

FULL-LENGTH PRACTICE TEST 6

Practice Test 6: Behavioral and Mental Health

45 Questions — Recommended Time: 45 Minutes

1. A 32-year-old woman presents with persistent depressed mood, loss of interest in activities she previously enjoyed, insomnia, fatigue, difficulty concentrating, feelings of worthlessness, and a 10-pound weight loss over the past six weeks. She denies suicidal ideation. Which of the following is the most appropriate initial pharmacologic treatment?

- A. Bupropion
- B. Sertraline
- C. Amitriptyline
- D. Diazepam

2. A 28-year-old man presents with a three-day history of elevated mood, decreased need for sleep (only 2 hours per night), pressured speech, grandiose beliefs that he has been chosen to lead a new political movement, increased goal-directed activity, and excessive spending of his savings. He has no prior psychiatric history. Which of the following is the most likely diagnosis?

- A. Schizoaffective disorder
- B. Major depressive disorder with psychotic features
- C. Bipolar I disorder, manic episode
- D. Cyclothymic disorder

3. A 45-year-old man with a history of alcohol use disorder presents to the emergency department 48 hours after his last drink with tremor, diaphoresis, tachycardia, agitation, and visual hallucinations of insects crawling on the walls. His temperature is 101.5°F. Which of the following is the most likely diagnosis?

- A. Alcohol withdrawal delirium (delirium tremens)
- B. Wernicke encephalopathy
- C. Alcoholic hallucinosis
- D. Hepatic encephalopathy

4. A 22-year-old woman presents with recurrent, unexpected episodes of intense fear accompanied by palpitations, chest tightness, shortness of breath, dizziness, and a fear of dying. Episodes peak within 10 minutes and resolve within 30 minutes. Between episodes, she worries persistently about having another attack. Which of the following is the most likely diagnosis?

- A. Generalized anxiety disorder
- B. Social anxiety disorder
- C. Specific phobia
- D. Panic disorder

5. A 17-year-old girl is brought to the clinic by her parents who are concerned about her weight loss. She is 5'6" and weighs 95 pounds. She reports feeling fat despite her low weight and restricts her caloric intake to 500 calories per day. She exercises excessively and has amenorrhea. Physical examination reveals lanugo hair, bradycardia, and hypothermia. Which of the following is the most likely diagnosis?

- A. Bulimia nervosa
- B. Avoidant/restrictive food intake disorder
- C. Anorexia nervosa, restricting type
- D. Major depressive disorder with appetite loss

6. A 35-year-old combat veteran presents with recurrent nightmares about a traumatic event that occurred eight months ago, avoidance of situations that remind him of the trauma, emotional numbing, hypervigilance, and an exaggerated startle response. These symptoms have significantly impaired his social and occupational functioning. Which of the following is the most likely diagnosis?

- A. Acute stress disorder
- B. Post-traumatic stress disorder
- C. Adjustment disorder
- D. Generalized anxiety disorder

7. A 70-year-old hospitalized patient who underwent hip replacement surgery two days ago becomes acutely confused, agitated, and disoriented. He is pulling at his IV lines and sees people who are not present. His symptoms fluctuate throughout the day and are worst at night. Which of the following is the most likely diagnosis?

- A. Delirium
- B. Alzheimer disease
- C. Lewy body dementia
- D. Sundowning from underlying dementia

8. A 25-year-old man is brought to the emergency department by police after being found wandering in traffic, talking to himself. He reports that voices are commanding him to harm himself. He believes the government has implanted a tracking device in his brain. His symptoms have been present for the past eight months. He has no history of substance use. Which of the following is the most likely diagnosis?

- A. Brief psychotic disorder
- B. Delusional disorder
- C. Schizoaffective disorder
- D. Schizophrenia

9. A 40-year-old woman with major depressive disorder has been taking fluoxetine 20 mg daily for three weeks. She reports minimal improvement in her symptoms. She is adherent to her medication. Which of the following is the most appropriate next step?

- A. Switch to a tricyclic antidepressant
- B. Continue the current dose for an additional 3 to 5 weeks to allow adequate trial duration
- C. Add lithium augmentation immediately
- D. Discontinue fluoxetine and start an MAOI

10. A 19-year-old college student presents with excessive worry about multiple aspects of her life including academic performance, finances, health, and relationships for the past eight months. She reports muscle tension, restlessness, difficulty concentrating, irritability, and sleep disturbance. She has difficulty controlling the worry. Which of the following is the most likely diagnosis?

- A. Panic disorder
- B. Social anxiety disorder
- C. Generalized anxiety disorder
- D. Obsessive-compulsive disorder

11. A 30-year-old woman presents requesting help for her alcohol use. She reports drinking a bottle of wine every evening, has tried to cut down unsuccessfully, and has been late to work due to hangovers. She reports needing to drink more than she used to for the same effect. CAGE questionnaire score is 3. Which of the following is the most appropriate initial intervention?

- A. Brief motivational interviewing and discussion of treatment options
- B. Immediate inpatient detoxification
- C. Prescription of disulfiram as initial treatment
- D. Referral to Alcoholics Anonymous without further assessment

12. A 55-year-old man with a history of bipolar I disorder presents with acute mania. He is currently taking no medications. Which of the following is the most appropriate first-line pharmacologic treatment for his acute manic episode?

- A. Fluoxetine monotherapy
- B. Gabapentin
- C. Benzodiazepine monotherapy
- D. Lithium or valproic acid

13. A 16-year-old boy is brought to the emergency department after his parents found him in his room with an empty bottle of acetaminophen. He admits to taking approximately 30 tablets two hours ago. He states he wanted to die because his girlfriend broke up with him. Which of the following is the most critical immediate action?

- A. Psychiatric evaluation for involuntary commitment
- B. Contact the girlfriend to facilitate reconciliation
- C. Emergent medical stabilization including N-acetylcysteine for acetaminophen toxicity
- D. Obtain a detailed psychiatric history before any treatment

14. A 8-year-old boy is brought to the clinic for behavioral problems at school. His teacher reports that he frequently leaves his seat, talks excessively, has difficulty waiting his turn, and interrupts others. These behaviors have been present since age 5 and occur both at school and at home. His academic performance is below expectations. Which of the following is the most likely diagnosis?

- A. Oppositional defiant disorder
- B. Attention deficit hyperactivity disorder
- C. Conduct disorder
- D. Autism spectrum disorder

15. A 38-year-old woman presents with a depressed mood, hypersomnia, increased appetite with carbohydrate craving, significant weight gain, and leaden paralysis (heavy feeling in arms and legs) for the past three months. She is particularly sensitive to interpersonal rejection. Which of the following best describes this clinical presentation?

- A. Major depressive disorder with atypical features
- B. Major depressive disorder with melancholic features
- C. Persistent depressive disorder (dysthymia)
- D. Seasonal affective disorder

16. A 42-year-old woman presents with contamination fears that consume several hours daily. She washes her hands repeatedly until the skin is raw and cracked, and she avoids touching doorknobs, handrails, and public surfaces. She recognizes her behavior is excessive but cannot resist the urge to wash. Which of the following is the most appropriate first-line treatment?

- A. Benzodiazepine therapy
- B. Antipsychotic medication
- C. Buspirone
- D. SSRI therapy (fluvoxamine or high-dose sertraline) combined with exposure and response prevention therapy

17. A 26-year-old man presents with a pattern of instability in interpersonal relationships, impulsivity, recurrent self-harm (cutting his forearms), chronic feelings of emptiness, intense fear of abandonment, and rapid mood shifts lasting hours. He has had multiple emergency department visits for suicidal gestures following relationship conflicts. Which of the following is the most likely diagnosis?

- A. Borderline personality disorder
- B. Bipolar II disorder
- C. Histrionic personality disorder
- D. Major depressive disorder with suicidal ideation

18. A 60-year-old man with a long history of heavy alcohol use presents stating he wants to quit drinking. He reports his last drink was 6 hours ago. He has a history of alcohol withdrawal seizures. Which of the following is the most appropriate pharmacologic intervention to prevent withdrawal complications?

- A. Phenytoin
- B. Haloperidol
- C. Chlordiazepoxide or lorazepam on a symptom-triggered protocol
- D. Naltrexone

19. A 33-year-old woman presents with a two-year history of depressed mood present more days than not, low energy, poor concentration, low self-esteem, and feelings of hopelessness. She has never experienced a manic or hypomanic episode. She continues to function at work but describes herself as "always down." Which of the following is the most likely diagnosis?

- A. Major depressive disorder, recurrent
- B. Persistent depressive disorder (dysthymia)
- C. Cyclothymic disorder
- D. Adjustment disorder with depressed mood

20. A 24-year-old woman who has been taking sertraline for depression for six months is found to have inadvertently taken her roommate's tramadol in addition to her sertraline. She presents with agitation, diaphoresis, hyperthermia, tremor, myoclonus, hyperreflexia, and diarrhea. Which of the following is the most likely diagnosis?

- A. Neuroleptic malignant syndrome
- B. Anticholinergic toxicity
- C. Sertraline overdose
- D. Serotonin syndrome

21. A 50-year-old man with schizophrenia treated with haloperidol for the past 10 years presents with involuntary, repetitive, purposeless movements of the tongue, lips, and jaw including lip smacking, tongue protrusion, and chewing movements. Which of the following is the most likely diagnosis?

- A. Tardive dyskinesia
- B. Acute dystonia
- C. Akathisia
- D. Parkinsonism

22. A 29-year-old woman presents with recurrent episodes of binge eating followed by self-induced vomiting occurring at least twice weekly for the past four months. She maintains a normal body weight. Physical examination reveals dental enamel erosion, parotid gland enlargement, and calluses on the dorsum of her hand. Which of the following is the most likely diagnosis?

- A. Anorexia nervosa, binge-purge type
- B. Binge eating disorder
- C. Bulimia nervosa
- D. Rumination disorder

23. A 45-year-old man presents with excessive daytime sleepiness, loud snoring, witnessed apneic episodes during sleep, and morning headaches. His BMI is 35 and neck circumference is 18 inches. His Epworth Sleepiness Scale score is 15. Which of the following is the most appropriate diagnostic study?

- A. Multiple sleep latency test
- B. Polysomnography (overnight sleep study)
- C. Nocturnal pulse oximetry alone
- D. EEG monitoring

24. A 72-year-old man with recently diagnosed lung cancer presents with progressive fatigue, depressed mood, anhedonia, feelings of hopelessness, poor appetite, and passive suicidal ideation stating "I wouldn't mind if I didn't wake up tomorrow." Which of the following is the most appropriate initial approach?

- A. Validate his experience and initiate treatment with an SSRI while coordinating with his oncology team
- B. Attribute his symptoms entirely to a normal grief reaction and recommend watchful waiting
- C. Start a benzodiazepine for anxiety management
- D. Delay depression treatment until cancer treatment is completed

25. A 18-year-old man is brought to the emergency department in an agitated state with paranoid delusions, visual hallucinations, dilated pupils, tachycardia, hypertension, and hyperthermia. Urine drug screen is positive for amphetamines. Which of the following is the most appropriate initial pharmacologic treatment for his agitation?

- A. Flumazenil
- B. Naloxone
- C. Physostigmine
- D. Benzodiazepine (lorazepam)

26. A 35-year-old woman presents with a six-month history of persistent fear of being negatively evaluated in social situations. She avoids public speaking, eating in front of others, and attending work meetings. She recognizes her fear is disproportionate but feels unable to control it. Which of the following is the most likely diagnosis?

- A. Agoraphobia
- B. Panic disorder
- C. Social anxiety disorder
- D. Avoidant personality disorder

27. A 48-year-old man with chronic back pain has been taking oxycodone 30 mg four times daily for the past two years. He reports needing higher doses for pain relief, experiences withdrawal symptoms when doses are missed, and has been obtaining prescriptions from multiple providers. Which of the following is the most appropriate long-term management strategy?

- A. Continue opioids at the current dose indefinitely
- B. Gradual opioid taper with transition to buprenorphine-naloxone for opioid use disorder treatment
- C. Abrupt discontinuation of all opioids
- D. Double the current opioid dose to achieve adequate pain control

28. A 20-year-old college student presents with excessive concern about the appearance of his nose, which he believes is severely deformed. He spends several hours daily examining his nose in mirrors and has consulted three plastic surgeons, all of whom found no significant abnormality. His preoccupation causes significant distress and social avoidance. Which of the following is the most likely diagnosis?

- A. Body dysmorphic disorder
- B. Obsessive-compulsive disorder
- C. Somatic symptom disorder
- D. Delusional disorder, somatic type

29. A 55-year-old woman with bipolar I disorder has been stable on lithium for five years. At her routine monitoring visit, her lithium level is 2.0 mEq/L (therapeutic range 0.6 to 1.2 mEq/L). She reports nausea, vomiting, coarse tremor, and confusion. Which of the following is the most appropriate immediate action?

- A. Increase fluid intake and continue lithium at the current dose
- B. Add valproic acid to enhance mood stabilization
- C. Reduce the lithium dose by 25 percent
- D. Hold lithium immediately, obtain renal function tests and electrolytes, and initiate IV hydration

30. A 65-year-old man recently widowed presents with sadness, tearfulness, insomnia, poor appetite, and preoccupation with memories of his deceased wife. Symptoms began three weeks after her death. He reports occasional hearing her voice calling his name. He denies suicidal ideation and continues to care for himself. Which of the following best describes this presentation?

- A. Major depressive disorder
- B. Normal grief reaction (uncomplicated bereavement)
- C. Prolonged grief disorder
- D. Brief psychotic disorder

31. A 30-year-old woman presents with recurrent, intrusive thoughts that she will harm her infant, despite having no desire or intention to do so. The thoughts cause intense distress, and she has begun avoiding being alone with the baby. She performs repetitive checking behaviors to ensure the baby is safe. She reports no psychotic symptoms and has intact reality testing. Which of the following is the most likely diagnosis?

- A. Postpartum psychosis
- B. Postpartum depression
- C. Obsessive-compulsive disorder with postpartum onset
- D. Generalized anxiety disorder

32. A 40-year-old man is started on olanzapine for schizophrenia. Over the next three months, he gains 25 pounds and his fasting glucose rises to 135 mg/dL. His fasting lipid panel shows elevated triglycerides. Which of the following best describes the metabolic risk associated with this medication?

- A. Second-generation antipsychotics, particularly olanzapine and clozapine, carry the highest risk of metabolic syndrome
- B. These metabolic effects are unique to first-generation antipsychotics
- C. Weight gain resolves spontaneously without intervention
- D. Metabolic monitoring is unnecessary for antipsychotic medications

33. A 22-year-old woman presents with multiple emergency department visits over the past year for various physical complaints including headaches, abdominal pain, back pain, and joint pain. Extensive workups have been unrevealing. She appears genuinely distressed by her symptoms and is not fabricating them. Her symptoms cause significant impairment in daily functioning. Which of the following is the most likely diagnosis?

- A. Illness anxiety disorder
- B. Factitious disorder
- C. Malingering
- D. Somatic symptom disorder

34. A 28-year-old man presents with a four-day history of elevated mood, increased energy, decreased need for sleep (4 hours nightly), increased productivity at work, and uncharacteristic impulsive spending. He does not have psychotic symptoms and continues to function, though his wife is concerned about his behavior. He has a history of depressive episodes. Which of the following is the most likely diagnosis?

- A. Bipolar I disorder, manic episode
- B. Bipolar II disorder, hypomanic episode
- C. Cyclothymic disorder
- D. Major depressive disorder with mixed features

35. A 15-year-old girl is brought to the clinic by her mother with concerns about deliberate self-cutting on her forearms. The girl states she cuts herself when feeling emotionally overwhelmed because it provides temporary relief from intense emotional pain. She denies any desire to die. Which of the following is the most accurate characterization of this behavior?

- A. Suicidal behavior requiring immediate involuntary hospitalization
- B. Manipulative behavior that should be ignored
- C. Non-suicidal self-injury, commonly associated with emotional dysregulation
- D. Psychotic behavior indicating a thought disorder

36. A 34-year-old woman with schizophrenia is started on clozapine after failing two adequate trials of other antipsychotics. Which of the following is the most important monitoring requirement for clozapine therapy?

- A. Regular absolute neutrophil count monitoring due to the risk of agranulocytosis
- B. Monthly hepatic function tests due to the risk of fulminant liver failure
- C. Weekly ECGs due to the risk of QT prolongation
- D. Daily blood pressure monitoring due to severe hypertension risk

37. A 52-year-old man with a history of alcohol use disorder has maintained sobriety for one month and wants pharmacologic support to prevent relapse. He has normal hepatic and renal function. He reports that his primary trigger is craving. Which of the following is the most appropriate medication?

- A. Disulfiram
- B. Methadone
- C. Benzodiazepine maintenance therapy
- D. Naltrexone

38. A 25-year-old man presents with a one-week history of bizarre behavior, auditory hallucinations, and paranoid delusions that his coworkers are plotting against him. His girlfriend reports he was completely normal before these symptoms began abruptly. Urine drug screen is negative. His symptoms resolve completely after three weeks with antipsychotic treatment. Which of the following is the most likely diagnosis?

- A. Schizophrenia
- B. Schizophreniform disorder
- C. Brief psychotic disorder
- D. Delusional disorder

39. A 60-year-old woman with treatment-resistant depression has failed adequate trials of three different antidepressants from different classes. She reports persistent suicidal ideation and significant functional impairment. Which of the following is the most appropriate next treatment modality?

- A. Switching to a fourth antidepressant from the same class
- B. Electroconvulsive therapy
- C. Long-term benzodiazepine therapy
- D. Discontinuing all medications and relying on psychotherapy alone

40. A 23-year-old man presents to the emergency department in acute opioid overdose with respiratory rate of 4 breaths per minute, pinpoint pupils, and decreased level of consciousness. Which of the following is the most appropriate immediate treatment?

- A. Naloxone (intravenous, intramuscular, or intranasal)
- B. Flumazenil
- C. Activated charcoal
- D. Physostigmine

41. A 36-year-old woman presents with a two-year history of pervasive distrust and suspicion of others, interpreting benign remarks as threatening, reluctance to confide in anyone, and bearing grudges over perceived slights. She has no psychotic symptoms such as hallucinations or delusions. Her functioning is stable but relationships are severely strained. Which of the following is the most likely diagnosis?

- A. Schizophrenia, paranoid type
- B. Delusional disorder, persecutory type
- C. Social anxiety disorder
- D. Paranoid personality disorder

42. A 48-year-old woman who has been taking venlafaxine 225 mg daily for depression for two years abruptly stops her medication due to a pharmacy error. Three days later, she presents with dizziness, nausea, electric shock-like sensations ("brain zaps"), irritability, and insomnia. Which of the following is the most likely diagnosis?

- A. Recurrence of major depressive disorder
- B. Antidepressant discontinuation syndrome
- C. Serotonin syndrome
- D. Generalized anxiety disorder exacerbation

43. A 30-year-old man presents with persistent difficulty falling asleep and staying asleep for the past four months. He reports spending excessive time in bed trying to sleep, watching the clock, and worrying about the consequences of not sleeping. He denies snoring, leg movements, or daytime sleepiness beyond fatigue. He uses his bedroom for watching television and working on his laptop. Which of the following is the most appropriate first-line treatment?

- A. Zolpidem nightly
- B. Trazodone at bedtime
- C. Cognitive behavioral therapy for insomnia (CBT-I)
- D. Melatonin supplementation

44. A 32-year-old woman presents two days after giving birth with confusion, agitation, paranoid delusions that the nurses are trying to poison her baby, auditory hallucinations, and disorganized behavior. She has no prior psychiatric history. Which of the following is the most likely diagnosis?

- A. Postpartum psychosis
- B. Postpartum depression
- C. Postpartum blues
- D. Brief psychotic disorder unrelated to childbirth

45. A 14-year-old boy with a two-year history of persistent defiant, argumentative, and hostile behavior toward authority figures is brought to the clinic by his mother. He frequently loses his temper, argues with adults, deliberately annoys others, and blames others for his mistakes. He has never engaged in physical aggression toward people or animals, destroyed property, or violated major rules. Which of the following is the most likely diagnosis?

- A. Conduct disorder
- B. Intermittent explosive disorder
- C. Antisocial personality disorder
- D. Oppositional defiant disorder

PRACTICE TEST 6: ANSWER KEY

WITH EXPLANATIONS

Behavioral and Mental Health

- 1. B. Sertraline.** SSRIs are the first-line pharmacologic treatment for major depressive disorder due to their favorable efficacy, safety profile, and tolerability. Sertraline, fluoxetine, escitalopram, and citalopram are commonly prescribed first-line agents. SSRIs require 4 to 6 weeks at therapeutic doses for full effect. Tricyclic antidepressants (amitriptyline) are effective but carry significant side effects and lethality in overdose. Benzodiazepines (diazepam) are not antidepressants and carry dependence risk. Bupropion is an alternative but is not an SSRI.
- 2. C. Bipolar I disorder, manic episode.** A manic episode requires at least one week of persistently elevated, expansive, or irritable mood with increased energy plus three or more additional symptoms — decreased need for sleep, grandiosity, pressured speech, flight of ideas, distractibility, increased goal-directed activity, and excessive involvement in risky activities. Bipolar I disorder requires only one lifetime manic episode. Cyclothymic disorder involves chronic fluctuating mood disturbance with hypomanic and depressive symptoms that do not meet full criteria for either a manic or major depressive episode.
- 3. A. Alcohol withdrawal delirium (delirium tremens).** Delirium tremens is the most severe form of alcohol withdrawal, typically occurring 48 to 96 hours after the last drink. It is characterized by altered sensorium, confusion, agitation, autonomic hyperactivity (tachycardia, hypertension, diaphoresis, fever), tremor, and vivid visual hallucinations. Mortality is 5 to 15 percent without treatment. Alcoholic hallucinosis produces hallucinations (typically auditory) with clear sensorium and occurs within 12 to 24 hours of cessation. Wernicke encephalopathy presents with ophthalmoplegia, ataxia, and confusion without prominent autonomic instability.
- 4. D. Panic disorder.** Panic disorder is characterized by recurrent, unexpected panic attacks (discrete episodes of intense fear with physical symptoms peaking within minutes) plus persistent worry about future attacks or maladaptive behavioral changes related to the attacks lasting at least one month. The four-symptom minimum includes cardiopulmonary symptoms (palpitations, chest tightness, shortness of breath), neurologic symptoms (dizziness, paresthesias), gastrointestinal symptoms (nausea), and cognitive symptoms (fear of dying, derealization). Generalized anxiety disorder produces chronic, pervasive worry rather than discrete paroxysmal episodes.
- 5. C. Anorexia nervosa, restricting type.** Anorexia nervosa is diagnosed by significantly low body weight (BMI below 18.5 or below expected for age), intense fear of gaining weight or persistent behavior

interfering with weight gain, and disturbance in body image. This patient's BMI is approximately 15.3, well below normal. The restricting type involves caloric restriction and excessive exercise without binge-purge behaviors. Medical complications include bradycardia, hypothermia, lanugo hair, amenorrhea, osteoporosis, and potentially fatal cardiac arrhythmias from electrolyte disturbances. Anorexia nervosa has the highest mortality rate of any psychiatric disorder.

6. B. Post-traumatic stress disorder. PTSD requires exposure to actual or threatened death, serious injury, or sexual violence, followed by symptoms lasting more than one month in four clusters — intrusion (nightmares, flashbacks), avoidance (avoiding trauma-related stimuli), negative alterations in cognition and mood (emotional numbing, detachment), and hyperarousal (hypervigilance, exaggerated startle, sleep disturbance). Acute stress disorder has similar symptoms but lasts 3 days to 1 month after trauma. An adjustment disorder involves less severe symptoms that do not meet full PTSD criteria.

7. A. Delirium. Delirium is an acute confusional state characterized by fluctuating disturbance of attention and awareness developing over hours to days. Key features include acute onset, fluctuating course (characteristically worse at night — "sundowning"), inattention, disorganized thinking, altered level of consciousness, and perceptual disturbances (hallucinations). Postoperative delirium is common in elderly patients and may be precipitated by medications (opioids, anticholinergics, benzodiazepines), infection, metabolic disturbances, pain, or environmental factors. Dementia has an insidious onset over months to years with stable rather than fluctuating cognition.

8. D. Schizophrenia. Schizophrenia requires at least two of five characteristic symptoms (delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, negative symptoms) with at least one being delusions, hallucinations, or disorganized speech, lasting at least 6 months with active symptoms for at least 1 month. This patient has command auditory hallucinations and paranoid delusions persisting for 8 months. Brief psychotic disorder lasts less than 1 month, and schizophreniform disorder lasts 1 to 6 months. Substance use must be excluded as a cause, which the negative drug screen helps accomplish.

9. B. Continue the current dose for an additional 3 to 5 weeks to allow adequate trial duration. An adequate antidepressant trial requires 6 to 8 weeks at therapeutic dose before assessing full response. At 3 weeks, it is premature to conclude treatment failure. SSRIs typically show initial improvement in sleep and anxiety within 1 to 2 weeks, but full antidepressant effect requires 4 to 8 weeks. If no response after an adequate trial, options include dose optimization, switching to another antidepressant, or augmentation strategies. MAOIs require a washout period of at least 5 half-lives (5 weeks for fluoxetine due to its long-acting metabolite) before initiation to avoid serotonin syndrome.

10. C. Generalized anxiety disorder. GAD is characterized by excessive anxiety and worry about multiple domains of life occurring more days than not for at least 6 months, with difficulty controlling the worry plus three or more associated symptoms (restlessness, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbance). The pervasive, multi-topic nature of the worry distinguishes GAD from specific phobias, social anxiety disorder, and panic disorder. First-line treatment is SSRIs or SNRIs combined with cognitive behavioral therapy.

11. A. Brief motivational interviewing and discussion of treatment options. Motivational interviewing is a patient-centered, directive counseling approach that helps patients explore and resolve ambivalence about behavior change. For this patient presenting voluntarily with concerns about her alcohol use, motivational interviewing respects her autonomy while enhancing intrinsic motivation to change. A comprehensive assessment of severity, medical complications, and psychosocial factors should guide subsequent treatment planning. Immediate inpatient detoxification may not be necessary without evidence of severe physical dependence or medical instability.

12. D. Lithium or valproic acid. Lithium and valproic acid (divalproex) are first-line mood stabilizers for acute mania and long-term maintenance treatment of bipolar I disorder. Second-generation antipsychotics (olanzapine, quetiapine, aripiprazole, risperidone) are also effective for acute mania and may be used as monotherapy or in combination with mood stabilizers. Antidepressant monotherapy (fluoxetine) is contraindicated in acute mania as it may worsen manic symptoms or precipitate rapid cycling. Lithium requires therapeutic drug monitoring (target 0.6 to 1.2 mEq/L) and monitoring of renal and thyroid function.

13. C. Emergent medical stabilization including N-acetylcysteine for acetaminophen toxicity. Acetaminophen overdose is a medical emergency with potential for fatal hepatotoxicity. N-acetylcysteine (NAC) is the antidote and is most effective when administered within 8 hours of ingestion, though benefit exists up to 72 hours. Medical stabilization always takes priority over psychiatric evaluation. The Rumack-Matthew nomogram guides treatment decisions based on serum acetaminophen level and time of ingestion. After medical stabilization, comprehensive psychiatric evaluation including suicide risk assessment and safety planning is essential.

14. B. Attention deficit hyperactivity disorder. ADHD is characterized by persistent patterns of inattention, hyperactivity, and impulsivity that are developmentally inappropriate, present before age 12, and cause functional impairment in at least two settings. This patient demonstrates predominantly hyperactive-impulsive symptoms (leaving seat, talking excessively, difficulty waiting turn, interrupting). Oppositional defiant disorder involves hostile and defiant behavior toward authority figures rather than inattention and hyperactivity. Conduct disorder involves serious violations of rules and the rights of others including aggression, destruction, and deceitfulness.

15. A. Major depressive disorder with atypical features. The atypical features specifier is characterized by mood reactivity (mood brightens in response to positive events) plus two or more of the following — significant weight gain or increased appetite, hypersomnia, leaden paralysis (heavy feeling in the limbs), and a long-standing pattern of interpersonal rejection sensitivity. This contrasts with melancholic features, which present with early morning worsening, early morning awakening, psychomotor disturbance, anorexia/weight loss, excessive guilt, and lack of mood reactivity. MAOIs and SSRIs are particularly effective for atypical depression.

16. D. SSRI therapy combined with exposure and response prevention therapy. OCD is characterized by obsessions (intrusive, unwanted thoughts causing anxiety) and compulsions (repetitive behaviors performed to reduce obsession-related anxiety). First-line treatment combines SSRIs at higher doses than

typically used for depression (e.g., fluvoxamine, sertraline, fluoxetine) with exposure and response prevention (ERP), a specialized form of CBT. ERP involves gradual, systematic exposure to anxiety-provoking stimuli while preventing the compulsive response. Clomipramine, a tricyclic antidepressant with strong serotonergic activity, is a second-line option for SSRI-refractory cases.

17. A. Borderline personality disorder. BPD is characterized by a pervasive pattern of instability in interpersonal relationships, self-image, and affect with marked impulsivity, beginning by early adulthood. Diagnostic criteria require five or more of nine features — frantic efforts to avoid abandonment, unstable relationships alternating between idealization and devaluation, identity disturbance, impulsivity, recurrent self-harm or suicidal behavior, affective instability with rapid mood shifts lasting hours, chronic emptiness, inappropriate intense anger, and transient stress-related paranoid ideation. Dialectical behavior therapy (DBT) is the most evidence-based psychotherapeutic treatment.

18. C. Chlordiazepoxide or lorazepam on a symptom-triggered protocol. Benzodiazepines are the mainstay of alcohol withdrawal management, preventing progression to seizures and delirium tremens through cross-tolerance with alcohol at the GABA-A receptor. Symptom-triggered dosing using the Clinical Institute Withdrawal Assessment (CIWA-Ar) scale has been shown to result in shorter treatment duration and lower total benzodiazepine doses compared to fixed-schedule dosing. Chlordiazepoxide and diazepam are preferred for their longer half-lives providing smoother withdrawal, while lorazepam is preferred in patients with hepatic impairment. Phenytoin does not prevent alcohol withdrawal seizures.

19. B. Persistent depressive disorder (dysthymia). Persistent depressive disorder requires depressed mood present more days than not for at least two years in adults (one year in children and adolescents) with two or more associated symptoms (poor appetite or overeating, insomnia or hypersomnia, low energy, low self-esteem, poor concentration, hopelessness). The chronicity and lower symptom severity distinguish it from major depressive disorder, though patients may have superimposed major depressive episodes ("double depression"). Cyclothymic disorder includes both hypomanic and depressive periods. Adjustment disorder is time-limited to a specific stressor.

20. D. Serotonin syndrome. Serotonin syndrome is a potentially life-threatening drug reaction caused by excessive serotonergic activity, typically resulting from combining serotonergic medications. The classic triad includes altered mental status (agitation, confusion), autonomic instability (hyperthermia, diaphoresis, tachycardia, diarrhea), and neuromuscular abnormalities (myoclonus, hyperreflexia, tremor, clonus). Tramadol has serotonergic properties and combined with sertraline can precipitate the syndrome. Neuroleptic malignant syndrome presents with "lead-pipe" rigidity and develops more gradually over days with antipsychotic use. Treatment includes benzodiazepines and cyproheptadine.

21. A. Tardive dyskinesia. Tardive dyskinesia (TD) is a potentially irreversible movement disorder caused by chronic exposure to dopamine receptor-blocking agents, particularly first-generation antipsychotics. It is characterized by involuntary, repetitive, purposeless movements predominantly affecting the orofacial muscles (lip smacking, tongue protrusion, chewing, grimacing) but can involve the trunk and extremities. Risk increases with duration of exposure, older age, and female sex. Management

includes switching to a second-generation antipsychotic (particularly clozapine or quetiapine) and VMAT2 inhibitors (valbenazine, deutetrabenazine).

22. C. Bulimia nervosa. Bulimia nervosa is characterized by recurrent episodes of binge eating (consuming objectively large amounts of food with a sense of loss of control) followed by compensatory behaviors to prevent weight gain (self-induced vomiting, laxative abuse, diuretic use, excessive exercise, fasting) occurring at least once weekly for three months. Unlike anorexia nervosa binge-purge type, patients with bulimia nervosa maintain a normal or near-normal body weight. Physical findings include dental enamel erosion from gastric acid exposure, parotid gland hypertrophy, and Russell sign (calluses on the dorsal hand from inducing vomiting).

23. B. Polysomnography (overnight sleep study). Obstructive sleep apnea (OSA) is characterized by recurrent episodes of upper airway obstruction during sleep causing intermittent hypoxia and sleep fragmentation. Risk factors include obesity, male sex, large neck circumference, and craniofacial abnormalities. In-laboratory polysomnography is the gold standard diagnostic study, measuring airflow, respiratory effort, oxygen saturation, EEG, EMG, and ECG to calculate the apnea-hypopnea index (AHI). An AHI of 5 or more events per hour with symptoms or 15 or more regardless of symptoms confirms the diagnosis. First-line treatment is continuous positive airway pressure (CPAP).

24. A. Validate his experience and initiate treatment with an SSRI while coordinating with his oncology team. Depression in cancer patients is common (affecting 20 to 30 percent) but frequently underdiagnosed and undertreated. Passive suicidal ideation in the context of a serious medical illness requires active treatment, not dismissal as a "normal reaction." SSRIs are effective and well-tolerated in medically ill patients. Depression worsens cancer outcomes, reduces treatment adherence, and impairs quality of life. A collaborative approach between psychiatry and oncology ensures comprehensive care addressing both the medical illness and comorbid depression.

25. D. Benzodiazepine (lorazepam). Amphetamine intoxication presents with agitation, paranoia, psychosis, dilated pupils, tachycardia, hypertension, and hyperthermia from excess catecholamine and serotonergic activity. Benzodiazepines are the first-line treatment for sympathomimetic agitation, providing sedation while reducing tachycardia, hypertension, and hyperthermia. Antipsychotics should be used cautiously because they lower the seizure threshold and may impair heat dissipation. Naloxone reverses opioid effects. Flumazenil reverses benzodiazepine effects. Physostigmine reverses anticholinergic toxicity.

26. C. Social anxiety disorder. Social anxiety disorder (social phobia) is characterized by marked fear or anxiety about social situations in which the individual may be scrutinized by others, lasting at least 6 months, causing significant distress or functional impairment. Patients fear embarrassment, humiliation, or negative evaluation. The fear is disproportionate to the actual threat and leads to avoidance of social situations. First-line treatment is CBT and/or SSRIs. Avoidant personality disorder involves similar social inhibition but is more pervasive across all interpersonal situations and represents a longstanding personality pattern rather than a circumscribed anxiety disorder.

27. B. Gradual opioid taper with transition to buprenorphine-naloxone for opioid use disorder treatment. This patient demonstrates opioid use disorder with tolerance (needing higher doses), withdrawal symptoms, and doctor shopping (obtaining prescriptions from multiple providers). Buprenorphine-naloxone (Suboxone) is an evidence-based medication for opioid use disorder that reduces cravings, prevents withdrawal, and blocks the euphoric effects of other opioids. A gradual taper with transition to medication-assisted treatment is safer than abrupt discontinuation, which carries high relapse and overdose risk. Methadone and naltrexone are alternative MAT options.

28. A. Body dysmorphic disorder. BDD is characterized by preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others, accompanied by repetitive behaviors (mirror checking, grooming, reassurance seeking, comparing) and significant distress or functional impairment. The appearance concerns are out of proportion to any actual physical abnormality. BDD is classified with obsessive-compulsive related disorders in DSM-5. It differs from OCD in that the obsessions are specifically about appearance, and from delusional disorder in that insight is typically preserved though can be poor.

29. D. Hold lithium immediately, obtain renal function tests and electrolytes, and initiate IV hydration. A lithium level of 2.0 mEq/L is in the toxic range (therapeutic 0.6 to 1.2 mEq/L). Lithium toxicity presents with gastrointestinal symptoms (nausea, vomiting, diarrhea), neurologic symptoms (coarse tremor, confusion, ataxia, seizures), and can progress to coma and death. Lithium has a narrow therapeutic index and toxicity can be precipitated by dehydration, renal impairment, NSAIDs, ACE inhibitors, and thiazide diuretics. Immediate management includes holding lithium, aggressive IV hydration to enhance renal clearance, and monitoring electrolytes and renal function. Hemodialysis is indicated for severe toxicity (levels above 2.5 mEq/L or severe neurologic symptoms).

30. B. Normal grief reaction (uncomplicated bereavement). Normal grief following the death of a loved one produces sadness, tearfulness, insomnia, appetite changes, and preoccupation with the deceased. Brief, transient hallucinations of the deceased (hearing their voice, sensing their presence) are common and normal in acute bereavement, not indicative of psychosis. Symptoms typically begin to improve within weeks to months. Normal grief is distinguished from major depressive disorder by the absence of pervasive worthlessness, suicidal ideation, marked functional impairment, or psychomotor retardation. Prolonged grief disorder requires symptoms persisting beyond 12 months with significant functional impairment.

31. C. Obsessive-compulsive disorder with postpartum onset. Intrusive, ego-dystonic thoughts of harming the infant (obsessions) accompanied by distress, avoidance, and repetitive checking behaviors (compulsions) with preserved reality testing is characteristic of OCD with postpartum onset, which affects approximately 2 to 4 percent of new mothers. This is critically distinct from postpartum psychosis, in which the mother may have ego-syntonic delusions (believing harm is justified), disorganized behavior, and impaired reality testing. Patients with postpartum OCD are horrified by their intrusive thoughts and are at extremely low risk of acting on them. Reassurance and treatment with SSRIs and CBT are effective.

32. A. Second-generation antipsychotics, particularly olanzapine and clozapine, carry the highest risk of metabolic syndrome. Second-generation (atypical) antipsychotics are associated with significant metabolic side effects including weight gain, dyslipidemia, insulin resistance, and new-onset type 2 diabetes. Olanzapine and clozapine carry the highest metabolic risk, while aripiprazole and ziprasidone are relatively weight-neutral. Current guidelines mandate baseline and regular monitoring of weight, BMI, waist circumference, fasting glucose, hemoglobin A1c, and lipid panel for all patients on antipsychotic medications. Lifestyle intervention, medication switching, or addition of metformin may be necessary.

33. D. Somatic symptom disorder. Somatic symptom disorder is characterized by one or more somatic symptoms that are distressing or result in significant disruption of daily life, accompanied by excessive thoughts, feelings, or behaviors related to the symptoms (disproportionate health anxiety, devoting excessive time to symptoms, high level of symptom-related anxiety). Unlike factitious disorder, the symptoms are not intentionally produced, and unlike malingering, there is no external incentive. Illness anxiety disorder involves minimal somatic symptoms with predominant preoccupation about having or acquiring a serious illness.

34. B. Bipolar II disorder, hypomanic episode. A hypomanic episode requires at least four consecutive days of persistently elevated, expansive, or irritable mood with increased energy plus three or more additional symptoms (similar to mania). The critical distinction from mania is that hypomanic episodes are not severe enough to cause marked impairment in social or occupational functioning, do not require hospitalization, and do not include psychotic features. Bipolar II disorder requires at least one hypomanic episode and at least one major depressive episode. Bipolar I requires at least one full manic episode regardless of depressive history.

35. C. Non-suicidal self-injury, commonly associated with emotional dysregulation. Non-suicidal self-injury (NSSI) is the deliberate, self-inflicted destruction of body tissue without suicidal intent, most commonly cutting, burning, or hitting. It functions as a maladaptive coping mechanism for managing intense emotional distress, providing temporary relief through distraction, endorphin release, or a sense of control. While NSSI is not a suicide attempt, it is a significant risk factor for future suicidal behavior and requires careful assessment. Treatment focuses on addressing the underlying emotional dysregulation through DBT, CBT, and building healthier coping strategies.

36. A. Regular absolute neutrophil count monitoring due to the risk of agranulocytosis. Clozapine is the most effective antipsychotic for treatment-resistant schizophrenia but carries a 1 to 2 percent risk of agranulocytosis, a potentially fatal decrease in white blood cells. Mandatory monitoring through the Clozapine REMS program requires absolute neutrophil count (ANC) testing weekly for the first 6 months, biweekly for months 6 through 12, and monthly thereafter. Clozapine must be immediately discontinued if ANC falls below 1000 cells/ μ L. Other significant side effects include metabolic syndrome, seizures (dose-related), myocarditis, orthostatic hypotension, sedation, and sialorrhea.

37. D. Naltrexone. Naltrexone is an opioid antagonist that reduces alcohol craving and consumption by blocking the pleasurable, reinforcing effects of alcohol mediated through endogenous opioid pathways. It is available in oral (50 mg daily) and injectable (380 mg monthly) formulations. Acamprosate is an

alternative that modulates glutamatergic signaling and is better suited for maintaining abstinence rather than reducing craving. Disulfiram causes unpleasant acetaldehyde accumulation when alcohol is consumed (aversion therapy) but does not address craving and requires strict adherence and patient motivation. Methadone is used for opioid use disorder, not alcohol use disorder.

38. C. Brief psychotic disorder. Brief psychotic disorder is characterized by sudden onset of psychotic symptoms (delusions, hallucinations, disorganized speech, disorganized behavior) lasting at least 1 day but less than 1 month with eventual full return to premorbid functioning. The abrupt onset with no prior psychiatric history, complete resolution within 3 weeks, and duration under 1 month distinguishes it from schizophreniform disorder (1 to 6 months) and schizophrenia (6 or more months). Substance-induced psychosis must be excluded, which the negative drug screen helps accomplish in this case.

39. B. Electroconvulsive therapy. ECT is the most effective treatment for severe, treatment-resistant depression with response rates of 60 to 80 percent in patients who have failed multiple adequate medication trials. It is also first-line for depression with active suicidal ideation, psychotic features, catatonia, or when rapid response is medically necessary (such as severe malnutrition from food refusal). ECT involves inducing a brief, controlled seizure under general anesthesia and muscle relaxation. The most common side effect is transient retrograde amnesia. Maintenance ECT or medication after response helps prevent relapse.

40. A. Naloxone (intravenous, intramuscular, or intranasal). Naloxone is a pure opioid antagonist that rapidly reverses respiratory depression, sedation, and miosis from opioid overdose. It is the immediate life-saving treatment for acute opioid toxicity. The classic opioid toxidrome is the triad of respiratory depression, miosis (pinpoint pupils), and decreased level of consciousness. Naloxone can be administered intravenously, intramuscularly, subcutaneously, or intranasally. Because naloxone has a shorter duration of action (30 to 90 minutes) than most opioids, patients require monitoring for recurrent respiratory depression and may need repeated doses.

41. D. Paranoid personality disorder. Paranoid personality disorder is characterized by a pervasive pattern of distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in various contexts. Key features include suspicion of exploitation or harm, reluctance to confide, interpretation of benign remarks as threatening, bearing persistent grudges, and perception of attacks on character not apparent to others. Unlike schizophrenia or delusional disorder, there are no frank psychotic symptoms (hallucinations or fixed delusions). Unlike social anxiety, the avoidance stems from suspicion rather than fear of negative evaluation.

42. B. Antidepressant discontinuation syndrome. Antidepressant discontinuation syndrome occurs when antidepressants, particularly those with short half-lives and strong serotonergic activity (venlafaxine, paroxetine, duloxetine), are abruptly stopped. Symptoms include dizziness, nausea, electric shock-like sensations ("brain zaps"), irritability, insomnia, headache, and flu-like symptoms, typically beginning within 2 to 4 days of discontinuation. Treatment is reinstatement of the antidepressant followed by a gradual taper. Venlafaxine is particularly notorious for discontinuation symptoms due to its short half-life. This is distinct from serotonin syndrome, which involves hyperthermia, rigidity, and myoclonus.

43. C. Cognitive behavioral therapy for insomnia (CBT-I). CBT-I is the recommended first-line treatment for chronic insomnia disorder, demonstrating superior long-term outcomes compared to pharmacotherapy. Core components include sleep restriction therapy (limiting time in bed to match actual sleep time), stimulus control (using the bed only for sleep and intimacy, leaving bed when unable to sleep), sleep hygiene education, relaxation techniques, and cognitive restructuring to address maladaptive beliefs about sleep. Pharmacotherapy (zolpidem, trazodone) is considered adjunctive or for short-term use when CBT-I is insufficient or unavailable.

44. A. Postpartum psychosis. Postpartum psychosis is a psychiatric emergency occurring in approximately 1 to 2 per 1000 deliveries, typically within the first two weeks postpartum. It is characterized by acute onset of confusion, mood lability, bizarre behavior, paranoid or grandiose delusions, and hallucinations. The risk of infanticide is approximately 4 percent and suicide risk is approximately 5 percent, making hospitalization mandatory. It is most strongly associated with bipolar disorder and a history of postpartum psychosis in a prior pregnancy. Treatment involves antipsychotics, mood stabilizers, and psychiatric hospitalization with separation from the infant until stabilized.

45. D. Oppositional defiant disorder. ODD is characterized by a persistent pattern (at least 6 months) of angry/irritable mood (frequent temper outbursts, easily annoyed, often angry and resentful), argumentative/defiant behavior (actively defies or refuses to comply with rules, deliberately annoys others, blames others for mistakes), and vindictiveness, occurring in at least one setting. The critical distinction from conduct disorder is the absence of serious violations of the rights of others — conduct disorder involves aggression to people or animals, property destruction, deceitfulness or theft, and serious rule violations. Antisocial personality disorder cannot be diagnosed before age 18.