is an increase, though the magnitude can vary by drug and dose.

9. Delusional disorder is characterized by at least how long of delusions, with no hallucinations and normal functioning?

- A. At least 1 month**
- B. At least 3 months
- C. At least 6 months
- D. At least 1 week

Delusional disorder is diagnosed when one or more delusions are present for a duration of at least one month, and outside of the delusion the person's functioning is not markedly impaired, with no prominent hallucinations. This duration requirement helps distinguish it from other psychotic disorders that either have shorter episodes or broader symptom profiles. If the delusions last less than a month, the presentation would be more consistent with a brief psychotic disorder. If symptoms extend from one to six months and are more expansive or include other psychotic features, schizophreniform disorder becomes a consideration. When symptoms persist for six months or longer with broader impairment, schizophrenia is the more likely diagnosis. Therefore, the necessary duration is at least one month.

10. Why is flumazenil contraindicated in chronic benzodiazepine users who present with acute toxicity?

A. It has a high risk of seizures by precipitating withdrawal

B. It is ineffective in reversing benzodiazepine toxicity

C. It worsens liver toxicity

D. It causes severe hypotension

Flumazenil blocks the benzodiazepine binding site on the GABA-A receptor, so it rapidly reverses benzodiazepine effects. In someone who has become dependent on benzodiazepines, this abrupt antagonism can precipitate withdrawal. Withdrawal from chronic benzodiazepine use often includes seizures, which can be dangerous or life threatening. Because triggering seizures is a major and serious risk, flumazenil is contraindicated in chronic benzodiazepine users who present with acute toxicity. The main issue here is not reversing poisoning safely but avoiding a potentially dangerous withdrawal crisis.

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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://drhighyieldpsychiatry.examzify.com>

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

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