Schizophrenia and Psychotic Disorders 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 factor is listed as associated with increased hallucinations in studies?

A. Protective factors

B. Genetic predispositions

C. Factors associated with increased hallucinations

D. Mood disorder risk

2. What neurotransmitter is central to the modern biologic hypothesis of schizophrenia?

A. Dopamine

B. Gamma-aminobutyric acid

C. Glutamate

D. Serotonin

3. Excessive planning and participation in many activities is best described as which symptom?

A. Reckless activities

B. Increased goal-directed activity

C. Lability

D. Delirium

4. Which option is not listed as a bipolar I specifier in the notes?

A. Mild, manic

B. Moderate, hypomanic

C. Severe, depressed

D. Severe, manic

5. Which term describes physical irregularities that may be present in individuals with schizophrenia?

A. Major physical anomalies of the face

B. Minor physical anomalies of the face and limbs

C. Facial asymmetry unrelated to schizophrenia

D. Skeletal deformities

6. Which statement about tardive dyskinesia and VMAT2 inhibitors is true?

- **A. VMAT2 inhibitors are not used for tardive dyskinesia**
- **B. VMAT2 inhibitors decrease dopamine release and are used for tardive dyskinesia**
- **C. VMAT2 inhibitors increase dopamine release**
- **D. VMAT2 inhibitors cure tardive dyskinesia in all patients**

7. Targeting 5HT2A receptors is a characteristic of which pharmacologic action?

- **A. Antagonists**
- **B. Partial agonists**
- **C. Agonists**
- **D. Inverse agonists**

8. What is the starting dose for risperidone in severe impairment during week 1?

- **A. 0.5 mg/BID**
- **B. 1 mg/BID**
- **C. 0.25 mg/BID**
- **D. 1 mg daily**

9. Which medication is indicated for treatment-resistant schizophrenia?

- **A. Paliperidone**
- **B. Clozapine**
- **C. Risperidone**
- **D. Olanzapine**

10. Quetiapine, fluoxetine/olanzapine combo

- **A. Adjunctive treatment for MDD**
- **B. Treatment-resistant MDD**
- **C. Clozapine, olanzapine, quetiapine, risperidone**
- **D. Antagonism in dopaminergic pathways**

Answers

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

Explanations

1. Which factor is listed as associated with increased hallucinations in studies?

A. Protective factors

B. Genetic predispositions

C. Factors associated with increased hallucinations

D. Mood disorder risk

The main idea here is understanding how studies describe what accompanies more hallucinations. Research often identifies certain elements that co-occur with increased hallucinations, labeling them as factors associated with heightened symptoms. The option that explicitly says "Factors associated with increased hallucinations" directly mirrors this kind of finding, making it the best match to the prompt. Protective factors are about reducing symptoms, so they don't fit the idea of being linked to more hallucinations. Genetic predispositions can raise overall risk for psychosis but don't specifically name factors that increase hallucinations in the context of the prompt. Mood disorder risk relates to another diagnostic category and isn't the direct descriptor of factors shown to boost hallucinations.

2. What neurotransmitter is central to the modern biologic hypothesis of schizophrenia?

A. Dopamine

B. Gamma-aminobutyric acid

C. Glutamate

D. Serotonin

Dopamine is central to the modern biologic view of schizophrenia. The positive symptoms like delusions and hallucinations are linked to increased dopamine activity in the mesolimbic pathway. This is supported by the clinical action of antipsychotic medications, which block D2 dopamine receptors and often reduce positive symptoms in proportion to how much receptor occupancy they achieve. Pharmacology also reinforces the idea: drugs that boost dopamine release, such as amphetamine, can precipitate or worsen psychosis, while drugs that dampen dopamine signaling tend to alleviate symptoms. There's more nuance, though—dopamine functioning differs across pathways. Reduced dopaminergic activity in the mesocortical pathway may relate to negative symptoms and cognitive difficulties, illustrating a dysregulated system rather than a simple excess everywhere. Other neurotransmitters like glutamate, GABA, and serotonin interact with this dopaminergic framework and contribute to the full picture, but dopamine remains the central element driving the core biologic hypothesis.

3. Excessive planning and participation in many activities is best described as which symptom?

A. Reckless activities

B. Increased goal-directed activity

C. Lability

D. Delirium

In manic or hypomanic states, there's a noticeable surge in energy and drive focused on achieving goals, so people engage in multiple plans and activities. This manifested increase in goal-directed activity is the best fit for describing excessive planning and participation in many pursuits, because it captures the organized, purpose-driven aspect of their behavior rather than simply acting impulsively or risk-taking. Reckless activities describe riskier choices that can accompany mania but aren't the defining feature here; lability refers to rapid mood changes, and delirium involves confused thinking and disorientation.

4. Which option is not listed as a bipolar I specifier in the notes?

A. Mild, manic

B. Moderate, hypomanic

C. Severe, depressed

D. Severe, manic

Understanding bipolar I specifiers centers on how mood episodes are described in terms of severity and features. Manic episodes, which define bipolar I, can be described as mild, moderate, or severe in terms of symptom burden and impairment, and they may include features like psychotic symptoms or agitation. Hypomania, on the other hand, is a distinct state that characterizes bipolar II and is not used to describe a manic episode in bipolar I. So a specifier that pairs moderate severity with hypomania is not applicable to bipolar I. Hypomania describes a less severe, but still distinct, mood state that belongs to the bipolar II framework, not to the bipolar I specifier set. The other options align with how manic or depressive episodes can be described in bipolar I (for example, manic episodes described as mild or severe, or depressive episodes described with severity).

5. Which term describes physical irregularities that may be present in individuals with schizophrenia?

A. Major physical anomalies of the face

B. Minor physical anomalies of the face and limbs

C. Facial asymmetry unrelated to schizophrenia

D. Skeletal deformities

Subtle congenital variations, known as minor physical anomalies, are the concept here. These MPAs—especially seen in the face and limbs—reflect small disturbances in early fetal development and are more common in people with schizophrenia. They don't cause symptoms themselves, but their presence supports the idea that neurodevelopmental differences contribute to the disorder. Major physical anomalies would be more obvious and tied to syndromes, not typical of schizophrenia. The idea of facial asymmetry unrelated to schizophrenia isn't a standard, specific category, and skeletal deformities aren't the pattern usually associated. Examples of MPAs include things like a single transverse palmar crease or minor ear and facial feature variations.

6. Which statement about tardive dyskinesia and VMAT2 inhibitors is true?

A. VMAT2 inhibitors are not used for tardive dyskinesia

B. VMAT2 inhibitors decrease dopamine release and are used for tardive dyskinesia

C. VMAT2 inhibitors increase dopamine release

D. VMAT2 inhibitors cure tardive dyskinesia in all patients

VMAT2 inhibitors work by blocking vesicular monoamine transporter 2 in presynaptic neurons, which decreases the packaging of dopamine into synaptic vesicles and thus reduces dopamine release into the synapse. In tardive dyskinesia, long-term antipsychotic treatment can cause dopamine receptor changes, leading to abnormal, excessive dopaminergic signaling in the motor pathways. By lowering the amount of dopamine available to stimulate these receptors, VMAT2 inhibitors help lessen the involuntary movements characteristic of tardive dyskinesia. They are used for this condition, but they don't cure it in all patients and they don't increase dopamine release.

7. Targeting 5HT2A receptors is a characteristic of which pharmacologic action?

A. Antagonists

B. Partial agonists

C. Agonists

D. Inverse agonists

Blocking 5HT2A receptors is the action most characteristic of how many antipsychotics work. When a drug antagonizes 5-HT2A receptors, it dampens serotonin signaling at that site, which indirectly modulates dopamine pathways—typically increasing dopamine release in the prefrontal cortex. This helps improve aspects like motivation and cognition and tends to reduce extrapyramidal side effects compared with older drugs that primarily block D2 receptors. Activation of the receptor (an agonist) would have the opposite effect, and an inverse agonist would suppress even baseline activity, neither of which captures the common therapeutic action of these agents. The key idea is that 5HT2A antagonism is the pharmacologic action linked to this therapeutic effect.

8. What is the starting dose for risperidone in severe impairment during week 1?

A. 0.5 mg/BID

B. 1 mg/BID

C. 0.25 mg/BID

D. 1 mg daily

Starting risperidone at a low dose is important when there is severe impairment because reduced organ function can slow drug clearance and raise exposure, making a higher initial dose more likely to cause side effects. For week 1 in this situation, the best choice is 0.5 mg twice daily, totaling 1 mg per day. This provides a cautious but effective starting level that helps the patient tolerate the medication while still offering a chance at symptom relief. If well tolerated, the dose can be gradually increased in subsequent days, but jumping to higher amounts right away is not recommended in severe impairment. The alternatives either start too high for week 1, or use too small a single daily dose or an atypical dosing pattern that doesn't align with standard initial titration in this context.

9. Which medication is indicated for treatment-resistant schizophrenia?

A. Paliperidone

B. Clozapine

C. Risperidone

D. Olanzapine

In treatment-resistant schizophrenia, the key idea is that some patients do not respond to standard antipsychotics despite adequate trials. Clozapine is indicated in this scenario because it has demonstrated superior efficacy for those who have not responded to at least two other antipsychotics, making it the go-to option when conventional treatments fail. It also offers benefits in reducing suicidality in schizophrenia. The other antipsychotics listed can help many patients with schizophrenia, but they do not have the same proven effectiveness in treatment-resistant cases, and they are typically tried before moving to clozapine. Clozapine's advantage comes with a notable need for careful monitoring due to the risk of agranulocytosis, so it requires baseline and regular blood tests (including absolute neutrophil counts) and ongoing safety checks.

10. Quetiapine, fluoxetine/olanzapine combo

A. Adjunctive treatment for MDD

B. Treatment-resistant MDD

C. Clozapine, olanzapine, quetiapine, risperidone

D. Antagonism in dopaminergic pathways

The main idea is augmentation for major depressive disorder when standard antidepressants don’t yield sufficient improvement. The fluoxetine/olanzapine combination (marketed as Symbyax) pairs an SSRI with an atypical antipsychotic to boost response in people who don’t fully recover on antidepressants alone. This specific combo is approved for treatment-resistant depression and for bipolar depression, making treatment-resistant MDD the best description of its primary clinical use. Mechanistically, fluoxetine raises serotonin signaling, while olanzapine modulates multiple neurotransmitter systems (including dopamine and serotonin receptors) to enhance mood and reduce agitation. While augmentation in MDD can be done with various strategies, this particular pairing is best characterized by its role in treatment-resistant cases rather than as a general adjunctive approach or by its receptor antagonism alone.

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://schizopsychodisorders.examzify.com

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