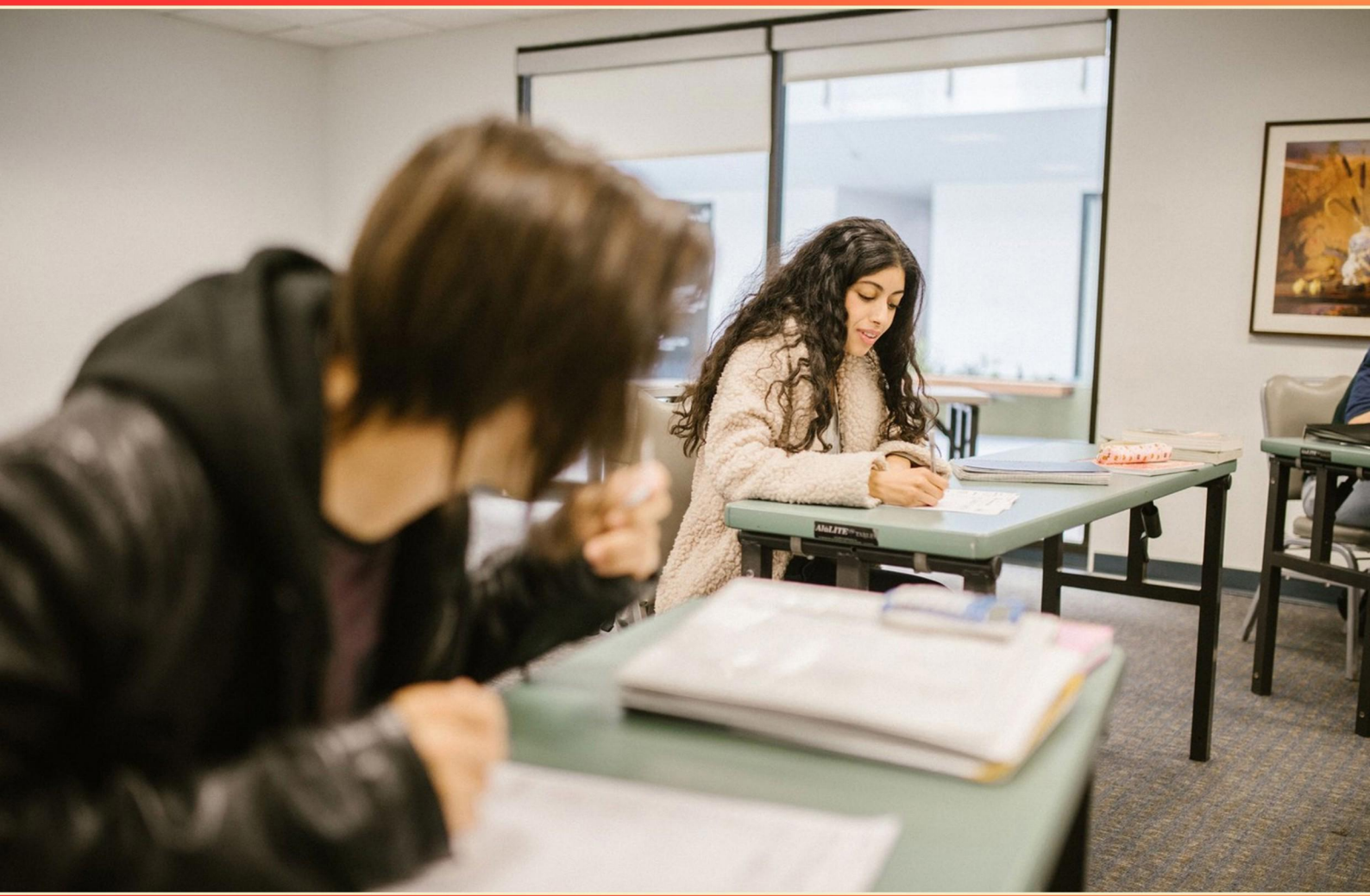
DR. HIGH YIELD PSYCHIATRY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Which statement best describes the treatment approach for panic disorder as indicated in the material?

A. SSRI is a first-line pharmacotherapy for panic disorder

B. SNRI is the first-line treatment for panic disorder

C. Benzodiazepines are first-line monotherapy for panic disorder

D. Antipsychotics are recommended for panic disorder

2. Irritable bowel syndrome is commonly treated with which class of medication?

A. Selective serotonin reuptake inhibitors (SSRI)

B. Monoamine oxidase inhibitors (MAOI)

C. Tricyclic antidepressants (TCA)

D. Antihistamines

3. What is the first-line treatment for PCP (phencyclidine) overdose?

A. Flumazenil

B. Haloperidol

C. Benzodiazepines

D. Naloxone

4. Which is a core feature of borderline personality disorder?

A. Splitting (all-or-nothing thinking)

B. Delusions

C. Avolition

D. Hypochondriasis

5. Which deficiency is specifically associated with subacute combined degeneration of the spinal cord?

A. B12

B. B1

C. B6

D. B9

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6. Which treatment is used for serotonin syndrome?

A. Cyproheptadine

B. Dantrolene

C. Haloperidol

D. Lithium

7. For nicotine addiction, which pharmacotherapy is considered first-line?

A. Varenicline

B. Bupropion

C. Nicotine replacement therapy

D. Clonidine

8. Akathisia is characterized by which symptom?

A. Inability to sit still and a sense of restlessness

B. Acute muscle spasm causing fixed posture

C. Jaw clenching

D. Visual hallucinations

9. Which bicarbonate abnormality is described in anorexia purging type?

A. High bicarbonate

B. Low bicarbonate

C. Normal bicarbonate

D. Variable bicarbonate

10. What combination of effects is associated with tricyclic antidepressants due to receptor blockade?

A. Cardiac conduction abnormalities, convulsions, coma

B. Liver toxicity and jaundice

C. Weight gain and metabolic syndrome

D. Hypertension and tachycardia only

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Answers

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

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Explanations

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1. Which statement best describes the treatment approach for panic disorder as indicated in the material?

A. SSRI is a first-line pharmacotherapy for panic disorder

B. SNRI is the first-line treatment for panic disorder

C. Benzodiazepines are first-line monotherapy for panic disorder

D. Antipsychotics are recommended for panic disorder

The main concept is that starting pharmacotherapy for panic disorder relies on selective serotonin reuptake inhibitors as the first-line option. SSRIs are preferred because they consistently reduce the frequency of panic attacks and the anticipatory anxiety that fuels fear of future episodes, with a strong evidence base from multiple studies. They work by boosting serotonin signaling in brain circuits that regulate fear and stress, which helps dampen the exaggerated panic response over weeks to months. SSRIs also address potential coexisting depression or generalized anxiety, and they have a favorable safety profile with a low risk of dependence compared with other options. It's important to note that SSRIs take some time to exert full benefit, so patients may need supportive strategies in the interim and a plan for gradual dose adjustment and monitoring. Benzodiazepines can be useful for rapid relief or as a short-term bridge during SSRI initiation, but they are not the preferred long-term monotherapy due to risks of tolerance, dependence, and withdrawal. Antipsychotics are not indicated as a standard treatment for panic disorder. SNRIs can be effective in some patients, but the material in question identifies SSRIs as the first-line pharmacotherapy.

2. Irritable bowel syndrome is commonly treated with which class of medication?

A. Selective serotonin reuptake inhibitors (SSRI)

B. Monoamine oxidase inhibitors (MAOI)

C. Tricyclic antidepressants (TCA)

D. Antihistamines

Antidepressants are used in irritable bowel syndrome to modulate the gut–brain axis and reduce visceral hypersensitivity, helping with abdominal pain and abnormal bowel habits when lifestyle adjustments alone aren't enough. Among the antidepressant options, low-dose tricyclic antidepressants are the most supported for IBS because their anticholinergic effects slow intestinal transit and blunt pain signals from the gut. This combination often translates into less cramping and fewer bowel movements for patients with diarrhea-predominant IBS, and they can also help patients who have concurrent mood symptoms. If a patient has significant anxiety or depressive symptoms, an SSRI might be considered, but SSRIs are not the primary choice for addressing IBS pain and stool symptoms themselves. Monoamine oxidase inhibitors aren't used for IBS due to safety concerns and limited evidence in this context, and antihistamines don't target the underlying gut–brain dysregulation seen in IBS.

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3. What is the first-line treatment for PCP (phencyclidine) overdose?

A. Flumazenil

B. Haloperidol

C. Benzodiazepines

D. Naloxone

The main idea is that PCP overdose causes severe agitation and an overactive sympathetic state, often with risk of seizures, due to NMDA receptor antagonism. The best initial treatment to calm agitation, reduce autonomic arousal, and help prevent seizures is a benzodiazepine. These meds enhance GABA activity, providing sedation, anxiolysis, and anticonvulsant effects, which directly address the dangerous symptoms of PCP intoxication. Flumazenil blocks benzodiazepine effects and can precipitate withdrawal or seizures in someone with PCP intoxication, so it's not used as a reversal agent here. Naloxone targets opioid overdose, which is not the issue in PCP poisoning. Haloperidol, an antipsychotic, may be considered if agitation persists, but it is not first-line because it doesn't adequately address dissociation and agitation and it carries risks of extrapyramidal symptoms and seizures in the setting of PCP intoxication; benzodiazepines are preferred for initial management.

4. Which is a core feature of borderline personality disorder?

A. Splitting (all-or-nothing thinking)

B. Delusions

C. Avolition

D. Hypochondriasis

Splitting, or black-and-white thinking about people and situations, is a defining pattern in borderline personality disorder. People with this condition often swing between idealizing someone and then suddenly devaluing them, especially under stress or perceived threat of abandonment. This oscillation stems from an unstable sense of self and intense fears of rejection, which makes relationships highly unstable and prone to crises. Because situations and people are seen as all good or all bad, small disappointments can trigger dramatic shifts in mood and behavior, reinforcing the cycle of chaotic relationships and rapid emotional changes. Delusions are fixed false beliefs that are typically seen in psychotic disorders, not a hallmark of BPD. Avolition refers to a marked reduction in motivation or ability to initiate or persist in goal-directed activity, which is more characteristic of schizophrenia spectrum disorders or major depressive disorder with psychomotor changes. Hypochondriasis involves excessive worry about having a serious illness, a concern that does not define borderline personality disorder.

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5. Which deficiency is specifically associated with subacute combined degeneration of the spinal cord?

A. B12

B. B1

C. B6

D. B9

Subacute combined degeneration arises when vitamin B12 is deficient, leading to demyelination of the dorsal columns and lateral corticospinal tracts in the spinal cord. Vitamin B12 is a cofactor for methionine synthase and methylmalonyl-CoA mutase; without it, myelin formation and maintenance falter, particularly in these spinal tracts. Clinically this produces a mix of sensory and motor signs: loss of vibration and proprioception with ataxia from posterior column involvement, plus spastic weakness and hyperreflexia from lateral tract damage. Patients may also have paresthesias, a positive Romberg, and sometimes macrocytic anemia or glossitis. This pattern is specifically linked to B12 deficiency, whereas deficiencies of other vitamins (like thiamine, B6, or folate) cause different neuropathies or neurological syndromes and do not produce the characteristic combined dorsal and lateral spinal cord demyelination seen here. Prompt B12 replacement is crucial to prevent progression and potential irreversible damage.

6. Which treatment is used for serotonin syndrome?

A. Cyproheptadine

B. Dantrolene

C. Haloperidol

D. Lithium

Serotonin syndrome arises from excessive serotonergic activity, so the treatment aims to counteract that activity. Cyproheptadine is a nonselective serotonin receptor antagonist that blocks central and peripheral 5-HT receptors, especially 5-HT2A, making it the antidote of choice to rapidly reduce serotonin effects. This is why it's the best answer. Dantrolene is primarily used to treat malignant hyperthermia and neuroleptic malignant syndrome by targeting muscle rigidity and heat production, not by directly counteracting serotonin's effects. Haloperidol, a dopamine antagonist, can worsen features of serotonin syndrome and is not appropriate in this setting. Lithium is a mood stabilizer with no role in acutely countering serotonin toxicity.

7. For nicotine addiction, which pharmacotherapy is considered first-line?

A. Varenicline

B. Bupropion

C. Nicotine replacement therapy

D. Clonidine

Varenicline is considered first-line because it directly targets the nicotine addiction pathway by acting as a partial agonist at alpha4beta2 nicotinic receptors. This dual action both eases withdrawal symptoms through baseline receptor stimulation and blocks nicotine's rewarding effects if a person smokes while taking it. In clinical trials, it tends to produce higher abstinence rates at follow-ups like 6–12 months compared with placebo and often outperforms other pharmacotherapies such as nicotine replacement therapy or bupropion. That robust efficacy underpins its placement as a preferred first-line option. Common side effects include nausea and sleep disturbances, and while there have been concerns about mood changes, varenicline remains a leading choice for many patients due to its strong quit-rate data. Nicotine replacement therapy and bupropion are also effective first-line options, but varenicline's demonstrated superiority in abstinence outcomes explains why it's highlighted as the top choice. Clonidine does not have the same level of evidence for smoking cessation and is not considered first-line.

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8. Akathisia is characterized by which symptom?

A. Inability to sit still and a sense of restlessness

B. Acute muscle spasm causing fixed posture

C. Jaw clenching

D. Visual hallucinations

Akathisia is defined by a subjective inner restlessness that makes it hard to sit still, usually with observable motor activity such as pacing, fidgeting, or repeatedly shifting in the chair. The key is the combination of a felt urge to move and accompanying outward movement, which is a classic extrapyramidal side effect from dopamine-blocking antipsychotics. This contrasts with dystonia, where the problem is a sustained, involuntary muscle contraction causing a fixed abnormal posture (for example, jaw clenching as part of an oromandibular dystonia). Visual hallucinations are unrelated to motor restlessness and reflect a psychotic symptom, not akathisia. Recognizing the inner restlessness with accompanying movement helps distinguish akathisia from agitation or anxiety and guides targeted management, such as adjusting the antipsychotic or using agents like propranolol or benzodiazepines.

9. Which bicarbonate abnormality is described in anorexia purging type?

A. High bicarbonate

B. Low bicarbonate

C. Normal bicarbonate

D. Variable bicarbonate

Purging through vomiting causes loss of gastric acid (HCl), which reduces hydrogen and chloride in the body and pushes the system toward alkalosis. The kidneys respond by conserving bicarbonate and reabsorbing more of it, and the volume depletion from fluid loss activates hormonal mechanisms (like aldosterone) that promote hydrogen and potassium loss in exchange for sodium, further increasing bicarbonate relative to hydrogen. The net effect is an elevated serum bicarbonate, i.e., metabolic alkalosis. This pattern is typical for anorexia nervosa with purging. The other possibilities don't fit as well: losing acid from vomiting raises bicarbonate, not lowers it; normal or highly variable bicarbonate would not reflect the characteristic acid-base change from purging.

10. What combination of effects is associated with tricyclic antidepressants due to receptor blockade?

A. Cardiac conduction abnormalities, convulsions, coma

B. Liver toxicity and jaundice

C. Weight gain and metabolic syndrome

D. Hypertension and tachycardia only

Tricyclic antidepressants block multiple receptors, and when toxicity occurs, the most concerning and characteristic picture is a mix of central nervous system depression and cardiac electrical disturbance. The cardiac problems come from blockade of fast sodium channels in the heart, which slows conduction and can produce widened QRS complexes and dangerous arrhythmias. In parallel, high drug levels cause central nervous system effects leading to seizures and coma. This combination—cardiac conduction abnormalities plus seizures and coma—is the classic overdose pattern with TCAs, reflecting their broad pharmacologic blockade. The other options describe organ-specific or less characteristic effects (liver toxicity, weight/metabolic effects, or isolated hypertension/tachycardia) that don't capture the dangerous, systemic overdose syndrome TCAs can produce.

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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:

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

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