PANCE Psychiatry and Behavioral Medicine 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

1. What is the recommended initial treatment for agitation or overdose due to cocaine or amphetamine use?

A. Antipsychotics

B. Naloxone

C. Flumazenil

D. Benzos

2. Somatic symptom disorder manifestations commonly include which of the following?

A. SOB, dysmenorrhea, burning in sexual organ, lump in throat, amnesia, vomit, painful extremities

B. Chronic cough, weight gain, insomnia

C. Chest pain with exertion

D. Hallucinations

3. Adjustment Disorder treatment is described as which approach?

A. Psychotherapy - Individual Or Group Therapy

B. Hospitalization

C. Antidepressants Monotherapy

D. Pharmacotherapy With Mood Stabilizers

4. In comorbidity of anxiety and mood disorders, what is true?

A. Anxiety and mood disorders rarely co-occur.

B. Treatments target only one disorder.

C. There is high comorbidity; SSRIs/SNRIs can treat both.

D. Bipolar disorders are never associated with anxiety.

5. The term functional neurological symptom disorder is also known as which condition?

A. Conversion disorder

B. Body dysmorphic disorder

C. Illness anxiety disorder

D. Dissociative identity disorder

6. What are evidence-based psychotherapies for PTSD and their general approach?

A. Trauma-focused therapies such as prolonged exposure, cognitive processing therapy, and EMDR; often combined with SSRIs.

B. Psychoanalysis and long-term talk therapy as the first line.

C. Only pharmacotherapy is effective for PTSD.

D. Group therapy alone is sufficient for most patients.

7. Which statement best distinguishes Delusional Disorder from schizophrenia?

A. Delusional Disorder presents with prominent disorganized speech.

B. Delusional Disorder features one or more non-bizarre delusions for at least 1 month with relatively preserved functioning and absence of prominent hallucinations.

C. Delusional Disorder requires severe disorganized speech.

D. Delusional Disorder always leads to significant impairment in social functioning.

8. What is an appropriate pharmacologic option for a panic attack?

A. SSRIs

B. CBT

C. Tricyclic antidepressants

D. Benzodiazepines

9. What is postpartum psychosis and why is it urgent?

A. A mild mood disturbance after childbirth

B. Postpartum depression with low mood

C. Postpartum anxiety

D. Postpartum psychosis with sudden onset delusions and mania requiring urgent hospitalization

10. Which of the following is a stimulant medication used to treat ADD/ADHD?

A. Methylphenidate

B. Atomoxetine

C. Chantix (Varenicline)

D. Naltrexone

Answers

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

Explanations

1. What is the recommended initial treatment for agitation or overdose due to cocaine or amphetamine use?

A. Antipsychotics

B. Naloxone

C. Flumazenil

D. Benzos

Benzodiazepines are the initial treatment for agitation or overdose from cocaine or amphetamines because they suppress CNS overactivity and blunt the sympathetic surge produced by these stimulants. By enhancing GABA activity, they calm agitation, reduce tachycardia and hypertension, lower body temperature, and decrease the risk of seizures and rhabdomyolysis. They're preferred over other agents since they address the core excessive neurotransmitter activity safely and effectively; using beta-blockers in this setting can be risky due to unopposed alpha stimulation. Naloxone isn't helpful because opioids aren't involved, and flumazenil would counteract the benzos and can provoke seizures or severe agitation. If agitation or psychosis persists after benzos, an antipsychotic may be added, but starting with benzodiazepines is the best first step.

2. Somatic symptom disorder manifestations commonly include which of the following?

A. SOB, dysmenorrhea, burning in sexual organ, lump in throat, amnesia, vomit, painful extremities

B. Chronic cough, weight gain, insomnia

C. Chest pain with exertion

D. Hallucinations

Somatic symptom disorder is defined by one or more physical symptoms that are distressing or cause significant disruption, with excessive thoughts, feelings, or behaviors related to those symptoms. The best choice lists a variety of somatic complaints across different body systems—shortness of breath, dysmenorrhea, burning in the genital area, globus sensation (lump in throat), amnesia, vomiting, and painful extremities—demonstrating multiple, non-specific symptoms that the patient is preoccupied with. This breadth and the disproportionate concern about seriousness, along with significant time and energy spent on the symptoms, fit the pattern of somatic symptom disorder more than any single-organ or psychotic symptom presentation. The other options show symptoms that are more typical of primary medical conditions, isolated issues, or psychosis, rather than a disorder characterized by multiple distressing somatic symptoms and excessive health-related worry.

3. Adjustment Disorder treatment is described as which approach?

A. Psychotherapy - Individual Or Group Therapy

B. Hospitalization

C. Antidepressants Monotherapy

D. Pharmacotherapy With Mood Stabilizers

Adjustment Disorder is a psychosocial condition in which emotional or behavioral symptoms arise in response to an identifiable stressor and cause significant distress or impairment, but there isn't a separate underlying mental illness driving the symptoms. The treatment goal is to help the person adapt to the stressor and improve functioning. Psychotherapy, whether individual or group, is the primary approach because it provides coping skills, problem-solving strategies, and support to manage the stressor and its emotional impact. Techniques such as cognitive-behavioral therapy or supportive therapy help patients reframe thoughts, reduce distress, and implement practical steps to navigate the difficult circumstances, which often leads to symptom improvement as adaptation occurs. Medications are not typically used as the main treatment for Adjustment Disorder. They may be considered if there is a comorbid condition like major depressive disorder or an anxiety disorder, or if symptoms are severe or persistent despite therapy. Hospitalization is generally reserved for cases with risk of harm or extreme impairment, not for standard Adjustment Disorder. So the best approach is psychotherapy aimed at coping and adapting to the stressor, with medications reserved for specific comorbid conditions or severe cases.

4. In comorbidity of anxiety and mood disorders, what is true?

A. Anxiety and mood disorders rarely co-occur.

B. Treatments target only one disorder.

C. There is high comorbidity; SSRIs/SNRIs can treat both.

D. Bipolar disorders are never associated with anxiety.

This question hinges on how often anxiety and mood disorders occur together and how we address them pharmacologically. In clinical practice, anxiety disorders and mood disorders co-occur frequently; many patients with depression have an anxiety disorder as well, and vice versa. This high comorbidity is associated with greater illness severity, longer duration, and more impairment, making effective treatment planning essential. Because these conditions share overlapping neurobiologic pathways, medications that boost serotonin—and sometimes norepinephrine—can alleviate both kinds of symptoms. SSRIs and SNRIs are commonly used to treat anxiety symptoms and depressive symptoms simultaneously, making them a logical first-line option when both disorders are present. In bipolar disorder, these agents can still be helpful for coexisting anxiety and depressive symptoms, but they need to be used with mood stabilization to reduce the risk of antidepressant-induced mania. The other statements aren't accurate: anxiety and mood disorders do not rarely co-occur; treatment typically targets both conditions rather than just one; and bipolar disorders can be associated with anxiety.

5. The term functional neurological symptom disorder is also known as which condition?

A. Conversion disorder

B. Body dysmorphic disorder

C. Illness anxiety disorder

D. Dissociative identity disorder

Functional neurological symptom disorder is the same condition historically called conversion disorder. The DSM-5 name emphasizes that the patient has neurologic-like symptoms—such as weakness, abnormal movements, non-epileptic seizures, or sensory disturbances—that are not explained by a medical condition and cause real distress or impairment. The key idea is that these symptoms are functional, rather than due to an identifiable organic disease, and they can arise from complex biopsychosocial factors rather than deliberate feigning. Other options describe entirely different conditions: body dysmorphic disorder centers on preoccupation with perceived appearance flaws; illness anxiety disorder involves excessive worry about having or acquiring a serious illness with minimal or no somatic symptoms; dissociative identity disorder features multiple distinct identities. None of these capture the presentation of neurologic symptoms without an underlying neurological disease, which is characteristic of this disorder.

6. What are evidence-based psychotherapies for PTSD and their general approach?

A. Trauma-focused therapies such as prolonged exposure, cognitive processing therapy, and EMDR; often combined with SSRIs.

B. Psychoanalysis and long-term talk therapy as the first line.

C. Only pharmacotherapy is effective for PTSD.

D. Group therapy alone is sufficient for most patients.

Trauma-focused therapies directly address the trauma memory and its meaning, aiming to reduce avoidance and fear by helping the person process the experience. The best-supported approaches are prolonged exposure, cognitive processing therapy, and EMDR. Prolonged exposure guides the patient through repeating and revisiting the trauma memory and real-life reminders in a safe therapeutic setting, with gradual exposure that reduces distress over time. Cognitive processing therapy focuses on identifying and restructuring distorted beliefs about the trauma—such as guilt or self-blame—and uses structured exercises to update those interpretations. EMDR combines desensitization with bilateral stimulation while the person focuses on the trauma, promoting processing and integration of the memory. These modalities have robust evidence from trials showing meaningful symptom reduction across diverse populations, and they are typically delivered in a structured, time-limited format (often around 8–12 sessions). While pharmacotherapy such as SSRIs can help alleviate symptoms and may be used alongside therapy, the strongest and most durable gains come from evidence-based psychotherapy rather than medication alone. Other approaches like psychoanalysis or using group therapy alone have not demonstrated the same level of evidence for PTSD treatment.

7. Which statement best distinguishes Delusional Disorder from schizophrenia?

A. Delusional Disorder presents with prominent disorganized speech.

B. Delusional Disorder features one or more non-bizarre delusions for at least 1 month with relatively preserved functioning and absence of prominent hallucinations.

C. Delusional Disorder requires severe disorganized speech.

D. Delusional Disorder always leads to significant impairment in social functioning.

Delusional disorder centers on fixed, false beliefs that are non-bizarre and contained to one or more delusions for at least a month, with functioning largely preserved and without prominent hallucinations or disorganized thinking. This contrasts with schizophrenia, where psychosis typically includes disorganized speech or behavior, prominent hallucinations, and more widespread social or occupational impairment. The statement that best distinguishes the two thus emphasizes the sustained non-bizarre delusions with relatively preserved functioning and the absence of prominent hallucinations.

8. What is an appropriate pharmacologic option for a panic attack?

A. SSRIs

B. CBT

C. Tricyclic antidepressants

D. Benzodiazepines

Rapid relief of acute panic symptoms is best achieved with a benzodiazepine. These drugs act quickly to reduce anxiety and autonomic arousal by enhancing GABA inhibition, often providing relief within minutes to an hour during an attack. This makes them ideal for immediate management of a panic episode. Other pharmacologic options have slower onset or are not used for acute relief. SSRIs or SNRIs are effective for long-term treatment of panic disorder but can take weeks to become helpful, so they aren't the choice for an ongoing attack. Tricyclic antidepressants are older and generally avoided as first-line due to more side effects. CBT is a nonpharmacologic therapy and does not provide immediate pharmacologic relief. Use benzodiazepines with caution, since they carry risks of dependence and withdrawal with longer use, and considerations include age, respiratory conditions, and interactions with other CNS depressants. They are often used short-term or as a bridge while longer-term therapies (like an SSRI) take effect.

9. What is postpartum psychosis and why is it urgent?

A. A mild mood disturbance after childbirth

B. Postpartum depression with low mood

C. Postpartum anxiety

D. Postpartum psychosis with sudden onset delusions and mania requiring urgent hospitalization

Postpartum psychosis is a psychiatric emergency that can occur within the first days to weeks after childbirth. The key feature is a sudden onset of psychotic symptoms—delusions or hallucinations—often accompanied by mood disturbance that can include manic features such as decreased need for sleep, pressured speech, grandiosity, and agitation. Because these symptoms create an imminent risk of harm to the mother or infant (including suicidality or infanticide), urgent hospitalization is required for safety, rapid assessment, and treatment. This distinguishes it from milder postpartum mood changes. Postpartum blues involve transient mood lability without psychosis or mania, and postpartum depression with low mood does not include sudden psychosis or mania, so it isn't an emergency in the same way. Postpartum anxiety centers on excessive worry rather than psychotic symptoms with mania. The urgent aspect of postpartum psychosis is the combination of psychosis and mania with risk to both mother and baby, demanding immediate inpatient care and prompt, targeted treatment.

10. Which of the following is a stimulant medication used to treat ADD/ADHD?

A. Methylphenidate

B. Atomoxetine

C. Chantix (Varenicline)

D. Naltrexone

Stimulants that increase dopamine and norepinephrine in the brain are a cornerstone of ADHD treatment because they boost signal in the prefrontal cortex, improving attention, impulse control, and executive function. Methylphenidate is a classic CNS stimulant that blocks the reuptake of dopamine and norepinephrine, raising their levels in synapses and thereby enhancing focus and behavior regulation. Because of its proven efficacy and rapid onset, methylphenidate is a common first-line choice for ADHD in both children and adults. Atomoxetine, while useful for ADHD, is non-stimulant and works as a norepinephrine reuptake inhibitor, not a stimulant. Chantix (varenicline) is a smoking-cessation agent and has no role in ADHD treatment. Naltrexone is an opioid receptor antagonist used for addiction management, not ADHD. So, the medication that is a stimulant used to treat ADD/ADHD is methylphenidate. Side effects to watch for with stimulants include decreased appetite, sleep disturbance, weight loss, and potential cardiovascular effects or misuse risk, so patients are monitored regularly.

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://pancepsychiatrybehavioralmed.examzify.com

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