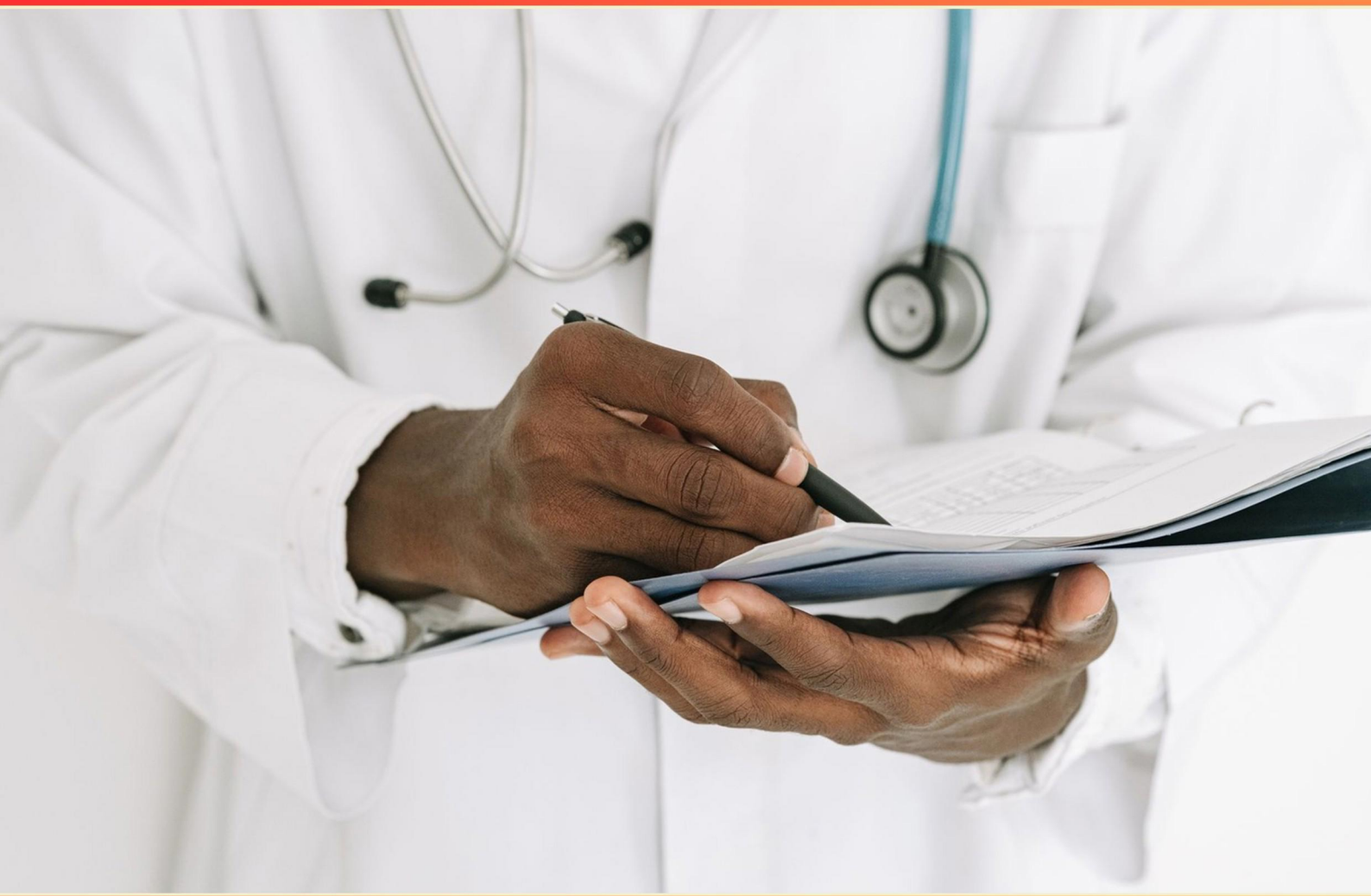
AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY (ABPN) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

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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.

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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!

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Questions

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1. In which area is an acute stroke most likely localized if symptoms include vertigo and loss of sensation?

A. Left hemisphere

B. Left lateral medulla

C. Left pons

D. Right pons

2. What is a classic finding in needle electromyography (EMG) that indicates radiculopathy?

A. High-frequency, short-duration potentials

B. Positive sharp waves and fibrillations

C. Fasciculations

D. Myotonia

3. Which type of test is utilized to assess a bulimic patient using ipecac?

A. Serum creatine kinase

B. Serum amylase

C. Echocardiogram

D. Electrocardiogram

4. Which diagnosis is indicated by extreme sadness, feelings of worthlessness, and possible suicidality following the loss of a loved one?

A. Normal bereavement

B. Pathological grief

C. Bipolar disorder

D. Anticipatory grief

5. Which pattern of behavior is typically seen in individuals diagnosed with narcissistic personality disorder?

A. Empathy towards others

B. Self-centeredness

C. Unrealistic perceptions of self

D. Dependency on relationships

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6. Which one of the following is not a possible psychiatric manifestation of acute intermittent porphyria?

A. Anxiety

B. Dementia

C. Depression

D. Psychosis

7. What symptom is present in desvenlafaxine treatment that requires monitoring in children and teens?

A. Hypertension

B. Somnolence

C. Increased suicidality

D. Weight gain

8. Which medication is least likely to cause weight gain?

A. Clozapine

B. Olanzapine

C. Lamotrigine

D. Lithium

9. In family therapy, focusing primarily on the most dysfunctional member is considered:

A. Helpful

B. Counterproductive

C. Essential

D. Preferable

10. What is the most reliable CSF finding in patients during the chronic progressive phase of multiple sclerosis?

A. Myelin basic protein concentration

B. Total protein concentration

C. Presence of oligoclonal bands

D. Acellularity of the CSF

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Answers

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

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Explanations

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1. In which area is an acute stroke most likely localized if symptoms include vertigo and loss of sensation?

A. Left hemisphere

B. Left lateral medulla

C. Left pons

D. Right pons

The symptoms of vertigo and loss of sensation strongly suggest a problem in the area of the brain that affects balance and sensation pathways. The left lateral medulla is particularly relevant because it houses critical structures involved in both vestibular function (which affects balance) and sensory pathways that provide input from the body to the brain. In the case of an acute stroke, an infarct in the left lateral medulla can result in a variety of neurological deficits. Vertigo can arise from disruption in the vestibular pathways located in this area, and loss of sensation can occur due to involvement of the sensory pathways that provide input from the opposite side of the body. Thus, the localization of acute stroke symptoms involving vertigo and loss of sensation aligns well with involvement of the left lateral medulla, making it the most likely area affected in this scenario.

2. What is a classic finding in needle electromyography (EMG) that indicates radiculopathy?

A. High-frequency, short-duration potentials

B. Positive sharp waves and fibrillations

C. Fasciculations

D. Myotonia

In needle electromyography (EMG), the presence of positive sharp waves and fibrillations is a classic finding indicative of radiculopathy. Radiculopathy occurs when a nerve root is compressed, inflamed, or otherwise damaged, often leading to denervation of the muscle fibers innervated by that nerve root. Positive sharp waves and fibrillations are signs of ongoing muscle denervation. These potentials appear due to the disruption of the connection between the nerve and muscle, causing spontaneous activity in the muscle fibers that are no longer receiving proper neural input. This finding is particularly relevant in radiculopathy because it reflects the underlying nerve root pathology that can lead to muscle weakness and atrophy in specific muscle groups. In contrast, high-frequency, short-duration potentials indicate reinnervation or muscle overactivity, which is not characteristic of radiculopathy. Fasciculations are associated with lower motor neuron lesions, which may or may not involve nerve root damage but do not specifically indicate radiculopathy. Myotonia, on the other hand, is a distinct condition associated with increased muscle tone and delayed relaxation, not a hallmark of radiculopathy. Thus, the identification of positive sharp waves and fibrillations during EMG effectively points towards radial nerve root

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3. Which type of test is utilized to assess a bulimic patient using ipecac?

A. Serum creatine kinase

B. Serum amylase

C. Echocardiogram

D. Electrocardiogram

The utilization of serum creatine kinase is pertinent in assessing a bulimic patient who has used ipecac, primarily due to the potential for muscle damage. Ipecac is an emetic that induces vomiting and can lead to electrolyte imbalance, muscle spasms, or even rhabdomyolysis, a condition where muscle fibers break down and release creatine kinase into the bloodstream. Elevated serum creatine kinase levels can indicate muscle injury that may occur as a secondary effect of the vomiting or dehydration commonly seen in bulimia. In contrast, while serum amylase may also be elevated in bulimia due to the stress and possible pancreatic involvement, it is not specific enough to address the potential complications from ipecac use. An echocardiogram would evaluate heart structure and function but is not a direct indicator of the effects of ipecac. An electrocardiogram can help detect cardiac arrhythmias that may arise from electrolyte disturbances but does not specifically assess muscle damage. Therefore, serum creatine kinase serves as a more relevant marker in this context for detecting complications associated with bulimia and the use of ipecac.

4. Which diagnosis is indicated by extreme sadness, feelings of worthlessness, and possible suicidality following the loss of a loved one?

A. Normal bereavement

B. Pathological grief

C. Bipolar disorder

D. Anticipatory grief

The diagnosis indicated by extreme sadness, feelings of worthlessness, and possible suicidality following the loss of a loved one is best categorized as pathological grief. This condition goes beyond the typical process of grieving and reflects a more intense, prolonged, and impairing reaction to loss that can include severe emotional pain, guilt, and suicidal ideation. In contrast, normal bereavement encompasses the range of emotional responses that people typically experience after a loss, such as sadness and yearning, but these feelings usually evolve over time and do not reach such extreme levels. Anticipatory grief refers to the emotions experienced prior to an impending loss, often in the context of terminal illness, and would not be characterized by the immediate aftermath of loss as indicated in the question. Bipolar disorder is a mood disorder characterized by episodes of mania and depression, which is not specifically a response to loss but rather a chronic condition with recurring episodes irrespective of external situations. In summary, pathological grief is recognized when the grieving process typically associated with loss becomes excessive enough to impair functioning and elicits severe symptoms such as pervasive feelings of worthlessness and potential suicidality. Recognizing this distinction is essential for providing appropriate intervention and support to individuals navigating their grief.

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5. Which pattern of behavior is typically seen in individuals diagnosed with narcissistic personality disorder?

A. Empathy towards others

B. Self-centeredness

C. Unrealistic perceptions of self

D. Dependency on relationships

Individuals diagnosed with narcissistic personality disorder often exhibit self-centeredness as a defining characteristic of their behavior. This condition is marked by a pervasive pattern of grandiosity, a need for admiration, and a lack of empathy for others. Self-centeredness manifests in various ways, such as an inflated sense of self-importance, a preoccupation with fantasies of unlimited success, and a belief that they are special and can only be understood by other high-status individuals. This self-focused behavior leads to difficulties in relationships, as these individuals may prioritize their own needs and desires over those of others, often resulting in a lack of genuine interest in or care for the feelings of people around them. While individuals with narcissistic personality disorder may present a confident and charismatic exterior, their underlying self-centered behavior can lead to interpersonal conflicts and isolation, as they struggle to understand and engage with others' perspectives and emotions.

6. Which one of the following is not a possible psychiatric manifestation of acute intermittent porphyria?

A. Anxiety

B. Dementia

C. Depression

D. Psychosis

Acute intermittent porphyria (AIP) is a metabolic disorder characterized by the accumulation of porphyrins, which can lead to a range of neurological and psychiatric symptoms. The psychiatric manifestations associated with AIP typically include anxiety, depression, and psychosis. These symptoms arise due to the impact of neurotoxic porphyrin precursors on the central nervous system. Dementia, which is typically characterized by a progressive decline in cognitive function and is associated with various neurodegenerative conditions, is not a common feature of acute intermittent porphyria. While AIP can lead to acute neurovisceral symptoms and cognitive disturbances during an acute attack, these changes do not equate to classic dementia presentations which are usually chronic and progressive. Thus, it is accurate to identify dementia as not being a possible psychiatric manifestation of acute intermittent porphyria. In summary, the correct answer reflects that while AIP can cause significant psychiatric symptoms, the disorder is not commonly linked with dementia, distinguishing it from anxiety, depression, and psychosis, which are indeed recognized manifestations in patients experiencing acute episodes.

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7. What symptom is present in desvenlafaxine treatment that requires monitoring in children and teens?

A. Hypertension

B. Somnolence

C. Increased suicidality

D. Weight gain

Desvenlafaxine, an antidepressant belonging to the serotonin-norepinephrine reuptake inhibitor (SNRI) class, is used to treat major depressive disorder. One critical aspect of its use in children and teens is the observation of increased suicidality. Research indicates that children and adolescents taking antidepressants, including desvenlafaxine, may experience an elevated risk of suicidal thoughts and behaviors. This increased risk necessitates close monitoring of young patients, especially during the initial phases of treatment or during dose adjustments. While the other symptoms listed may occur, they do not have the same level of clinical significance and monitoring requirements as the risk of suicidality. Hypertension, somnolence, and weight gain are important side effects to be aware of, but they do not carry the same urgent implications for patient safety as the potential for increased suicidality. Thus, the emphasis on monitoring for suicidal ideation and behavior makes recognizing this symptom imperative in the treatment of children and adolescents with desvenlafaxine.

8. Which medication is least likely to cause weight gain?

A. Clozapine

B. Olanzapine

C. Lamotrigine

D. Lithium

Lamotrigine is least likely to cause weight gain among the medications listed. It is primarily used as an anticonvulsant and mood stabilizer, particularly in the treatment of bipolar disorder. Unlike some antipsychotics, which tend to have a higher propensity for inducing metabolic side effects, including weight gain, lamotrigine is generally considered weight-neutral in most patients. Clozapine and olanzapine, both atypical antipsychotics, are well-documented in their association with weight gain due to their effects on appetite and metabolism. Lithium, although also not typically associated with significant weight gain, can cause weight changes in some individuals due to factors such as fluid retention or increased appetite. In contrast, lamotrigine's mechanism of action and its side effect profile do not include significant weight gain, making it the least likely to cause this issue among the medications mentioned.

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9. In family therapy, focusing primarily on the most dysfunctional member is considered:

A. Helpful

B. Counterproductive

C. Essential

D. Preferable

Focusing primarily on the most dysfunctional member in family therapy is considered counterproductive because it can reinforce negative dynamics within the family system. When therapy concentrates solely on one individual's issues, it risks neglecting the broader context of family relationships and interactions. This approach may inadvertently exacerbate the dysfunction by placing blame on that individual, fostering a sense of isolation or resentment, and potentially alienating other family members. Effective family therapy emphasizes understanding the interactions and patterns among all family members. It recognizes that problems are often relational rather than solely individual. By working on the patterns of communication and behavior within the entire family unit, therapists can facilitate healthier dynamics and support collective healing. Thus, a more systemic approach is preferred, allowing each family member to contribute to and engage in the therapeutic process, leading to more sustainable changes in the family's functioning.

10. What is the most reliable CSF finding in patients during the chronic progressive phase of multiple sclerosis?

A. Myelin basic protein concentration

B. Total protein concentration

C. Presence of oligoclonal bands

D. Acellularity of the CSF

The presence of oligoclonal bands in the cerebrospinal fluid (CSF) is considered the most reliable finding in patients during the chronic progressive phase of multiple sclerosis (MS). Oligoclonal bands result from the intrathecal synthesis of immunoglobulins and indicate localized immune response, which is a hallmark of MS. In patients with MS, these bands are typically detected in the CSF but not in the serum, signifying an immune-mediated process occurring within the central nervous system. During the chronic progressive phase of MS, inflammatory processes continue in the CNS, leading to the formation of these oligoclonal bands. Their detection supports the diagnosis of MS and reflects ongoing pathophysiological activity, making them a critical marker in assessing the disease's progression and informing treatment strategies. In contrast, while other findings such as an increase in total protein concentration can be observed in various neurological disorders, they are not specific to MS. Myelin basic protein concentration can also indicate demyelination but is not as consistently observed as oligoclonal bands in the chronic phase. Acellularity of the CSF, which indicates a lack of inflammatory cells, would suggest a different pathology or a more quiescent state that does not align

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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://abpn.examzify.com

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

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