

# Nicotine Dependence Drugs Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.**

**ALL RIGHTS RESERVED.**

**No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.**

**Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.**

**SAMPLE**

# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>15</b>

SAMPLE

# 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

SAMPLE

- 1. Start with Step 2 in nicotine replacement therapy for patients who smoke fewer than 10 cigarettes per day. Which step is recommended?**
  - A. Step 1**
  - B. Step 2**
  - C. Step 3**
  - D. Step 4**
  
- 2. What is the dosing interval for nicotine lozenges during weeks 1-6?**
  - A. Every 1-2 hours**
  - B. Every 3-4 hours**
  - C. Every 6-8 hours**
  - D. Once daily**
  
- 3. What is a primary benefit of nicotine inhalers beyond nicotine delivery?**
  - A. Low cost**
  - B. No side effects**
  - C. Hand-to-mouth movement and added comfort**
  - D. Rapid nicotine peak**
  
- 4. Nortriptyline should be started how long before quitting?**
  - A. 2-4 Weeks Before Quitting**
  - B. 1-2 Days Before Quitting**
  - C. On The Day Of Quitting**
  - D. 6-8 Weeks After Quitting**
  
- 5. Which is a mouth/throat related side effect of nicotine lozenges?**
  - A. Nausea**
  - B. Hiccups**
  - C. Mouth/throat irritation**
  - D. Gastric upset**

- 6. In managing quitting pharmacotherapy, nortriptyline should not be used with which drug class?**
- A. MAOI**
  - B. SSRI**
  - C. SNRI**
  - D. Beta-Blocker**
- 7. Serotonin release is associated with which effect?**
- A. Mood**
  - B. Appetite suppression**
  - C. Bone growth**
  - D. Vision**
- 8. Which statement about varenicline's mechanism is NOT true?**
- A. It is a partial agonist at alpha4beta2 receptors**
  - B. It prevents nicotine from binding to receptors**
  - C. It stimulates dopamine release**
  - D. It is a full agonist at beta2 receptors**
- 9. What is the Step 1 dose in milligrams for the nicotine patch?**
- A. 21 mg**
  - B. 14 mg**
  - C. 7 mg**
  - D. 28 mg**
- 10. Which neurotransmitter is NOT listed as stimulated by nicotine in the notes?**
- A. Dopamine**
  - B. Norepinephrine**
  - C. Acetylcholine**
  - D. Histamine**

## Answers

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

**1. Start with Step 2 in nicotine replacement therapy for patients who smoke fewer than 10 cigarettes per day. Which step is recommended?**

- A. Step 1
- B. Step 2**
- C. Step 3
- D. Step 4

The main idea is matching nicotine replacement therapy to how dependent a smoker is, as reflected by daily cigarette use. When someone smokes fewer than 10 cigarettes a day, their nicotine dependence tends to be lower, so starting with a moderate-dose option provides enough nicotine to prevent withdrawal and control cravings without giving more nicotine than needed. This balance reduces the risk of side effects and makes it easier to progress toward stopping. Starting at a lower or higher step isn't as efficient: the lowest step may not relieve withdrawal for light smokers, while the higher steps deliver more nicotine than necessary. After an initial period, therapy can be adjusted based on cravings and withdrawal success.

**2. What is the dosing interval for nicotine lozenges during weeks 1-6?**

- A. Every 1-2 hours**
- B. Every 3-4 hours
- C. Every 6-8 hours
- D. Once daily

The main idea being tested is how often you should use nicotine lozenges during the initial treatment period. In weeks 1 through 6, the goal is to prevent withdrawal and cravings by keeping nicotine levels relatively steady, so the regimen calls for using one lozenge about every 1 to 2 hours. This frequent dosing helps blunt urges as your body adjusts to nicotine replacement. The total daily amount should stay around a maximum of 20 lozenges to avoid nicotine overload. After week 6, the interval is typically stretched to 2-4 hours as you taper off, but in the first six weeks sticking to every 1-2 hours is the recommended pattern.

**3. What is a primary benefit of nicotine inhalers beyond nicotine delivery?**

- A. Low cost
- B. No side effects
- C. Hand-to-mouth movement and added comfort**
- D. Rapid nicotine peak

The main extra advantage of nicotine inhalers is that they replicate the hand-to-mouth habit and provide a comforting ritual. This behavioral cue helps manage cravings by giving the user a familiar, coping action during withdrawal, making quitting feel more doable. The act of puffing, holding something, and the sensory satisfaction of the ritual can reduce urges and support adherence to a quit plan, beyond simply delivering nicotine. While cost, side effects, and how quickly nicotine peaks matter in other ways, the inhaler's unique value lies in substituting the smoking ritual to ease the behavioral side of dependence.

#### 4. Nortriptyline should be started how long before quitting?

- A. 2-4 Weeks Before Quitting**
- B. 1-2 Days Before Quitting**
- C. On The Day Of Quitting**
- D. 6-8 Weeks After Quitting**

Starting nortriptyline weeks before quitting is about giving the medication time to build up its effects so it can ease withdrawal and stabilize mood when you stop smoking. Antidepressants like nortriptyline don't act instantly; they require a period of dose adjustments and time to reach therapeutic levels. Beginning two to four weeks before the quit date allows the drug's benefits to align with the actual quit day, making cravings and irritability more manageable. If you wait until the day you quit or after quitting, you miss that early window of effectiveness. Starting too early (six to eight weeks before) isn't needed and can increase unnecessary exposure. So the best timing is two to four weeks prior to quitting.

#### 5. Which is a mouth/throat related side effect of nicotine lozenges?

- A. Nausea**
- B. Hiccups**
- C. Mouth/throat irritation**
- D. Gastric upset**

Nicotine lozenges release nicotine as they dissolve in the mouth, so the most likely side effect is irritation of the mouth and throat from direct contact with the oral mucosa. The lozenge sits in the mouth to allow absorption, and this local exposure can cause a burning or sore feeling in the mouth or throat. Other effects like nausea, hiccups, or gastric upset come from nicotine entering the body systemically and aren't specific to the mouth/throat area. If irritation occurs, using the lozenge as directed and allowing it to dissolve slowly can help, and persistent symptoms should be discussed with a clinician.

#### 6. In managing quitting pharmacotherapy, nortriptyline should not be used with which drug class?

- A. MAOI**
- B. SSRI**
- C. SNRI**
- D. Beta-Blocker**

The key concept is a dangerous interaction between a tricyclic antidepressant and monoamine oxidase inhibitors. Nortriptyline increases brain monoamines, and MAOIs prevent the breakdown of these same chemicals. Together, they can raise norepinephrine, serotonin, and dopamine to dangerous levels, triggering a hypertensive crisis, severe hyperthermia, tachycardia, agitation, seizures, and even death. Because of this real, life-threatening risk, combining nortriptyline with MAOIs is contraindicated and requires an appropriate washout period if switching therapies. Other classes can interact with TCAs in various ways (serotonin syndrome risk with SSRIs/SNRIs, cardiovascular effects with beta-blockers), but the MAOI combination is the one that's strictly contraindicated.

**7. Serotonin release is associated with which effect?**

- A. Mood**
- B. Appetite suppression**
- C. Bone growth**
- D. Vision**

Serotonin's main influence in the brain is on mood and emotional state. When serotonin is released, it helps promote a sense of well-being and emotional stability, which is why medicines that increase serotonin levels are used to treat depression and anxiety. Appetite can be affected by serotonin too, and some signaling can reduce appetite, but that's a secondary effect compared to the direct role serotonin has in regulating mood. The other options—bone growth and vision—aren't primary or universal outcomes of serotonin release in the brain. So the most direct and consistent effect associated with serotonin release is a change in mood, typically an improvement in mood or emotional state.

**8. Which statement about varenicline's mechanism is NOT true?**

- A. It is a partial agonist at alpha4beta2 receptors**
- B. It prevents nicotine from binding to receptors**
- C. It stimulates dopamine release**
- D. It is a full agonist at beta2 receptors**

Varenicline works by binding as a selective partial agonist at the alpha4beta2 nicotinic acetylcholine receptor. This dual action means it can provide a modest dopaminergic stimulus to ease withdrawal while occupying the receptor so nicotine cannot produce a strong dopamine boost when someone smokes. That makes it effective at reducing cravings and blocking reinforcement. So statements describing varenicline as a partial agonist at alpha4beta2, and its roles in both blocking nicotine binding and stimulating some dopamine release, fit the mechanism. The claim that it is a full agonist at beta2-containing receptors is not correct; varenicline is not a full agonist at those receptors.

**9. What is the Step 1 dose in milligrams for the nicotine patch?**

- A. 21 mg**
- B. 14 mg**
- C. 7 mg**
- D. 28 mg**

Starting with the highest available nicotine patch dose is how Step 1 formulations are typically used for quitting. The patch comes in three strengths—21 mg, 14 mg, and 7 mg per day—and 21 mg is chosen as the initial dose for heavier smokers to effectively replace most of the nicotine they're used to and prevent withdrawal symptoms. After a few weeks, the dose is tapered down to 14 mg and then 7 mg to gradually reduce dependence. The option of a 28 mg patch isn't a standard strength, so it wouldn't be used as the initial dose.

**10. Which neurotransmitter is NOT listed as stimulated by nicotine in the notes?**

- A. Dopamine**
- B. Norepinephrine**
- C. Acetylcholine**
- D. Histamine**

Nicotine works by activating nicotinic acetylcholine receptors throughout the brain and autonomic nervous system. When these receptors are stimulated, several neurotransmitters are released. Dopamine is a key player in the brain's reward pathway, helping drive the addictive effects. Norepinephrine is released as well, contributing to increased alertness and arousal. Acetylcholine signaling is amplified because nicotine directly stimulates the same receptor system that acetylcholine normally uses. While other transmitters can be involved downstream, the notes typically highlight dopamine, norepinephrine, and acetylcholine as being stimulated by nicotine. Histamine, although important in other physiological roles, isn't usually listed as a primary transmitter stimulated by nicotine in those notes, making it the correct choice.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://nicotinedependencedrugs.examzify.com>**

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

SAMPLE