New CED – Sleep and Drugs Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

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

1. Which theory posits that sleep's primary function is to restore energy and repair tissue?

A. Restoration theory

B. Memory consolidation theory

C. Activation-synthesis theory

D. Evolutionary theory

2. What term describes a very short period of involuntary sleep that occurs while a person appears to be awake?

A. Microburst

B. Microdosing

C. Microsleep

D. Microexpression

3. Which term refers to recurring difficulties with sleep initiation or maintenance?

A. Narcolepsy

B. Insomnia

C. Jet lag

D. NREM sleep

4. Which drug class is known to suppress REM sleep?

A. Ramelteon

B. SSRIs/SNRIs

C. Melatonin

D. Z-drugs

5. Which statement describes the initial night stage with low-amplitude brain waves and reduced muscle tension?

A. NREM stage 2

B. NREM stage 1

C. REM sleep

D. Paradoxical sleep

6. Which pattern of high amplitude brain activity is associated with stage 2 sleep?

A. Alpha waves

B. Sleep spindles

C. Theta waves

D. K complexes

7. Which statement best describes sleep onset latency and its pharmacologic modulation by benzodiazepines?

A. It measures total sleep time and is increased by benzodiazepines

B. It is the time to fall asleep and is decreased by benzodiazepines

C. It measures REM duration and is unaffected by benzodiazepines

D. It is the time awake after sleep onset and is increased by benzodiazepines

8. REM sleep accounts for approximately what percentage of a typical adult sleep?

A. 5-15%

B. 40-50%

C. 0-5%

D. 20-25%

9. How is REM sleep behavior disorder linked to neurodegenerative disease?

A. It is caused by antidepressants

B. It is a benign condition

C. It resolves with melatonin

D. It can precede synucleinopathies such as Parkinson's disease

10. In pregnancy, is melatonin routinely recommended for sleep?

A. Melatonin is routinely recommended.

B. Melatonin is not routinely recommended.

C. Melatonin is contraindicated.

D. Melatonin is preferred over sleep hygiene.

Answers

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

Explanations

1. Which theory posits that sleep's primary function is to restore energy and repair tissue?

A. Restoration theory

B. Memory consolidation theory

C. Activation-synthesis theory

D. Evolutionary theory

Sleep's restorative role—restoring energy and repairing tissue—is the focus of this theory. It suggests that during sleep the body carries out metabolic repair, replenishes energy stores, and supports immune function. Growth hormone release during deep sleep and observed improvements in tissue healing after adequate sleep are often cited as supporting evidence. This stands in contrast to memory consolidation theories that emphasize learning and memory stabilization, activation-synthesis theories that explain dreams as byproducts of brain activity, and evolutionary theories that frame sleep as an adaptation for energy conservation. So, the primary function described here is the restoration of the body.

2. What term describes a very short period of involuntary sleep that occurs while a person appears to be awake?

A. Microburst

B. Microdosing

C. Microsleep

D. Microexpression

A very short, involuntary lapse into sleep during wakefulness is called a microsleep. It lasts only a few seconds, but the brain effectively shifts into sleep mode while you appear to be awake. You may have your eyes open and be engaged in the task, yet you lose awareness of what's happening and can miss signals or commands, sometimes not recalling the moment afterward. Microsleeps are common after extended wakefulness or poor sleep quality and can be triggered by fatigue, sleep deprivation, or sleep disorders like narcolepsy or sleep apnea. This is why they're particularly dangerous when driving or operating machinery, since reaction time and attention can abruptly drop. Other terms refer to different ideas: a microburst is a sudden, short burst of energy (or a weather event), microdosing means taking very small amounts of a drug, and microexpressions are fleeting facial expressions revealing emotion. None describe a brief, involuntary sleep during waking activity like microsleep does.

3. Which term refers to recurring difficulties with sleep initiation or maintenance?

A. Narcolepsy

B. Insomnia

C. Jet lag

D. NREM sleep

Recurring difficulties initiating or maintaining sleep describe insomnia. This means trouble falling asleep, staying asleep, or waking up too early and not being able to return to sleep, happening on multiple nights and causing distress or impairment. Narcolepsy involves daytime sleep attacks and features like excessive daytime sleepiness, not trouble with sleep onset or maintenance. Jet lag is a temporary disruption of the sleep–wake cycle after travel across time zones. NREM sleep is a stage of sleep, not a disorder. Insomnia best fits the described pattern of recurring sleep initiation or maintenance difficulties.

4. Which drug class is known to suppress REM sleep?

A. Ramelteon

B. SSRIs/SNRIs

C. Melatonin

D. Z-drugs

REM sleep is particularly vulnerable to the effects of monoaminergic antidepressants. SSRIs and SNRIs increase serotonin and norepinephrine activity, which dampens the brainstem circuits that generate REM sleep. Clinically, this shows up as a reduced amount of REM sleep and longer time to first REM—REM latency—and, over time, a lower REM density. That robust pattern makes SSRIs/SNRIs the drug class most consistently associated with REM sleep suppression. Ramelteon and melatonin primarily help with initiating sleep and stabilizing the circadian rhythm by acting on melatonin receptors; they don't reliably suppress REM sleep. Z-drugs mainly promote sleep initiation and maintenance with variable effects on sleep stages, but their impact on REM is not as pronounced or consistent as with SSRIs/SNRIs.

5. Which statement describes the initial night stage with low-amplitude brain waves and reduced muscle tension?

A. NREM stage 2

B. NREM stage 1

C. REM sleep

D. Paradoxical sleep

Understanding sleep stages helps you see why this is the first night stage. When you first fall asleep, the brain shifts from wakeful activity to lighter NREM sleep. The EEG shows theta waves—lower frequency and relatively low amplitude—reflecting a relaxed, drifting brain. At the same time, muscle tone is reduced compared with being awake, and you may experience brief hypnic jerks as you settle in. This combination of low-amplitude, slower brain waves and diminished muscle activity points to NREM stage 1, the initial stage of sleep. REM sleep, also called paradoxical sleep, features rapid eye movements and near-complete muscle paralysis, with brain activity that can resemble wakefulness. It isn't the first stage of the night. NREM stage 2, on the other hand, brings distinctive features like sleep spindles and K-complexes, not present in the initial stage. So the initial night stage with low-amplitude brain waves and reduced muscle tension is NREM stage 1.

6. Which pattern of high amplitude brain activity is associated with stage 2 sleep?

A. Alpha waves

B. Sleep spindles

C. Theta waves

D. K complexes

Stage 2 sleep is defined on EEG by two features, including large, high-amplitude waveforms called K-complexes. A K-complex is a single, prominent sharp deflection (often followed by a positive wave) that can occur spontaneously or in response to a stimulus, lasting about half a second to a couple of seconds. This high-amplitude pattern is a hallmark of stage 2, signaling a shallow progression into deeper sleep and helping protect sleep from brief awakenings. Alpha waves describe relaxed wakefulness with eyes closed, so they don't fit stage 2. Theta waves are characteristic of lighter sleep, such as stage 1. Sleep spindles are bursts of 12–14 Hz activity that occur during stage 2 but are shorter and not typically described as high amplitude the way a K-complex is. So the high-amplitude pattern associated with stage 2 is the K-complex.

7. Which statement best describes sleep onset latency and its pharmacologic modulation by benzodiazepines?

A. It measures total sleep time and is increased by benzodiazepines

B. It is the time to fall asleep and is decreased by benzodiazepines

C. It measures REM duration and is unaffected by benzodiazepines

D. It is the time awake after sleep onset and is increased by benzodiazepines

Sleep onset latency is the interval from trying to fall asleep to actually falling asleep. Benzodiazepines, by enhancing GABA activity, produce sedation and faster sleep onset, so they decrease this latency. The other statements mix up what sleep onset latency measures (total sleep time, REM duration, or wake time after sleep begins) and don't describe the specific change benzodiazepines produce on the time it takes to fall asleep. In short, it's the time to fall asleep, and benzodiazepines shorten that time.

8. REM sleep accounts for approximately what percentage of a typical adult sleep?

A. 5-15%

B. 40-50%

C. 0-5%

D. 20-25%

REM sleep is the phase where dreaming often occurs and brain activity looks awake, but the body is paralyzed. Throughout a night, sleep cycles repeat about every 90 minutes, with REM showing up in each cycle and the periods lengthening as the night goes on. Because you accumulate several REM periods, total REM time in a typical eight-hour sleep is about 1.5 to 2 hours, which works out to roughly 20–25% of total sleep. That's why the best estimate for adults is around one-fifth to one-quarter of sleep spent in REM. The other options are either too small or too large for a healthy adult's sleep pattern.

9. How is REM sleep behavior disorder linked to neurodegenerative disease?

A. It is caused by antidepressants

B. It is a benign condition

C. It resolves with melatonin

D. It can precede synucleinopathies such as Parkinson's disease

REM sleep behavior disorder shows a loss of the normal REM-atonia that keeps muscles relaxed during dreaming, due to degeneration in brainstem circuits that control this atonia. This disruption is meaningful because in many people it isn't just a stand-alone issue—the disorder often serves as an early sign of a neurodegenerative process known as a synucleinopathy. Over time, many individuals with idiopathic REM sleep behavior disorder go on to develop conditions such as Parkinson's disease, dementia with Lewy bodies, or multiple system atrophy, sometimes years after the RBD first appears. The underlying biology supports this link: abnormal alpha-synuclein pathology starts in brainstem regions involved in REM atonia and can spread to other brain areas affected by these diseases, aligning the sleep disorder with later neurodegenerative changes. So, the best-held connection is that REM sleep behavior disorder can precede synucleinopathies like Parkinson's disease. Antidepressants can trigger RBD in some cases, and while melatonin or other treatments may ease symptoms, they don't establish this disorder as benign or prevent its progression to a neurodegenerative disease.

10. In pregnancy, is melatonin routinely recommended for sleep?

A. Melatonin is routinely recommended.

B. Melatonin is not routinely recommended.

C. Melatonin is contraindicated.

D. Melatonin is preferred over sleep hygiene.

In pregnancy, the safety of melatonin for the developing fetus is not well established, so it's not something you would use routinely. Melatonin crosses the placenta, and while small studies haven't shown clear harm, there isn't enough solid evidence to support it as a standard sleep aid for most pregnant people. Because of this uncertainty, the preferred approach is to focus on nonpharmacologic sleep strategies first—consistent sleep schedules, good sleep environment, regular exercise within limits, and addressing contributing factors like discomfort or anxiety. If sleep problems persist, a clinician might consider melatonin only in carefully selected cases and with medical supervision, rather than recommending it as a standard practice.

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://newcedsleepanddrugs.examzify.com

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