

DRUGS FOR NEUROLOGICAL DISORDERS (NEURO- DRUGS) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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 class of medication is a first-line treatment for major depressive disorder?**
 - A. Tricyclic antidepressants
 - B. SSRIs
 - C. MAO inhibitors
 - D. Antipsychotics
- 2. Which medication combination is expected to be prescribed for a client experiencing an exacerbation of multiple sclerosis?**
 - A. Methylprednisolone and cyclophosphamide intravenously
 - B. Cyclophosphamide and diazepam orally
 - C. Methylprednisolone and aspirin orally
 - D. Dexamethasone and phenytoin intravenously
- 3. What statement shows that a client understands the instructions for taking phenytoin?**
 - A. "I can stop taking my medication if I feel better."
 - B. "Good oral hygiene is needed, including brushing and flossing."
 - C. "I don't need to attend follow-up appointments."
 - D. "It's safe to take over-the-counter pain relievers with this medication."
- 4. What is the primary side effect associated with dantrolene usage?**
 - A. Fatigue
 - B. Muscle weakness
 - C. Headaches
 - D. Abdominal pain
- 5. Which drug primarily inhibits the breakdown of dopamine in the brain?**
 - A. Rasagiline
 - B. Selegiline
 - C. Bupropion
 - D. Pramipexole

- 6. What is a common side effect of the antipsychotic drug clozapine?**
- A. Weight gain
 - B. Dry mouth
 - C. Agranulocytosis
 - D. Drowsiness
- 7. What condition does acetazolamide treat besides idiopathic intracranial hypertension?**
- A. Glaucoma
 - B. Altitude sickness
 - C. Neurogenic bladder
 - D. Multiple sclerosis
- 8. Which drug is primarily used for the treatment of dementia-related agitation?**
- A. SSRIs
 - B. Typical antipsychotics
 - C. Atypical antipsychotics
 - D. Antidepressants
- 9. What is a common side effect of long-term phenytoin use that the nurse should educate the client about?**
- A. Gum hyperplasia
 - B. Constipation
 - C. Weight loss
 - D. Vision improvement
- 10. Name a common side effect of antiepileptic drugs.**
- A. Insomnia
 - B. Drowsiness
 - C. Nausea
 - D. Headache

Answers

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

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Explanations

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1. Which class of medication is a first-line treatment for major depressive disorder?

- A. Tricyclic antidepressants
- B. SSRIs**
- C. MAO inhibitors
- D. Antipsychotics

SSRIs, or selective serotonin reuptake inhibitors, are widely recognized as the first-line treatment for major depressive disorder due to their efficacy and favorable side effect profile. They work by increasing the levels of serotonin in the brain, which helps improve mood and alleviate the symptoms of depression. SSRIs are generally preferred over other classes of antidepressants because they tend to cause fewer side effects, such as sedation and weight gain, which are more commonly associated with tricyclic antidepressants and MAO inhibitors. Additionally, SSRIs are considered safer in overdose situations compared to tricyclic antidepressants. This favorable safety profile, combined with their effectiveness, underscores their status as the primary choice for treating major depressive disorder in clinical practice. It is important to recognize that while other categories, like tricyclic antidepressants and MAO inhibitors, can also be effective, they are typically not first-line due to their side effects and dietary restrictions, which can complicate patient adherence to treatment. Antipsychotics, while useful in certain cases of depression, are generally not used as a first-line treatment for major depressive disorder in the absence of specific indications.

2. Which medication combination is expected to be prescribed for a client experiencing an exacerbation of multiple sclerosis?

- A. Methylprednisolone and cyclophosphamide intravenously**
- B. Cyclophosphamide and diazepam orally
- C. Methylprednisolone and aspirin orally
- D. Dexamethasone and phenytoin intravenously

The combination of methylprednisolone and cyclophosphamide is significant for a client experiencing an exacerbation of multiple sclerosis due to their specific pharmacological effects. Methylprednisolone is a corticosteroid that is widely used in acute exacerbations of multiple sclerosis because it helps reduce inflammation and suppress the immune response that contributes to the demyelination and neurological symptoms seen during exacerbation. This rapid anti-inflammatory effect is crucial in managing acute episodes and helping to restore functional abilities. Cyclophosphamide, while primarily recognized as a chemotherapy agent, also possesses immunosuppressive properties. It may be utilized in cases of severe or recurrent multiple sclerosis exacerbations, particularly when standard therapies, like corticosteroids, need to be augmented to effectively manage the condition. This specific combination of medications works synergistically; methylprednisolone addresses the immediate inflammatory response while cyclophosphamide helps to modify the disease course over a longer term, particularly in autoimmune behaviors often seen in multiple sclerosis. In contrast, the other combinations lack the required properties or the appropriate indications for treating an acute exacerbation of multiple sclerosis. For example, diazepam is primarily used as an anxiolytic or muscle relaxant, and aspirin, while an anti-inflammatory, would not provide the necessary

3. What statement shows that a client understands the instructions for taking phenytoin?

- A. "I can stop taking my medication if I feel better."
- B. "Good oral hygiene is needed, including brushing and flossing."**
- C. "I don't need to attend follow-up appointments."
- D. "It's safe to take over-the-counter pain relievers with this medication."

A statement indicating that good oral hygiene is needed, including brushing and flossing, demonstrates a clear understanding of the instructions for taking phenytoin. Phenytoin is known to cause gingival hyperplasia, a condition where the gums become overgrown or swollen, leading to an increased risk of gum disease and dental issues. Therefore, maintaining proper oral hygiene is crucial for patients on this medication to help mitigate these side effects and promote overall oral health. This understanding reflects the patient's awareness of the importance of self-care measures while managing their treatment. In contrast, the other choices reflect misunderstandings about medication adherence and health management while on phenytoin. Stopping medication prematurely might lead to seizure recurrence, skipping follow-up appointments could hinder monitoring for side effects or drug levels, and taking over-the-counter pain relievers may pose risks of interactions or side effects that the patient needs to be aware of.

4. What is the primary side effect associated with dantrolene usage?

- A. Fatigue
- B. Muscle weakness**
- C. Headaches
- D. Abdominal pain

Dantrolene is primarily known for its role as a muscle relaxant, specifically used to treat conditions characterized by excessive muscle spasticity and rigidity, such as malignant hyperthermia and conditions involving muscle over-excitation. The primary side effect associated with dantrolene is muscle weakness, which occurs due to its mechanism of action. Dantrolene exerts its effect by inhibiting calcium release from the sarcoplasmic reticulum in skeletal muscles, leading to decreased muscle contraction. This inhibition, while beneficial for reducing spasticity, may also result in generalized muscle weakness, making it a prominent side effect in patients taking this medication. Other potential side effects such as fatigue, headaches, and abdominal pain can occur but are less specific or prevalent compared to muscle weakness, which directly relates to dantrolene's pharmacological profile. Therefore, muscle weakness stands out as the primary and most significant side effect associated with dantrolene usage.

5. Which drug primarily inhibits the breakdown of dopamine in the brain?

- A. Rasagiline
- B. Selegiline**
- C. Bupropion
- D. Pramipexole

Selegiline is a selective monoamine oxidase B (MAO-B) inhibitor, which primarily functions by preventing the breakdown of dopamine in the brain. This mechanism is particularly beneficial in the treatment of neurological disorders like Parkinson's disease, where preserving dopamine levels is crucial for improving motor function and reducing symptoms. By inhibiting the enzyme that breaks down dopamine, selegiline enhances the availability of this important neurotransmitter, leading to improved dopaminergic signaling and potentially delaying disease progression. Other drugs listed do have their own roles in managing neurological conditions but do not primarily act through the inhibition of dopamine breakdown. Rasagiline is also an MAO-B inhibitor, similar to selegiline, but is more often discussed in conjunction with its differences in dosing and potential neuroprotective effects rather than as the primary inhibitor of dopamine metabolism. Bupropion primarily acts as a norepinephrine-dopamine reuptake inhibitor, affecting neurotransmitter levels differently than inhibition of breakdown, and pramipexole is a dopamine agonist that stimulates dopamine receptors rather than inhibiting its breakdown. Therefore, selegiline is specifically known for its role in preventing dopamine degradation, making it the correct answer for this question.

6. What is a common side effect of the antipsychotic drug clozapine?

- A. Weight gain
- B. Dry mouth
- C. Agranulocytosis**
- D. Drowsiness

Clozapine is an atypical antipsychotic that is particularly effective in treatment-resistant schizophrenia. However, one of its most serious side effects is agranulocytosis, which is a potentially life-threatening reduction in the number of white blood cells (neutrophils) in the bloodstream. This condition increases the risk of infections and requires regular monitoring of blood cell counts during treatment. Because of the risk of agranulocytosis associated with clozapine, patients are often required to have their absolute neutrophil count (ANC) monitored weekly for the first six months of treatment, and then every other week thereafter once the safety of the treatment is established. This monitoring is a critical safety measure that sets clozapine apart from many other antipsychotics, which do not carry the same level of risk in this regard. While other side effects such as weight gain, dry mouth, and drowsiness can occur with antipsychotic medications, agranulocytosis is particularly significant for clozapine and is a key reason healthcare providers carefully consider its use.

7. What condition does acetazolamide treat besides idiopathic intracranial hypertension?

- A. Glaucoma
- B. Altitude sickness**
- C. Neurogenic bladder
- D. Multiple sclerosis

Acetazolamide is primarily known as a carbonic anhydrase inhibitor, and it has been effectively used to treat altitude sickness. This condition, also known as acute mountain sickness, occurs when individuals ascend to high altitudes too quickly and experience symptoms due to reduced oxygen levels. Acetazolamide works by promoting respiratory alkalosis through the inhibition of carbonic anhydrase, which helps to increase breathing and improve oxygenation, effectively alleviating symptoms associated with altitude sickness. While acetazolamide is also used in other conditions such as glaucoma, the focus of the question specifically seeks an additional condition besides idiopathic intracranial hypertension. This makes altitude sickness the more appropriate and relevant answer in this context. Other mentioned conditions, like neurogenic bladder and multiple sclerosis, do not have a significant association with acetazolamide's therapeutic effects.

8. Which drug is primarily used for the treatment of dementia-related agitation?

- A. SSRIs
- B. Typical antipsychotics
- C. Atypical antipsychotics**
- D. Antidepressants

Atypical antipsychotics are primarily used for the treatment of dementia-related agitation due to their effectiveness in managing behavioral symptoms associated with dementia. These medications, such as risperidone and quetiapine, can help alleviate agitation while often carrying a lower risk of extrapyramidal side effects compared to typical antipsychotics. In individuals with dementia, behavioral disturbances like agitation can significantly impact the quality of life for both the patients and their caregivers. Atypical antipsychotics are preferred in these situations because they are generally better tolerated and have a more favorable side effect profile, which is crucial given the vulnerability of older adults and the potential for polypharmacy. The other options listed may have their roles in managing mood disorders or other psychiatric conditions, but they are not the primary drugs of choice for addressing dementia-related agitation specifically. For instance, SSRIs are typically used for depression and anxiety rather than for acute agitation. Typical antipsychotics have more significant side effects and are less effective for this specific purpose, and while antidepressants may be used in some cases of depressive symptoms accompanying dementia, they do not directly target agitation.

9. What is a common side effect of long-term phenytoin use that the nurse should educate the client about?

- A. Gum hyperplasia**
- B. Constipation
- C. Weight loss
- D. Vision improvement

Phenytoin is an antiepileptic medication commonly used to manage seizure disorders. One of the notable side effects associated with long-term use of phenytoin is gingival hyperplasia, which is the overgrowth of gum tissue. This condition occurs due to the drug's effects on fibroblast growth and inflammatory responses in periodontal tissues. Nurses should educate clients about this potential side effect because good oral hygiene becomes increasingly important to manage and prevent the condition. Patients may need to be encouraged to maintain regular dental check-ups and to be vigilant about their oral care routines, as the gum overgrowth can lead to difficulties with eating and oral hygiene, potentially resulting in further complications if left untreated. Other options, such as constipation, weight loss, and vision improvement, are not recognized as common side effects of phenytoin. While individual responses to medications can vary, these particular effects are not typically associated with the long-term use of this drug.

10. Name a common side effect of antiepileptic drugs.

- A. Insomnia
- B. Drowsiness**
- C. Nausea
- D. Headache

Drowsiness is a common side effect of antiepileptic drugs due to their central nervous system depressant properties. These medications are designed to stabilize electrical activity in the brain and prevent seizures, but they can also affect overall brain function and alertness. This sedative effect can lead to feelings of tiredness or drowsiness, which can impact a patient's daily activities and overall quality of life. While insomnia, nausea, and headache can also be side effects associated with certain antiepileptic medications, drowsiness is particularly prevalent and often discussed in patient education materials and clinical settings, making it a significant concern for both healthcare providers and patients managing epilepsy. Understanding this side effect is crucial for balancing seizure control with the need for a patient to maintain a functional lifestyle.

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:

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

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