

HESI SCHIZOPHRENIA CASE STUDY 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. Second-generation antipsychotics and metabolic syndrome risk: which components should be monitored and how?**
 - A. Weight loss and hypotension; monitor weight
 - B. No metabolic effects
 - C. Weight gain, dyslipidemia, hyperglycemia, hypertension; monitor BMI, waist circumference, fasting glucose, HbA1c, lipids, and BP.
 - D. Weight gain with improved HDL
- 2. Which statement best describes positive versus negative symptoms in schizophrenia?**
 - A. Positive symptoms include flat affect; negative symptoms include hallucinations.
 - B. Negative symptoms precede positive symptoms.
 - C. Positive symptoms are added experiences like delusions and hallucinations; negative symptoms are diminished abilities such as flat affect and avolition.
 - D. Positive symptoms and negative symptoms are the same.
- 3. What role do relapse prevention strategies play in long-term schizophrenia care?**
 - A. They replace need for antipsychotics entirely.
 - B. They help maintain symptom control, reduce hospitalizations, and support functioning by promoting adherence and early identification of relapse.
 - C. They focus only on family therapy with no medication involvement.
 - D. They are not important.
- 4. Which assessment tool is commonly used to monitor EPS in patients on antipsychotics?**
 - A. Beck Depression Inventory.
 - B. The Abnormal Involuntary Movement Scale (AIMS).
 - C. Mini-Mental State Examination (MMSE).
 - D. Hamilton Anxiety Rating Scale.
- 5. Which option represents a positive symptom among the following?**
 - A. Flat affect
 - B. Social withdrawal
 - C. Anhedonia
 - D. Disorganized speech

- 6. Which statement describes how cultural background influences presentation and treatment of schizophrenia?**
- A. Culture has no impact on symptoms or treatment.
 - B. Cultural interpretations of symptoms, stigma, help-seeking, language barriers, and adherence influence assessment and care plans; tailor approaches.
 - C. Only genetic factors influence presentation.
 - D. Treatment is identical across all cultures.
- 7. How do mood symptoms differentiate schizophrenia from schizoaffective disorder?**
- A. The correct statement about mood symptoms is that schizophrenia has mood symptoms present but not dominant; schizoaffective disorder features a major mood episode concurrent with psychotic symptoms with substantial mood symptoms independent of psychosis.
 - B. Schizophrenia requires mood symptoms to be dominant.
 - C. Schizoaffective has no psychotic symptoms.
 - D. They are identical conditions.
- 8. What tool is commonly used to monitor tardive dyskinesia severity over time?**
- A. Abnormal Involuntary Movement Scale (AIMS).
 - B. PHQ-9.
 - C. MMSE.
 - D. PANSS.
- 9. What issue did Sam express concern about while continuing medication?**
- A. Fatigue
 - B. Dizziness
 - C. Weight gain
 - D. Hair loss

10. What are extrapyramidal symptoms and how are they monitored?

- A. Extrapyramidal symptoms include acute dystonia, akathisia, pseudoparkinsonism, and tardive dyskinesia; monitored with regular motor assessments and scales like the AIMS.
- B. Extrapyramidal symptoms are mood disturbances and monitored with the HAMD.
- C. Extrapyramidal symptoms are unrelated to antipsychotics and monitored with the GCS.
- D. Extrapyramidal symptoms involve cognitive impairment and monitored with the MMSE.

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Answers

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

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Explanations

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1. Second-generation antipsychotics and metabolic syndrome risk: which components should be monitored and how?

A. Weight loss and hypotension; monitor weight

B. No metabolic effects

C. Weight gain, dyslipidemia, hyperglycemia, hypertension; monitor BMI, waist circumference, fasting glucose, HbA1c, lipids, and BP.

D. Weight gain with improved HDL

Second-generation antipsychotics carry a significant risk of metabolic syndrome, so the focus is on detecting weight-related changes plus metabolic abnormalities that increase cardiovascular risk. The full picture includes weight gain (and central adiposity), dyslipidemia, hyperglycemia or diabetes, and hypertension. To monitor this effectively, track body size and fat distribution with BMI and waist circumference, assess glucose metabolism with fasting glucose and HbA1c, evaluate lipids with a full lipid panel (triglycerides, LDL, HDL), and regularly measure blood pressure. Establish baseline values and periodic follow-ups (typically every 3 months initially, then every 6–12 months if stable) to catch early changes and intervene as needed. Other choices miss parts of the metabolic risk profile or incorrectly imply no metabolic effects, which is not consistent with how these medications impact metabolic health.

2. Which statement best describes positive versus negative symptoms in schizophrenia?

A. Positive symptoms include flat affect; negative symptoms include hallucinations.

B. Negative symptoms precede positive symptoms.

C. Positive symptoms are added experiences like delusions and hallucinations; negative symptoms are diminished abilities such as flat affect and avolition.

D. Positive symptoms and negative symptoms are the same.

Positive symptoms are additions to normal experience, such as delusions and hallucinations, while negative symptoms are reductions or losses in normal function, like flat affect and avolition. This distinction best describes why some people with schizophrenia experience extra, disruptive experiences (positive) and also struggle with diminished emotional expression and motivation (negative). The other statements mix up the categories or make incorrect generalizations: flat affect is a negative symptom, not positive; hallucinations are positive symptoms, not negative; and it's not an absolute rule that negative symptoms always come first—they can appear in the prodromal phase but are not universally preceding positive symptoms.

3. What role do relapse prevention strategies play in long-term schizophrenia care?

- A. They replace need for antipsychotics entirely.
- B. They help maintain symptom control, reduce hospitalizations, and support functioning by promoting adherence and early identification of relapse.**
- C. They focus only on family therapy with no medication involvement.
- D. They are not important.

Relapse prevention strategies in long-term schizophrenia care focus on sustaining symptom control and everyday functioning by keeping people on effective treatment and catching relapse early. They're the best because they address both medication management and practical supports that help people stay adherent and respond quickly when warning signs appear. Key elements include education for the patient and family about the illness and the importance of ongoing medication, practical aids to adherence (such as simpler regimens or long-acting injectable options when appropriate), regular clinical follow-up, coping and stress-management skills, screening for substance use, and a clear plan for rapid action at the first signs of worsening symptoms. By promoting steady medication use and enabling early intervention, relapse prevention lowers the risk of hospitalization and helps maintain work, relationships, and daily functioning. It's not about replacing antipsychotics with therapy, and it's not accurate to say these strategies aren't important—the strongest approach combines medication with proactive, structured supports that anticipate relapse and respond quickly.

4. Which assessment tool is commonly used to monitor EPS in patients on antipsychotics?

- A. Beck Depression Inventory.
- B. The Abnormal Involuntary Movement Scale (AIMS).**
- C. Mini-Mental State Examination (MMSE).
- D. Hamilton Anxiety Rating Scale.

Extrapyramidal symptoms from antipsychotics are movement-related side effects that need careful, targeted tracking. The tool designed to capture these changes focuses on involuntary movements across the face, mouth, limbs, and trunk, providing a structured way to rate severity and monitor progression over time. Using it helps catch issues like tardive dyskinesia early and supports timely treatment adjustments, which is crucial for maintaining function and safety. In contrast, the Beck Depression Inventory measures mood, the Mini-Mental State Examination screens cognitive function, and the Hamilton Anxiety Rating Scale assesses anxiety. None of those are built to monitor EPS, so they aren't suitable for this purpose.

5. Which option represents a positive symptom among the following?

- A. Flat affect
- B. Social withdrawal
- C. Anhedonia
- D. Disorganized speech**

Positive symptoms are experiences added to normal functioning, such as disturbances in thinking, speech, or behavior. Disorganized speech exemplifies this because when thinking becomes fragmented, speech can become illogical, incoherent, or derail into unrelated topics. This reflects an excess or distortion of normal thought processes. In contrast, flat affect, social withdrawal, and anhedonia are negative symptoms, representing reductions or losses in normal functions like emotional expression, social engagement, and the ability to feel pleasure. So, disorganized speech is the positive symptom among the options.

6. Which statement describes how cultural background influences presentation and treatment of schizophrenia?

- A. Culture has no impact on symptoms or treatment.
- B. Cultural interpretations of symptoms, stigma, help-seeking, language barriers, and adherence influence assessment and care plans; tailor approaches.**
- C. Only genetic factors influence presentation.
- D. Treatment is identical across all cultures.

Cultural background shapes both how schizophrenia symptoms are interpreted and how treatment is received, so assessment and care plans must be tailored to fit the person's cultural context. People from different backgrounds may describe distress in varied ways, and some symptoms may be expressed through culturally specific beliefs or somatic complaints. Stigma around mental illness can delay help-seeking or influence whether individuals pursue formal psychiatric care versus traditional or community support. Language barriers can hinder accurate assessment and rapport, while beliefs about causes and treatments—such as spiritual explanations or preference for traditional healing—affect willingness to take medications or participate in certain therapies. Family involvement, social support, and daily living expectations also vary by culture, guiding who should be included in decisions and how adherence is supported. Clinicians should explore the patient's beliefs, provide culturally sensitive psychoeducation, use interpreters when needed, and collaborate with families or community resources to create a treatment plan that respects values while ensuring effective care. While biology underpins schizophrenia, without accounting for cultural context, assessments and interventions may miss important factors that influence presentation and engagement.

7. How do mood symptoms differentiate schizophrenia from schizoaffective disorder?

- A. The correct statement about mood symptoms is that schizophrenia has mood symptoms present but not dominant; schizoaffective disorder features a major mood episode concurrent with psychotic symptoms with substantial mood symptoms independent of psychosis.**
- B. Schizophrenia requires mood symptoms to be dominant.
- C. Schizoaffective has no psychotic symptoms.
- D. They are identical conditions.

The idea being tested is how mood symptoms relate to psychotic symptoms over the course of the illness. In schizophrenia, mood symptoms can appear but they are not the main driver of the illness; the psychotic features—delusions, hallucinations, disorganized thinking—predominate and mood disturbances do not reach the level of a major mood episode for most of the illness. In schizoaffective disorder, there is a major mood episode (depressive or manic) that occurs concurrently with psychotic symptoms, and these mood symptoms are substantial and persist across illness periods. Crucially, there are times when psychotic symptoms occur without a prominent mood episode, which helps distinguish schizoaffective disorder from a pure mood disorder with psychotic features. So the best statement is the one that says schizophrenia can have mood symptoms, but they're not dominant; schizoaffective disorder involves a major mood episode occurring with psychotic symptoms and mood symptoms that are substantial beyond the psychosis. The other options misstate the relationships—for example, schizophrenia does not require mood symptoms to be dominant, schizoaffective does involve psychotic symptoms, and the two conditions are not identical.

8. What tool is commonly used to monitor tardive dyskinesia severity over time?

A. Abnormal Involuntary Movement Scale (AIMS).

B. PHQ-9.

C. MMSE.

D. PANSS.

Monitoring tardive dyskinesia over time relies on a tool that specifically rates abnormal involuntary movements across multiple body regions. The Abnormal Involuntary Movement Scale does exactly that: clinicians score facial, oral, extremity, and trunk movements using a standardized system, and repeat assessments show whether the movements are worsening, stable, or improving as treatment changes occur. This focused, repeatable measurement makes it possible to track the course of tardive dyskinesia over weeks or months and to gauge responses to interventions or medication adjustments. The other tools measure different domains: one screens depressive symptoms, another assesses cognitive function, and the last evaluates broader schizophrenia symptomatology. They don't provide a targeted, ongoing rating of motor abnormalities, so they're not as suitable for monitoring tardive dyskinesia severity over time.

9. What issue did Sam express concern about while continuing medication?

A. Fatigue

B. Dizziness

C. Weight gain

D. Hair loss

Sam's concern centers on weight gain from continuing the medication. Weight gain is a common and meaningful side effect of many antipsychotic drugs, and it can affect a person's motivation to stay with treatment, self-image, and overall health, increasing the risk of metabolic issues like diabetes and cardiovascular disease. When someone voices worry about weight gain, it highlights how side effects can influence adherence and the need for clinicians to address metabolic monitoring, consider meds with lower weight-related risk if possible, and support healthy lifestyle measures. While fatigue, dizziness, or hair loss can occur with medications, this scenario focuses on weight gain as the specific issue Sam is concerned about.

10. What are extrapyramidal symptoms and how are they monitored?

- A. Extrapyramidal symptoms include acute dystonia, akathisia, pseudoparkinsonism, and tardive dyskinesia; monitored with regular motor assessments and scales like the AIMS.
- B. Extrapyramidal symptoms are mood disturbances and monitored with the HAMD.
- C. Extrapyramidal symptoms are unrelated to antipsychotics and monitored with the GCS.
- D. Extrapyramidal symptoms involve cognitive impairment and monitored with the MMSE.

Extrapyramidal symptoms are movement disorders caused by blocking dopamine in the nigrostriatal pathway with antipsychotic medications. The main manifestations include acute dystonia (sudden, painful muscle contractions), akathisia (a subjective restlessness with an urge to move), pseudoparkinsonism (trozen-like tremor, rigidity, and slowed movement), and tardive dyskinesia (late-onset, involuntary, choreiform movements of the face, tongue, and limbs). Because these symptoms reflect drug effects on motor control rather than the psychiatric condition, they're monitored with regular motor assessments using standardized tools, with the Abnormal Involuntary Movement Scale (AIMS) being a common and validated method to quantify involuntary movements over time. A baseline assessment before starting treatment, followed by periodic checks (more frequent early in therapy), helps detect emergence or progression of EPS and guides adjustments to the antipsychotic regimen or the addition of targeted treatments.

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://hesischizophreniacasestudy.examzify.com>

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

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