

AANPCB PMHNP-C - Quiz Questions with Answers

Assessment and Diagnosis

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1.

Which of the following is a positive symptom of schizophrenia?

Hallucinations

Alogia

Abstract thinking problems

Affective flattening

Correct answer: Hallucinations

Positive symptoms are caused by increased dopamine in the mesolimbic pathway and include hallucinations and delusions.

*Negative symptoms—*affective flattening, abstract thinking problems, and alogia*—are caused by decreased dopamine in the mesocortical pathway.*

2.

Which of the following is a differential diagnosis to consider that often mimics panic disorder and symptoms of anxiety?

Vestibular dysfunction

Hypothyroidism

Hypoparathyroidism

Hypersomnia

Correct answer: Vestibular dysfunction

The vestibular system includes the parts of the inner ear and brain that help control balance and eye movement. This system, when dysregulated, can mimic symptoms of panic and anxiety.

Hyperthyroidism and hyperparathyroidism are also differential diagnoses to consider. Loss of consciousness is a differential diagnosis to consider for hypersomnia.

3.

When compared with patients suffering from major depression, a patient experiencing an episode of grief would likely preserve which feature?

Self-esteem

Changes in cognitive reactions

Changes in behavioral reactions

Changes in emotional responses

Correct answer: Self-esteem

Unlike in major depression, self-esteem is usually preserved in the grieving person.

A normal grieving response can involve temporary changes in cognitive, behavioral, and emotional reactions/responses.

4.

A 24-year-old female presents with complaints of "episodes of utter terror" that seem to begin without cause. During these episodes, she feels extremely anxious with heart palpitations and shortness of breath. These episodes usually last 5 to 10 minutes and have occurred about 15 times over the past six months. She often worries about when she might have another episode.

What medical condition should be considered in this patient's differential diagnosis?

Pheochromocytoma

Hypothyroidism

Hypertension

Folate deficiency

Correct answer: Pheochromocytoma

Pheochromocytoma should be considered in the differential diagnosis of panic disorder. Pheochromocytomas produce symptoms often seen in panic disorder, such as flushing, trembling, and tachycardia. Other medical conditions that mimic panic disorder include the following:

- *Hyperthyroidism*
- *Hyperparathyroidism*
- *Cardiac arrhythmias*

Hypertension, folate deficiency, and hypothyroidism do not usually cause panic-like symptoms.

5.

A 47-year-old female arrives at the emergency room accompanied by the police, who found her "confused and walking strangely." During your examination, you notice pupil abnormalities, depressed deep tendon reflexes, and a positive Romberg sign. She reports a long history of IV drug abuse but does not use alcohol. In the past, she was prescribed an antipsychotic, but she states she has not taken that medication for years.

Which of the following conditions best accounts for her symptoms?

Neurosyphilis

Neuroleptic malignant syndrome

Wernicke encephalopathy (Wernicke's syndrome)

Korsakoff psychosis (Korsakoff syndrome)

Correct answer: Neurosyphilis

Even though syphilis infections have been declining since World War I, it is important to consider them in a differential diagnosis for a variety of psychiatric presentations. Neurosyphilis is syphilis that involves the central nervous system. Symptoms of neurosyphilis include the following:

- *Wide-based gait*
- *Positive Romberg sign*
- *Loss of vibratory and proprioceptive senses in lower extremities*
- *Decreased deep tendon reflexes*
- *Pupil abnormalities*
- *Tremors*
- *Dyscoordination*
- *Spasticity in lower extremities*

The patient has not taken antipsychotic medications for years, so her symptoms are likely unrelated to neuroleptic malignant syndrome (NMS). Neuroleptic malignant syndrome is a rare but life-threatening idiosyncratic reaction to neuroleptic medications that is characterized by fever, muscular rigidity, altered mental status, and autonomic dysfunction. NMS often occurs shortly after the initiation of neuroleptic treatment, or after dose increases.

Wernicke's syndrome, also known as Wernicke encephalopathy, is a neurological disease characterized by the clinical triad of confusion, the inability to coordinate

voluntary movement (ataxia), and eye (ocular) abnormalities. Her symptoms cannot be explained by Wernicke encephalopathy.

Korsakoff syndrome is a chronic memory disorder caused by a severe deficiency of thiamine (vitamin B1). Korsakoff syndrome is most commonly caused by alcohol misuse and is often, but not always, preceded by an episode of Wernicke encephalopathy. Her symptoms cannot be explained by Korsakoff psychosis.

6.

At what age does the American Academy of Pediatrics (AAP) recommend screening for autism?

Between 18 and 24 months

Beginning at 12 months and then at each well-child examination until puberty

Between 24 and 36 months

Beginning at 6 months

Correct answer: Between 18 and 24 months

Autism rates continue to increase in the United States, with higher rates continuing to be noted among males. While males are diagnosed with autism at a higher rate than females, females with autism are more likely to be misdiagnosed or underdiagnosed due to differences in the presentation of autism. The AAP currently recommends beginning routine screening for autism between 18 and 24 months at well-child examination visits. If a child presents with developmental "red flags" prior to 18 to 24 months raising suspicion of an autism diagnosis, the child should be further evaluated at that time.

Children with autism spectrum disorders may present with two main types of symptoms: restrictive/repetitive behaviors or social communication/interaction behaviors.

7.

Which of the following is least likely to be a trait of oppositional defiant disorder (ODD)?

Blames self for outbursts after calming down

Loses temper easily

Is spiteful and vindictive

Argues with authority

Correct answer: Blames self for outbursts after calming down

Oppositional defiant disorder is an enduring pattern of angry or irritable mood and argumentative, defiant, or vindictive behavior lasting at least six months with at least four of the following associated symptoms:

- *Loses temper*
 - *Touchy or easily annoyed*
 - *Angry or resentful*
 - *Argues with authority*
 - *Actively defies or refuses to comply with requests or rules from authority figures*
 - *Blames others*
 - *Deliberately annoys others*
 - *Spiteful or vindictive*
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8.

A PMHNP is using a mental health screening tool for secondary prevention for an adult patient who reports feeling sad and experiencing a loss of interest in previously enjoyed activities. Which of the following screening tools is commonly used for this purpose?

Patient Health Questionnaire-9 (PHQ-9)

Geriatric Depression Scale (GDS)

Hamilton Rating Scale for Depression (HAM-D)

Beck Anxiety Inventory (BAI)

Correct answer: Patient Health Questionnaire-9 (PHQ-9)

Mental health screening tools are commonly used in primary care settings for secondary prevention, which involves early identification and treatment of mental health disorders. The PHQ-9 is a commonly used screening tool for depression and has been validated in primary care settings. It consists of nine questions that assess the frequency and severity of depression symptoms over the past two weeks. It is reliable, valid, and easy to use in primary care settings.

The Geriatric Depression Scale is a screening tool specifically designed for use in older adults and may not be appropriate for use in all adult populations. The Hamilton Rating Scale for Depression is a more comprehensive assessment tool used to evaluate the severity of depression symptoms and may not be as suitable for use in primary care settings as a screening tool. The Beck Anxiety Inventory is a screening tool used to assess anxiety symptoms and is not specific to depression.

9.

Which statement accurately describes "with mixed features," a specifier used in the diagnosis of mood disorders?

These patients experience a combination of both manic and depressive symptoms

These patients have high levels of tension, restlessness, worry, and fear

These patients have experienced at least four mood episodes in the past year

These patients exhibit either motor hyperactivity or inactivity

Correct answer: These patients experience a combination of both manic and depressive symptoms

Specifiers are special descriptions added to a patient's diagnosis to provide more information. Specifiers help characterize the condition and describe its overall course. Specifiers used to describe mood disorders include the following:

- *With atypical features: These patients eat a lot, gain weight, sleep excessively, and have a feeling of being sluggish or paralyzed. They are also sensitive to rejection.*
 - *With melancholic features: These patients feel worse in the morning than in the afternoon, and they experience decreased appetite, weight loss, and agitation. They also tend to feel excessively guilty and have trouble making decisions.*
 - *With anxious distress: These patients have high levels of tension, restlessness, worry, and fear.*
 - *With catatonic features: These patients exhibit either motor hyperactivity or inactivity.*
 - *With mixed features: These patients experience a mixture of both manic and depressive symptoms.*
 - *With peripartum onset: These patients develop a mood episode during pregnancy or within a month of having their baby.*
 - *With psychotic features: These patients develop delusions or hallucinations along with their mood symptoms.*
 - *With rapid cycling: These patients have experienced at least four mood episodes in the past year.*
 - *With a seasonal pattern: These patients regularly become ill at a certain time of the year.*
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10.

A PMHNP is caring for a patient who presents with depressive symptoms. What is the primary reason for the PMHNP to conduct a thorough medical screening as part of the patient's assessment?

To identify any potential medical causes or contributing factors to the patient's mental health symptoms

To determine the patient's eligibility for ECT

To ensure that the patient is not at risk for self-harm or harm to others

To assess the patient's level of functioning in daily activities

Correct answer: To identify any potential medical causes or contributing factors to the patient's mental health symptoms

Medical screening is an important aspect of the assessment of psychiatric patients, as medical conditions can often contribute to or exacerbate mental health symptoms. For example, hypothyroidism can cause symptoms of depression, while hyperthyroidism can cause symptoms of anxiety. Other medical conditions such as vitamin deficiencies, infections, and neurological disorders can also have an impact on mental health. Therefore, a thorough medical screening can help the PMHNP identify any underlying medical conditions that may be contributing to the patient's mental health symptoms and inform the development of an appropriate treatment plan.

11.

Which of the following best describes migrant workers?

They leave their permanent residence to take agricultural jobs in different locations

They travel from their permanent residence seasonally for agricultural employment

They have a lower risk of depression, anxiety, and substance use

They are typically men from all cultures

Correct answer: They leave their permanent residence to take agricultural jobs in different locations

Seasonal workers travel from their permanent residences seasonally for agricultural employment. Migrant and seasonal workers have very high incidences of depression, anxiety, and substance use.

Migrant and seasonal workers include men, women, and children of all cultures.

12.

A person diagnosed with schizotypal personality disorder, schizoid personality disorder, or paranoid personality disorder falls under which category of personality disorders?

Cluster A

Cluster C

Cluster B

These patients do not fall within a category of personality disorders

Correct answer: Cluster A

Cluster A disorders are:

- *Paranoid personality disorder*
- *Schizoid personality disorder*
- *Schizotypal personality disorder*

Cluster B disorders are:

- *Antisocial personality disorder*
- *Borderline personality disorder*
- *Histrionic personality disorder*
- *Narcissistic personality disorder*

Cluster C disorders are:

- *Avoidant personality disorder*
 - *Dependent personality disorder*
 - *Obsessive-compulsive personality disorder*
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13.

Substance use screening tool interpretation is an important part of an advanced assessment and of the role of the psychiatric-mental health nurse practitioner. What is the most common tool used to assess for alcoholism specifically in geriatric populations?

S-MAST

CIWA

COWS

AUDIT

Correct answer: S-MAST

The S-MAST, also known as the Michigan Alcoholism Screening Test for Geriatrics, is a clinical assessment tool used to assess and screen for alcoholism in geriatric populations.

The COWS (Clinical Opiate Withdrawal Scale) assessment is used to assess the withdrawal severity of opiates.

The CIWA assessment is used to assess the withdrawal severity of alcohol and/or benzodiazepines.

The AUDIT assessment is also an alcohol use assessment tool but is not specific to geriatric populations.

14.

Negative symptom clusters of schizophrenia include which of the following?

Attention deficits

Disorganized behaviors

Delusions

High anxiety

Correct answer: Attention deficits

Other negative symptom clusters are affective flattening, alogia or poverty of speech, avolition, apathy, abstract thinking problems, and anhedonia.

Positive symptom clusters include hallucinations, delusions, disorganized behaviors, hostility, grandiosity, mania, and paranoia.

Associated symptom clusters include inappropriate affect, dysphoric mood, depersonalization, derealization, and high anxiety.

15.

As a nurse practitioner, you are responsible for assessing cranial nerves as a part of the neurological exam. What cranial nerve assessment tests the strength of the sternocleidomastoid and trapezius muscles against the resistance of the provider's hands?

Accessory spinal

Trigeminal nerve (sensory division)

Trigeminal nerve (motor division)

Facial

Correct answer: Accessory spinal

The accessory spinal (cranial nerve XI) assessment tests the strength of the sternocleidomastoid and trapezius muscles against the resistance of the provider's hands.

The trigeminal nerve (cranial nerve V, sensory division) assessment tests for tactile perception of the facial skin. The trigeminal nerve (cranial nerve V, motor division) assessment tests for masseter muscle strength. The facial nerve (cranial nerve VII, motor division) assessment checks for flaccid paralysis.

16.

You are a nurse practitioner treating a seven-year-old male. His mother states, "My son's teacher at school is concerned about him because he is not able to finish his in-class schoolwork. I just don't know what to do." You suspect the client may have attention-deficit hyperactivity disorder (ADHD), but you need more information. The child reportedly fails to give attention in class, fidgets, gets distracted often, is disorganized with his assignments, constantly loses his homework, distracts other students, and interrupts class activities.

Which of the following symptoms is indicative of inattention?

Constantly loses his homework

Fidgets

Distracts other students

Interrupts class activities

Correct answer: Constantly loses his homework

Hyperactive and impulsive traits of ADHD are as follows:

- *Fidgets*
- *Leaves seat*
- *Runs or climbs*
- *Is unable to engage in quiet activities*
- *Is always on the go*
- *Talks excessively*
- *Blurts out information*
- *Has a difficult time waiting their turn*
- *Interrupts others*

Inattentive traits of ADHD include the following:

- *Fails to give attention to details*
- *Has difficulty sustaining attention*
- *Does not listen when spoken to*
- *Does not follow through on instructions*
- *Is disorganized*
- *Avoids or dislikes tasks that require sustained mental effort*
- *Loses things*
- *Is distracted*

- *Is forgetful*
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17.

What is as a chronic, fluctuating mood disorder with symptoms similar to—but less severe than those of bipolar disorder?

Cyclothymia

Intermittent explosive disorder

Oppositional defiant disorder

Histrionic personality disorder

Correct answer: Cyclothymia

Cyclothymia (cyclothymic disorder) can be described as a chronic, fluctuating mood disorder with symptoms similar to—but less severe than—those of bipolar disorder. These patients have numerous periods of hypomanic and dysthymic symptoms.

18.

A 76-year-old male is admitted to the hospital due to community-acquired pneumonia and dehydration. On day three of his hospitalization, he becomes withdrawn, stops eating, and exhibits a fluctuating level of consciousness. He has no previous psychiatric history. During your examination, he is drowsy and oriented to person only. His vital signs are normal.

What is the most likely diagnosis?

Delirium

Major depressive disorder

Dementia

Generalized anxiety disorder

Correct answer: Delirium

This man is exhibiting the usual signs of delirium, including impaired consciousness, difficulty with cognition, and disorientation. Some patients with delirium appear depressed and withdrawn, and others appear agitated and hyperactive.

The patient's acute onset and fluctuating level of consciousness rule out major depressive disorder, generalized anxiety disorder, and dementia.

19.

Which statement most accurately describes an individual with antisocial personality disorder?

They show no remorse for their behavior

They frantically try to avoid real or imagined abandonment

They have a restricted emotional range

They fear embarrassment and appear shy

Correct answer: They show no remorse for their behavior

Patients with antisocial personality disorder exhibit criminal behavior beginning in childhood, such as truancy, fighting, destructiveness, and theft. They often default on debts, behave irresponsibly, and act recklessly. They show no remorse for their behavior.

Patients with schizoid personality disorder care little for social relationships, have a restricted emotional range, and appear indifferent to criticism or praise.

Patients with borderline personality disorder exhibit impulsivity, self-harm, inappropriate anger, and affective instability. They feel empty and bored, and they frantically try to avoid abandonment.

Patients with avoidant personality disorder are timid and easily wounded by criticism from others. They fear embarrassment and hesitate to form interpersonal relationships.

20.

What is the most commonly used clinician-administered anxiety rating scale for assessing both somatic and cognitive anxiety symptoms?

Hamilton Anxiety Scale

Beck Anxiety Inventory

Liebowitz Social Anxiety Scale

GAD-7 Scale

Correct answer: Hamilton Anxiety Scale

The Hamilton Anxiety Scale (HAM-A) is the most commonly used clinician-administered anxiety rating scale. It is best used in the evaluation of anxiety severity and tracking the efficacy of anxiety treatments over time. The HAM-A is based on various domains of anxiety including anxious mood, fears, sleep disturbance, somatic complaints, tension, and observed behavior. The severity of each domain is ranked from 0 (not present) to 4 (severe). Scoring is as follows:

- *Score of 14-17: Mild anxiety*
 - *Score of 18-24: Moderate anxiety*
 - *Score of 25-30: Severe anxiety*
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21.

A patient with suspected dementia is brought to the clinic for evaluation. During the mental status exam, the PMHNP notes several findings that are consistent with dementia. Which of the following is a common finding in patients with dementia?

Poor judgment

Decreased or absent psychomotor activity

Disorganized speech

Hallucinations

Correct answer: Poor judgment

The mental status exam is a tool used by healthcare providers to assess a patient's cognitive function. In patients with dementia, several findings may be present. Poor judgment is a common finding in dementia, as patients may have difficulty making decisions or engaging in appropriate behaviors. Other common findings in patients with dementia include memory impairment, language impairment, and impaired executive function.

Decreased psychomotor activity is not typically seen in patients with dementia. Patients with dementia may have slowed movements but are not typically inactive. Disorganized speech may be seen in some patients with dementia, but it is not a defining feature. Patients with dementia may struggle to find the right words or express themselves clearly. Hallucinations are not typically seen in dementia, although they may be present in some patients with Lewy body dementia or other types of dementia.

22.

A patient is being evaluated using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). The patient reports spending several hours each day washing her hands, cleaning her house, and checking door locks. She also experiences intrusive thoughts about harming her family. What is the rationale for using the Y-BOCS to evaluate this patient's symptoms?

The Y-BOCS is a diagnostic tool used to assess the presence and severity of intrusive thoughts and compulsive behaviors

The Y-BOCS is a diagnostic tool used to assess self-aggression and self-injury

The Y-BOCS is a diagnostic tool used to evaluate the presence and severity of anxiety symptoms

The Y-BOCS is a diagnostic tool used to evaluate the presence and severity of depression symptoms

Correct answer: The Y-BOCS is a diagnostic tool used to assess the presence and severity of intrusive thoughts and compulsive behaviors

The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) is a diagnostic tool used to evaluate the presence and severity of obsessive-compulsive disorder (OCD). It measures the severity of both obsessions (intrusive thoughts) and compulsions (repetitive behaviors), and it is considered the gold standard for assessing OCD symptom severity.

23.

A PMH-NP is caring for a 52-year-old man with a 30-year PPD smoking habit and a significant history of alcohol use. He has been employed at a landfill for 25 years. The patient presents with symptoms of depression and irritability. "I think I'm going crazy. I can't see right; my brain's messed up, I can't think. I can't walk right. I can't even talk right. I think I sometimes hear people's voices that aren't even there!" A review of medical symptoms reveals an ataxic gait, dysarthria, and peripheral neuropathy.

Based on the patient's biopsychosocial history, which of the following environmental toxins should be ruled out as a contributing factor first?

Mercury

Lead

Manganese

Arsenic

Correct answer: Mercury

Environmental toxins impact physical and mental health. Based on the patient's history of working in a landfill, mercury poisoning should be suspected and ruled out. Mercury poisoning presents with neuropsychiatric symptoms (including psychosis) and medical symptoms (ataxia, peripheral neuropathy, and dysarthria).

Lead poisoning can lead to severe lead encephalopathy with dizziness, ataxia, headaches, and possible delirium but does not have the associated dysarthria or neuropathies the patient is reporting. Manganese can manifest as "manganese madness" with symptoms of excited laughter, nightmares, and emotional lability. Early signs of arsenic poisoning are skin pigmentation and GI disturbances.

24.

Which of the following risk factors is most associated with an increased likelihood of developing depression in an adult patient?

Female gender

Lower educational history

Recent life stressors

Incarceration

Correct answer: Female gender

Risk factors for the development of depression include genetic predisposition, a first-degree relative with MDD or dysthymia, or being female. Depression may be associated with life changes like stressors or incarceration, however, these are more peripheral risk factors.

25.

What statement accurately describes schizoaffective disorder?

A disorder characterized by patients experiencing symptoms of schizophrenia along with either depression or mania

A disorder characterized by symptoms of schizophrenia for only one to six months

A disorder characterized by at least one psychotic symptom present for less than one month

A disorder characterized by the presence of delusions but no other symptoms of schizophrenia

Correct answer: A disorder characterized by patients experiencing symptoms of schizophrenia along with either depression or mania

Schizoaffective disorder is characterized by patients experiencing symptoms of schizophrenia along with either depression or mania.

Delusional disorder is a psychotic disorder characterized by the presence of delusions but no other symptoms of schizophrenia. Brief psychotic disorder is characterized by at least one psychotic symptom present for less than one month. Schizophreniform disorder is characterized by symptoms of schizophrenia for only one to six months.

26.

Which of the following assessment findings regarding thought content for an anxious patient would be least likely?

Indiscriminate enthusiasm

Goal-directed

Overall organized

Redirectable

Correct answer: Indiscriminate enthusiasm

Indiscriminate enthusiasm would typically be found during a mental status exam for mania. Goal-directed, overall organized, and redirectable behaviors are common thought processes that manifest with anxiety.

27.

A PMHNP screens a patient for traumatic brain injury (TBI) using the Glasgow Coma Scale. Which of the following is not assessed by this scale?

Cognitive function

Eye-opening response

Verbal response

Motor response

Correct answer: Cognitive function

The Glasgow Coma Scale (GCS) is a tool used to assess the level of consciousness in patients with traumatic brain injury. The scale results in a score by assessing three areas: eye-opening response, verbal response, and motor response. Each area is scored on a scale from 1 to 5, with a maximum score of 15. Cognitive function is not assessed to obtain a GCS. PMHNPs should be familiar with the GCS and other tools for screening and assessing TBI to ensure timely and appropriate treatment.

Other tools, such as the Standardized Assessment of Concussion (SAC) or the Brief Traumatic Brain Injury Screen (BTBIS), may be used to assess cognitive function in patients with suspected TBI.

28.

Which of the following disorders should the PMHNP assess for when there is suspected disruption of the nigrostriatal dopaminergic pathway?

Parkinson's disease

ADHD

Hyperprolactinemia

Low motivation

Correct answer: Parkinson's disease

Parkinson's disease results from a disruption of the nigrostriatal dopaminergic pathway.

When the transmission of dopamine is disrupted in the mesocorticolimbic pathway, disorders such as ADHD, addiction, and schizophrenia can result.

A disruption in the tuberoinfundibular pathway results in hyperprolactinemia. Disruptions in the caudate nucleus dopaminergic pathway can create low motivation.

29.

A 26-month-old female is being evaluated for impairments in social interactions, development, communication, and behavior. A review of the patient's history reveals normal prenatal and perinatal development. Her parents describe normal psychomotor development until about 5 months of age. At that time, the parents noticed their daughter appeared to lose previously obtained hand motor skills and became clumsy. Her speech and language development were impaired, along with social engagement.

Based on the presenting symptoms, the PMHNP suspects which of the following diagnoses?

Rett syndrome

Autism spectrum disorder

Childhood disintegrative disorder

Intellectual disability

Correct answer: Rett syndrome

Rett syndrome occurs primarily in girls; normal growth and development are followed by a progressive and deteriorating course starting at around 5 months of age. Children are described as clumsy with a decline in hand motor skills as a signature symptom.

Although intellectual disability is associated with Rett syndrome, it is not associated with the described course of deterioration in acquired skills. Autism's predominant symptoms are social, communication, and behavioral. The presence of declining motor skills aligns best with the diagnosis of Rett syndrome. Childhood disintegrative disorder's onset is usually around 3-5 years.

30.

You are a nurse practitioner treating a seven-year-old male. His mother explains, "My son's teacher is concerned about him because he is not able to finish his in-class schoolwork. I just don't know what to do." The patient reportedly fails to give attention in class, gets distracted often, is disorganized with his assignments, constantly loses his homework, talks out of turn and distracts other students, and interrupts when other students answer a question. Given this information, you decide to order labs to ensure there is not another medical cause for his academic performance.

What lab findings would support a diagnosis of attention deficit hyperactivity disorder (ADHD)?

There are no lab findings specific to ADHD

Aplastic anemia

Leukocytosis

Thrombocytopenia

Correct answer: There are no lab findings specific to ADHD

There are no specific diagnostic and laboratory findings supporting a diagnosis of ADHD. The presence of aplastic anemia, leukocytosis, or thrombocytopenia would not be anticipated with ADHD.

31.

Which of the following conditions is least likely to produce similar symptoms to a panic attack?

Major depressive disorder

Hyperthyroidism

Pheochromocytosis

Cocaine use

Correct answer: Major depressive disorder

While major depressive disorder (MDD) may be closely related to panic attacks, it does not have symptoms that are similar to panic attacks.

Symptoms that produce symptoms similar to panic attacks can include hyperthyroidism, pheochromocytosis, and cocaine use.

32.

Delirium etiologies that should be ruled out include all but which of the following?

Parkinson's disease

Nutritional deficiencies

Perfusion issues related to significant anemia

Constipation

Correct answer: Parkinson's disease

Parkinson's disease is a dementia differential. Nutritional deficiencies, perfusion issues related to significant anemia, constipation, and nutritional deficiencies are all possible etiologies of delirium.

33.

A Psychiatric Mental Health Nurse Practitioner (PMHNP) is conducting a clinical interview with a patient who is seeking treatment for anxiety. The PMHNP uses open-ended questions to gather information about the patient's symptoms and experiences.

Which of the following statements about the use of open-ended questions in clinical interviewing is most accurate?

Open-ended questions are useful in psychiatric interviews because they allow the patient to provide detailed, personal information about their experiences

Open-ended questions are not useful in psychiatric interviews because they do not provide specific information

Open-ended questions should only be used to gather information about a patient's symptoms and should not be used to explore the patient's feelings or thoughts

Open-ended questions should only be used in the initial stages of the interview and should not be used throughout the interview process

Correct answer: Open-ended questions are useful in psychiatric interviews because they allow the patient to provide detailed, personal information about their experiences

Open-ended questions are a key tool in clinical interviewing, as they allow patients to provide detailed, personal information about their experiences. Open-ended questions are especially useful in psychiatric interviews because they allow patients to describe their symptoms in their own words and provide insight into their thoughts and feelings. This can help the PMHNP to understand the patient's perspective and to make a more accurate assessment of their condition and treatment needs.

34.

A PMHNP is assessing a patient who has difficulty comprehending language. Which of the following types of aphasia is the patient most likely experiencing?

Wernicke's aphasia

Broca's aphasia

Global aphasia

Anomic aphasia

Correct answer: Wernicke's aphasia

Wernicke's aphasia, also known as receptive aphasia, is a type of language disorder in which an individual has difficulty comprehending meaningful language. Individuals with Wernicke's aphasia may produce fluent speech devoid of content and may also have difficulty understanding spoken or written language.

Broca's aphasia is a type of language disorder in which an individual has difficulty producing language, but their comprehension is largely intact. Global aphasia is a type of language disorder in which an individual has severe difficulty producing and understanding language. Anomic aphasia is a type of language disorder in which an individual has difficulty finding words and may have difficulty with word retrieval, but their comprehension is largely intact.

35.

A PMHNP is seeing a patient with a history of depression and suicide attempts. Which of the following factors should the PMHNP consider the most critical in their risk assessment for this patient?

Access to lethal means

Family history of mental illness

Recent stressors and life events

Compliance with previous treatment

Correct answer: Access to lethal means

Access to lethal means, such as firearms or medication, is a strong predictor of suicide risk and should be given priority in the risk assessment process.

Family history, recent stressors, and treatment compliance are all important factors to consider, but access to lethal means should be assessed and addressed first in order to reduce the immediate risk to the patient.

36.

A PMHNP is working with a patient who has a history of alcohol use disorder. The PMHNP is considering using the Alcohol Use Disorders Identification Test (AUDIT) tool to assess the patient's level of alcohol use. Which items are most likely to be included in the AUDIT tool?

Patient's alcohol consumption over the past year

Patient's history of drug use

Patient's level of physical activity

Patient's history of alcohol-related legal problems

Correct answer: Patient's alcohol consumption over the past year

The AUDIT tool is used to screen for harmful or hazardous alcohol use and identify individuals with an alcohol-use disorder. The tool includes questions about the frequency and quantity of alcohol consumption, alcohol-related problems, and dependence symptoms. The PMHNP should be familiar with the use of the AUDIT tool and understand how to use the results to guide further evaluation and treatment for alcohol use disorders.

The patient's history of drug use, level of physical activity, and alcohol-related legal problems can be important considerations in the overall assessment of the patient but are not typically included in the AUDIT tool.

37.

What is the difference between a delusion and an illusion?

A delusion is a false belief despite contrary evidence, and an illusion is a false perception of a real stimulus

A delusion is a belief that things will not improve, and an illusion is the belief that one will not be able to change the course of events

A delusion is the feeling of being far away from oneself, and an illusion is a sense that one's environment has changed

A delusion is a false auditory perception, and an illusion is a false visual perception

Correct answer: A delusion is a false belief despite contrary evidence, and an illusion is a false perception of a real stimulus

Patients with psychiatric conditions may experience a wide variety of abnormalities of thought content, including hallucinations, delusions, illusions, hopelessness, helplessness, depersonalization, and derealization.

- *Hallucinations: False sensory perceptions without stimuli present; they can be tactile, olfactory, gustatory, auditory, or visual*
 - *Delusions: False beliefs that are firmly maintained despite contrary evidence*
 - *Illusions: False perceptions of real stimuli*
 - *Hopelessness: A belief that things will not improve*
 - *Helplessness: A belief that one will not be able to change the course of events*
 - *Depersonalization: Feeling far away or disconnected from oneself*
 - *Derealization: A sense that one's environment has changed*
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38.

A 57-year-old man is admitted to the hospital. Initially, he was cooperative with treatment, but now he appears agitated and is asking to leave. His wife says that over the past year, his personality has changed. Your physical examination reveals memory impairment, asterixis, palmar erythema, peripheral edema, and a large ecchymotic area on his left elbow.

What is the most likely diagnosis?

Hepatic encephalopathy

Human immunodeficiency virus

Hyperthyroidism

Conversion disorder

Correct answer: Hepatic encephalopathy

Hepatic encephalopathy is the loss of brain function when a damaged liver does not remove toxins from the blood. It is difficult to diagnose and can present in a variety of ways.

Asterixis is characteristic of hepatic encephalopathy, but not diagnostic. Other signs may include ecchymosis, peripheral edema, ascites formation, palmar erythema, and spider angiomas. Family members and friends may state that the patient's personality has changed and that their cognitive abilities have deteriorated.

39.

Which statement accurately describes "with melancholic features," a specifier used in the diagnosis of mood disorders?

These patients feel worse in the morning, and they experience decreased appetite, weight loss, and agitation

These patients eat a lot, gain weight, sleep excessively, and have a feeling of being sluggish or paralyzed

These patients have high levels of tension, restlessness, worry, and fear

These patients have experienced at least four mood episodes in the past year

Correct answer: These patients feel worse in the morning, and they experience decreased appetite, weight loss, and agitation

Specifiers are special descriptions added to a patient's diagnosis to provide more information. Specifiers help characterize the condition and describe its overall course. Specifiers used to describe mood disorders include the following:

- *With atypical features: These patients eat a lot and gain weight, sleep excessively, and have a feeling of being sluggish or paralyzed. They are also sensitive to rejection.*
- *With melancholic features: These patients feel worse in the morning than in the afternoon, and they experience decreased appetite, weight loss, and agitation. They also tend to feel excessively guilty and have trouble making decisions.*
- *With anxious distress: These patients have high levels of tension, restlessness, worry, and fear.*
- *With catatonic features: These patients exhibit either motor hyperactivity or inactivity.*
- *With mixed features: These patients are experiencing a mixture of both manic and depressive symptoms.*
- *With peripartum onset: These patients develop a mood episode during pregnancy or within a month of having their baby.*
- *With psychotic features: These patients develop delusions or hallucinations along with their mood symptoms.*
- *With rapid cycling: These patients have experienced at least four mood episodes in the past year.*
- *With a seasonal pattern: These patients regularly become ill at a certain time of the year.*

40.

Which of the following is a valid screening tool used for the early detection of attention deficit/hyperactivity disorder (ADHD) specifically?

Conners 3rd Edition (Conners 3)

Children's Depression Inventory (CDI)

Behavior Assessment System for Children (BASC)

Child Behavior Checklist (CBCL)

Correct answer: Conners 3rd Edition (Conners 3)

The Conners 3rd Edition (Conners 3) is a valid screening tool that is commonly used for the early detection of ADHD. It is a comprehensive tool that includes parent, teacher, and self-report rating scales. It measures a wide range of ADHD symptoms, including hyperactivity, impulsivity, and inattention. The Conners 3 is a reliable tool for the early detection of ADHD and is often used in both clinical and educational settings.

The Children's Depression Inventory (CDI) is a screening tool used to identify symptoms of depression in children and adolescents. The Behavior Assessment System for Children (BASC) is a comprehensive tool used to assess a wide range of emotional and behavioral problems in children and adolescents. The Child Behavior Checklist (CBCL) is a tool used to identify a broad range of emotional and behavioral problems in children and adolescents.

41.

Which psychiatric condition is characterized by at least one hypomanic episode and at least one major depressive episode?

Bipolar II disorder

Bipolar I disorder

Cyclothymic disorder

Schizoaffective disorder

Correct answer: Bipolar II disorder

Around 25% of those diagnosed with a mood disorder experience manic or hypomanic episodes. Almost all patients who experience a manic or hypomanic episode also experience periods of depression. The severity and duration of the highs and lows differentiate the types of bipolar disorder:

- *Bipolar I disorder: These patients experience at least one manic episode and may or may not experience a major depressive episode.*
- *Bipolar II disorder: These patients experience at least one hypomanic episode and at least one major depressive episode.*
- *Cyclothymic disorder: These patients experience mood swings, but they are not severe enough to be called major depressive episodes or manic episodes.*

Schizoaffective disorder is a psychotic disorder characterized by patients experiencing symptoms of schizophrenia along with either depression or mania.

42.

Delirium is known to be associated with high mortality and morbidity. Delirium is presenting more and more in the emergency room setting and is often mistaken for a psychotic emergency or event. As a nurse practitioner, you will be responsible for assessing individuals for psychosis versus delirium.

Which of the following mnemonics is correct for assessing for delirium?

- **D = Drugs**
- **E = Electrolyte abnormality**
- **L = Low oxygen saturation**
- **I = Infection**
- **R = Reduced sensory input**
- **I = Intracranial**
- **U = Urinary or renal retention**
- **M = Myocardial**

- D = Dementia
- E = Electrolyte abnormality
- L = Low oxygen saturation
- I = Infection
- R = Reduced sensory input
- I = Intracranial
- U = Urinary or renal retention
- M = Myocardial

- D = Drugs
- E = Electrolyte abnormality
- L = Low oxygen saturation
- I = Infection
- R = Reduced sensory input
- I = Intracranial
- U = Urinary or renal retention
- M = Medications

- D = Drugs
- E = Electrolyte abnormality
- L = Low oxygen saturation
- I = Infection
- R = Reduced sensory input
- I = Intracranial
- U = Urinary or renal retention
- M = Mood

Correct answer:

- *D = Drugs*
- *E = Electrolyte abnormality*

- *L = Low oxygen saturation*
- *I = Infection*
- *R = Reduced sensory input*
- *I = Intracranial*
- *U = Urinary or renal retention*
- *M = Myocardial*

The other options are not correct mnemonics for assessing delirium.

43.

Which of the following indicates both an atypical and typical presentation of major depressive disorder?

Anhedonia

Mood reactivity

Leadens paralysis

Long-standing pattern of interpersonal rejection sensitivity

Correct answer: Anhedonia

Anhedonia is the inability to feel pleasure, and it occurs in both typical and atypical presentations of major depressive disorder.

An atypical presentation is characterized by the following:

- *Mood reactivity*
 - *Weight gain*
 - *Increased appetite*
 - *Hypersomnia*
 - *Leadens paralysis*
 - *Long-standing pattern of interpersonal rejection sensitivity*
-

44.

Which of the following is a systemic effect of hyperthyroidism?

Compulsive movement

Weight gain

Decreased libido

Constipation

Correct answer: Compulsive movement

Compulsive movement is a symptom of hyperthyroidism, while the other options are symptoms of hypothyroidism.

Systemic effects of hypothyroidism are:

- *Confusion*
- *Decreased libido*
- *Impotence*
- *Decreased appetite*
- *Memory loss*
- *Lethargy*
- *Constipation*
- *Headaches*
- *Clumsy movements*
- *Syncope*
- *Weight gain*
- *Fluid retention*
- *Muscle aching*
- *Slowed reflexes*

Systemic effects of hyperthyroidism are:

- *Motor restlessness*
- *Emotional lability*
- *Short attention span*
- *Compulsive movement*
- *Fatigue*
- *Tremor*
- *Insomnia*
- *Impotence*
- *Weight loss*

- *Increased appetite*
 - *Abdominal pain*
 - *Excessive sweating*
 - *Flushing*
 - *Tachycardia*
 - *Dysrhythmias*
-

45.

A PMHNP is evaluating a two-year-old pediatric patient for symptoms consistent with childhood-onset schizophrenia. Which of the following would the PMHNP consider when evaluating differential diagnoses?

Age

Hyperactivity symptoms

Night terrors

Imaginary friends

Correct answer: Age

Childhood-onset schizophrenia is rare in children under five years of age, so the PMHNP should consider this. Hallucinations or delusions characterize childhood-onset schizophrenia.

Hyperactivity and imaginary friends can be normal for a child of four years.

Night terrors typically occur in children between the ages of three and eight, with the peak age of onset being around four to six years old. Night terrors, also known as sleep terrors, are a type of parasomnia (a sleep disorder) that involves episodes of fear and panic during sleep; they are not diagnostic criteria for schizophrenia.

46.

Substance use screening tool interpretation is an important part of advanced assessment and of the role of the psychiatric-mental health nurse practitioner. The most common tool used to assess for alcohol abuse is:

CAGE

AUDIT

CIWA

COWS

Correct answer: CAGE

The CAGE screening tool asks the following questions:

- *C = Have you ever felt the need to cut down on your drinking?*
- *A = Have people annoyed you by mentioning your drinking?*
- *G = Have you ever felt bad or guilty about your drinking?*
- *E = Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?*

The AUDIT assessment is also an alcohol use assessment tool but is not the most commonly used.

The CIWA assessment is used to assess the withdrawal severity of alcohol and/or benzodiazepines.

The COWS assessment is used to assess the withdrawal severity of opiates.

47.

Signs and symptoms of Stevens-Johnson syndrome (SJS) include which of the following?

Painful mucous membranes

Abnormal muscle movements

Blurry vision

Muscle cramps

Correct answer: Painful mucous membranes

Stevens-Johnson syndrome is a rare potentially life-threatening immune reaction to a foreign antigen that can occur with exposure to any anticonvulsant drug. Treatment includes stopping the offending agent with supportive measures, often in a hospital burn unit. Signs and symptoms of SJS include facial swelling, tongue swelling, macules, papules, burning confluent erythematous rash, skin sloughing, prodromal headaches, malaise, arthralgia, and painful mucous membranes that may occur before the rash appears.

Abnormal muscle movements, blurry vision, and muscle cramps are not cardinal signs of SJS.

48.

Mr. Smith is a 25-year-old sales associate. He has a strong family history of mental illness and is worried that he may experience similar problems in his life. He presented to his local primary care provider complaining of the following symptoms: extreme hyper-alertness, decreased appetite, insomnia, and paranoia. Mr. Smith is worried that these symptoms might be the beginning of a mental illness and requests an X-ray of his brain. He says he has never seen a psychiatric provider or taken medication for his symptoms.

What would be an initial consideration in your assessment when meeting with Mr. Smith?

Ensuring that Mr. Smith understands appropriate diagnostics and testing for determining a mental illness

Educating Mr. Smith on his need for Wellbutrin immediately

Performing genetic testing prior to moving forward with the evaluation

Assessing Mr. Smith for the need for voluntary inpatient admission

Correct answer: Ensuring that Mr. Smith understands appropriate diagnostics and testing for determining a mental illness

Patients often misunderstand and misinterpret diagnostic testing. Explaining this first is important in moving to the diagnostic phase so that all appropriate options for diagnosing his condition can be explored.

Prescribing Wellbutrin immediately is not an appropriate initial intervention, as Mr. Smith is most likely experiencing an increase in norepinephrine. Wellbutrin is an NDRI.

Although performing genetic testing may be necessary, it is often not approved by insurance after an initial visit and if the patient has not used psychotropics in the past.

Mr. Smith is not a danger to himself or others and is not gravely disabled and thus does not meet the criteria for inpatient admission.

49.

A PMHNP is conducting a mental status exam on a patient with a history of schizophrenia. The patient begins to speak in a rhyming pattern, using words that are associated with similar sounds rather than meaning. What is the term for this phenomenon?

Clang associations

Echolalia

Neologisms

Word salad

Correct answer: Clang associations

Clang associations are a symptom commonly seen in patients with schizophrenia in which the patient uses words that are associated with similar sounds rather than meaning. The patient may speak in a rhyming pattern, using words that have no apparent connection to the topic. For example, a patient may say "I'm fine, it's time, I'll dine on a lime" instead of "I feel okay, it's getting late, I'm going to have some dinner." Clang associations may be a sign of disordered thinking and can make communication difficult.

Echolalia is the repetition of words or phrases that have been heard previously. Neologisms are newly invented words or phrases that have no meaning to others. Word salad is a jumbled collection of words and phrases that have no logical or meaningful connection.

50.

A patient with bipolar disorder is being assessed using the Young Mania Rating Scale. Which of the following symptoms would a PMHNP least expect to assess when using the scale?

Suicidal ideation and self-harm behaviors

Increased activity and energy levels

Irritability and aggression

Rapid speech and flight of ideas

Correct answer: Suicidal ideation and self-harm behaviors

The Young Mania Rating Scale (YMRS) is a tool used to assess the severity of manic symptoms in patients with bipolar disorder. The scale includes 11 items that assess the patient's level of energy, activity, thought and speech patterns, mood, and behavior. Items on the YMRS include increased activity and energy levels, irritability and aggression, rapid speech and flight of ideas, and many others. PMHNPs should be familiar with the YMRS and other assessment tools to assess and manage manic symptoms in patients with bipolar disorder.

However, the scale does not include items related to suicidal ideation and self-harm behaviors, which are better assessed using other tools such as the Columbia-Suicide Severity Rating Scale (C-SSRS).

51.

As a nurse practitioner, you will be responsible for assessing physical signs of child abuse. Which of the following is least indicative of abuse?

Inattention and distraction during the well-child exam

Bite marks on the neck

Painful, untreated dental caries

Bruising on padded parts of the body

Correct answer: Inattention and distraction during the well-child exam

Inattention and distraction could be age-appropriate or a sign of ADD/ADHD, but it is not a sign of child abuse.

Common indicators of child abuse:

- *History of unexplained multiple fractures*
 - *Burns, hand or bite marks*
 - *Injuries at various stages of healing*
 - *Evidence of neglect*
 - *Bruising on padded parts of the body*
-

52.

What psychiatric condition is characterized by two or more motor tics and at least one vocal tic that occur frequently throughout the day?

Tourette's disorder

Stuttering

Attention-deficit/hyperactivity disorder

Oppositional defiant disorder

Correct answer: Tourette's disorder

For a person to be diagnosed with Tourette's disorder, they must:

- Have two or more motor tics (e.g., blinking or shrugging the shoulders) and at least one vocal tic (e.g., humming, clearing the throat, or yelling out a word or phrase), although they might not always happen at the same time.*
- Have had tics for at least a year; the tics can occur many times a day (usually in bouts) nearly every day, or off and on*
- Have tics that begin before 18 years of age*
- Have symptoms that are not due to taking medicine or other drugs or due to having another medical condition (e.g., seizures, Huntington disease, or postviral encephalitis).*

Attention-deficit/hyperactivity disorder is characterized by hyperactivity, impulsivity, and inattentiveness. Stuttering, also called childhood-onset fluency disorder, occurs when the normal fluency of speech is frequently interrupted. Oppositional defiant disorder is characterized by multiple examples of negativistic behavior persistent for at least six months, usually beginning when a child is three or four years old.

53.

Oppositional defiant disorder is often misdiagnosed in adolescents. Which of the following is least likely to be a characteristic of ODD?

The client is needy and attention seeking

The client loses their temper easily

The client is touchy or easily annoyed

The client often places blame on others

Correct answer: The client is needy and attention-seeking

Clients with ODD are the opposite of attention-seeking; they present as avoidant, argumentative, and defiant. Clients with BPD (borderline personality disorder) are needy and attention-seeking.

Oppositional defiant disorder is an enduring pattern of angry or irritable mood and argumentative, defiant, or vindictive behavior lasting at least six months with at least four associated symptoms:

- *Loses temper*
 - *Touchy or easily annoyed*
 - *Angry or resentful*
 - *Argues with authority*
 - *Actively defies or refuses to comply with requests or rules from authority figures*
 - *Blames others*
 - *Deliberately annoys others*
 - *Spiteful or vindictive*
-

54.

When a patient presents in the ER with acute-onset confusion and cognitive decline, the PMHNP uses the mnemonic DELIRIUM to assess and triage the patient's symptoms. What does the M in this acronym represent?

Myocardial

Memory

Mistrustful

Manic

Correct answer: Myocardial

The purpose of the screening mnemonic is to rule out other possible conditions, including cardiac pathology. When a patient's cardiac status is compromised, there can be decreased perfusion to the brain, causing cognitive symptoms.

Memory issues and mistrustful and manic behaviors are part of dementia and mental health issues, so they would not be ruled out by a differential screening tool as an etiology.

55.

A PMHNP is caring for a 17-year-old girl who is experiencing gradually worsening neuropsychiatric symptoms of apathy, irritability, and an inability to sleep. She reports she is also experiencing skin problems, tingling in her hands and feet, and diarrhea. The patient reports a normal appetite and has followed a raw vegan diet for over a year. Which nutritional deficiency should the PMHNP first rule out based on the presenting symptoms and diet?

Niacin

Thiamine

Cobalamin

Pantothenic acid

Correct answer: Niacin

A nutritional deficiency of niacin (nicotinic acid) and its precursor tryptophan is sometimes seen in association with vegetarian or vegan diets. Niacin deficiency presents with both neuropsychiatric and medical symptoms, which can include irritability, apathy, diarrhea, and paresthesias.

Thiamine deficiency is most commonly associated with chronic alcohol abuse. Vitamin B12 or cobalamin deficiency has neurological symptoms, which include apathy, depression, and irritability, but without notable medical symptoms as the patient described. It is rare to have pantothenic acid or vitamin B5 deficiency in the United States.

56.

A nurse is assessing a patient for akathisia and uses the Barnes Akathisia Rating Scale. Which of the following scores on the Barnes Akathisia Rating Scale indicates the presence of severe akathisia?

5-7

10 and over

15 and over

3-4

Correct answer: 5-7

The Barnes Akathisia Rating Scale is a commonly used tool for evaluating the presence and severity of Akathisia, a condition characterized by inner restlessness and an urge to move. A score of 5-7 on the Barnes Akathisia Rating Scale indicates the presence of moderate to severe Akathisia.

A score of 0 on the Barnes Akathisia Rating Scale indicates the absence of Akathisia, while scores of 1-2 indicate mild Akathisia. Scores of 3-4 indicate moderate Akathisia. The nurse should consider the patient's symptoms and the results of the Barnes Akathisia Rating Scale when making a diagnosis of Akathisia and determining the appropriate treatment plan.

57.

A 25-year-old patient is evaluated for new, rapid-onset disorganized and pressured speech and disorganized thoughts. He presents with a flat affect and auditory hallucinations of the command type. Which of the following conditions does not need to be ruled out as part of the differential diagnosis of schizophrenia?

Dementia

Thyrotoxicosis encephalopathy

Substance-induced psychosis

Wernicke-Korsakoff syndrome

Correct answer: Dementia

Dementia is a progressive decline of cognition. Although dementia patients can exhibit hallucinations, this is typically a disease of aging.

Wernicke-Korsakoff syndrome is a brain disorder caused by drinking too much alcohol and a lack of thiamine. Substance-induced psychosis can mimic symptoms of schizophrenia. Thyrotoxicosis encephalopathy is also a brain disorder related to nutrient deficiency of thiamine, which mimics schizophrenia.

58.

A PMHNP is assigned an initial admission intake for a 17-year-old female with symptoms of disordered eating. She admits to recurrent episodes of binge eating over the past six months accompanied by feelings of distress, self-loathing, and distorted body perception. The PMHNP understands that the etiology of eating disorders is multi-factorial with biological, social, and psychological factors all playing a role.

In addition to social and psychological contributors, which of the following neurobiological factors should be ruled out to pinpoint causation?

Decreased serotonin

Hyperthyroidism

Crohn's disease

Substance abuse

Correct answer: Decreased serotonin

Alterations of 5-hydroxytryptamine (5-HT) function may contribute to some aspects of eating disorders, such as binge eating, perfectionism, impulsivity, and mood regulation. As part of the physical exam, other medical conditions will be ruled out.

Hyperthyroidism, Crohn's disease, and substance abuse may contribute to the severity of symptoms, but they do not fit this patient's presentation.

59.

A Psychiatric Mental Health Nurse Practitioner (PMHNP) is conducting a mental status examination (MSE) on a patient who has been experiencing symptoms of schizophrenia. Which of the following elements of the MSE would be most important for the PMHNP to assess in this patient?

Perception and thought process

Appearance and grooming

Attention and concentration

Mood and affect

Correct answer: Perception and thought process

Schizophrenia is a chronic mental health disorder characterized by symptoms such as hallucinations, delusions, and disordered thinking. One of the most important elements of the MSE for a patient with schizophrenia would be perception and thought process, as these symptoms are central to the diagnosis of schizophrenia. The PMHNP should pay close attention to the patient's ability to think logically, their ability to make sense of their perceptions, and the presence of any hallucinations or delusions.

60.

A PMHNP assesses a 40-year-old man with personality and behavioral changes but no notable cognitive decline. The presence of tau protein tangles was noted in brain imagery. Based on the presenting symptoms and brain imaging, the patient was diagnosed with which of the following?

Frontotemporal dementia

Dementia due to HIV disease

Huntington's disease

Creutzfeldt-Jakob disease

Correct answer: Frontotemporal dementia

Frontotemporal dementia is also called Pick's disease due to the presence of tau protein tangles in the brain. It affects males more often, and personality and behavior changes occur before cognitive decline.

Creutzfeldt-Jakob disease's early signs are flu-like with fatigue and cognitive impairment. HIV dementia manifests as cognitive decline. Huntington's disease causes motor abnormalities with cognitive decline later in the disease progression.

61.

A PMHNP is assessing a patient for the presence of personality disorders. Which of the following assessment tools would be most appropriate for the PMHNP to use to evaluate the patient's personality traits and potential personality disorder diagnoses?

Personality Diagnostic Questionnaire - 4 (PDQ-4)

Minnesota Multiphasic Personality Inventory - 2 (MMPI-2)

Millon Clinical Multiaxial Inventory - III (MCMI-III)

Beck Anxiety Inventory (BAI)

Correct answer: Personality Diagnostic Questionnaire - 4 (PDQ-4)

The PDQ-4 is a self-report questionnaire that is specifically designed to assess personality traits and potential personality disorder diagnoses. It consists of 107 items assessing nine personality disorder categories, including borderline, narcissistic, and antisocial personality disorders.

The MMPI-2 is a personality assessment tool that assesses psychopathology and personality traits but is not specific to personality disorders.

The MCMI-III is a personality assessment tool that assesses personality disorders, but it is not as widely used as the PDQ-4.

The BAI is a screening tool used to assess anxiety symptoms but is not specific to personality disorders.

62.

A patient has been prescribed lithium for the treatment of bipolar disorder. The patient returns to the clinic three weeks later with symptoms of nausea, vomiting, and tremors. Which of the following are possible causes of these symptoms?

Lithium toxicity

Lithium deficiency

Drug interactions

Allergic reaction

Correct answer: Lithium toxicity

Lithium toxicity can occur with excessive levels of lithium in the blood, which can cause symptoms such as nausea, vomiting, tremors, and confusion. The psychiatric nurse practitioner should suspect lithium toxicity in this scenario, as high lithium levels can be dangerous and even life-threatening.

Lithium deficiency, drug interactions, and allergic reactions are unlikely to fit this patient's presentation as well as lithium toxicity.

63.

While assessing a patient's thought processes during the initial mental status exam, the PMHNP notes that they avoid getting to the point by including irrelevant and trivial details. Which term describes this speech pattern that often appears in patients with schizophrenia and obsessive-compulsive disorders?

Circumstantiality

Tangentiality

Perseveration

Neologism

Correct answer: Circumstantiality

Circumstantiality is a disruption in a pattern of speech that is characterized by the overinclusion of trivial details, often to avoid giving a pointed answer.

Tangentiality is when the patient provides an answer that is generally appropriate to the question but not specific. Perseveration is the repetition of out-of-context ideas or words. Neologism in speech is when the patient invents new words or phrases.

64.

A PMHNP is evaluating a patient for an eating disorder. What is the most important factor to consider in making a diagnosis?

The patient's self-reported eating habits

The patient's self-reported water intake

The patient's cultural background

The patient's age

Correct answer: The patient's self-reported eating habits

Eating disorders are complex mental health conditions that can severely affect a patient's physical and emotional health. To make an accurate diagnosis, PMHNPs must consider a range of factors, including the patient's self-reported eating habits. This includes information about the patient's food choices, bingeing and purging patterns, and any food-related rituals or behaviors.

65.

Which of the following tools always includes an assessment for amnesia following a drinking episode?

RAPS4

CAGE

Patient interview

Family or provider report

Correct answer: RAPS4

Two brief standardized questionnaires are available to identify alcohol abuse or dependence. CAGE has four questions (cutting down, annoyance, presence of guilt, and needing an eye-opener in the morning). The Rapid Alcohol Problem Screen 4 (RAPS4) has four questions as well (remorse, amnesia, performance, and eye-opener).

Patient interviews and interviews with family members may reveal the presence of amnesia but do not necessarily routinely assess for it.

66.

During a neurological exam on a 20-month-old female with delayed speech and language, the PMHNP noted a positive Babinski reflex. Which of the following actions is the most appropriate step to take regarding this particular finding?

No action needed

Schedule a follow up in six months

Refer to genetics

Refer to neurology

Correct answer: No action needed

No action is needed regarding the positive Babinski reflex. A positive Babinski reflex is normal from birth until two years of age.

67.

Which of the following is least likely to be a common feature of a social anxiety disorder?

Excessive assertiveness to alleviate feeling awkward

Hypersensitivity to criticism

Negative self-evaluations

Low self-esteem

Correct answer: Excessive assertiveness to alleviate symptoms of feeling awkward

Social anxiety disorder is a marked and persistent fear of social or performance situations in which embarrassment may occur.

Patients with social anxiety disorder lack assertiveness. Other descriptive features include sensitivity to criticism and a sense of inferiority.

68.

An 81-year-old homeless male is brought to the ER due to symptoms of psychosis. The PMHNP is unable to obtain a history from this patient and thus relies on his medical record. The record indicates that the patient left the hospital against medical advice one week ago because he was not happy with the diagnosis of renal stones he received. At that time, he wanted help with his flank pain and did not like how he was treated, so he left before a thorough work-up could be completed. At this visit, the PMHNP notes the ER team was able to order labs and obtain a urine sample due to having to insert an indwelling catheter for urine retention.

What laboratory findings should be expected with this patient's presenting symptoms?

Bacteria in urine and elevated WBCs

Positive urinalysis for methamphetamines

Decreased TSH

Hypernatremia

Correct answer: Bacteria in urine and elevated WBCs

Given the patient's recent medical history and presenting symptoms one week later, he is most likely experiencing delirium due to a urinary tract infection. It is possible that the preliminary diagnosis of renal stones was incorrect and that the patient developed a complicated UTI.

Positive urinalysis for methamphetamines could be a possible cause; however, given the historical data and presenting symptoms, this is not a likely finding. Increased, not decreased, TSH would indicate possible memory loss but not delirium. Hypernatremia is usually caused by fluid volume depletion. This patient has been retaining urine and is most likely hyponatremic.

69.

Eating disorders are characterized by which features?

Disordered patterns of eating accompanied by distress, disparagement, preoccupation, and a distorted perception of one's body shape

Disordered patterns of eating accompanied by hypomania, disparagement, preoccupation, and a distorted perception of one's body shape

Disordered patterns of eating accompanied by distress, elatedness, preoccupation, and a distorted perception of one's body shape

Disordered patterns of eating accompanied by distress, disparagement, preoccupation, and a healthy perception of one's body shape

Correct answer: Disordered patterns of eating accompanied by distress, disparagement, preoccupation, and a distorted perception of one's body shape

Eating disorders are characterized by disordered patterns of eating accompanied by distress, disparagement, preoccupation, and a distorted perception of one's body shape.

Hypomania, elatedness, and a healthy perception of body shape are opposites of eating disorder attributes.

70.

What disorder is characterized by a persistent regurgitation and chewing of food already eaten?

Rumination disorder

Pica

Selective mutism

Enuresis

Correct answer: Rumination disorder

Rumination disorder is characterized by a persistent regurgitation and chewing of food already eaten.

Pica is a psychiatric condition occurring when a patient eats material that is not food, such as soap, chalk, plaster, or paper. Enuresis refers to the repeated voiding of urine (either voluntarily or involuntarily) into bedding or clothing when five years old or older. Selective mutism is characterized by a child who chooses not to talk except when alone or with select friends or family.

71.

A new patient with a known diagnosis of bipolar disorder has recently been discharged from inpatient hospitalization for an acute exacerbation of manic symptoms. Since his diagnosis 3 years ago, he has had 3 inpatient admissions for manic episodes and one occurrence of lithium toxicity. On admission to the hospital, his lithium levels were subtherapeutic, and his lithium dose was increased during his stay. His follow-up lithium level was lower than his level when admitted to the hospital.

What initial step in assessing health literacy should be taken by the PMHNP?

Ask the patient to explain his understanding of his illness and treatment

Repeat the lithium level

Increase the lithium level with repeated testing in one week

Order blood work to assess for comorbid conditions that impact the absorption of lithium

Correct answer: Ask the patient to explain his understanding of his illness and treatment

This patient has had 4 inpatient hospitalizations for exacerbated symptoms in 4 years. In one instance, lab results reported lithium toxicity, and two instances revealed subtherapeutic levels. The first step is to assess the patient's understanding of his illness and management techniques, including protocols for lithium levels.

Repeating the lithium level is an appropriate addition, as well as reviewing bloodwork, but this is not required for optimal understanding. Increasing the lithium level without a real understanding of patient compliance is not appropriate.

72.

Which of the following is not a standardized assessment for ADHD symptoms?

Child Behavior Rating Scale (CBRF)

Conners Parent-Teacher Rating Scale

Barkley Home Situations Questionnaire

Wender Utah Rating Scale

Correct answer: Child Behavior Rating Scale (CBRF)

The Child Behavior Rating Scale or CBRF is a teacher-completed assessment that assesses self-regulation and social skills. The Conners Parent-Teaching Rating Scale, the Barkley Home Situations Questionnaire, and the Wender Utah Rating Scale are all standardized assessments of multiple domains for ADHD.

73.

A patient is being evaluated for recurrent, episodic binge eating with no physiological evidence or self-report of purging. Her BMI is in the overweight category. The patient meets the criteria for the diagnosis of bulimia nervosa (binge eating with a lack of self-control for over 6 months paired with feelings of intense self-remorse). She reports compensatory behaviors such as severely restricting calories and excessive exercise.

Based on the absence of self-purging, the most appropriate diagnosis would be which of the following?

Bulimia nervosa

Binge eating disorder

Anorexia nervosa

Avoidant restrictive food intake disorder

Correct answer: Bulimia nervosa

This patient meets the criteria for bulimia nervosa of the non-purging type.

Anorexia nervosa patients can have associated bingeing behaviors but present with a low body mass and physical findings such as amenorrhea and bradycardia. Binge eating disorders are not regularly associated with compensatory behaviors such as restricting calories or excessive exercise. Avoidant restrictive food intake disorder does not involve binge eating patterns.

74.

A 36-year-old South Asian female presents to your office accompanied by her husband. He reports that since the death of their daughter three months ago, his wife has been having episodes of strange behavior. He describes these episodes as beginning with a headache. Then, she suddenly acts as though their deceased daughter has taken control of her body. After a few minutes, she "snaps back to herself." The patient states that she cannot remember anything about these episodes.

What culture-bound syndrome would you include in your differential diagnosis?

Possession syndrome

Amok

Ataque de nervios

Shenjing shuairuo

Correct answer: Possession syndrome

Possession syndrome is an umbrella English-language term used to describe South Asian presentations of involuntary possession trances. These episodes usually begin with a somatic complaint like a headache or abdominal pain. Next, patients appear as though they are possessed by a secondary personality, usually either a culturally famous figure or a recently deceased family member. Often, the patient will develop partial or total amnesia related to the altered state.

75.

A young woman brings her 77-year-old father to a clinic. She believes her father has Alzheimer's disease because he has been depressed and forgetful lately. What are the earliest symptoms of Alzheimer's disease?

Mood changes

Cognitive impairment

Behavioral symptoms

Decline in functional independence

Correct answer: Mood changes

The onset of symptoms in Alzheimer's disease follows this progression: mood changes, cognitive impairment, decline in functional independence, and lastly behavioral and motor symptoms. Mood changes are usually manifested as apathy rather than depression and are resistant to antidepressant medications but responsive to cholinesterase inhibitors.

76.

You are a nurse practitioner assessing a patient in the emergency department for acute alcohol withdrawal. You decide to perform a Clinical Institute Withdrawal Assessment (CIWA) for alcohol on the patient. Which of the following symptoms would not suggest active alcohol withdrawal?

Heightened level of sensorium

Nausea and vomiting

Tremors

Agitation

Correct answer: Heightened level of sensorium

Patients with alcohol withdrawal will present with altered sensorium, not heightened.

The common withdrawal symptoms assessed on the CIWA scale are as follows:

- *Nausea and vomiting*
 - *Tremors*
 - *Paroxysmal sweats*
 - *Anxiety*
 - *Agitation*
 - *Tactile disturbances*
 - *Auditory disturbances*
 - *Visual disturbances*
 - *Headaches*
 - *Altered sensorium*
-

77.

What statement most accurately describes generalized anxiety disorder?

These patients feel tense or anxious the majority of the time and worry about many different issues

These patients fear embarrassment when they speak, write, or eat in public

These patients fear specific objects or situations such as animals, storms, or heights

These patients fear situations or places where they might have trouble obtaining help if they become scared

Correct answer: These patients feel tense or anxious the majority of the time and worry about many different issues

Generalized anxiety disorder patients feel tense or anxious the majority of the time and worry about many different issues.

Agoraphobia patients fear situations or places where they might have trouble obtaining help if they become scared. Specific phobia patients fear specific objects or situations such as animals, storms, heights, blood, airplanes, or any situation that may lead to vomiting, choking, or developing an illness. Social anxiety disorder patients fear embarrassment when they speak, write, or eat in public.

78.

What term describes clusters of symptoms that tend to co-occur among individuals in a specific culture?

Culture-bound syndromes

Cultural concepts of distress

Cultural idioms

Cultural explanations

Correct answer: Culture-bound syndromes

Cultural concepts of distress refer to the way a cultural group understands behavioral or emotional problems.

There are three main types of cultural concepts of distress:

- *Culture-bound syndromes: clusters of symptoms that tend to co-occur among individuals in a specific culture*
 - *Cultural idioms: terms that provide shared ways of experiencing suffering and do not describe a specific disorder*
 - *Cultural explanations: labels, attributions, or features of a culturally recognized etiology for distress*
-

79.

A patient presents with difficulty with communication, difficulty with independent living skills, and an IQ score below 70. What is the most likely diagnosis for this patient?

Intellectual Disability

Autism Spectrum Disorder

Schizophrenia

Pervasive Developmental Disorder

Correct answer: Intellectual Disability (ID)

Intellectual disability (ID) is a disorder characterized by significant limitations in cognitive functioning and adaptive behaviors, including communication and independent living skills. The criteria for ID include an IQ score below 70, which is present in this patient's case. Autism spectrum disorder and schizophrenia do not necessarily affect IQ. Pervasive developmental disorder is a subtype of autism spectrum disorder.

80.

A patient is scheduled to undergo a dexamethasone suppression test (DST). For which of the following conditions would a DST most likely screen?

Major depressive disorder

Schizophrenia

Bipolar disorder

Post-traumatic stress disorder

Correct answer: Major depressive disorder

A DST) is used to evaluate the functioning of the hypothalamic-pituitary-adrenal (HPA) axis, which plays a key role in the body's stress response system. The test involves administering a dose of the synthetic glucocorticoid dexamethasone, which normally suppresses the production of cortisol by the adrenal gland. In patients with major depressive disorder, the HPA axis may be overactive, leading to elevated levels of cortisol. In a DST, failure to suppress cortisol production in response to dexamethasone is considered a positive test result and may suggest major depressive disorder.

While the DST has been used to investigate the HPA axis in other psychiatric conditions, it is most commonly associated with major depressive disorder. PMHNPs should be familiar with the indications for and interpretation of the DST, as well as other diagnostic tests used in the assessment of mental health conditions. DSTs are considered nonspecific and, as a result, are not widely used in clinical practice.

81.

Which of the following is a Cluster B personality disorder?

Antisocial

Avoidant

Obsessive-compulsive

Dependent

Correct answer: Antisocial

Antisocial personality disorder falls under Cluster B.

Cluster C patients tend to be anxious, fearful, tense, and overcontrolled. Cluster C includes avoidant, dependent, and obsessive-compulsive personality disorders.

- *Avoidant personality disorder: These patients are timid and easily wounded by criticism from others. They fear embarrassment and hesitate to form interpersonal relationships.*
 - *Dependent personality disorder: These patients fear abandonment, feel helpless when they are alone, and are miserable when relationships end. They desperately desire the approval of others, and they often volunteer for unpleasant tasks to gain the favor of others.*
 - *Obsessive-compulsive personality disorder: These patients are perfectionistic and rigid. They are often workaholics who are indecisive, excessively scrupulous, and preoccupied with detail.*
-

82.

What standardized rating scale is typically used to assess for schizophrenia?

Scale for assessment of negative symptoms

Zung self-report inventory

Global deterioration scale

Saint Louis University mental status examination

Correct answer: Scale for assessment of negative symptoms

Standardized rating scales are used as a guide when planning care and treatment. The scale for assessment of negative symptoms is an assessment tool for patients with schizophrenia.

The Zung self-report inventory is used to measure depression.

The global deterioration scale is used to measure cognitive function.

The Saint Louis University mental status examination is a tool to assess for mild cognitive impairment and dementia.

83.

A 21-year-old female presents to your office at the request of her parents. Her family is concerned because she has not been eating or sleeping and has been talking nonstop for the past few weeks. The patient states that she has never felt better in her life, and she is painting ten new "masterpieces" every day. She does not have any previous psychiatric history, and she denies using any substances.

What initial laboratory data will you obtain before beginning treatment?

Serum creatinine, BUN and electrolytes, thyroid studies, and urinalysis

Complete blood count with differential

Prothrombin and partial thromboplastin times

Serum ammonia

Correct answer: Serum creatinine, BUN and electrolytes, thyroid studies, and urinalysis

This patient presents with manic symptoms, which should be treated with lithium carbonate. The minimum initial laboratory studies required before starting lithium include serum creatinine, BUN and electrolytes, thyroid studies, and urinalysis.

Ninety-five percent of lithium is excreted through the kidneys; therefore, you should check the patient's kidney function by ordering electrolytes, creatinine, BUN, and a urinalysis. Lithium also inhibits the synthesis of thyroid hormone, so you should always check thyroid studies as well.

Ordering a complete blood count is optional. Serum ammonia and prothrombin and partial thromboplastin times are unnecessary.

84.

How often should excessive worry, apprehension, or anxiety occur to meet the criteria for generalized anxiety disorder (GAD)?

More days than not for at least six months

More days than not for at least three months

At least ten days a month for at least three months

Most of the day for at least one month

Correct answer: More days than not for at least six months

In generalized anxiety disorder, excessive worry, apprehension, or anxiety about events or activities occurs more days than not for at least six months.

85.

Substance use screening tool interpretation is an important part of advanced assessment and pertinent to the role of the psychiatric-mental health nurse practitioner. What is the most common tool used to assess for opiate withdrawal?

COWS

CIWA

AUDIT

S-MAST

Correct answer: COWS

The COWS (Clinical Opiate Withdrawal Scale) assessment is used to assess the withdrawal severity of opiates.

The CIWA assessment is used to assess the withdrawal severity of alcohol and/or benzodiazepines. The AUDIT assessment is also an alcohol use assessment tool, less commonly used than CIWA. The S-MAST is a tool used to assess and screen for alcoholism in the geriatric population.

86.

You are a new nurse practitioner treating a recently paroled convict. This patient has a history of violent abuse of their partners. Which of the following diagnoses least correlates with violent abusers?

Schizoid Personality Disorder

Antisocial Personality Disorder

Narcissistic Personality Disorder

Borderline Personality Disorder

Correct answer: Schizoid Personality Disorder

Schizoid personality disorder does not typically correlate with violent, abusive behavior and is more associated with social withdrawal.

Characteristic diagnoses of abusers are as follows:

- *Antisocial personality disorder*
 - *Narcissistic personality disorder*
 - *Borderline personality disorder*
-

87.

For an adolescent client, which alteration to the assessment process is incorrect?

The assessment should be short and to the point in order to prevent distractibility in the client

The PMHNP must attend to the cognitive and language abilities of the child

The PMHNP must attend to the developmental needs and interests of the child

The PMHNP must develop a trusting relationship with the child to put them at ease

Correct answer: The assessment should be short and to the point in order to prevent distractibility in the client

Adolescent client assessments take much longer, and the nurse practitioner needs to allow for extra time when performing evaluations.

Furthermore,

- *The PMHNP must develop a trusting relationship with the child to them at ease.*
 - *Interviews with the child and the parent should be separate so that the child can provide information on internal symptoms and family or care providers on external signs.*
 - *The PMHNP must attend to the developmental needs and interests of the child.*
 - *The PMHNP must attend to the cognitive and language abilities of the child.*
-

88.

What psychiatric condition is characterized by the consumption of material that is not food, such as soap, chalk, plaster, or paper?

Pica

Rumination disorder

Enuresis

Selective mutism

Correct answer: Pica

Pica is a psychiatric condition occurring when a patient eats material that is not food, such as soap, chalk, plaster, or paper.

Enuresis refers to the repeated voiding of urine (either voluntarily or involuntarily) into bedding or clothing when five years old or older. Selective mutism is when a child chooses not to talk except when alone or with select friends or family. Rumination disorder is characterized by a persistent regurgitation and chewing of food already eaten.

89.

A 17-year-old male patient who started an atypical antipsychotic one week ago arrives at the ED with high blood pressure, hyperactive reflexes, hyperthermia, and delirium. The patient appears stiff and rigid. He is accompanied by his mother, who is demanding a drug screen. The PMH-BC immediately focuses on emergent cardiopulmonary support, stops the medication, and orders dantrolene.

What does the PMH-BC suspect?

Neuroleptic malignant syndrome

Dystonia

Tardive dyskinesia

Akathisia

Correct answer: Neuroleptic malignant syndrome

Neuroleptic malignant syndrome is rare but can occur at any time a patient is taking antipsychotic medications. It is most common with atypical antipsychotics within the initial two weeks of therapy.

Emergency treatment is focused on cardiopulmonary management and discontinuation of the medication. Dantrolene is used to reduce muscle rigidity.

90.

Patients with schizophrenia often exhibit neurological nonlocalizing soft signs. Which term refers to the loss of the ability to recognize the form of an object by touch?

Astereognosis

Impaired fine-motor movement

Dysdiadochokinesia

Clumsiness

Correct answer: Astereognosis

Astereognosis is the loss of the ability to recognize objects by touch alone. A schizophrenic patient may have diminished fine motor coordination and still recognize an object by touch. Dysdiadochokinesia is the inability to perform rapidly alternating movements.

91.

Which of the following diagnostic or laboratory findings is generally least useful for a differential diagnosis of dementia?

EEG

Alcohol and illicit drug screening

Syphilis testing if indicated by history

Pulse oximetry

Correct answer: EEG

EEG is not typically useful, as it does not provide information about conditions that mimic dementia. Neuropsychological testing is recommended for completing a diagnostic assessment.

Drug screens, pulse oximetry, and syphilis testing can all be useful if indicated.

92.

A PMHNP is completing a mental status exam on a patient with suspected depression symptoms. Which of the following would least align with depressive symptoms?

Heavy makeup

Dark-colored and loose-fitting clothes

Unkempt appearance

Tired appearance

Correct answer: Heavy makeup

Unless the makeup was noticeably smeared or untidy, heavy makeup suggests that the person took care to apply it, so it would not be an appropriate presentation for depression.

Being unkempt, looking tired, and wearing dark and loose clothes align with the presentation of depression.

93.

Which of the following underlying psychiatric disorders is unlikely to be related to insomnia?

Oppositional defiant disorder

Major depression

Generalized anxiety

Dementia

Correct answer: Oppositional defiant disorder

Insomnia may be related to the following underlying psychiatric disorders:

- *Mood disorders*
- *Anxiety disorders*
- *Attention-deficit hyperactivity disorder*
- *Alzheimer's disease*

Oppositional defiant disorder is not typically linked to insomnia.

94.

Which of the following is a persistent symptom of mania associated with bipolar disorder?

Inflated self-esteem

Increased need for sleep

Sexual restraint

Loss of interest in goal-directed activities

Correct answer: Inflated self-esteem

Persistent symptoms suggestive of bipolar disorder include decreased need for sleep, a marked difference from normal baseline sleep patterns, inflated self-esteem, grandiosity, increased goal-directed activities, excessive involvement in pleasurable activities with a high potential for painful consequences, unrestrained buying sprees, sexual indiscretions, unsound business ventures, excessive substance use or abuse, and highly recurrent depressive episodes.

95.

Which statement accurately describes "with atypical features," a specifier used in the diagnosis of mood disorders?

These patients eat a lot and gain weight, sleep excessively, and have a feeling of being sluggish or paralyzed

These patients feel worse in the morning than in the afternoon, and they experience decreased appetite, weight loss, and agitation

These patients exhibit either motor hyperactivity or inactivity

These patients experience a mixture of both manic and depressive symptoms

Correct answer: These patients eat a lot and gain weight, sleep excessively, and have a feeling of being sluggish or paralyzed

Specifiers are special descriptions added to a patient's diagnosis to provide more information. Specifiers help characterize the condition and describe its overall course. Specifiers used to describe mood disorders include the following:

- *With atypical features: These patients eat a lot, gain weight, sleep excessively, and have a feeling of being sluggish or paralyzed. They are also sensitive to rejection.*
 - *With melancholic features: These patients feel worse in the morning than in the afternoon, and they experience decreased appetite, weight loss, and agitation. They also tend to feel excessively guilty and have trouble making decisions.*
 - *With anxious distress: These patients have high levels of tension, restlessness, worry, and fear.*
 - *With catatonic features: These patients exhibit either motor hyperactivity or inactivity.*
 - *With mixed features: These patients are experiencing a mixture of both manic and depressive symptoms.*
 - *With peripartum onset: These patients develop a mood episode during pregnancy or within a month of having their baby.*
 - *With psychotic features: These patients develop delusions or hallucinations along with their mood symptoms.*
 - *With rapid cycling: These patients have experienced at least four mood episodes in the past year.*
 - *With a seasonal pattern: These patients regularly become ill at a certain time of the year.*
-

96.

A 62-year-old male is being seen by a PMHNP for suspected progressive memory problems. He reports being increasingly under stress and forgetful. His co-workers at his law office have been joking about his forgetfulness, but he is beginning to get concerned. "I forgot to turn off the burner on the stove after I boiled my tea water this morning!" He reports going back and checking things over and over again.

Which of the following would be most helpful in distinguishing between stress-induced forgetfulness and cognitive impairment?

Montreal Cognitive Assessment (MoCA)

Hamilton Rating Scale for Depression

PHQ-9

Brain MRI with and without contrast

Correct answer: Montreal Cognitive Assessment (MoCA)

The MoCA was developed to detect mild cognitive impairment and assess a broad swath of domains. It is suitable for those at higher educational levels, and this patient is a lawyer.

The Hamilton Depression Scale assesses depression symptoms, as does the PHQ-9. A brain MRI with or without contrast would show the basic structure of the brain but not indicate the level of cognitive impairment.
