

GALEN PHARMACOLOGY EXAM 1 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. Which of the following are contraindications to sumatriptan?**
 - A. Hypertension
 - B. CAD
 - C. Stroke
 - D. Hypertension, CAD, and stroke

- 2. Which statement defines the first pass effect?**
 - A. Only intravenous medications undergo first pass effect.
 - B. Drugs bypass the liver and go directly to systemic circulation.
 - C. Drugs absorbed from the GI tract enter the portal vein and pass through the liver before entering circulation.
 - D. First pass effect increases absorption in the stomach.

- 3. Which statement about morphine use is correct?**
 - A. Do not drive
 - B. Do not use alcohol or CNS depressants
 - C. Do not take with food
 - D. Do not report respiratory distress

- 4. Which of the following is a common extrapyramidal side effect of haloperidol?**
 - A. Tachycardia
 - B. Drowsiness
 - C. Photosensitivity
 - D. Extrapyramidal symptoms (EPS)

- 5. Haloperidol is classified as which type of antipsychotic?**
 - A. Atypical antipsychotic
 - B. Typical antipsychotic
 - C. Prolactin-sparing antipsychotic
 - D. Serotonin-dopamine antagonist

6. Which factor may increase methylphenidate effects?

- A. Caffeine
- B. Vitamin C
- C. Omega-3 fatty acids
- D. Magnesium

7. Which statement about peak level is true?

- A. It is the lowest concentration in the bloodstream
- B. It is the time to onset of action
- C. It is the highest concentration in the bloodstream
- D. It measures the duration of action

8. Which of the following is a common adverse reaction to phenobarbital?

- A. CNS depression
- B. Weight gain
- C. Insomnia
- D. Hypertension

9. Interventions needed for someone taking allopurinol?

- A. Take allopurinol with purine-rich meals
- B. Avoid foods with purines
- C. Increase caffeine intake
- D. Avoid foods with purines, monitor kidney and liver functions

10. Which drug requires monitoring of lithium level and sodium?

- A. Desvenlafaxine
- B. Amitriptyline
- C. Phenelzine
- D. Lithium

Answers

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

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Explanations

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1. Which of the following are contraindications to sumatriptan?

- A. Hypertension
- B. CAD
- C. Stroke
- D. Hypertension, CAD, and stroke**

Sumatriptan's safety hinges on avoiding vasoconstriction of blood vessels in patients with vascular disease. It works by activating 5-HT_{1B/1D} receptors to constrict cranial arteries, which can relieve migraine, but this same vasoconstrictive action can reduce blood flow in other critical vessels. In people with cardiovascular disease, a history of stroke, or uncontrolled hypertension, constriction of coronary or cerebral vessels can precipitate myocardial ischemia, arrhythmias, or cerebral ischemia. Because all three conditions—hypertension, CAD, and prior stroke—pose significant risk with sumatriptan, they are all considered contraindications. The option that includes all three reflects the full scope of when the drug should be avoided.

2. Which statement defines the first pass effect?

- A. Only intravenous medications undergo first pass effect.
- B. Drugs bypass the liver and go directly to systemic circulation.
- C. Drugs absorbed from the GI tract enter the portal vein and pass through the liver before entering circulation.**
- D. First pass effect increases absorption in the stomach.

First-pass effect is the liver's metabolic processing of a drug right after it is absorbed from the gastrointestinal tract and before it reaches systemic circulation. When a drug is taken orally, it enters the intestinal wall and is carried via the portal vein directly to the liver, where enzymes can substantially reduce the amount of active drug that escapes into the bloodstream. That hepatic metabolism lowers the drug's bioavailability and can even activate some prodrugs or inactivate others. Routes that bypass the liver, like intravenous administration, sublingual, or transdermal, avoid this initial first-pass step. The statement that defines the first-pass effect is that drugs absorbed from the GI tract enter the portal vein and pass through the liver before entering circulation. The other choices mischaracterize the process: first-pass doesn't apply only to intravenous meds, it isn't about bypassing the liver, and it doesn't increase absorption in the stomach.

3. Which statement about morphine use is correct?

- A. Do not drive
- B. Do not use alcohol or CNS depressants**
- C. Do not take with food
- D. Do not report respiratory distress

Morphine slows brain activity and breathing, so the most important safety rule is to avoid substances that add to this depressant effect. Alcohol and other CNS depressants (like sedatives or certain sleep medicines) can dramatically amplify sedation and respiratory depression, increasing the risk of severe drowsiness, slowed or stopped breathing, and even coma or death. That's why this statement—avoiding alcohol and CNS depressants—is the best guidance for safe morphine use. Other options aren't universal cautions. Morphine can often be taken with or without food unless a specific product says otherwise. While opioids can impair driving, the central, consistently important concept is to limit concurrent CNS depressants to prevent dangerous interactions, and respiratory distress should be treated as an urgent medical issue.

4. Which of the following is a common extrapyramidal side effect of haloperidol?

- A. Tachycardia
- B. Drowsiness
- C. Photosensitivity

D. Extrapyramidal symptoms (EPS)

Haloperidol is a high-potency typical antipsychotic that strongly blocks dopamine D2 receptors in motor pathways. This blockade in the nigrostriatal system disrupts dopamine signaling enough to produce movement disorders known as extrapyramidal symptoms. EPS is a common and characteristic side effect with haloperidol, encompassing dystonia, akathisia, parkinsonism, and can progress to tardive dyskinesia with longer use. The other options—tachycardia, drowsiness, and photosensitivity—can occur with antipsychotics but do not reflect the motor side effects tied to haloperidol's primary action.

5. Haloperidol is classified as which type of antipsychotic?

- A. Atypical antipsychotic
- B. Typical antipsychotic**
- C. Prolactin-sparing antipsychotic
- D. Serotonin-dopamine antagonist

Haloperidol is a typical antipsychotic because it acts mainly as a strong dopamine D2 receptor antagonist with little to no 5-HT2A receptor antagonism. This classic first-generation profile reduces positive psychotic symptoms but tends to produce extrapyramidal symptoms and hyperprolactinemia due to blocking D2 receptors in motor and tuberoinfundibular pathways. Atypical (second-generation) antipsychotics, by contrast, balance D2 blockade with significant 5-HT2A antagonism, which lowers EPS risk and often reduces prolactin elevation. Since haloperidol lacks notable serotonin receptor effects and has a high risk of motor side effects, it fits the category of typical antipsychotics.

6. Which factor may increase methylphenidate effects?

- A. Caffeine**
- B. Vitamin C
- C. Omega-3 fatty acids
- D. Magnesium

The key idea is that adding another CNS stimulant can boost the overall stimulation produced by methylphenidate. Methylphenidate raises dopamine and norepinephrine by blocking their reuptake, which heightens alertness and focus. Caffeine also stimulates the CNS—primarily by blocking adenosine receptors and increasing neuronal activity and catecholamine release. When these two are taken together, their stimulant effects can sum, making methylphenidate feel stronger and raising the risk of side effects like insomnia, tachycardia, and anxiety. Vitamin C acidifies urine and tends to increase the excretion of basic drugs, which can reduce methylphenidate's effects rather than amplify them. Omega-3 fatty acids and magnesium don't have a known mechanism to enhance methylphenidate's stimulant action; they may have other health benefits but don't potentially increase its effects.

7. Which statement about peak level is true?

- A. It is the lowest concentration in the bloodstream
- B. It is the time to onset of action
- C. It is the highest concentration in the bloodstream**
- D. It measures the duration of action

Peak level is the highest concentration of a drug in the bloodstream after a dose, representing the maximum systemic exposure before the body starts clearing it. This point helps clinicians ensure the drug remains within the therapeutic window—high enough to be effective but not so high that it becomes toxic. It is not the time to onset of action (that's when effects begin), nor the duration of action (how long the effects last). It also isn't the lowest concentration in the blood—that would be the trough level, measured just before the next dose. The timing of reaching peak depends on the route of administration and how quickly the drug is absorbed, distributed, and eliminated, but the defining idea is the maximum blood concentration reached after dosing.

8. Which of the following is a common adverse reaction to phenobarbital?

- A. CNS depression**
- B. Weight gain
- C. Insomnia
- D. Hypertension

Phenobarbital works by enhancing GABA's inhibitory effect in the brain, which causes CNS depression. At therapeutic doses, this manifests mainly as sedation and drowsiness, making CNS depression the most common adverse reaction you'd expect with this drug. The other options don't fit as well: weight gain isn't a typical or defining effect of phenobarbital, insomnia would run counter to its sedating action, and hypertension is not a common adverse reaction associated with this medication. You might also see dizziness or ataxia and, with higher doses or in combination with other depressants, greater CNS and respiratory depression.

9. Interventions needed for someone taking allopurinol?

- A. Take allopurinol with purine-rich meals
- B. Avoid foods with purines
- C. Increase caffeine intake
- D. Avoid foods with purines, monitor kidney and liver functions**

Allopurinol lowers uric acid production by inhibiting xanthine oxidase, so the plan combines reducing uric acid formation with safety monitoring. Limiting foods high in purines helps prevent extra uric acid from entering the system, since purines in the diet contribute to uric acid levels. At the same time, regularly checking kidney and liver function is important because allopurinol is processed by these organs and can cause liver enzyme elevations or kidney-related issues; dose adjustments may be needed based on function, and monitoring helps catch adverse effects early. The other options don't support these safety and effectiveness goals: consuming purine-rich meals could raise uric acid, and increasing caffeine intake isn't a therapeutic strategy for allopurinol therapy.

10. Which drug requires monitoring of lithium level and sodium?

- A. Desvenlafaxine
- B. Amitriptyline
- C. Phenelzine
- D. Lithium**

Lithium requires monitoring of both its blood level and the body's sodium because it has a very narrow therapeutic window and its excretion in the kidneys is intertwined with sodium handling. The therapeutic range is roughly 0.6–1.2 mEq/L; levels above this range raise the risk of serious toxicity, which can present with tremor, confusion, ataxia, and in severe cases seizures or coma. Sodium balance directly affects lithium reabsorption in the renal tubules: when sodium is low (hyponatremia or dehydration), the kidneys reabsorb more lithium, raising blood levels; when sodium is high, lithium is excreted more, lowering its blood level. So clinicians check both the lithium concentration and sodium status (along with renal function) to keep treatment effective and safe, adjusting dose or hydration as needed. The other drugs listed do not require lithium-level monitoring; they have different safety and monitoring considerations that don't involve lithium or sodium measurements.

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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://galenpharmacology1.examzify.com>

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

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