

Pennsylvania Psychiatry EOR 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. What is the primary difference between Naltrexone and Acamprosate regarding their clearance methods?**
 - A. Naltrexone is renally cleared, Acamprosate is hepatically cleared**
 - B. Naltrexone is hepatically cleared, Acamprosate is renally cleared**
 - C. Both are renally cleared**
 - D. Both are hepatically cleared**

- 2. A common symptom in adults with Somatization Disorder is?**
 - A. Multiple personality changes**
 - B. Hallucinations**
 - C. Chronic pain**
 - D. Excessive worry about health**

- 3. Which mood stabilizer is commonly used to treat Bipolar Disorder?**
 - A. Fluoxetine**
 - B. Lamotrigine**
 - C. Paroxetine**
 - D. Sertraline**

- 4. A patient presents with an emotional or behavioral response to a stressor that occurred three months ago. What is the likely diagnosis?**
 - A. Adjustment disorder**
 - B. Major depressive disorder**
 - C. Generalized anxiety disorder**
 - D. Post-traumatic stress disorder**

- 5. What is the action of Desipramine as a TCA antidepressant?**
 - A. Serotonin reuptake inhibitor**
 - B. Selective NET inhibitor**
 - C. Dopamine reuptake inhibitor**
 - D. Norepinephrine reuptake inhibitor**

- 6. What is a common EKG finding in patients with anorexia nervosa?**
- A. Sinus tachycardia**
 - B. Heart block**
 - C. Sinus bradycardia**
 - D. Atrial fibrillation**
- 7. What defines dissociative identity disorder?**
- A. Presence of one distinct personality**
 - B. Two or more distinct personality states**
 - C. Amnesia for a traumatic event**
 - D. Continuous feeling of detachment**
- 8. Which of the following is a subtype of Delusional Disorder?**
- A. Postpartum**
 - B. Erotomanic**
 - C. Dissociative**
 - D. Antisocial**
- 9. Reaction Formation can lead to which of the following when left unaddressed?**
- A. Personal growth**
 - B. Adaptive coping skills**
 - C. Strained interpersonal relationships**
 - D. Clear communication styles**
- 10. What is a potential consequence of vomiting associated with bulimia?**
- A. Hypokalemia**
 - B. Increased calcium levels**
 - C. Hypertension**
 - D. Weight gain**

Answers

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

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Explanations

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1. What is the primary difference between Naltrexone and Acamprosate regarding their clearance methods?

- A. Naltrexone is renally cleared, Acamprosate is hepatically cleared**
- B. Naltrexone is hepatically cleared, Acamprosate is renally cleared**
- C. Both are renally cleared**
- D. Both are hepatically cleared**

Naltrexone and Acamprosate have distinct differences in their pharmacokinetics, particularly in how they are cleared from the body. Naltrexone is primarily metabolized and cleared by the liver. It undergoes hepatic metabolism and is excreted as metabolites in the urine, which is a critical point in understanding its pharmacological profile and potential interactions with other substances that are also metabolized by the liver. On the other hand, Acamprosate is primarily cleared renally. It is eliminated mostly through the kidneys, and its clearance is directly related to renal function. This renal clearance aspect is particularly important when considering patients with compromised kidney function, as dosage adjustments may be necessary. Understanding this fundamental difference helps guide clinicians in managing potential side effects and interactions, especially in patients with varying liver or kidney function. Proper management of these medications requires awareness of their metabolic pathways to optimize therapeutic outcomes and minimize risks.

2. A common symptom in adults with Somatization Disorder is?

- A. Multiple personality changes**
- B. Hallucinations**
- C. Chronic pain**
- D. Excessive worry about health**

Chronic pain is a hallmark symptom of Somatization Disorder, which is characterized by the presence of physical symptoms that cannot be fully explained by a medical condition. Individuals with this disorder often experience multiple physical complaints, including pain, which may have no identifiable medical cause. The pain often leads to significant distress and impairment in social, occupational, or other areas of functioning. In cases of Somatization Disorder, patients frequently report a range of symptoms, and chronic pain is commonly at the forefront because it affects their daily lives and can lead to additional psychological problems. This is distinct from the other options, which do not reflect the main characteristics of Somatization Disorder. For instance, while excessive worry about health might occur, it is more specifically associated with health anxiety or illness anxiety disorder rather than being a principal symptom of Somatization Disorder itself.

3. Which mood stabilizer is commonly used to treat Bipolar Disorder?

- A. Fluoxetine
- B. Lamotrigine**
- C. Paroxetine
- D. Sertraline

Lamotrigine is a well-established mood stabilizer that is particularly effective in the treatment of Bipolar Disorder, especially for the maintenance phase and in preventing depressive episodes. It works by modulating neurotransmitter release and stabilizing mood fluctuations which are characteristic of bipolar disorder. Unlike some of the other options provided, which are primarily antidepressants used to treat unipolar depression and anxiety disorders, Lamotrigine's specific action on mood stability makes it a critical component of bipolar disorder management. Its efficacy in reducing the frequency of mood swings and its safety profile contribute to its prominence in treating this condition. In contrast, Fluoxetine, Paroxetine, and Sertraline are selective serotonin reuptake inhibitors (SSRIs) that can lead to manic episodes if used alone in patients with bipolar disorder. Therefore, they are not recommended for treating bipolar disorder unless used in conjunction with a mood stabilizer to mitigate the risk of inducing mania.

4. A patient presents with an emotional or behavioral response to a stressor that occurred three months ago. What is the likely diagnosis?

- A. Adjustment disorder**
- B. Major depressive disorder
- C. Generalized anxiety disorder
- D. Post-traumatic stress disorder

The diagnosis of adjustment disorder is appropriate in this scenario because it specifically pertains to an emotional or behavioral response that occurs in reaction to a stressor, which can manifest within three months of the identifiable stressor. Adjustment disorders are characterized by significant distress that is out of proportion to the stressor and represents a maladaptive reaction that interferes with daily functioning. Understanding the timing of the response is crucial; the symptoms must arise within three months following the onset of the stressor and can take various forms, including anxiety, depression, or behavioral issues. This aligns with the patient's presentation, suggesting that the response is directly linked to a specific stressor that occurred three months prior. Other conditions such as major depressive disorder, generalized anxiety disorder, and post-traumatic stress disorder have different diagnostic criteria and timelines. Major depressive disorder typically requires symptoms to be present for a longer period, generally at least two weeks, irrespective of a stressor. Generalized anxiety disorder does not necessitate a specific stressor and is characterized by chronic anxiety. Post-traumatic stress disorder involves experiencing a trauma and is marked by symptoms that can persist for longer than three months following the traumatic event, but it also involves specific symptoms such as hyperarousal and intrusive thoughts. Thus, the time frame

5. What is the action of Desipramine as a TCA antidepressant?

- A. Serotonin reuptake inhibitor**
- B. Selective NET inhibitor**
- C. Dopamine reuptake inhibitor**
- D. Norepinephrine reuptake inhibitor**

Desipramine, a tricyclic antidepressant (TCA), primarily acts as a selective norepinephrine transporter (NET) inhibitor. This means that it primarily inhibits the reuptake of norepinephrine (NE) in the presynaptic neuron, allowing for increased levels of this neurotransmitter in the synaptic cleft. The elevation of norepinephrine is associated with the alleviation of depressive symptoms, as norepinephrine plays a critical role in mood regulation. In addition to its action on norepinephrine, desipramine does have some level of activity against serotonin reuptake; however, its stronger and more selective effect on norepinephrine is what primarily characterizes its pharmacological profile. This selectivity for the norepinephrine transporter underlines its use in treating depressive disorders, and it contrasts with other antidepressant medications that may interact more broadly with serotonin or other neurotransmitter systems. Understanding this mechanism is essential for grasping how different antidepressants can vary in their effects and adverse effect profiles, allowing for more tailored treatment approaches in psychiatric care.

6. What is a common EKG finding in patients with anorexia nervosa?

- A. Sinus tachycardia**
- B. Heart block**
- C. Sinus bradycardia**
- D. Atrial fibrillation**

Sinus bradycardia is a common electrocardiogram (EKG) finding in patients with anorexia nervosa due to multiple factors associated with the disorder. Anorexia nervosa often leads to malnutrition and electrolyte imbalances, particularly hypokalemia and hypomagnesemia, which can influence heart rate. The physiological response to starvation and decreased body mass can also cause a decrease in metabolic rate, including a reduction in heart rate. Bradycardia in this context reflects the body's adaptation to low caloric intake and metabolic stress, conserving energy by slowing down the heart rate. Additionally, the autonomic nervous system's balance can be affected, often leading to heightened vagal tone, which can further promote heart rate slowing. In contrast, sinus tachycardia might be expected in cases of anxiety or stress but is less common in anorexia when the body is in a state of starvation. Heart block and atrial fibrillation are less frequently associated with anorexia nervosa and are typically linked to more specific cardiac issues or severe electrolyte disturbances. Therefore, recognizing sinus bradycardia as a common EKG finding helps clinicians monitor and manage potential cardiac complications in patients with anorexia nervosa.

7. What defines dissociative identity disorder?

- A. Presence of one distinct personality
- B. Two or more distinct personality states**
- C. Amnesia for a traumatic event
- D. Continuous feeling of detachment

Dissociative identity disorder (DID) is characterized by the presence of two or more distinct personality states or identities, each with its own unique behaviors, memories, and ways of perceiving the world. This core feature is what sets DID apart from other dissociative disorders, as individuals may switch between these identities in response to stress or trauma, leading to significant disruptions in functioning. The presence of multiple personality states can lead to gaps in memory and inconsistencies in a person's sense of self, which may be linked to past traumatic experiences. The distinct identities can have their own names, ages, histories, and characteristics, making the experience of DID profoundly complex for those affected. While the other options touch upon elements that may be associated with different types of dissociative experiences or disorders, they do not capture the defining characteristics of DID. For instance, the experience of amnesia for traumatic events is common in various dissociative disorders and can occur within DID but does not encompass the essential feature of having multiple identities. Similarly, a continuous feeling of detachment pertains more to other dissociative disorders, such as depersonalization/derealization disorder, rather than being a defining characteristic of DID. The idea of one distinct personality does not apply.

8. Which of the following is a subtype of Delusional Disorder?

- A. Postpartum
- B. Erotomanic**
- C. Dissociative
- D. Antisocial

Erotomanic is indeed a recognized subtype of Delusional Disorder, characterized by the belief that another person, often of higher social status, is in love with the individual. This fixed false belief may lead to behaviors such as trying to contact the person believed to have romantic feelings, or even stalking. Delusional Disorder itself is classified into various subtypes based on the predominant theme of the delusions, which include persecutory, grandiose, jealous, and, importantly, erotomanic. The erotomanic subtype highlights a specific theme of delusional belief centered around love and affection, distinguishing it from other conditions. This subtype often manifests in interpersonal contexts, affecting social dynamics and the individual's perception of reality significantly. Other options do not fit within the classification of Delusional Disorder's subtypes. For instance, postpartum is related to mood disorders in the context of childbirth, dissociative refers to a different group of disorders that involve disconnection from reality, and antisocial pertains to personality disorders characterized by a disregard for rules and the rights of others. Each of these categories has its own diagnostic criteria and does not classify under Delusional Disorder.

9. Reaction Formation can lead to which of the following when left unaddressed?

- A. Personal growth**
- B. Adaptive coping skills**
- C. Strained interpersonal relationships**
- D. Clear communication styles**

The concept of reaction formation involves a defense mechanism where an individual unconsciously transforms their unacceptable emotions or impulses into their opposites. For instance, a person who harbors feelings of anger towards someone may instead exhibit excessive friendliness or affection toward that person. When this defense mechanism is left unaddressed, it can create significant psychological tension and conflict within the individual. This unresolved internal conflict often spills over into interpersonal dynamics, leading to strained relationships. Individuals may struggle to be authentic or sincere, as their outward behaviors may not align with their true feelings. Consequently, others may sense this lack of authenticity, resulting in misunderstandings, conflicts, or feelings of disconnection. Over time, these strained relationships can become a significant source of distress for both the individual utilizing reaction formation and those around them. In contrast, options such as personal growth, adaptive coping skills, and clear communication styles typically arise from addressing and processing emotions in a healthy manner, rather than relying on defensive mechanisms like reaction formation. Therefore, failing to resolve the underlying issues associated with reaction formation can ultimately undermine relationships rather than foster healthy interpersonal communication or emotional development.

10. What is a potential consequence of vomiting associated with bulimia?

- A. Hypokalemia**
- B. Increased calcium levels**
- C. Hypertension**
- D. Weight gain**

Vomiting associated with bulimia can lead to hypokalemia, which is a condition characterized by low levels of potassium in the bloodstream. This occurs because when a person vomits, they not only expel food but also significant amounts of stomach acids and electrolytes, including potassium. Potassium is crucial for the normal functioning of muscle cells, including the heart. Severe hypokalemia can cause various symptoms, including muscle weakness, arrhythmias, and potentially life-threatening conditions. The other options do not directly relate to the consequences of vomiting in bulimia. Increased calcium levels may occur due to various metabolic or endocrine issues but are not typically associated with vomiting. Hypertension is more commonly seen in other contexts and is not a direct consequence of the vomiting observed in bulimia. Weight gain is generally the opposite concern for someone with bulimia, as the disorder often involves cycles of bingeing and purging that lead to weight fluctuations rather than consistent weight gain. Thus, hypokalemia is a significant and recognized consequence of vomiting in the context of bulimia nervosa.

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://papsychiatryeor.examzify.com>

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

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