

# PSYCHIATRY CORE PRACTICE EXAM (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

<https://psychiatrycore.examzify.com>



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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 response mechanism do GABA neurotransmitters provide in the context of alcohol use disorder?**
  - A. Inhibition
  - B. Excitation
  - C. Disruption
  - D. Stimulation
- 2. What is a primary sign of autism?**
  - A. High verbal ability
  - B. Impaired social interactions
  - C. Excessive physical activity
  - D. Unusual sensory perceptions
- 3. What are the first-line treatment options for a patient with bipolar disorder?**
  - A. Mood stabilizers
  - B. Antidepressants
  - C. Antipsychotics
  - D. Psychotherapy
- 4. Which symptoms define bipolar type 2?**
  - A. Manic episode only
  - B. Hypomanic episode and a depressive episode lasting more than 4 days
  - C. Depressive episode only
  - D. Mixed episodes
- 5. Which of the following is a potential complication of bulimia nervosa?**
  - A. Cardiomyopathy
  - B. Swollen parotid glands
  - C. Diabetes mellitus
  - D. Acid reflux

- 6. Which of the following groups is more likely to experience intimate partner violence?**
- A. Older women
  - B. Pregnant women
  - C. Single men
  - D. Widowers
- 7. What defines panic disorder?**
- A. Patient experiences excessive worry about a variety of topics
  - B. Repeated panic attacks with the fear of future attacks occurring for more than 1 month
  - C. Experiencing anxiety in social situations
  - D. Inability to control worry over time
- 8. Which of the following electrolyte abnormalities is commonly observed in patients with anorexia nervosa?**
- A. Hyperkalemia
  - B. Hyponatremia
  - C. Hypocalcemia
  - D. Hypernatremia
- 9. Which of the following is typically observed in an MRI of a patient with schizophrenia?**
- A. Increased cortical thickness
  - B. Ventricular enlargement
  - C. Normal hippocampal size
  - D. Decreased ventricular size
- 10. What is lanugo in the context of anorexia nervosa?**
- A. Increased muscle mass
  - B. Fine body hair
  - C. Severe weight loss
  - D. Skin lesions

## **Answers**

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

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## **Explanations**

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## 1. What response mechanism do GABA neurotransmitters provide in the context of alcohol use disorder?

- A. Inhibition**
- B. Excitation
- C. Disruption
- D. Stimulation

GABA (gamma-aminobutyric acid) is the primary inhibitory neurotransmitter in the central nervous system. In the context of alcohol use disorder, the role of GABA is crucial in regulating neuronal excitability and maintaining balance in neurotransmission. When alcohol is consumed, it enhances the effects of GABA at its receptors, leading to an increase in inhibitory signaling. This mechanism produces a sedative effect, as GABA's role is to inhibit neuronal firing, which in turn can dampen the overall excitability of the brain. The enhanced inhibitory action due to alcohol consumption contributes to the characteristic effects of alcohol, including reduced anxiety, relaxation, and sedation. Over time, with chronic alcohol use, the brain may adapt by downregulating GABA receptors, but the initial response mechanism related to its action through alcohol is inhibitory. In this context, the correct answer reflects the basic pharmacological action of GABA during alcohol intoxication, underscoring its role as an inhibitory neurotransmitter that helps to moderate the effects of excitatory neurotransmitters and contributes to the sedative properties associated with alcohol use.

## 2. What is a primary sign of autism?

- A. High verbal ability
- B. Impaired social interactions**
- C. Excessive physical activity
- D. Unusual sensory perceptions

Impaired social interactions are a primary sign of autism spectrum disorder (ASD). Individuals with autism often struggle with understanding social cues, maintaining eye contact, sharing interests or emotions with others, and engaging in typical back-and-forth conversations. This core feature significantly impacts their ability to establish relationships and communicate effectively with peers. While high verbal ability can be present in some individuals with autism, it is not universally indicative of the disorder, as many may have delayed speech or language challenges. Excessive physical activity is not specifically associated with autism and can be found in a variety of behavioral contexts, including normal child development. Unusual sensory perceptions, although commonly reported among those with autism, are part of the broader sensory processing challenges that could also be seen in other conditions. Therefore, the defining characteristic of impaired social interactions stands out as a central feature of autism.

### 3. 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*

### 4. Which symptoms define bipolar type 2?

A. Manic episode only

**B. Hypomanic episode and a depressive episode lasting more than 4 days**

C. Depressive episode only

D. Mixed episodes

*Bipolar type 2 is characterized by the presence of at least one hypomanic episode and at least one major depressive episode. Specifically, a hypomanic episode lasts a minimum of four consecutive days and involves an elevated or irritable mood, increased activity or energy, and changes in functioning that are noticeable but not severe enough to require hospitalization or cause significant impairment. The defining feature of bipolar type 2 is that while individuals experience hypomanic episodes, they do not experience the full-blown manic episodes typical of bipolar type 1. Additionally, individuals with bipolar type 2 often face significant depressive episodes that can impact their ability to function normally, distinguishing the disorder from milder mood fluctuations. In this context, symptoms from other conditions or episodes do not align with the criteria for bipolar type 2. A manic episode alone is indicative of bipolar type 1, while depressive episodes without hypomania are suggestive of unipolar depression. Moreover, mixed episodes, which involve symptoms of both mania and depression occurring concurrently, do not specifically fit the diagnostic criteria for bipolar type 2 but may indicate type 1 or other mood disorders.*

**5. 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*

**6. Which of the following groups is more likely to experience intimate partner violence?**

- A. Older women
- B. Pregnant women**
- C. Single men
- D. Widowers

*Pregnant women are recognized as a group more likely to experience intimate partner violence due to various sociocultural dynamics and stressors that accompany pregnancy. Pregnancy can increase vulnerability for several reasons, including physical dependence on a partner, heightened emotional stress, and the potential for increased conflict within relationships as partners navigate the changes and responsibilities that come with impending parenthood. Furthermore, the role of pregnancy-related factors—such as hormonal changes, increased isolation, and financial strain—can exacerbate existing tensions in a relationship, increasing the risk for violence. Research has shown that the rates of intimate partner violence can be elevated during pregnancy compared to non-pregnant populations, underscoring the importance of monitoring and addressing these risks within healthcare settings. Effective screening and intervention strategies during prenatal care can help in the early identification of pregnant women who might be at risk of or experiencing violence, supporting the need for targeted services.*

## 7. What defines panic disorder?

- A. Patient experiences excessive worry about a variety of topics
- B. Repeated panic attacks with the fear of future attacks occurring for more than 1 month**
- C. Experiencing anxiety in social situations
- D. Inability to control worry over time

*Panic disorder is characterized by the occurrence of recurrent and unexpected panic attacks, which are sudden episodes of intense fear or discomfort. These panic attacks often lead to significant concern about the possibility of experiencing future attacks. The diagnostic criteria specify that this fear or worry about future attacks must persist for a duration of more than one month. This feature of persistent worry about additional attacks is crucial in distinguishing panic disorder from other anxiety disorders. In contrast, the other options describe symptoms or criteria more aligned with different anxiety disorders. For instance, experiencing excessive worry about various topics is a hallmark of generalized anxiety disorder. Anxiety in social situations is typically related to social anxiety disorder. Finally, the inability to control worry over time also pertains more closely to generalized anxiety disorder rather than panic disorder specifically. Each of these conditions has distinct symptoms that help differentiate them from panic disorder, which is primarily defined by the occurrence of panic attacks and the associated fear of having them again.*

## 8. Which of the following electrolyte abnormalities is commonly observed in patients with anorexia nervosa?

- A. Hyperkalemia
- B. Hyponatremia**
- C. Hypocalcemia
- D. Hypernatremia

*Hyponatremia is commonly observed in patients with anorexia nervosa due to several physiological and behavioral factors. In this condition, individuals may significantly restrict food intake, leading not only to inadequate nutrition but also to electrolyte imbalances. A lack of proper dietary sodium intake, coupled with excessive fluid intake or even purging behaviors, can result in a dilutional effect, causing sodium levels in the blood to drop. Additionally, individuals with anorexia nervosa may experience alterations in hormonal balance, especially involving antidiuretic hormone (ADH), which can lead to inappropriate water retention and further exacerbate the dilution of sodium in the bloodstream. This condition of low sodium can lead to various complications, including neurological symptoms. Although other electrolyte abnormalities may occur in patients with anorexia nervosa, such as hypokalemia from vomiting or laxative use or hypocalcemia from decreased dietary intake, hyponatremia stands out as a particularly prevalent issue due to both dietary restrictions and the potential for fluid imbalance. Understanding these mechanisms is essential for managing and treating patients with anorexia nervosa effectively.*

**9. Which of the following is typically observed in an MRI of a patient with schizophrenia?**

- A. Increased cortical thickness
- B. Ventricular enlargement**
- C. Normal hippocampal size
- D. Decreased ventricular size

Ventricular enlargement is a notable finding typically observed in MRI scans of patients with schizophrenia. This enlargement reflects an increase in the size of the lateral and third ventricles relative to the brain tissue, indicating a potential loss of brain volume or changes in brain structure. Research has shown that individuals with schizophrenia often exhibit this ventriculomegaly, which has been correlated with the severity of the disorder and certain cognitive deficits. In particular, ventricular enlargement in schizophrenia suggests underlying neurodevelopmental abnormalities, and it has been suggested that this may involve a combination of neurodegenerative processes and disrupted neuronal connectivity. Over time, these structural brain changes can manifest in the clinical symptoms experienced by patients, such as cognitive impairment and positive or negative symptoms associated with the disorder. In contrast, increased cortical thickness is generally not a prevalent finding in schizophrenia; rather, studies often indicate reduced cortical thickness in certain areas of the brain. Additionally, abnormalities in the hippocampus, which are crucial for memory and emotion processing, typically show a pattern of reduced volume rather than normal hippocampal size. Finally, decreased ventricular size is not consistent with findings in schizophrenia, as the condition is more frequently associated with enlargement rather than reduction.

**10. What is lanugo in the context of anorexia nervosa?**

- A. Increased muscle mass
- B. Fine body hair**
- C. Severe weight loss
- D. Skin lesions

In the context of anorexia nervosa, lanugo refers to the fine, soft hair that may develop on the body as a physiological response to extreme weight loss and malnutrition. When the body undergoes significant weight loss, particularly in cases like anorexia nervosa, it can enter a state where it attempts to conserve heat and protect vital organs due to a lack of insulating fat. Lanugo serves this purpose by providing some warmth in the absence of sufficient body fat. This phenomenon is often seen in individuals with severe cases of anorexia, highlighting the body's attempt to adapt to the harsh conditions created by starvation. The presence of lanugo can indicate the severity of an individual's eating disorder and reflect their compromised physiological state. It doesn't relate to increased muscle mass, severe weight loss specifically, or skin lesions, which are not characteristic of this adaptive response. Understanding lanugo is important in recognizing the physical manifestations of anorexia nervosa and the body's attempt to cope with extreme caloric deprivation.

## 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:

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

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