PSYCHIATRY CORE PRACTICE EXAM (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. What is the mainstay of treatment for borderline personality disorder?

A. Cognitive Behavioral Therapy

B. Dialectical Behavior Therapy

C. Medication management

D. Supportive therapy

2. What is one characteristic of Cluster B personality disorders?

A. Excessive worry

B. Strange or eccentric behavior

C. Dramatic, emotional, or erratic behavior

D. Detachment from social relationships

3. What disorder is characterized by PMS symptoms persisting for at least one year and interfering with daily life?

A. Premenstrual syndrome

B. Premenstrual dysmorphic disorder

C. Major depressive disorder

D. Chronic fatigue syndrome

4. In which phase of the menstrual cycle does premenstrual syndrome typically occur?

A. Follicular phase

B. Luteal phase

C. Ovulatory phase

D. Menstrual phase

5. What is an indication of depressive episodes resolving on their own in cyclothymic disorder?

A. Persistent negative thoughts

B. Episodes of intense sadness

C. Duration of 3 months

D. Consistent low energy levels

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6. What is the characteristic pattern of a patient suffering from bulimia nervosa?

A. Excessive exercise and severe weight loss

B. Recurrent episodes of binge eating followed by self-induced vomiting

C. Strict dieting and fasting

D. Vegetarianism and low carbohydrate intake

7. What is a key concept in the treatment of generalized anxiety disorder?

A. Increasing physical activity

B. Imbalance of neurotransmitters

C. Use of antidepressants

D. Focused therapy sessions

8. How long must symptoms last for a hypomanic episode?

A. Over 1 week

B. Over 2 weeks

C. Over 4 days

D. Less than 4 days

9. What are the first-line treatment options for a patient with bipolar disorder?

A. Mood stabilizers

B. Antidepressants

C. Antipsychotics

D. Psychotherapy

10. Which of the following is a potential complication of bulimia nervosa?

A. Cardiomyopathy

B. Swollen parotid glands

C. Diabetes mellitus

D. Acid reflux

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Answers

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

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Explanations

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1. What is the mainstay of treatment for borderline personality disorder?

A. Cognitive Behavioral Therapy

B. Dialectical Behavior Therapy

C. Medication management

D. Supportive therapy

The mainstay of treatment for borderline personality disorder is Dialectical Behavior Therapy (DBT). This therapeutic approach was specifically developed to address the unique challenges faced by individuals with borderline personality disorder, such as emotional dysregulation, interpersonal difficulties, and self-destructive behaviors. DBT combines cognitive-behavioral techniques with mindfulness practices, providing patients with skills to manage their emotions more effectively and improve their relationships. Its structure incorporates individual therapy sessions alongside group skills training, focusing on building emotional regulation, distress tolerance, interpersonal effectiveness, and mindfulness skills. The comprehensive nature of DBT makes it particularly effective for individuals with borderline personality disorder, helping them to reduce self-harming behaviors and improve overall functioning. While various other therapies, like Cognitive Behavioral Therapy, can be beneficial and may be used in conjunction with other treatment options, they do not specifically cater to the unique needs of those with borderline personality disorder as effectively as DBT. Likewise, medication management can play a role in addressing specific symptoms, but it is not the primary treatment modality for the disorder itself. Supportive therapy may provide some temporary relief but lacks the structured skill-building elements essential for long-term improvement in this population.

2. What is one characteristic of Cluster B personality disorders?

A. Excessive worry

B. Strange or eccentric behavior

C. Dramatic, emotional, or erratic behavior

D. Detachment from social relationships

Cluster B personality disorders are characterized by dramatic, emotional, or erratic behavior. This cluster includes disorders such as Borderline Personality Disorder, Antisocial Personality Disorder, Histrionic Personality Disorder, and Narcissistic Personality Disorder. Individuals with these disorders often exhibit impulsive actions, unpredictable moods, and intense emotional experiences. For example, someone with Borderline Personality Disorder may experience rapid shifts in their self-image and emotions, leading to unstable interpersonal relationships. This dramatic presentation distinguishes Cluster B from other clusters, which may focus more on anxiety (like in Cluster C) or odd/eccentric behavior (as seen in Cluster A). Each of these disorders under Cluster B can manifest with vivid and attention-seeking behaviors, further illustrating the core characteristic of being dramatic, emotional, or erratic.

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3. What disorder is characterized by PMS symptoms persisting for at least one year and interfering with daily life?

A. Premenstrual syndrome

B. Premenstrual dysmorphic disorder

C. Major depressive disorder

D. Chronic fatigue syndrome

Premenstrual dysphoric disorder (PMDD) is a severe form of premenstrual syndrome (PMS) that affects a person's emotional and physical health. The defining characteristics of PMDD include the persistence of symptoms for at least one year and the significant interference these symptoms cause in daily life. Clinically, PMDD is recognized for its debilitating effects, which can include severe mood swings, irritability, depression, anxiety, and physical symptoms that can disrupt normal functioning and quality of life. The diagnosis typically involves tracking these symptoms over several menstrual cycles to confirm their pattern and severity, distinguishing it from typical PMS, which may not have the same level of intensity or chronicity. This disorder is also distinguished from other mental health conditions, such as major depressive disorder, which has criteria unrelated to the menstrual cycle, or chronic fatigue syndrome, which is primarily characterized by persistent fatigue that is not improved by rest and does not solely pertain to menstrual symptoms.

4. In which phase of the menstrual cycle does premenstrual syndrome typically occur?

A. Follicular phase

B. Luteal phase

C. Ovulatory phase

D. Menstrual phase

Premenstrual syndrome (PMS) typically occurs during the luteal phase of the menstrual cycle. The luteal phase follows ovulation and is characterized by the secretion of progesterone from the corpus luteum. It usually lasts about 14 days and ends with the onset of menstruation. During this phase, hormonal fluctuations can lead to a variety of physical and emotional symptoms associated with PMS, such as mood swings, irritability, bloating, and breast tenderness. These symptoms are believed to be influenced by the dropping levels of estrogen and progesterone that occur just before menstruation begins. Understanding the timing and hormonal changes of the luteal phase is crucial for recognizing and diagnosing PMS and developing effective management strategies. The other phases—follicular, ovulatory, and menstrual—do not typically correspond with the onset of PMS symptoms, as they either occur before ovulation or during the time of menstruation itself, when hormone levels stabilize or are at their lowest.

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5. What is an indication of depressive episodes resolving on their own in cyclothymic disorder?

A. Persistent negative thoughts

B. Episodes of intense sadness

C. Duration of 3 months

D. Consistent low energy levels

In cyclothymic disorder, depressive episodes are generally characterized by periods of depressive symptoms that do not meet the full criteria for major depressive disorder. An indication that these episodes are resolving on their own is typically reflected in a decrease or cessation of the intensity of depressive symptoms. Episodes of intense sadness are a common symptom during depressive phases; however, when these episodes begin to resolve, individuals often report a reduction in the frequency and intensity of these feelings. As a person experiences recovery from depressive symptoms, they might find that their general mood becomes more stable, and feelings of intense sadness may become less prevalent. Therefore, recognizing that the episodes of intense sadness are diminishing can be an important clinical sign of resolution within the broader context of cyclothymic disorder. This contrasts with persistently negative thoughts, duration of symptoms, or consistently low energy levels, which may not provide conclusive evidence of resolution.

6. What is the characteristic pattern of a patient suffering from bulimia nervosa?

A. Excessive exercise and severe weight loss

B. Recurrent episodes of binge eating followed by self-induced vomiting

C. Strict dieting and fasting

D. Vegetarianism and low carbohydrate intake

The characteristic pattern of a patient suffering from bulimia nervosa is defined by recurrent episodes of binge eating followed by compensatory behaviors, such as self-induced vomiting. During these binge episodes, individuals consume large quantities of food in a short period, which is often accompanied by a sense of loss of control over eating. This is typically followed by behaviors aimed at preventing weight gain, most commonly self-induced vomiting, but may also include other methods such as excessive use of laxatives, diuretics, fasting, or excessive exercise. This approach of alternating between binge eating and compensatory methods is central to the diagnosis of bulimia nervosa. Unlike other eating disorders, bulimia nervosa does not usually involve extreme weight loss; individuals may maintain a normal weight or fluctuate around a normal weight range, distinguishing it from disorders like anorexia nervosa. Understanding this pattern is crucial for recognizing and diagnosing bulimia nervosa accurately.

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7. What is a key concept in the treatment of generalized anxiety disorder?

A. Increasing physical activity

B. Imbalance of neurotransmitters

C. Use of antidepressants

D. Focused therapy sessions

In the treatment of generalized anxiety disorder (GAD), the concept of neurotransmitter imbalance plays a significant role in understanding the underlying mechanisms of anxiety. Neurotransmitters such as serotonin, norepinephrine, and gamma-aminobutyric acid (GABA) are believed to be involved in the regulation of mood and anxiety. Research indicates that individuals with GAD may have abnormalities in the levels or functioning of these neurotransmitters, which can contribute to the symptoms of anxiety. Addressing these imbalances can lead to improvements in symptoms and overall functioning. This understanding supports the rationale for using pharmacological treatments, such as antidepressants, which often target these neurotransmitter systems. Medications like selective serotonin reuptake inhibitors (SSRIs) and certain serotonin-norepinephrine reuptake inhibitors (SNRIs) are commonly prescribed as part of a comprehensive treatment plan for GAD, leading to better management of anxiety symptoms. While increasing physical activity, focused therapy sessions, and the use of antidepressants are important components of a holistic treatment approach, understanding neurotransmitter imbalance provides a foundational context for why pharmacological interventions can be effective in alleviating anxiety in patients with GAD. This focus on the biochemical aspects of mental health reinforces the importance of a

8. How long must symptoms last for a hypomanic episode?

A. Over 1 week

B. Over 2 weeks

C. Over 4 days

D. Less than 4 days

A hypomanic episode is characterized by a distinct period of abnormally elevated, expansive, or irritable mood and increased energy or activity. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the symptoms of a hypomanic episode must be present for at least 4 consecutive days. This is a crucial distinction because it differentiates hypomania from a manic episode, which requires a duration of at least 1 week unless hospitalization is necessary. The criteria for hypomanic episodes include not only the duration but also the presence of specific symptoms such as decreased need for sleep, increased talkativeness, racing thoughts, distractibility, and others. An episode that lasts less than 4 days does not meet the criteria, and a duration longer than 4 days but shorter than 1 week still falls within the requirements for hypomania, whereas episodes lasting a week or more, in contrast, would signify a manic episode. Thus, for the diagnosis of a hypomanic episode, the correct duration of symptoms is over 4 days.

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9. 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

10. 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 binging 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

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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://psychiatrycore.examzify.com

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

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