

Psychiatry Core Practice Exam (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. In the context of alcohol use, which of the following is considered a potential withdrawal symptom?**
 - A. Psychosis**
 - B. Severe headache**
 - C. Tremors**
 - D. Joint pain**
- 2. Which symptom is typically NOT associated with premenstrual syndrome?**
 - A. Depression**
 - B. Severe fatigue**
 - C. Breast tenderness**
 - D. Headaches**
- 3. Which of the following is not a direct consequence of bulimia nervosa?**
 - A. Hypophosphatemia**
 - B. Swollen parotid glands**
 - C. Mallory Weiss tear**
 - D. Osteoporosis**
- 4. Which other condition besides bulimia nervosa can result in a Mallory Weiss tear?**
 - A. Chronic alcoholism**
 - B. Anorexia nervosa**
 - C. Binge eating disorder**
 - D. Gastroesophageal reflux disease**
- 5. What immediate action should be taken when treating a patient presenting with symptoms of alcohol withdrawal?**
 - A. Start IV fluids only**
 - B. Begin with symptomatic treatment**
 - C. Administer lorazepam**
 - D. Send for psychological evaluation**

6. According to the DSM V, which of the following is a criterion for diagnosing ADHD?

- A. Symptoms must present after age 15**
- B. Signs present for at least 3 months**
- C. Hyperactive or inattentive signs present prior to age 12**
- D. Consistent performance in a controlled environment**

7. In cases of suspected alcohol withdrawal syndrome, what is the best initial plan for a patient?

- A. Discharge the patient**
- B. Start oral naltrexone**
- C. Admit the patient and start diazepam**
- D. Refer to outpatient therapy**

8. In a case where a patient has a WBC count of $1.0 \times 10^9/L$ after starting a new medication, what medication is the patient likely taking?

- A. Risperidone**
- B. Clozapine**
- C. Atypical antidepressant**
- D. Haloperidol**

9. Which demographic is most at risk for developing generalized anxiety disorder?

- A. Males over 40**
- B. Females under 30**
- C. Seniors**
- D. Children**

10. How does the DSM-5 define antisocial personality disorder?

- A. A pattern of disregard for the rights of others since age 15**
- B. A consistent pattern of emotional instability**
- C. A tendency to avoid social relationships**
- D. A display of grandiosity and need for admiration**

Answers

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

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Explanations

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1. In the context of alcohol use, which of the following is considered a potential withdrawal symptom?

- A. Psychosis**
- B. Severe headache**
- C. Tremors**
- D. Joint pain**

Tremors are a well-recognized withdrawal symptom associated with alcohol use. When individuals who have been consuming alcohol heavily for an extended period suddenly reduce or stop their intake, they can experience a range of withdrawal symptoms as their body adjusts to the absence of alcohol. Tremors, especially in the hands, often occur within several hours to a couple of days after the last drink. This is due to the central nervous system's hyperexcitability that occurs when alcohol, which acts as a depressant, is removed from the system. Other symptoms of alcohol withdrawal can include anxiety, agitation, sweating, nausea, and seizures. Tremors are often one of the first physical signs noted and can be indicative of the severity of withdrawal and the need for medical intervention. Recognizing these symptoms is crucial for healthcare providers to offer appropriate treatment and ensure patient safety during withdrawal.

2. Which symptom is typically NOT associated with premenstrual syndrome?

- A. Depression**
- B. Severe fatigue**
- C. Breast tenderness**
- D. Headaches**

Severe fatigue is typically not considered one of the hallmark symptoms of premenstrual syndrome (PMS). PMS is primarily characterized by emotional and physical symptoms that occur in the luteal phase of the menstrual cycle and resolve shortly after the onset of menstruation. Common symptoms include mood swings, depression, anxiety, irritability (often linked to the emotional dysregulation), breast tenderness, headaches, and abdominal bloating. While some individuals may experience fatigue as part of their menstrual symptoms, it is not as specifically associated with PMS as the symptoms of depression, breast tenderness, and headaches are. These latter symptoms are frequently discussed and are part of the diagnostic criteria used to classify PMS, making severe fatigue less representative and more of an incidental finding rather than a defining characteristic of the syndrome.

3. Which of the following is not a direct consequence of bulimia nervosa?

- A. Hypophosphatemia**
- B. Swollen parotid glands**
- C. Mallory Weiss tear**
- D. Osteoporosis**

Osteoporosis is not considered a direct consequence of bulimia nervosa because it typically arises from chronic nutritional deficiencies and prolonged lack of essential nutrients, often associated with prolonged periods of malnutrition or conditions such as anorexia nervosa rather than bulimia nervosa. While individuals with bulimia may experience nutritional imbalances due to erratic eating patterns, the specific behaviors associated with bulimia—such as binge eating followed by purging—are more directly linked to acute medical issues rather than long-term bone density loss. In contrast, conditions like hypophosphatemia, swollen parotid glands, and Mallory-Weiss tears are direct sequelae of the recurrent vomiting and extreme dietary restrictions often seen in bulimia nervosa. Hypophosphatemia can occur due to electrolyte imbalances from frequent vomiting. The swollen parotid glands result from the strain of purging and can be a visible sign of the disorder. Lastly, Mallory-Weiss tears, which are tears in the mucosa at the junction of the stomach and esophagus, can happen due to the forceful vomiting associated with bulimia. Each of these conditions is directly related to the physiological effects of bulimia, distinguishing them from osteoporosis, which has a more complex etiology.

4. Which other condition besides bulimia nervosa can result in a Mallory Weiss tear?

- A. Chronic alcoholism**
- B. Anorexia nervosa**
- C. Binge eating disorder**
- D. Gastroesophageal reflux disease**

A Mallory-Weiss tear is a laceration at the gastroesophageal junction resulting from the forceful vomiting or retching, which can happen in conditions that lead to significant increases in intra-abdominal pressure. Bulimia nervosa is well-known for creating such tears due to repeated vomiting episodes. Chronic alcoholism can similarly lead to Mallory-Weiss tears, primarily because individuals with alcohol use disorders often experience episodes of vomiting or retching, particularly during periods of acute intoxication or withdrawal. The combination of frequent vomiting and inflammation of the gastrointestinal tract due to alcohol can increase the risk of this type of injury. Other conditions, although they may cause vomiting, do not typically have the same association with Mallory-Weiss tears as chronic alcoholism or bulimia nervosa. Anorexia nervosa often leads to different physical complications, and while binge eating disorder involves episodes of overeating, it does not typically involve the same kind of vomiting or pressure that causes these tears. Gastroesophageal reflux disease (GERD) is focused more on acid reflux symptoms rather than the physical actions of vomiting or retching that would strain the esophagus.

5. What immediate action should be taken when treating a patient presenting with symptoms of alcohol withdrawal?

- A. Start IV fluids only**
- B. Begin with symptomatic treatment**
- C. Administer lorazepam**
- D. Send for psychological evaluation**

In cases of alcohol withdrawal, the most immediate and effective intervention is the administration of a benzodiazepine such as lorazepam. This medication is critical as it acts to alleviate the symptoms of withdrawal, which can include anxiety, tremors, and seizures. Benzodiazepines work by enhancing the effect of the neurotransmitter gamma-aminobutyric acid (GABA), which provides a calming effect on the nervous system and can prevent the progression to more serious complications such as delirium tremens. The urgency in administering lorazepam stems from the potential severity of alcohol withdrawal symptoms, which, if left untreated, can escalate quickly and lead to life-threatening conditions. Ensuring patient safety and managing withdrawal symptoms effectively are paramount in this scenario. Other treatments such as IV fluids or symptomatic treatment might be relevant in a broader management plan but do not directly address the immediate need to mitigate withdrawal symptoms. Similarly, while a psychological evaluation may be valuable for long-term treatment planning, it is not an immediate necessity in the acute setting where the focus is on stabilizing the patient.

6. According to the DSM V, which of the following is a criterion for diagnosing ADHD?

- A. Symptoms must present after age 15**
- B. Signs present for at least 3 months**
- C. Hyperactive or inattentive signs present prior to age 12**
- D. Consistent performance in a controlled environment**

The criterion for diagnosing Attention-Deficit/Hyperactivity Disorder (ADHD) states that hyperactive or inattentive symptoms must be present before the age of 12. This age threshold is significant because it underscores the developmental nature of ADHD and the need to identify the disorder early, allowing for timely intervention and support. Symptoms can manifest in various settings, such as at home and school, but their presence before this critical age is crucial for establishing a diagnosis according to the DSM-5 criteria. The emphasis on the age of onset recognizes that ADHD is a neurodevelopmental disorder characterized by patterns of inattention, hyperactivity, and impulsivity that can disrupt a child's functioning. By specifying that symptoms should appear prior to age 12, the DSM-5 ensures that ADHD is distinguished from other conditions that may present later in life. The other options do not align with the DSM-5 criteria for ADHD. For instance, the requirement that symptoms must present after age 15 is not consistent with ADHD diagnostic criteria, which focus on a younger age of onset. Similarly, while signs of ADHD must indeed be present for a significant duration, the specified period is usually 6 months rather than just 3 months. Lastly, consistent performance in a controlled environment is

7. In cases of suspected alcohol withdrawal syndrome, what is the best initial plan for a patient?

- A. Discharge the patient**
- B. Start oral naltrexone**
- C. Admit the patient and start diazepam**
- D. Refer to outpatient therapy**

In cases of suspected alcohol withdrawal syndrome, the best initial plan is to admit the patient and start diazepam. This approach is appropriate because alcohol withdrawal can present with severe symptoms, including tremors, anxiety, hallucinations, and seizures, which may escalate without medical intervention. Administering a benzodiazepine such as diazepam helps to alleviate withdrawal symptoms, reduce the risk of severe complications, and provide a safe environment for monitoring. Benzodiazepines are the first-line treatment for alcohol withdrawal due to their effectiveness in managing anxiety and preventing seizures. They work by enhancing GABA-A receptor activity, counteracting the excitatory effects of alcohol withdrawal on the nervous system, thus easing symptoms and supporting the patient's stability. Discharging the patient would not be safe, as they require observation and possible intervention to prevent serious withdrawal complications. Starting oral naltrexone is inappropriate as it is primarily used for alcohol dependence in abstinent individuals and does not address immediate withdrawal symptoms. Referring to outpatient therapy would similarly be inadequate, as a patient experiencing withdrawal requires immediate and often inpatient care to manage symptoms safely. Thus, admitting the patient and initiating treatment with diazepam is the most clinically sound approach.

8. In a case where a patient has a WBC count of $1.0 \times 10^9/L$ after starting a new medication, what medication is the patient likely taking?

- A. Risperidone**
- B. Clozapine**
- C. Atypical antidepressant**
- D. Haloperidol**

Clozapine is known for its potential to induce agranulocytosis, which is a significant reduction in the white blood cell (WBC) count. This side effect is particularly concerning because it can increase the risk of infection due to the body's decreased ability to combat pathogens. Patients on clozapine require regular monitoring of their complete blood count (CBC) to ensure their WBC levels remain within safe limits. In contrast, while other medications, including atypical antipsychotics like risperidone and haloperidol (a typical antipsychotic), can have side effects, they are not typically associated with causing such a drastic drop in white blood cell counts. Atypical antidepressants also do not commonly induce significant changes in WBC counts like clozapine does. Thus, the scenario presented—where the patient has a low WBC count after starting a new medication—points towards clozapine as the likely culprit due to its notorious side effect profile. Regular hematological monitoring is crucial in patients receiving this medication to prevent severe complications related to decreased white blood cell counts.

9. Which demographic is most at risk for developing generalized anxiety disorder?

- A. Males over 40**
- B. Females under 30**
- C. Seniors**
- D. Children**

Generalized Anxiety Disorder (GAD) is a prevalent mental health condition that tends to have a higher incidence among certain demographic groups. Research consistently shows that females are more likely to be affected by anxiety disorders compared to males, particularly in younger age groups. Studies indicate that women experience anxiety disorders, including GAD, at rates approximately double those seen in men. Females under 30 are particularly at risk due to several factors, including hormonal fluctuations, life transitions such as starting college or entering the workforce, and social pressures that can exacerbate anxiety symptoms. The combination of these factors often leads to a higher vulnerability to developing anxiety disorders during this time in life. In contrast, while seniors can experience anxiety disorders, the profile of risk factors is quite different, often related to health issues or loss rather than the acute life stressors seen in younger adults. Similarly, children may also experience anxiety but typically show different manifestations and are often more prone to other types of anxiety disorders rather than GAD specifically. Males over 40 may experience anxiety but do not represent the demographic most significantly at risk for GAD. Overall, the higher incidence of GAD in females under 30 aligns with the broader understanding of gender differences in the prevalence of anxiety disorders,

10. How does the DSM-5 define antisocial personality disorder?

- A. A pattern of disregard for the rights of others since age 15**
- B. A consistent pattern of emotional instability**
- C. A tendency to avoid social relationships**
- D. A display of grandiosity and need for admiration**

The DSM-5 defines antisocial personality disorder as a pervasive pattern of disregard for and violation of the rights of others, which is typically evident since the age of 15. This definition emphasizes not just the behaviors associated with the disorder but also highlights the importance of its early onset and the tendency for these behaviors to persist into adulthood. Individuals with antisocial personality disorder may engage in deceitful, manipulative, and sometimes criminal behaviors, often showing a lack of remorse for their actions. This characterization aligns with the diagnostic criteria that necessitate evidence of the disorder from adolescence onward, thereby providing a clear framework for identification and understanding of antisocial personality disorder. The other descriptions focus on different characteristics that pertain to other personality disorders, such as emotional instability indicative of borderline personality disorder, social withdrawal associated with avoidant personality disorder, and traits of narcissistic personality disorder characterized by grandiosity and a need for admiration. None of these accurately capture the essence of antisocial personality disorder as defined in the DSM-5.

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://psychiatrycore.examzify.com>

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

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