

Pharmacology Antidepressant Agents 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. Which adverse effect is commonly associated with SNRIs, especially at higher doses?**
 - A. Weight gain.**
 - B. Somnolence.**
 - C. Increased blood pressure.**
 - D. Dry mouth.**
- 2. Which class of antidepressants is associated with the highest risk of hypertensive crisis if dietary restrictions are not followed?**
 - A. SSRIs**
 - B. MAOIs**
 - C. TCA**
 - D. SSRIs**
- 3. At what dosage should the nurse carefully monitor a client taking phenelzine?**
 - A. Increased secretions**
 - B. Facial flushing**
 - C. Dizziness**
 - D. Diarrhea**
- 4. What is a common side effect shared by most antidepressants?**
 - A. Dehydration**
 - B. Nausea**
 - C. Drowsiness or fatigue**
 - D. Hair loss**
- 5. What is a contraindication for initiating treatment with an MAOI?**
 - A. Use of serotonergic drugs or sympathomimetics**
 - B. History of depression in the family**
 - C. Use of low-dose aspirin**
 - D. Concurrent over-the-counter cold medications**

- 6. What does the term "dual-action antidepressants" refer to?**
- A. Antidepressants that target multiple neurotransmitters**
 - B. Drugs that only affect serotonin levels**
 - C. Medications that are effective in short-term use**
 - D. Agents that are non-habit forming**
- 7. What is an important consideration when prescribing antidepressants to elderly patients?**
- A. Increased metabolism rate**
 - B. Risk of side effects, especially anticholinergic effects**
 - C. Higher chance of addiction**
 - D. Lower effectiveness in treating depression**
- 8. Which class of antidepressants is known to increase serotonin levels specifically?**
- A. SSRIs**
 - B. TCAs**
 - C. MAOIs**
 - D. NRIs**
- 9. Which patient population may particularly benefit from trazodone?**
- A. Patients with high energy levels**
 - B. Those experiencing insomnia**
 - C. Individuals who prefer medication in pill form**
 - D. People with no prior history of depression**
- 10. What common side effect is associated with tricyclic antidepressants?**
- A. Weight loss**
 - B. Dry mouth**
 - C. Increased energy**
 - D. Excessive sweating**

Answers

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

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Explanations

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1. Which adverse effect is commonly associated with SNRIs, especially at higher doses?

- A. Weight gain.**
- B. Somnolence.**
- C. Increased blood pressure.**
- D. Dry mouth.**

SNRIs, or serotonin-norepinephrine reuptake inhibitors, are known to inhibit the reuptake of both serotonin and norepinephrine, which can lead to various physiological effects, particularly at higher doses. One notable adverse effect associated with SNRIs, especially when higher doses are administered, is increased blood pressure. The increase in blood pressure is primarily due to the norepinephrine reuptake inhibition, which enhances sympathetic nervous system activity and can cause vasoconstriction. This effect is significant because it differentiates SNRIs from other classes of antidepressants, like SSRIs (selective serotonin reuptake inhibitors), which typically do not have this association with blood pressure elevation. Monitoring blood pressure is recommended for patients on SNRIs, particularly if they have pre-existing hypertension or are at risk for cardiovascular issues. While other options, like dry mouth and somnolence, can also occur with SNRIs, they are not as strongly correlated or dose-dependent as the increase in blood pressure. Weight gain is generally more associated with other types of antidepressants, notably certain SSRIs or mood stabilizers, rather than SNRIs at higher doses. This nuanced understanding of SNRIs helps to highlight the importance of ongoing monitoring

2. Which class of antidepressants is associated with the highest risk of hypertensive crisis if dietary restrictions are not followed?

- A. SSRIs**
- B. MAOIs**
- C. TCA**
- D. SSRIs**

The class of antidepressants associated with the highest risk of hypertensive crisis due to dietary restrictions is monoamine oxidase inhibitors (MAOIs). MAOIs work by inhibiting the enzyme monoamine oxidase, which is responsible for breaking down neurotransmitters like norepinephrine, serotonin, and dopamine. One of the significant concerns with MAOIs is their interaction with tyramine, an amino acid found in certain foods such as aged cheeses, cured meats, and fermented products. When tyramine is consumed in excessive amounts while taking an MAOI, it can lead to a hypertensive crisis, which is characterized by a sudden and dangerously high elevation in blood pressure. This occurs because tyramine stimulates the release of norepinephrine, and the presence of the MAOI prevents the normal breakdown of this neurotransmitter, leading to an excessive buildup and subsequent vasoconstriction. Other classes of antidepressants, such as SSRIs (selective serotonin reuptake inhibitors) and TCAs (tricyclic antidepressants), do not have the same dietary restrictions or risks associated with tyramine. SSRIs primarily affect serotonin levels and are generally much safer regarding dietary interactions. While some TCAs can influence norepinephrine levels, they do not have the

3. At what dosage should the nurse carefully monitor a client taking phenelzine?

- A. Increased secretions**
- B. Facial flushing**
- C. Dizziness**
- D. Diarrhea**

Phenelzine, a monoamine oxidase inhibitor (MAOI), requires careful monitoring due to its side effects, particularly at certain dosages. Dizziness is a notable effect that can occur with the use of phenelzine, especially as its dosage increases or when a patient is starting treatment. This can be attributed to several factors, including changes in blood pressure and alterations in neurotransmitter levels that affect central nervous system functioning. Patients on phenelzine may experience orthostatic hypotension leading to dizziness, especially when moving from a sitting or lying position to standing. Therefore, vigilant observation for symptoms such as lightheadedness or unsteadiness is critical, especially when dosage adjustments are made. Monitoring for dizziness aids in the prevention of potential falls and ensures the medication is being tolerated appropriately. The other options, while they can occur, are less directly associated with the dosage-related monitoring that is crucial during treatment with phenelzine. Increased secretions, facial flushing, and diarrhea can occur but are not as consistently problematic across dosages as dizziness tends to be, particularly in the context of blood pressure changes.

4. What is a common side effect shared by most antidepressants?

- A. Dehydration**
- B. Nausea**
- C. Drowsiness or fatigue**
- D. Hair loss**

Drowsiness or fatigue is a common side effect shared by many antidepressants, particularly those that are classified as sedative or atypical antidepressants. This effect occurs because certain antidepressants can act on neurotransmitters such as serotonin and norepinephrine, which play roles in mood regulation and alertness. For instance, medications like tricyclic antidepressants and certain selective serotonin reuptake inhibitors (SSRIs) can lead to increased sedation and fatigue due to their sedative properties or because they may influence sleep patterns. While nausea, dehydration, and hair loss can be potential side effects of specific antidepressants, they are not experienced as broadly across the class of antidepressants as drowsiness or fatigue. Drowsiness can affect daily functioning and may require adjustments in dosage or medication types to manage effectively, making it an important consideration for both healthcare providers and patients starting treatment.

5. What is a contraindication for initiating treatment with an MAOI?

- A. Use of serotonergic drugs or sympathomimetics**
- B. History of depression in the family**
- C. Use of low-dose aspirin**
- D. Concurrent over-the-counter cold medications**

The use of serotonergic drugs or sympathomimetics is a critical contraindication for initiating treatment with a monoamine oxidase inhibitor (MAOI). MAOIs work by inhibiting the enzyme monoamine oxidase, which is responsible for the breakdown of neurotransmitters such as serotonin, norepinephrine, and dopamine. When these medications are taken concurrently with drugs that increase serotonin levels, such as other antidepressants, certain migraine treatments, or even certain over-the-counter medications, it can lead to serotonin syndrome, a potentially life-threatening condition characterized by symptoms like agitation, confusion, rapid heart rate, and high blood pressure. By avoiding the combination of MAOIs with serotonergic drugs and sympathomimetics, which can also increase blood pressure (for example, certain decongestants), the risk of serious side effects is significantly minimized. This makes identifying and managing contraindications crucial to patient safety when prescribing MAOIs.

6. What does the term "dual-action antidepressants" refer to?

- A. Antidepressants that target multiple neurotransmitters**
- B. Drugs that only affect serotonin levels**
- C. Medications that are effective in short-term use**
- D. Agents that are non-habit forming**

The term "dual-action antidepressants" specifically refers to medications that target multiple neurotransmitters in the brain to exert their therapeutic effects. These antidepressants typically aim to enhance the activity of both serotonin and norepinephrine, two key neurotransmitters implicated in mood regulation. By acting on more than one neurotransmitter system, these agents may address a broader spectrum of symptoms associated with depression, potentially leading to improved efficacy for certain individuals. The other options focus on narrower mechanisms or characteristics that do not define dual-action antidepressants. For example, medications that only affect serotonin levels would be classified as selective serotonin reuptake inhibitors (SSRIs) and do not fit the dual-action description. Similarly, medications that are effective in short-term use may not provide a complete picture of efficacy or mechanism, and being non-habit forming does not relate to the mechanism of action in the brain. Understanding that dual-action antidepressants engage multiple targets provides insights into their broader efficacy and highlights their role in managing complex depressive disorders.

7. What is an important consideration when prescribing antidepressants to elderly patients?

- A. Increased metabolism rate**
- B. Risk of side effects, especially anticholinergic effects**
- C. Higher chance of addiction**
- D. Lower effectiveness in treating depression**

When prescribing antidepressants to elderly patients, a significant consideration is the risk of side effects, particularly anticholinergic effects. This is crucial because older adults are often more sensitive to medications due to age-related physiological changes, such as decreased renal and hepatic function, which can lead to prolonged drug half-lives and increased potency of side effects. Anticholinergic effects can manifest as confusion, dry mouth, constipation, blurred vision, and urinary retention, all of which can exacerbate existing health issues in the elderly, such as cognitive impairment or urinary problems. Therefore, it is essential for healthcare providers to carefully evaluate the potential for these side effects when choosing an antidepressant for older patients, opting for medications with a more favorable side effect profile and closely monitoring for adverse reactions. This careful consideration helps to ensure that the benefits of treatment outweigh the risks associated with side effects in this vulnerable population.

8. Which class of antidepressants is known to increase serotonin levels specifically?

- A. SSRIs**
- B. TCAs**
- C. MAOIs**
- D. NRIs**

The class of antidepressants known to increase serotonin levels specifically is SSRIs, or selective serotonin reuptake inhibitors. SSRIs work by blocking the reabsorption (reuptake) of serotonin in the brain, which increases the amount of this neurotransmitter available in the synaptic cleft. By doing so, SSRIs enhance serotonergic activity, which plays a crucial role in regulating mood, emotion, and anxiety. This mechanism makes them effective in treating various types of depression and anxiety disorders. In contrast, other classes of antidepressants exhibit different mechanisms of action. TCAs, or tricyclic antidepressants, affect multiple neurotransmitters, including norepinephrine and serotonin but are not selective like SSRIs. MAOIs, or monoamine oxidase inhibitors, work by inhibiting the enzyme monoamine oxidase, which breaks down serotonin and other neurotransmitters, thereby increasing their levels indirectly. NRIs, or norepinephrine reuptake inhibitors, primarily focus on increasing norepinephrine levels rather than serotonin. Thus, SSRIs are distinct in their specific action on serotonin, leading to their common designation for treating depression characterized by low serotonin levels.

9. Which patient population may particularly benefit from trazodone?

- A. Patients with high energy levels**
- B. Those experiencing insomnia**
- C. Individuals who prefer medication in pill form**
- D. People with no prior history of depression**

Trazodone is particularly beneficial for individuals experiencing insomnia due to its sedative properties. It is an antidepressant that has also been classified as a sleep aid because one of its most notable side effects is drowsiness. Trazodone works by modulating serotonin levels in the brain, which can help regulate sleep patterns and improve sleep quality. This makes it a common choice for those who have difficulty falling asleep or staying asleep, especially if they are also dealing with comorbid depression or anxiety. While trazodone can be prescribed for various issues, its effectiveness in treating insomnia is well recognized, making it a suitable option for patients primarily struggling with sleep disturbances. Other patient populations may not gain the same benefits from trazodone, as those with high energy levels may not experience the sedative effects as needed, individuals who prefer medication in pill form are not specifically addressed in relation to trazodone's therapeutic effects, and patients with no prior history of depression may not find it appropriate if their primary concern is not mood-related or sleep-related.

10. What common side effect is associated with tricyclic antidepressants?

- A. Weight loss**
- B. Dry mouth**
- C. Increased energy**
- D. Excessive sweating**

Tricyclic antidepressants (TCAs) are known to block various neurotransmitter receptors in addition to their primary function of inhibiting the reuptake of norepinephrine and serotonin. One of the common side effects associated with this class of medications is dry mouth, also known as xerostomia. This occurs because TCAs can inhibit the action of acetylcholine, which plays a critical role in saliva production. When acetylcholine activity is reduced, patients may experience a decrease in salivary flow, leading to the sensation of dry mouth. This side effect is significant because it can affect a patient's comfort and adherence to medication. It may lead to difficulties in swallowing, speaking, and can even affect oral hygiene, increasing the risk of dental problems. Understanding this side effect is important for healthcare providers when prescribing TCAs, as they can provide guidance on managing the symptom.

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://pharmantidepressant.examzify.com>

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