

# PNN Anxiety, Depression, Bipolar 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 defines bipolar 2 disorder?**
  - A. At least one hypomanic and depressive episode without manic episodes**
  - B. Only manic episodes**
  - C. Mixed episodes of mania and depression**
  - D. Persistent depressive disorder**
  
- 2. What is the maximum daily dose of Vilazodone for most adults?**
  - A. 30 mg QD**
  - B. 40 mg QD**
  - C. 50 mg QD**
  - D. 60 mg QD**
  
- 3. In terms of maximum dosage, what is the highest daily dose for Sertraline?**
  - A. 150 mg**
  - B. 200 mg**
  - C. 250 mg**
  - D. 300 mg**
  
- 4. Which antidepressants should be avoided with Tamoxifen?**
  - A. Fluoxetine and Sertraline**
  - B. Fluoxetine, Paroxetine, and Duloxetine**
  - C. Amitriptyline and Nortriptyline**
  - D. Desvenlafaxine and Venlafaxine**
  
- 5. What is the mechanism of action (MOA) of Vilazodone?**
  - A. Serotonin reuptake inhibitor only**
  - B. Serotonin partial agonist/reuptake inhibitor**
  - C. Dopamine antagonist**
  - D. Selective norepinephrine reuptake inhibitor**

- 6. What condition can lead to elevated Lithium levels?**
- A. Dehydration**
  - B. Hypertension**
  - C. Hyperthyroidism**
  - D. Asthma**
- 7. What is a typical characteristic of hypomania?**
- A. Extreme depression**
  - B. A milder form of mania**
  - C. Complete psychosis**
  - D. Intense fatigue**
- 8. Which of the following are brand names of Bupropion?**
- A. Aplenzin, Wellbutrin, and Forfivo**
  - B. Wellbutrin, Zyban, and Lexapro**
  - C. Forfivo, Zoloft, and Aplenzin**
  - D. Wellbutrin, Celexa, and Aplenzin**
- 9. Which of the following conditions is associated with increased risk of Lithium toxicity?**
- A. Hypothyroidism**
  - B. Renal insufficiency**
  - C. Diabetes**
  - D. Cronobacter infection**
- 10. What is the maximum daily dose of Escitalopram?**
- A. 10 mg QD**
  - B. 15 mg QD**
  - C. 20 mg QD**
  - D. 30 mg QD**

## Answers

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

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## **Explanations**

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## 1. What defines bipolar 2 disorder?

- A. At least one hypomanic and depressive episode without manic episodes**
- B. Only manic episodes**
- C. Mixed episodes of mania and depression**
- D. Persistent depressive disorder**

Bipolar II disorder is characterized by the presence of at least one hypomanic episode and one major depressive episode, while not including any full manic episodes. Hypomania is a less severe form of mania, with symptoms that do not lead to severe functional impairment or require hospitalization. The depressive episodes in bipolar II can significantly impair daily functioning and quality of life. This distinction is crucial because it differentiates bipolar II from other mood disorders, particularly bipolar I disorder, where at least one full manic episode is present. Thus, the requirement of having hypomanic and depressive episodes, but not manic episodes, accurately defines bipolar II disorder. Understanding these criteria is essential for effective diagnosis and treatment planning in clinical practice.

## 2. What is the maximum daily dose of Vilazodone for most adults?

- A. 30 mg QD**
- B. 40 mg QD**
- C. 50 mg QD**
- D. 60 mg QD**

The maximum daily dose of Vilazodone for most adults is 40 mg. This dosage is supported by clinical guidelines and trial data, indicating that it is the highest dose at which the medication is both effective and has a manageable side effect profile. At this maximum dosage, Vilazodone can help address symptoms of depression more effectively while minimizing the risk of adverse effects that might arise from higher doses, such as increased gastrointestinal disturbances, which are common with selective serotonin reuptake inhibitors and their derivatives. Maintaining the dosage within this recommended range ensures patient safety and optimizes therapeutic outcomes, contributing to a balanced approach in the treatment of major depressive disorder. With this knowledge, healthcare providers can better tailor treatment plans while adhering to established dosing guidelines.

**3. In terms of maximum dosage, what is the highest daily dose for Sertraline?**

- A. 150 mg
- B. 200 mg**
- C. 250 mg
- D. 300 mg

Sertraline, a selective serotonin reuptake inhibitor (SSRI) used primarily to treat depression and anxiety disorders, has established dosage guidelines that are important to consider for safe and effective therapeutic use. The highest daily dose of Sertraline is 200 mg. This maximum dosage is endorsed based on clinical trial data and clinical practice guidelines, which indicate that while lower doses can be effective for many patients, the 200 mg threshold is where a more robust intervention is necessary, especially for treatment-resistant cases or severe depression. When prescribing Sertraline, clinicians often start with a lower dose to monitor efficacy and side effects, gradually increasing it to achieve the desired therapeutic outcome. Exceeding this maximum recommended dose is generally not advised due to risks of adverse effects, including increased potential for serotonin syndrome or other complications. This ceiling dose reflects a careful balance between maximizing benefits while minimizing risks, making 200 mg the benchmark for maximum daily dosing in clinical practice for Sertraline.

**4. Which antidepressants should be avoided with Tamoxifen?**

- A. Fluoxetine and Sertraline
- B. Fluoxetine, Paroxetine, and Duloxetine**
- C. Amitriptyline and Nortriptyline
- D. Desvenlafaxine and Venlafaxine

The correct choice identifies fluoxetine and paroxetine as antidepressants that should be avoided with Tamoxifen due to their impact on the enzyme CYP2D6. Tamoxifen is a medication commonly used in breast cancer treatment, and it requires CYP2D6 for its metabolism into its active form, endoxifen. Both fluoxetine and paroxetine are potent selective serotonin reuptake inhibitors (SSRIs) and strong inhibitors of the CYP2D6 enzyme. When taken concurrently with Tamoxifen, they can significantly reduce the effectiveness of Tamoxifen by inhibiting its conversion to the more active metabolite. This reduction can lead to suboptimal therapeutic effects in patients relying on Tamoxifen for cancer treatment. Duloxetine, although included in the correct answer option, is also a moderate inhibitor of CYP2D6 but has a lesser degree of interaction compared to fluoxetine and paroxetine. Thus, avoiding the latter two is paramount to ensure the efficacy of Tamoxifen. Understanding these interactions is critical for clinicians in prescribing practices to prevent any potential adverse effects on cancer treatment outcomes.

**5. What is the mechanism of action (MOA) of Vilazodone?**

- A. Serotonin reuptake inhibitor only**
- B. Serotonin partial agonist/reuptake inhibitor**
- C. Dopamine antagonist**
- D. Selective norepinephrine reuptake inhibitor**

Vilazodone's mechanism of action is primarily characterized as a serotonin partial agonist and reuptake inhibitor. This means that it not only inhibits the reuptake of serotonin, increasing its availability in the synaptic cleft, but also acts as a partial agonist at the serotonin 5-HT<sub>1A</sub> receptor. By doing so, Vilazodone provides a dual mechanism that can enhance mood and alleviate symptoms of depression more effectively than traditional selective serotonin reuptake inhibitors (SSRIs). The partial agonist activity at 5-HT<sub>1A</sub> can facilitate norepinephrine and dopamine release, contributing to its therapeutic effects and potentially offering a more favorable side effect profile. This dual action distinguishes Vilazodone from other antidepressants, leading to its effectiveness in treating major depressive disorder. Understanding this mechanism is crucial for assessing how Vilazodone compares to other options available for treating depression, which either target serotonin reuptake alone or act on different neurotransmitter systems entirely.

**6. What condition can lead to elevated Lithium levels?**

- A. Dehydration**
- B. Hypertension**
- C. Hyperthyroidism**
- D. Asthma**

Elevated lithium levels can occur due to dehydration because lithium is primarily excreted through the kidneys, and hydration status can significantly impact its serum concentration. When an individual is dehydrated, the kidneys may retain more lithium in an effort to conserve water, thereby increasing the concentration of lithium in the blood. Dehydration can arise from various factors such as excessive sweating, inadequate fluid intake, vomiting, or diarrhea. When any of these conditions lead to a reduced fluid volume, it affects kidney function and can disrupt the normal excretion of lithium, resulting in an increased risk of toxicity. The other conditions listed, while they may have their own implications for health, do not directly influence lithium levels in the same way dehydration does.

## 7. What is a typical characteristic of hypomania?

- A. Extreme depression
- B. A milder form of mania**
- C. Complete psychosis
- D. Intense fatigue

Hypomania is recognized as a milder form of mania characterized by elevated mood, increased energy, and heightened creativity or productivity. Unlike full-blown mania, hypomania does not lead to significant functional impairment or require hospitalization. Individuals experiencing hypomania might exhibit increased enthusiasm, reduced need for sleep, and a boost in self-esteem, but they typically remain connected to reality and do not experience delusions or hallucinations. In some cases, hypomania can be a part of bipolar disorder, particularly in the Bipolar II subtype, where it alternates with episodes of depression. The key distinguishing factor is that while hypomania involves an uplifted mood and increased activity, it lacks the severe consequences associated with mania, such as significant impairments in day-to-day functioning. The other choices describe conditions or effects that are not characteristic of hypomania. Extreme depression would contradict the elevated mood inherent to hypomania, while complete psychosis suggests a disconnection from reality, which typically does not occur in hypomania. Intense fatigue also contrasts with the increase in energy levels common in hypomanic episodes.

## 8. Which of the following are brand names of Bupropion?

- A. Aplenzin, Wellbutrin, and Forfivo**
- B. Wellbutrin, Zyban, and Lexapro
- C. Forfivo, Zoloft, and Aplenzin
- D. Wellbutrin, Celexa, and Aplenzin

The correct answer is founded on the established brand names for Bupropion, which is an antidepressant drug primarily used for treating major depressive disorder and aiding in smoking cessation. The brands Aplenzin, Wellbutrin, and Forfivo are all recognized commercial names under which Bupropion is marketed. Wellbutrin is the most widely known brand name and is often prescribed for depression. Aplenzin is another formulation that provides a different release mechanism, and Forfivo is marketed as a higher dosage option. Together, these brands indicate the various available formulations and delivery methods of Bupropion, closely associated with the drug's benefits in treating mood disorders and aiding in smoking cessation. The other choices contain incorrect associations with Bupropion; for example, while Lexapro and Zoloft are antidepressants, they are not related to Bupropion, which is key to differentiating the correct answer from the other options.

**9. Which of the following conditions is associated with increased risk of Lithium toxicity?**

- A. Hypothyroidism**
- B. Renal insufficiency**
- C. Diabetes**
- D. Cronobacter infection**

Lithium is a medication commonly used to treat bipolar disorder, and its therapeutic range is narrow, meaning that small changes in dosage or body chemistry can lead to toxicity. Renal insufficiency significantly affects the excretion of lithium from the body. The kidneys are primarily responsible for eliminating lithium, so if they are not functioning correctly, lithium levels can accumulate in the bloodstream, leading to increased risk of toxicity. Patients with renal insufficiency may exhibit reduced clearance of lithium, which can lead to side effects ranging from mild (nausea, tremors) to severe (seizures, coma) as the serum lithium levels rise above the therapeutic range. As such, monitoring renal function is essential in patients receiving lithium therapy to prevent these adverse effects. The other conditions listed either do not have a direct impact on lithium clearance (like hypothyroidism and diabetes) or are unrelated to lithium management (such as Cronobacter infection), making them less relevant to the risk of lithium toxicity.

**10. What is the maximum daily dose of Escitalopram?**

- A. 10 mg QD**
- B. 15 mg QD**
- C. 20 mg QD**
- D. 30 mg QD**

The maximum daily dose of Escitalopram is 20 mg. This is supported by clinical guidelines and research indicating that Escitalopram, a selective serotonin reuptake inhibitor (SSRI), is effective in treating anxiety and depression, particularly at doses up to this level. Doses higher than this may increase the risk of side effects without providing additional therapeutic benefit. In practice, doctors often start patients on lower doses, typically around 10 mg daily, and may adjust the dosage based on the patient's response and tolerability. However, the established upper limit for Escitalopram is 20 mg, which allows for effective treatment while minimizing potential adverse effects. Understanding this maximum dose is crucial for both healthcare providers and patients to ensure safety and efficacy in managing conditions such as anxiety and depression.

## 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://pnnanxietydepressionbipolar.examzify.com>**

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

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