

HIV/AIDS and Antiretroviral Therapy 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. Depression with anxiety associated with chronic physical disease is treated with which combination?**
 - A. Perphenazine + Amitriptyline**
 - B. Chlorpromazine + Haloperidol**
 - C. Trifluoperazine + Fluoxetine**
 - D. Haloperidol + L-DOPA**

- 2. Which adverse effect is more commonly associated with low-potency first-generation antipsychotics and is dose-related?**
 - A. Anticholinergic Effects**
 - B. Extrapyramidal symptoms**
 - C. Hyperprolactinemia**
 - D. Sedation**

- 3. Which cognitive domains are commonly decremented in schizophrenia and linked to vocational impairment?**
 - A. Auditory processing only**
 - B. Declarative memory and working memory**
 - C. Olfactory identification and color discrimination**
 - D. Long-term motor memory and procedural speed**

- 4. What ANC defines severe agranulocytosis?**
 - A. ANC < 0.5-1.0 x10⁹**
 - B. ANC < 0.2-0.5 x10⁹**
 - C. ANC < 1.5 x10⁹**
 - D. ANC < 2.0 x10⁹**

- 5. Which symptom refers to a persistent sad mood most of the day?**
 - A. Depressed mood**
 - B. Anhedonia**
 - C. Fatigue**
 - D. Insomnia**

- 6. Which drug is listed for treating a manic episode in bipolar disorder?**
- A. Clozapine**
 - B. Lurasidone**
 - C. Quetiapine**
 - D. Haloperidol**
- 7. Which term describes rapid shifts in mood over brief periods?**
- A. Mood descriptors**
 - B. Increased goal-directed activity**
 - C. Lability**
 - D. Reckless activities**
- 8. Which drug is marketed as Zyprexa Relprevv?**
- A. Olanzapine pamoate**
 - B. Haldol LA**
 - C. Prolixin**
 - D. Modecate**
- 9. What is the primary safety concern in clozapine therapy that requires routine monitoring?**
- A. Hypertension**
 - B. Weight gain**
 - C. Seizures**
 - D. Agranulocytosis**
- 10. Which statement about dyslipidemia risk by FGAs potency is most accurate?**
- A. Dyslipidemia risk is constant across potencies**
 - B. Dyslipidemia risk decreases with potency**
 - C. Dyslipidemia risk is not linked to potency**
 - D. Dyslipidemia risk increases with potency, with high-potency having the highest risk**

Answers

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

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Explanations

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1. Depression with anxiety associated with chronic physical disease is treated with which combination?

- A. Perphenazine + Amitriptyline**
- B. Chlorpromazine + Haloperidol**
- C. Trifluoperazine + Fluoxetine**
- D. Haloperidol + L-DOPA**

In depression with anxiety that accompanies chronic physical illness, you want a treatment that tackles mood, anxiety, sleep, and somatic symptoms like pain. Amitriptyline, a tricyclic antidepressant, provides robust mood improvement and also helps with sleep and pain, which is particularly helpful in chronic illness. Adding a low-dose typical antipsychotic like perphenazine adds calming, anti-anxiety effect and can enhance overall symptom relief, especially when agitation or insomnia is prominent. This combination therefore addresses the multiple domains seen in psychosomatic depression—mood, anxiety, and somatic symptoms—in a single strategy. Other options either lack a true antidepressant effect, rely on antipsychotics alone, or pair drugs not best suited for the combined mood, anxiety, and somatic symptom profile of chronic illness.

2. Which adverse effect is more commonly associated with low-potency first-generation antipsychotics and is dose-related?

- A. Anticholinergic Effects**
- B. Extrapyramidal symptoms**
- C. Hyperprolactinemia**
- D. Sedation**

Low-potency first-generation antipsychotics have stronger antimuscarinic (anticholinergic) activity, and these effects rise with higher doses. That makes anticholinergic side effects—such as dry mouth, constipation, blurred vision, urinary retention—more common and dose-related with these drugs. Extrapyramidal symptoms come from strong D2 blockade and are more typical of high-potency agents, not the low-potency group. Hyperprolactinemia results from D2 blockade in the tuberoinfundibular pathway and can occur with typical antipsychotics but isn't the characteristic dose-related feature of low-potency drugs. Sedation can occur due to antihistamine effects, but the distinct dose-related adverse effect most linked to low-potency FGAs is anticholinergic effects.

3. Which cognitive domains are commonly decremented in schizophrenia and linked to vocational impairment?

A. Auditory processing only

B. Declarative memory and working memory

C. Olfactory identification and color discrimination

D. Long-term motor memory and procedural speed

Working memory and declarative memory are two cognitive areas that consistently show deficits in schizophrenia and have a strong impact on real-world functioning, especially work. Working memory is the ability to hold and manipulate information over short periods, sustain attention, and plan steps to complete tasks. When this domain is impaired, a person struggles with following multi-step instructions, juggling several tasks at once, or adapting to changing work demands—skills that are critical on the job. Declarative memory covers explicit memory for facts and events, including episodic memory (personal experiences) and semantic memory (general knowledge). Difficulties here hinder learning new job procedures, recalling safety protocols, and retaining information from training, all of which can lead to poorer performance and job retention. The other options focus on sensory or motor aspects that, while they may be affected in some individuals, do not align as consistently with the cognitive challenges that most directly drive vocational impairment in schizophrenia.

4. What ANC defines severe agranulocytosis?

A. $ANC < 0.5-1.0 \times 10^9$

B. $ANC < 0.2-0.5 \times 10^9$

C. $ANC < 1.5 \times 10^9$

D. $ANC < 2.0 \times 10^9$

Absolute neutrophil count (ANC) is the blood test used to gauge neutropenia and infection risk. Severe agranulocytosis is defined by a very low ANC, typically in the range of about 0.2 to $0.5 \times 10^9/L$ (200-500 cells per microliter). Counts in this range reflect profound depletion of neutrophils, leaving patients highly vulnerable to bacterial infections. Normal ANC is roughly $2.0-7.0 \times 10^9/L$, so dropping into $0.2-0.5 \times 10^9/L$ represents a severe level of neutropenia and is the threshold used to classify severe agranulocytosis. Clinically, this level prompts urgent actions such as reviewing patient medications, monitoring closely for infections, and considering supportive therapies as needed.

5. Which symptom refers to a persistent sad mood most of the day?

A. Depressed mood

B. Anhedonia

C. Fatigue

D. Insomnia

The main idea here is identifying the mood component of depression. A persistent sad mood most of the day is described as depressed mood, which is the core mood symptom clinicians look for when screening for depression. In many patients, especially those living with HIV, recognizing this mood state is crucial because it can affect adherence to ART and overall well-being. Anhedonia, while common in depression, refers to a loss of interest or pleasure in activities that used to be enjoyable, not the mood itself. Fatigue is a lack of energy and can accompany depression but is a somatic symptom rather than the mood state. Insomnia is difficulty with sleep and is another frequent symptom that can accompany depression, but it's about sleep disturbance, not the mood itself. So the symptom that specifically denotes a persistent sad mood most of the day is depressed mood.

6. Which drug is listed for treating a manic episode in bipolar disorder?

A. Clozapine

B. Lurasidone

C. Quetiapine

D. Haloperidol

In acute mania, the priority is rapid stabilization of agitation, psychosis, and elevated mood. Haloperidol is a potent, fast-acting antipsychotic that quickly dampens manic symptoms by blocking dopamine D2 receptors, making it effective for rapid control in inpatient or emergency settings. Its quick onset and solid evidence base for acute mania often lead to it being listed as a treatment option for a manic episode, sometimes used alone or with a mood stabilizer or a benzodiazepine for severe agitation. Other drugs on the list can be used in bipolar disorder, but they aren't as consistently emphasized for rapid, acute mania. Clozapine is generally reserved for treatment-resistant schizophrenia, lurasidone is indicated more for bipolar depression (and schizophrenia) rather than acute mania, and while quetiapine can treat mania, haloperidol's speed and established role in acute stabilization often make it the preferred listed option in many guidelines and exams.

7. Which term describes rapid shifts in mood over brief periods?

- A. Mood descriptors**
- B. Increased goal-directed activity**
- C. Lability**
- D. Reckless activities**

Rapid shifts in mood over brief periods are described as mood lability. This means affective states swing quickly—joy to irritability to sadness—within a short time, often with little warning. Lability highlights the instability of mood rather than a single steady mood. Mood descriptors are just labels for how someone feels, not the rapid fluctuation itself. Increased goal-directed activity points to heightened energy and activity, typically seen in mania, and reckless activities describe impulsive behaviors rather than the speed of mood changes. So the term that best fits rapid, brief mood shifts is lability.

8. Which drug is marketed as Zyprexa Relprevv?

- A. Olanzapine pamoate**
- B. Haldol LA**
- C. Prolixin**
- D. Modecate**

Zyprexa Relprevv is the brand name for the long-acting injectable form of olanzapine (olanzapine pamoate). This depot formulation releases olanzapine slowly to maintain symptom control with less frequent dosing, distinguishing it from daily tablets. It's different from the other options, which are long-acting injectables of different antipsychotics: haloperidol decanoate (Haldol LA) and fluphenazine decanoate (Prolixin and Modecate). A important safety point with this product is the boxed warning for post-injection delirium/sedation syndrome, requiring a monitored observation period after administration to catch and manage any adverse effects promptly.

9. What is the primary safety concern in clozapine therapy that requires routine monitoring?

- A. Hypertension**
- B. Weight gain**
- C. Seizures**
- D. Agranulocytosis**

The main safety concern with clozapine is agranulocytosis, a dangerous and potentially life-threatening drop in neutrophils that severely impairs the body's ability to fight infections. Because this risk can develop suddenly, routine blood monitoring is required to detect early neutropenia. Typically, patients have baseline CBC with differential, then regular absolute neutrophil count checks—weekly for the first 6 months, then every 2 weeks for the next 6 months, and monthly thereafter. If the neutrophil count falls below a critical threshold, clozapine is held and the patient evaluated. Other adverse effects like hypertension, weight gain, or seizures can occur, but the mandated monitoring for clozapine is specifically tied to preventing and detecting agranulocytosis.

10. Which statement about dyslipidemia risk by FGAs potency is most accurate?

- A. Dyslipidemia risk is constant across potencies**
- B. Dyslipidemia risk decreases with potency**
- C. Dyslipidemia risk is not linked to potency**
- D. Dyslipidemia risk increases with potency, with high-potency having the highest risk**

Higher-potency FGAs have stronger pharmacologic effects at D2 receptors, and this stronger blockade tends to disturb metabolic processes more, leading to a greater risk of dyslipidemia. While metabolic side effects are most famous with second-generation antipsychotics, among FGAs the trend is that higher potency agents—used at lower doses to achieve antipsychotic effects—are more likely to be associated with lipid disturbances than lower potency ones. That’s why the statement that risk increases with potency, with high-potency agents having the highest risk, best fits the observed relationship.

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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://hivaid santiretroviraltherapy.examzify.com>

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

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