

Psychiatry Core Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

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- 1. Which neurotransmitters are commonly found to be low in individuals with ADHD?**
 - A. Serotonin and GABA**
 - B. Dopamine and Norepinephrine**
 - C. Acetylcholine and Glutamate**
 - D. Endorphins and Histamine**
- 2. What treatment is mostly used for managing opioid use disorder?**
 - A. Acamprosate**
 - B. Methadone**
 - C. Naloxone**
 - D. Gabapentin**
- 3. What diagnostic tool can be used to confirm psychogenic nonepileptic seizures?**
 - A. MRI scan**
 - B. CT scan**
 - C. EEG (which shows no epileptic activity)**
 - D. Blood test for electrolyte levels**
- 4. What is dissociative amnesia (fugue state)?**
 - A. Inability to recall important information**
 - B. Feeling detached from the body**
 - C. A complete memory loss of past events**
 - D. Memory loss related to trauma or stress**
- 5. Which symptom is commonly reported by individuals taking stimulant medications for ADHD?**
 - A. Improved social interactions**
 - B. Increased appetite**
 - C. Weight loss**
 - D. Enhanced creativity**

- 6. Which screening tool is commonly used to detect autism?**
- A. ASQ (Ages and Stages Questionnaire)**
 - B. MCHAT (Modified Checklist for Autism in Toddlers)**
 - C. CBCL (Child Behavior Checklist)**
 - D. Conners Parent Rating Scale**
- 7. What is an indication of depressive episodes resolving on their own in cyclothymic disorder?**
- A. Persistent negative thoughts**
 - B. Episodes of intense sadness**
 - C. Duration of 3 months**
 - D. Consistent low energy levels**
- 8. Which of the following is a potential complication of bulimia nervosa?**
- A. Cardiomyopathy**
 - B. Swollen parotid glands**
 - C. Diabetes mellitus**
 - D. Acid reflux**
- 9. What are the first-line treatment options for a patient with bipolar disorder?**
- A. Mood stabilizers**
 - B. Antidepressants**
 - C. Antipsychotics**
 - D. Psychotherapy**
- 10. A 15-year-old girl reporting cyclic symptoms related to her menstrual cycle is likely diagnosed with which condition?**
- A. Premenstrual syndrome**
 - B. Chronic abdominal pain disorder**
 - C. Oppositional defiant disorder**
 - D. Major depressive disorder**

Answers

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

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Explanations

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1. Which neurotransmitters are commonly found to be low in individuals with ADHD?

- A. Serotonin and GABA
- B. Dopamine and Norepinephrine**
- C. Acetylcholine and Glutamate
- D. Endorphins and Histamine

Individuals with ADHD commonly display low levels of dopamine and norepinephrine. These neurotransmitters play essential roles in regulating attention, motivation, and the reward system in the brain. Dopamine is critical for the reinforcement of behaviors and is involved in processes related to concentration and impulse control, which are often impaired in those with ADHD. Norepinephrine also contributes to attention and arousal, impacting one's ability to focus and remain engaged with tasks. The literature on ADHD frequently highlights the dysregulation of these neurotransmitters, correlating their deficiencies with the characteristic symptoms of the disorder, such as inattention and hyperactivity. Medications used for ADHD treatment, particularly stimulants, primarily act by increasing the availability of dopamine and norepinephrine in the synaptic cleft, further supporting the association between low levels of these neurotransmitters and the disorder. The other neurotransmitters listed in the options are not typically associated with ADHD in the same way. For instance, serotonin is more closely linked with mood regulation, while GABA is primarily an inhibitory neurotransmitter involved in producing calmness and reducing anxiety. Acetylcholine plays a role in learning and memory, and glutamate is primarily an excitatory neurotransmitter involved in synaptic plasticity. End

2. What treatment is mostly used for managing opioid use disorder?

- A. Acamprosate
- B. Methadone
- C. Naloxone**
- D. Gabapentin

The effective management of opioid use disorder primarily involves the use of medications that specifically target the needs of individuals with this condition. Among the various treatments, methadone stands out as a cornerstone of opioid substitution therapy. Methadone is a long-acting opioid agonist that helps to alleviate withdrawal symptoms and reduce cravings, allowing patients to stabilize their lives and reduce illicit opioid use. Acamprosate and gabapentin are mostly used for managing alcohol use disorder and neuropathic pain, respectively, and do not directly address the specific challenges posed by opioid use disorder. Naloxone serves as an opioid antagonist, primarily used in emergency situations to reverse opioid overdoses, but it does not aid in the long-term management of opioid use disorder. Thus, methadone is the preferred choice for the treatment of opioid use disorder because it helps patients achieve a more stable state, facilitates recovery, and supports engagement in psychosocial interventions essential for sustainable recovery.

3. What diagnostic tool can be used to confirm psychogenic nonepileptic seizures?

- A. MRI scan
- B. CT scan
- C. EEG (which shows no epileptic activity)**
- D. Blood test for electrolyte levels

Psychogenic nonepileptic seizures (PNES) are episodes that resemble epileptic seizures but are not caused by abnormal electrical activity in the brain. The most effective diagnostic tool to confirm the diagnosis of PNES is the electroencephalogram (EEG). In cases of PNES, the EEG typically shows no evidence of epileptic activity during the seizure-like episodes; instead, it may demonstrate a normal or inconclusive pattern. This lack of electrical activity during the episodes is a crucial differentiator from true epileptic seizures, where the EEG would show clear spikes or waves during the seizure. Thus, if an EEG reveals no epileptic activity during events that appear to be seizures, this strongly supports the diagnosis of psychogenic nonepileptic seizures. Other diagnostic tools mentioned, such as MRI and CT scans, are primarily used to rule out structural causes of seizures, like tumors or brain lesions, but do not specifically confirm or rule out PNES. Blood tests for electrolyte levels are important for identifying metabolic causes of seizures but are not definitive for diagnosing PNES. Therefore, EEG showing no epileptic activity is definitive in this context.

4. What is dissociative amnesia (fugue state)?

- A. Inability to recall important information
- B. Feeling detached from the body
- C. A complete memory loss of past events
- D. Memory loss related to trauma or stress**

Dissociative amnesia, particularly in the context of a fugue state, refers to a condition where an individual experiences significant memory loss that is specifically linked to traumatic or stressful events. In this state, a person may lose their identity or personal history, often leading to a journey away from home or usual surroundings, accompanied by confusion about their identity. The key aspect of this disorder is that the memory loss is not due to a physical cause, such as brain injury or substance use, but rather arises as a psychological response to overwhelming stress or trauma. This dissociative mechanism serves as a way for the individual to cope with the emotional pain tied to those experiences. While the other options relate to memory functions, they either lack the specificity associated with trauma or stress, or they describe memory phenomena that are not characteristic of dissociative amnesia. For instance, the inability to recall important information could be a general symptom of various conditions but does not encapsulate the dissociative aspect or the context of trauma inherent in dissociative amnesia. Feeling detached from the body describes depersonalization, which is a different dissociative phenomenon. Lastly, complete memory loss of past events does not accurately define dissociative amnesia, as the memory

5. Which symptom is commonly reported by individuals taking stimulant medications for ADHD?

- A. Improved social interactions**
- B. Increased appetite**
- C. Weight loss**
- D. Enhanced creativity**

Individuals taking stimulant medications for ADHD frequently report weight loss as a common side effect. Stimulant medications, such as methylphenidate and amphetamines, can suppress appetite, leading to decreased food intake and, consequently, weight loss over time. This effect is particularly pronounced in the initial stages of treatment when the body is adjusting to the medication. While improved social interactions can be a positive outcome of effective ADHD treatment, it is not a direct symptom or side effect of the medication itself but rather a potential benefit stemming from better management of attention and behavior. Increased appetite is not typically associated with stimulant medications; rather, the opposite occurs, where appetite suppression is more common. Enhanced creativity is not a documented effect of stimulant use for ADHD. Instead, the medicinal purpose of these stimulants is to increase focus and decrease impulsivity in individuals with ADHD, rather than to enhance creative thinking.

6. Which screening tool is commonly used to detect autism?

- A. ASQ (Ages and Stages Questionnaire)**
- B. MCHAT (Modified Checklist for Autism in Toddlers)**
- C. CBCL (Child Behavior Checklist)**
- D. Conners Parent Rating Scale**

The Modified Checklist for Autism in Toddlers (MCHAT) is a widely recognized screening tool specifically designed to identify children at risk for autism spectrum disorders (ASD) between the ages of 16 and 30 months. It consists of a series of questions that parents or caregivers answer about their child's behavior and developmental milestones. The focus on early detection is critical due to the importance of timely intervention in improving outcomes for children with autism. The MCHAT is distinct from other screening tools, such as the Ages and Stages Questionnaire (ASQ), which is a general developmental screening tool assessing a broader range of developmental milestones, but is not specifically targeted for autism. The Child Behavior Checklist (CBCL) and Conners Parent Rating Scale are both used for assessing various behavioral issues and conditions like ADHD but do not specifically focus on the signs of autism. Thus, the MCHAT is the most appropriate tool for detecting potential signs of autism in young children.

7. What is an indication of depressive episodes resolving on their own in cyclothymic disorder?

- A. Persistent negative thoughts**
- B. Episodes of intense sadness**
- C. Duration of 3 months**
- D. Consistent low energy levels**

In cyclothymic disorder, depressive episodes are generally characterized by periods of depressive symptoms that do not meet the full criteria for major depressive disorder. An indication that these episodes are resolving on their own is typically reflected in a decrease or cessation of the intensity of depressive symptoms. Episodes of intense sadness are a common symptom during depressive phases; however, when these episodes begin to resolve, individuals often report a reduction in the frequency and intensity of these feelings. As a person experiences recovery from depressive symptoms, they might find that their general mood becomes more stable, and feelings of intense sadness may become less prevalent. Therefore, recognizing that the episodes of intense sadness are diminishing can be an important clinical sign of resolution within the broader context of cyclothymic disorder. This contrasts with persistently negative thoughts, duration of symptoms, or consistently low energy levels, which may not provide conclusive evidence of resolution.

8. Which of the following is a potential complication of bulimia nervosa?

- A. Cardiomyopathy**
- B. Swollen parotid glands**
- C. Diabetes mellitus**
- D. Acid reflux**

Swollen parotid glands are indeed a potential complication of bulimia nervosa, primarily due to the repeated cycles of bingeing and purging that characterize the disorder. When individuals with bulimia nervosa engage in frequent vomiting as a purging method, the stimulation of the salivary glands increases, leading to their enlargement. This condition is often referred to as sialadenosis, which specifically affects the parotid glands, causing them to swell noticeably. In the context of bulimia nervosa, the swelling can be a significant physical sign of the disorder, and healthcare providers may observe this change during medical evaluations. It is important to recognize that this physical manifestation not only has implications for health but also can contribute to the psychological burden of the disorder, potentially influencing the individual's self-image and behaviors related to eating. The other options presented, while related to various medical conditions, are not specific complications of bulimia nervosa in the same direct way as swollen parotid glands. Cardiomyopathy can arise from prolonged malnutrition and electrolyte imbalances but is more commonly associated with anorexia nervosa. Diabetes mellitus is not directly linked to bulimia nervosa, and acid reflux, although it can occur, is more of a symptom rather than

9. What are the first-line treatment options for a patient with bipolar disorder?

A. Mood stabilizers

B. Antidepressants

C. Antipsychotics

D. Psychotherapy

The first-line treatment options for a patient with bipolar disorder primarily include mood stabilizers. These medications are specifically designed to help regulate mood swings associated with bipolar disorder, preventing both manic and depressive episodes. Lithium is one of the most effective and well-studied mood stabilizers used in clinical practice for this purpose. Other mood stabilizers, such as valproate and lamotrigine, are also commonly employed, particularly for patients who may not respond to lithium or who have specific subtypes of bipolar disorder. While antidepressants, antipsychotics, and psychotherapy can play roles in managing bipolar disorder, they are not considered first-line treatments for the condition in general. Antidepressants may be used cautiously, usually alongside mood stabilizers, because they can potentially trigger manic episodes if not carefully monitored. Antipsychotics can help manage acute manic or mixed episodes and may have some mood-stabilizing properties, but they are not primarily used as first-line treatment for long-term management. Psychotherapy, while vital for supporting patients and helping them cope with their condition, is not a standalone treatment for bipolar disorder and is most effective when used in conjunction with medication. Focusing on mood stabilizers as first-line treatment is essential for effectively managing bipolar disorder and

10. A 15-year-old girl reporting cyclic symptoms related to her menstrual cycle is likely diagnosed with which condition?

A. Premenstrual syndrome

B. Chronic abdominal pain disorder

C. Oppositional defiant disorder

D. Major depressive disorder

The diagnosis of premenstrual syndrome (PMS) is indicated in this scenario due to the cyclic nature of the symptoms that correlate with the patient's menstrual cycle. PMS is characterized by a range of emotional and physical symptoms that occur in the luteal phase of the menstrual cycle and typically resolve shortly after menstruation begins. Symptoms can include mood swings, irritability, depression, anxiety, and physical symptoms such as bloating and breast tenderness. This condition is distinct from chronic abdominal pain disorder, which may present with ongoing pain not directly linked to the menstrual cycle. Oppositional defiant disorder primarily involves patterns of angry or irritable mood, argumentative behavior, and vindictiveness, and is not specifically related to menstrual cycles. Major depressive disorder can occur in adolescents but would typically present with more persistent symptoms that are not strictly linked to the menstrual cycle as seen in PMS. Overall, the cyclic occurrence of symptoms in relation to the menstrual cycle uniquely supports a diagnosis of premenstrual syndrome.