

The Ninja's Guide to PRITE

2022 Question Book



Loma Linda Department of Psychiatry

15th Edition

WHO WE ARE

Welcome to the fifteenth edition of the Ninja's Guide to PRITE! Loma Linda University Medical Center is located in sunny Southern California about 60 miles east of Los Angeles. A part of the Adventist Health System, we provide patient care in one of the largest non-profit health systems in the nation. Loma Linda's mission is to excel in medical education, global healthcare, and community outreach, all under a central tenant: "To Make Man Whole." At the Loma Linda Department of Psychiatry, our residents are trained in many diverse patient care settings. As an official World Health Organization Collaboration Center, our department funds resident electives in Global Mental Health at locations around the world. Additionally, our residents can participate in national and international disaster relief on the LLU Behavioral Health Trauma Team. We were proud to welcome our first group of Child and Adolescent Psychiatry fellows in the Summer of 2019 and work collaboratively with 3 other residency programs within the region. Our residency didactic education is constantly evolving based upon resident feedback, and our residents have the opportunity to aid in course development. More than anything, our residency fosters an environment where residents and faculty treat each other like family. Our faculty are dedicated to resident education and professional development. We believe in "taking 'No' off the table", encouraging innovative change, and passionately supporting our residents to achieve anything they set their minds to. For over a decade our residents have volunteered their time to create The Ninja's Guide to PRITE at our Annual Ninja PRITE Workshop. We are excited to present this 15th edition with new content contributed directly by our residents.



Dr. Melissa Pereau, Associate Residency Training Director

Created The Ninja's Guide to PRITE in 2007 on her kitchen table, when residents converted 6 years of PRITE exams to a Q&A format. She spent her Chief Resident Year writing and organizing the original guide and for the past decade has continued to edit and update the guide.



Dr. Mikyla Cho, PGY 3

Contributor to the Ninja's Guide to PRITE since senior year of medical school, both worked to edit and produce the 2022 question book.

THANK YOU

TO ALL THE RESIDENTS WHO HAVE CONTRIBUTED TO “THE NINJA’S GUIDE TO PRITE” SINCE 2007:

- Class of 2008: Andy Hayton, Bryan Wick, Lucia Cheng, Tao Yan, Melissa Pereau
- Class of 2009: Serina Srikureja, Katie Roman
- Class of 2010: Timothy Lee, Christoff Le Roux, Aimee Ellison, Daman Brar Williams, Nabi Latif, Carolina Osorio
- Class of 2012: Frank Randall, Serafin Lala
- Class of 2013: Claudia Carmona, Joseph Liu
- Class of 2015: Darcy Trenkle, Jared Gorsuch
- Class of 2016: Piotr Pelc, JD Lii, Martin Wu



Photo from 2007: our current program director Dr. Timothy Lee and former LLU attending Dr. Carolina Osorio at our first PRITE workshop

- Class of 2017: Melissa Urquhart, Shannon Remick, Laura Obit, Rachel Nguyen, Rebecca White, Tagbo Arene
- Class of 2018: Jamian Reed, Maryellen Eller, Brent Willard, Tanya Josic, Moshin Rajani, Pharez Rolle, Mona Mojtahedzadeh
- Class of 2019: Rajiv Johnson, Aaron Heffner, Neil Abidi, Andrew Dornan, Sam Althauser, Rayek Naliz, Rachel Huso
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- Child and Adolescent Fellows Class of 2023: Elicia Fernandez, Spencer Yeh
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- Class of 2025: Adriana Alvarez, Patricia Shi, My Phuong Tong, Benjamin Robinson, Matthew Hagele, Christopher Garabet
- Class of 2026: Ariel Odlum, Akash Patel, Kristen Kim

TO THE LOMA LINDA MEDICAL STUDENT PRITE EDITORS FOR 2022:

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Special “Thank You” to:

Victoria Burghart (class of 2024) for creating the cover art and Brielle Bennie (Walla Walla University class of 2026) for helping proof read the Q&A book

ABOUT THIS GUIDE

This guide contains all PRITE questions from 2001-2021. It is divided into sections based on relevance and further categorized by frequency of questions. If a question has been featured more than once, a (#x) appears at the end of the question. Thus, a question with (4x) means the question has been featured in 4 PRITE exams. All questions that were disputed or have more than one accepted answer have been deleted. While the questions are summaries of the PRITE questions, the answers are the actual answers from the PRITE exams. Therefore, some of these do not make good flashcards (e.g. Question: A risk factor for child abuse? Answer: Financial stress). These should be read through, especially the ones with multipliers, for exposure and priming of recall.



Best of Ninja Luck!

Table of Contents

NEUROSCIENCE.....	4
NEUROANATOMY	4
NEUROPHYSIOLOGY	11
NEUROTRANSMITTERS.....	12
NEUROLOGY.....	16
BRAIN LESIONS.....	16
CVA.....	22
DEMENTIA.....	25
HEADACHE.....	30
MEMORY/AMNESIA	33
MISCELLANEOUS MEDICINE	35
MUSCLE/NERVE	37
NEUROPHARMACOLOGY.....	48
RADIOLOGY	50
SEIZURE/EEG	51
SLEEP.....	54
MOVEMENT/TIC DISORDERS	58
DIAGNOSES.....	62
ADHD.....	62
ANXIETY.....	64
BEREAVEMENT/LOSS	67
BIPOLAR DISORDER.....	70
CHEMICAL DEPENDENCY /ABUSE	72
<i>Misc Substances</i>	72
<i>Alcohol</i>	79
<i>Benzodiazepines</i>	82
<i>Opiates</i>	83
<i>Methadone</i>	84
<i>Stimulants</i>	85
CONDUCT DISORDER.....	86
DELUSIONS.....	87
DEPRESSION.....	88
DISSOCIATIVE DISORDERS	92
EATING DISORDERS.....	93
FACTITIOUS DISORDER.....	96
GENERAL MEDICAL CONDITIONS.....	97
<i>Autoimmune</i>	97
<i>Delirium</i>	97
<i>Endocrine</i>	98
<i>Genetics</i>	99
<i>HIV/AIDS</i>	104
<i>Other Etiologies</i>	105
OCD (AND RELATED DISORDERS)	106
PERSONALITY DISORDERS.....	108
PHOBIAS.....	111
PSYCHOSIS.....	112
SEXUAL DISORDERS.....	116
SOMATOFORM DISORDERS.....	117

SUICIDE	119
TRAUMA/ABUSE.....	122
TREATMENT	126
ECT/TMS	126
PSYCHIATRIC EVALUATION	128
<i>Mental Status Exam.....</i>	128
<i>Psychological Testing.....</i>	130
PSYCHOPHARMACOLOGY	133
<i>Antidepressants</i>	133
<i>Antipsychotics.....</i>	143
<i>Anxiolytics.....</i>	147
<i>General Pharmacology.....</i>	149
<i>Anticonvulsants</i>	154
<i>Lithium.....</i>	156
THERAPEUTIC MODALITIES (GENERAL PSYCHOTHERAPY)	158
<i>CBT.....</i>	165
<i>DBT</i>	168
<i>Group Therapy</i>	169
<i>Hypnosis.....</i>	170
<i>Interpersonal Therapy.....</i>	171
<i>Marriage and Family Therapy</i>	172
<i>Psychodynamic/Psychoanalytic Therapy.....</i>	175
<i>Supportive Therapy</i>	178
PEDIATRIC PSYCHIATRY	179
ATTACHMENT	180
CONDITIONING.....	181
DEVELOPMENT	183
INTELLECTUAL DISABILITY.....	192
LEARNING.....	193
PEDIATRIC SPECIFIC QUESTIONS.....	195
<i>Autism Disorder.....</i>	199
<i>Behavioral Diagnosis.....</i>	200
ASSORTED PERTINENT TOPICS	201
BIOSTATISTICS.....	202
CASE MANAGEMENT/ C & L	208
CULTURE.....	212
DEFENSE MECHANISMS	214
EPIDEMIOLOGY	216
ETHICS.....	219
HISTORY OF PSYCHIATRY	224
LAW	225
PSYCHOLOGICAL THEORY.....	234

Neuroscience

Neuroanatomy

60 yo right-handed M, getting lost, only writes on right half of paper. Left-sided hemi-neglect. Where is the lesion? (8x)	RIGHT PARIETAL LOBE
66 yo with HTN develops vertigo, diplopia, nausea, vomiting, hiccups, L face numbness, nystagmus, hoarseness, ataxia of limbs, staggering gait, and tendency to fall to the left. Dx? (8x)	LATERAL MEDULLARY STROKE
26 yo w/HA and R-hand clumsiness for weeks. Exam shows difficulty w/rapid alternating movements of hand, overt intention tremor on finger-to-nose, and mildly dysmetric finger tapping. CNS intact and no papilledema. Where will damage show on MRI? (5x)	CEREBELLUM
78 yo pt had an ischemic stroke that left him with a residual mild hemiplegia. Pt appeared to be unaware that there was a problem of weakness on one side of this body. When asked to raise the weak arm, the patient raised his normal arm. When the failure to raise the paralyzed arm was pointed out to pt, he admitted that the arm was slightly weak. He also neglects the side of the body when dressing and grooming. Pt did not shave one side of his face, had difficulty putting a shirt on when it was turned inside out. Area of the brain likely affected by stroke? (4x)	RIGHT PARIETAL LOBE
Adult neurogenesis happens in which area of the brain? (4x)	HIPPOCAMPUS
MRI scan of head reveals an infarct in distribution of left anterior cerebral artery. Pt most likely exhibits: (3x)	WEAKNESS OF CONTRALATERAL FOOT AND LEG, SPARING OF FACE AND ARM, WITH ABULIA
Previously pleasant mom becomes profane and irresponsible over 6 months. Most likely a pathology in: (2x)	FRONTAL LOBE
Rapid onset of right facial weakness, left limb weakness, diplopia: (2x)	BRAIN STEM INFARCTION
In addiction, dopaminergic neurons project to nucleus accumbens. Cell bodies of these neurons reside in which area of the brain? (2x)	VENTRAL TEGMENTAL AREA
Orexin is made in what part of the brain? (2x)	LATERAL HYPOTHALAMIC NUCLEI
Brain area activated by subliminal presentations of emotional faces (2x)	AMYGDALA
Where does histamine synthesis happen? (2x)	HYPOTHALAMUS
Which dopaminergic pathway includes the nucleus accumbens and also mediates addiction and associated behaviors/ reinforcing? (2x)	MESOLIMBIC
Neural plasticity is largely mediated through the capacity to rapidly change in number and morphology of what cell structure? (2x)	DENDRITIC SPINES

Which brain region does leptin work at?	HYPOTHALAMUS
Oxytocin suppresses which brain region?	AMYGDALA
Hypothalamus area for maternal behavior?	PRE-OPTIC
Cranial nerve for gag reflex and palette elevation:	VAGAL NERVE
Which of the following statements regarding the development of the CNS in the first two years of life is correct?	MOTOR CORTEX DEVELOPS BEFORE SENSORY CORTEX
Which of the following cortical regions is a key component of the salience network?	ANTERIOR CINGULATE CORTEX
Primary taste cortex in humans located in which cortical area?	ANTERIOR INSULAR
Initial learning phase of skilled motor sequence requires the corticostriatal system and what other system?	CORTIOCEREBELLAR
Reduced hippocampal volume causes what type of memory impairment?	DECLARATIVE
Histaminergic neurons that regulate sleep originate in which brain nuclei?	TUBEROMAMMILLARY
Pt receives neck manipulation, now has dysarthric speech, gait ataxia, numbness right body, neck pain. dx?	VERTEBRAL ARTERY DISSECTION
Which areas are connected by the stria terminalis?	AMYGDALA TO THE SEPTAL AREA AND THE HYPOTHALAMUS
Wakefulness depends on which brain area?	ASCENDING RETICULAR ACTIVATING SYSTEM
What forms the neural tube?	ECTODERM
rTMS for MDD targets which brain region?	DORSOLATERAL PREFRONTAL CORTEX
Neurogenesis in the adult brain is restricted to what region of the brain?	DENTATE GYRUS
Which of the following is part of the hippocampal formation: amygdala, septal area, dentate gyrus, cingulate gyrus, mammillary bodies?	DENTATE GYRUS
Bipolar has decreased connectivity here:	AMYGDALA AND PFC
Biogenic amine made in Locus Coeruleus:	NE
CNS response to fear mediated by what structure?	CENTRAL NUCLEUS OF THE AMYGDALA
Behavioral and visceral responses in fear come from projections to the brainstem and hypothalamic nuclei from which of the following?	CENTROMEDIAL NUCLEI OF THE AMYGDALA
CNS region containing dopaminergic neurons projecting to caudate and putamen:	SUBSTANTIA NIGRA

Area of brain responsible for face recognition:	FUSIFORM GYRUS
Area of brain to remember a number to make a phone call	DORSOLATERAL PFC
Which part of the cortical-striatal-pallidal-thalamic cortical circuit evaluates painful stimuli?	LATERAL ORBITOFRONTAL
Which circuit mediates ability to resist responding to aggravating situations with hostility?	ORBITOFRONTAL
The dorsolateral-prefrontal cortex, striatum and ____ are part of a loop circuit that produces worry and obsessive symptoms.	THALAMUS
Hyperactivity of orbitofrontal cortex, basal ganglia, and thalamus is what disorder?	OBSESSIVE-COMPULSIVE
The blood brain barrier is made up of what kind of cells?	ENDOTHELIAL
Dopamine neurons in what system are primarily implicated in tasks related to cognitive processing?	MESOCORTICAL
Development of brain gray matter volume peaks at what stage?	LATE CHILDHOOD
In a pt with hippocampus damage, what allows them to still learn new skills like playing tennis?	BASAL GANGLIA
Where are stem cells in the hippocampus for adult brains?	SUBGRANULAR ZONE
65 yo pt has a stroke which causes him to fall. On exam, weakness of the right leg, with only minor weakness of the right hand, no weakness of the face, no sensory deficit. Speech is not affected, but pt seems unusually quiet and passive. The stroke most likely involves the:	LEFT ANTERIOR CEREBRAL ARTERY
Hemisensory loss followed by pain and hyperpathia involving all modalities and reaching the midline of the trunk and head. This is most consistent with ischemia in the distribution of which of the following arteries?	POSTERIOR CEREBRAL
Right-side palsy with equal involvement of the face, arm and leg combined with third nerve palsy is most likely due to occlusion of a branch of which artery?	POSTERIOR CEREBRAL
Bilateral lower extremity weakness, abulia, mutism, urinary incontinence are most likely to result from occlusion of which of the following arteries?	ANTERIOR CEREBRAL
Pure sensory deficit extending to midline and involving face, arm, trunk, and leg, caused by a lacunar infarct where?	LATERAL THALAMUS
Blocking R PCA (posterior cerebral artery) causes which visual disturbance?	LEFT HOMONYMOUS HEMIANOPSIA

The clinical syndrome associated with occlusion of the cortical branch of the posterior cerebral artery would result in which of the following?	HOMONYMOUS HEMIANOPIA WITH ALEXIA WITHOUT AGRAPHIA
28 yo cocaine user complains of LBP, numbness in both legs and feet, thighs, buttocks, abdomen, and says R leg is weak and clumsy, L leg is tired. Has urinary incontinence and difficulty walking. Decreased light touch, pinprick, and temperature. Normal vibration and proprioception. DTR is hard to elicit. Muscle tone is normal. Decreased strength in B/L LE but worse on right. Dx?	ANTERIOR SPINAL ARTERY INFARCTION
Intact somatosensory functioning for light touch, pressure, temperature, pain, vibration, and proprioception but patient cannot recognize objects based on touch. Which brain region is affected?	POSTERIOR PARIETAL LOBE
Loss of ability to execute previously learned motor activities (which is not the result of demonstrable weakness, ataxia or sensory loss) is associated with lesions of?	LEFT PARIETAL CORTEX
Normal Romberg w/ eyes open but loses balance with eyes closed. Where is the abnormality?	CEREBELLAR VERMIS
Motor speech paradigm activation task on fMRI – hyperactivity in right temporal lobe. Damage is where?	CALCARINE FISSURE
Aphasia w/ effortful fragmented, non-fluent, telegraphic speech, is seen in a lesion where?	POSTERIOR FRONTAL LOBE
A pituitary tumor that protrudes through the diaphragmatic sella is most likely to cause?	BITEMPORAL HEMIANOPSIA
Conduction aphasia often occurs as a result of damage to which structure?	ARCUATE FASCICULUS
Unilateral hearing loss, vertigo, unsteadiness, falls, headaches, mild facial weakness and ipsilateral limb ataxia is most commonly associated with tumors in what locations?	CEREBELLOPONTINE ANGLE
20 yo with 1-year h/o bitemporal headaches, polydipsia, polyuria, and bulimia plus 2-month h/o emotional outbursts, aggression, and transient confusion. Neuro exam normal. What will MRI of the brain show?	HYPOTHALAMIC TUMOR
34 yo M is referred for psychiatric evaluation 5 years after sustaining a head injury at work. Prior to the accident, he was a stable, happily married man. Since the accident, he has been described as overly talkative and restless. His wife divorced him because he was acting irresponsibly, which also resulted in termination from his job. Psychometric testing reveals that the man has average intelligence and no detectable memory deficits. Pt's clinical presentation is most consistent with damage to which of the following brain areas?	FRONTAL LOBE
Pt reports headaches and peripheral visual loss. Visual field defects involving the temporal fields of both eyes are detected. An MRI scan is likely to reveal?	A MASS IN THE SELLA TURCICA
Unconsciousness can be induced by a small area of damage where?	RETICULAR FORMATION

Acute onset of hemiballismus of LUE & LLE. MRI is most likely to show lesion located where?	SUBTHALAMIC NUCLEUS
Akinetic mutism can result from bilateral infarctions of which of the following structures?	ANTERIOR CINGULATE GYRUS
Which lesion causes bilateral coarse nystagmus worsening with visual fixation and present with horizontal and vertical gaze?	BRAINSTEM
32 yo pt 1-month hx of worsening headaches, episodic mood swings and occasional hallucinations with visual, tactile and auditory content. CT head reveals tumor where:	TEMPORAL LOBE
What does the cerebellum do in the human adult brain?	DIVERSE ROLES IN MOVEMENT, BEHAVIOR, AND LEARNING
Syndrome characterized by fluent speech, preserved comprehension, inability to repeat, w/o associated signs. Location of lesion in the brain?	SUPRAMARGINAL GYRUS OR INSULA
Lesions in mammillary bodies will produce what symptoms?	AMNESIA, CONFABULATION, LACK OF INSIGHT
62 yo progressive personality changes, has dull emotions, lack of initiative, and apathy. An autopsy is likely to show atrophy of:	FRONTAL LOBE
Implantation of deep brain stimulation electrodes is an effective tx for Parkinson's. Optimal location for electrodes?	SUBTHALAMIC NUCLEUS
Deep brain stimulation in which brain structure is a useful treatment for primary generalized dystonia?	GLOBUS PALLIDUS
Mesolimbic DA pathway includes which structure?	VENTRAL STRIATUM
How do cortical brain areas connect between the cerebral hemispheres?	COMMISSURAL FIBERS
The uncinate fasciculus connects which of the following brain areas?	ANTERIOR TEMPORAL AND VENTRAL PREFRONTAL REGIONS
What are the cortical columns?	FUNCTIONAL UNITS FOR INFORMATION PROCESSING
Abnormal emotional expressions such as pathological laughter or crying caused by lesions affecting cortical subcortical circuits linking frontal cortex, pons and what?	CEREBELLUM
Exposure to light affects which brain structure?	SUPRACHIASMATIC NUCLEUS
Part of brain that makes circadian rhythms?	SUPRACHIASMATIC NUCLEUS
When does synaptogenesis peak?	FIRST 4 YEARS OF LIFE
Why does the brain rapidly increase in size from birth to two years old?	SYNAPTOGENESIS OF NEURONS
Where does the neuron morphology in the brain change the most?	PREFRONTAL CORTEX

Threatening objects produce startle response prior to person becoming consciously aware. Connection of thalamus to what?	AMYGDALA
Huntington's disease characterized by loss of neurons producing which NT?	GABA
17 yo is evaluated for binge eating associated with a 60 lb weight gain over the past four months. CT shows a craniopharyngioma that likely disrupts what structure?	VENTROMEDIAL HYPOTHALAMUS
What is an accurate statement about the brain's default mode network?	IS INVOLVED IN REPROCESSING PREVIOUSLY EXPERIENCED STIMULI
The most likely reason that adults are superior to adolescents in abstract thinking. The brain undergoes:	SYNAPTIC PRUNING
Dorsal-lateral-prefrontal cortex plays an important role in what activity?	WORKING MEMORY
Drug abuse activates these neuro circuits, generating signals in the ventral tegmental area to where?	DOPAMINE INTO THE NUCLEUS ACCUMBENS
Ninety-five percent of right-handed people develop left hemispheric dominance for language. What percentage of left handed people develop left hemispheric dominance for language?	75%
Neural pathway mediating reactive aggression?	AMYGDALA-HYPOTHALAMUS-PERIAQUEDUCTAL GRAY
Area of frontal cortex activated in Wisconsin Card Sorting Test during shifting of cognitive sets?	DORSOLATERAL
After middle age, what region of the brain has decreasing sleep spindle density?	FRONTAL AND OCCIPITAL LOBES
What neurodevelopmental process predominantly occurs during adolescence and young adulthood?	SYNAPTIC PRUNING
Where in the brain are circadian rhythms related to sleep behavior set and maintained?	SUPRACHIASMATIC NUCLEUS
What sensation is transmitted through the spinothalamic tract?	PAIN
Ability to temporarily store and manipulate information such as in mental arithmetic:	WORKING MEMORY
Neural circuit that connects anterolateral orbitofrontal cortex, anterior part of the putamen, and the thalamus is involved in what cognitive function?	AFFECTIVE PROCESSING
What type of glial cells form myelin sheaths in the PNS?	SCHWANN
Region of the brain most closely associated with cortical processing of faces:	LEFT PARIETAL

This hypothalamic nuclei is key to integration of neural and nutrient signals with hormonal signals from the small intestine, pancreas, liver, adipose tissue and brainstem:	ARCUATE NUCLEUS
What hormone is synthesized in the arcuate nucleus of the hypothalamus?	NEUROPEPTIDE Y
Region of the brain connected with the anterior medial frontal cortex during recognition of affective behavior by mirror neuron system:	INSULA
Corticotropin-releasing hormone is released from which brain region during stress?	PARAVENTRICULAR NUCLEUS
Individuals with PTSD demonstrate low responses in what structures on functional imaging?	VENTROMEDIAL PREFRONTAL CORTEX
Thiamine deficiency is associated with changes in which structure?	MAMMILLARY BODIES
Diencephalon is a precursor to which brain structure?	THALAMUS
Poor strategies for solving visuospatial problems such as following illustrations for assembling furniture involves which circuit?	DORSOLATERAL PREFRONTAL CIRCUIT
Which hypothalamic nuclei affect puberty by pulsatile GnRH secretion?	INFUNDIBULAR
Which of the following is a key part of the default mode network: Medial prefrontal, Anterior cingulate, Dorsolateral prefrontal, Ventromedial prefrontal, Lateral posterior parietal	MEDIAL PREFRONTAL
Brain structure implicated in maternal attachment:	AMYGDALA
Pathway implicated in tardive dyskinesia:	NIGROSTRIATAL
Corticobulbar fibers run through which part of the internal capsule?	GENU
Area that contains cell bodies of noradrenergic neurons:	LOCUS COERULEUS
PTSD reduces brain volume of this region on MRI:	HIPPOCAMPUS
26 yo M with clumsiness and dizziness comes in for headache, difficulty with rapid alternating movements of R hand, and overt intentional tremor with finger to nose. Structure most likely seen damaged on MRI?	CEREBELLUM
Which brain lobe is responsible for initial detection of shape, form, and color?	TEMPORAL
Dopamine cell bodies located where?	SUBSTANTIA NIGRA AND VENTRAL TEGMENTAL AREA
Prenatal exposure to VPA causes defects in which stage of development of the nervous system?	NEURULATION
Brain region involved in working memory:	PREFRONTAL CORTEX

Brain area inhibited in wakefulness:	VENTRAL LATERAL PREOPTIC NUCLEUS
Drugs of abuse that lead to addictive behavior activate which dopamine pathway(s)?	MESOACCUMBENS
What brainstem area causes defensive behavior in response to threat?	DORSAL PERIAQUEDUCTAL GRAY
A brain region where adult neurogenesis occurs	LATERAL VENTRICLE
Hyperactive DTRs are a sign of upper or lower motor neuron injury?	UPPER

Neurophysiology

Which cell type secretes innate pro-inflammatory cytokines TNF - alpha and IL-1B in pts with inflammatory conditions that affect the brain? (2x)	MICROGLIA
Cortical synaptic remodeling characteristic of normal adolescence is also believed to be associated with what neurobiological change? (2x)	PREFERENTIAL LOSS OF EXCITATORY SYNAPSES
Disruption of cortical areas that form the salience network leads to impaired functioning?	DETECTION OF RELEVANT STIMULI
Relaxation state in biofeedback shows decreasing:	SKIN CONDUCTANCE
How do inflammatory cytokines contribute to depression?	INCREASES SEROTONIN REUPTAKE TRANSPORTERS (OPPOSITE OF SSRIS)
Which cells form neural circuits and scavenge for debris in the brain?	MICROGLIA
Hormone released from adipose tissues, enters the brain and provides negative feedback / reduces food intake, regulates fat stores:	LEPTIN
Where is ghrelin synthesized and released?	ENTEROENDOCRINE CELLS IN THE PROXIMAL SMALL INTESTINE AND STOMACH
Process of calcium mediated long-lasting increase in AMPA receptor signal transmission:	LONG-TERM POTENTIATION
What does the hypothalamus secrete when you are stressed?	CORTICOTROPIN RELEASING HORMONE CRH
The rapid learning demonstrated by children during the school-age years is paralleled neurodevelopmentally by which of the following brain processes?	INCREASE IN WHITE MATTER
The most important feature of postnatal brain development is an increase in what?	NUMBER OF DENDRITIC AND AXONAL PROCESSES
What occurs when the central nervous system responds to an acute cortical insult?	MICROGLIA PROCESSES RETRACT, AND THE CELL BODY ENLARGES
Hormone released during sleep that doesn't have a circadian rhythm pattern:	GROWTH HORMONE

Neuronal plasticity for learning and memory is best accounted for by:	SYNAPTIC CONNECTIVITY
Microglial propagation of cytokines with associated decreased physical activity in response to a peripheral infection is a positive or negative effect of the neuroinflammatory response?	POSITIVE
Potent neuroprotective factor preventing neuronal cell death (apoptosis):	PITUITARY ADENYLATE CYCLASE ACTIVATING POLYPEPTIDE
What type of receptor is a glucocorticoid receptor?	NUCLEAR
How estrogen modulates effects on neuroinflammation:	DECREASED INFLAMMATORY CYTOKINES
Relationship between estrogen and depression during menopausal transition?	RAPIDITY OF CHANGE IN ESTROGEN CORRECTED WITH THE DEVELOPMENT OF DEPRESSION
Which of the following is in highest concentration in women: cortisol, estrogen, progesterone, dehydroepiandrosterone, adrenocorticotropic hormone?	DEHYDROEPIANDROSTERONE
What do you call a modulator that enhances receptor function when an agonist is present but does not directly activate the receptor?	POSITIVE ALLOSTERIC MODULATOR
Nicotinic acetylcholine receptor associate with reward properties of nicotine:	α4β2
What happens to LH levels in postmenopausal women?	IT INCREASES
A primary effect of inflammatory cytokines:	INCREASED PRODUCTION OF CRH
Decrease in what immune factor has evidence in its role in MDD?	NATURAL KILLER CELL ACTIVITY
Hormone associated with more and frequent eating:	GHRELIN
Role of dorsolateral prefrontal cortex:	WORKING MEMORY
Function of protoplasmic astrocytes:	SUPPORT OF AXONS IN WHITE MATTER
Function of oligodendrocytes:	FORMATION OF MYELIN SHEATHS AROUND CNS AXONS

Neurotransmitters

DA release in what structure represents common final event associated w/ reinforcing effects of opiates, cocaine, amphetamines, nicotine, PCP, and alcohol? (5x)	NUCLEUS ACCUMBENS
In addiction, dopaminergic neurons project to nucleus accumbens. Cell bodies of these neurons reside in which area of the brain? (3x)	VENTRAL TEGMENTAL AREA
Neurohormone for social bonding: (3x)	OXYTOCIN
Hormone surge for orgasm: (2x)	OXYTOCIN

Role of glycine at NMDA receptor: (2x)	OBLIGATE COAGONIST
Which neurotransmitter system is the last to mature in the CNS of children and adolescents? (2x)	CHOLINERGIC
A compound that increases muscle mass by increasing episodic secretion of GH: (2x)	GAMMA HYDROXYBUTYRATE
Which neurotransmitter is predominantly inhibitory? (2x)	GLYCINE
Neurochemical that reinforces effects of drugs of abuse acutely: (2x)	DOPAMINE
Decreased level of what NT is most associated with depressed mood, poor sleep, and poor impulse control, and affective aggression? (2x)	SEROTONIN
Name the rate-limiting enzyme in the synthesis of norepinephrine and dopamine: (2x)	TYROSINE HYDROXYLASE
Metabolite of what hormone modulates GABA-A, seen in depression? (2x)	PROGESTERONE
Neurotransmitter that's downregulated in ventral striatum in someone with persistent pain: (2x)	DOPAMINE
Pain by neurogenic inflammation is mediated by? (2x)	SUBSTANCE P
There is increased activity of this substance in MDD regardless of treatment modality: (2x)	BDNF
Cation antagonist at NMDA receptor:	MAGNESIUM
Receptor critical for long term potentiation:	NMDA RECEPTOR
Neuronal death caused by NMDA receptor stimulation is due to:	EXCESSIVE CALCIUM INFLUX RESULTING IN MITOCHONDRIAL CASPASE ACTIVATION
Blocking which neuropeptide receptor provides analgesia?	NOCICEPTIN
Neurotransmitter with highest affinity for human CB-1 receptor:	ANANDAMIDE
How do steroids impact the hippocampus?	DECREASE AMPA GLUTAMATE SIGNALING
Predominant site of endocannabinoid receptor CB1?	PRESYNAPTIC MEMBRANE
This peptide released into GI tract conveys feeling of satiety after food intake:	CHOLECYSTOKININ
L-methylfolate helps with depression by increasing production of serotonin, norepinephrine, and dopamine by increasing what?	TETRAHYDROBIOPTERIN (BH4)
Molecular mechanism for ethanol intoxication:	NMDA ANTAGONISM; GABA AGONISM
IV ketamine is antagonism of which neurotransmitter system?	NMDA

Intubated, agitated patient with delirious symptoms. Which neurotransmitter is associated with AMS?	ACETYLCHOLINE
Neurotransmitter that stimulates AMPA receptors:	GLUTAMATE
Neurotransmitter in sleep-promoting neurons of ventrolateral preoptic nucleus:	GABA-A
What neurotransmitter system is involved in sexual arousal?	DOPAMINE
Highest concentration of 5HT producing cells in the brain:	RAPHE NUCLEI
DA and what else regulates reward circuitry?	GABA
Cerebellar purkinje cells release what neurotransmitter?	GABA
Neurotransmitter precursor to melatonin?	SEROTONIN
What area of the body has the most serotonin?	GI TRACT
What neurotransmitters have been associated with anxiety?	NOREPINEPHRINE
Positive allosteric modulators of neurotransmitter-gated, multimeric ion channels do what?	INCREASE PROBABILITY OF OPENING IN PRESENCE OF A LIGAND
Where are the major clusters of cell bodies containing serotonin in the brain?	RAPHE NUCLEUS IN THE BRAIN STEM
Principal mechanism of termination of synaptic activity of dopamine in prefrontal cortex?	DIFFUSION
Opiates inhibit cAMP-dependent protein phosphorylation in:	LOCUS COERULEUS
Neurotransmitter maintains consistent levels with age:	SEROTONIN
Which neurotransmitters are reduced in quantity, uptake and turnover in spasticity?	GLYCINE & GABA
The cognitive enhancement associated with experimental D-cycloserine treatment in pt's with schizophrenia has been attributed to enhancement of NMDA receptor activity by which of the following neurotransmitters?	GLYCINE
Neurotransmitter assoc w/ reward & reinforcement in nicotine dependence:	DOPAMINE
Prostaglandin D2 increases extracellular levels of:	ADENOSINE
Which is a retrograde neurotransmitter?	ENDOCANNABINOIDS
Neurotransmitter not stored in synaptic vesicles but made de novo:	ENDOCANNABINOIDS
Characteristics of Ach receptors in cerebral cortex:	BOTH INHIBITORY AND EXCITATORY

Low CSF levels of this neurotransmitter metabolites is associated with suicidality:	5-HYDROXYINDOLE ACETIC ACID (5-HIAA)
What is the 5HT3 receptor classification?	LIGAND GATED
Psych stress increases cortisol and prolonged cortisol is associated with bad outcomes. Stress also affects other hormones. Increase in which hormone is correlated with decreased PTSD severity most likely due to hormone's anti-glucocorticoid properties?	DHEA
What hormone is diffused rather than directly released from vesicles?	DEHYDROEPIANDROSTERONE DHEA
Activation of this receptor is likely responsible for anti-anxiety, motor-impairment, and sedative hypnotic effects of alcohol:	GABA-A
Neurotransmitter regulating sleep and wakefulness:	HISTAMINE
During REM sleep what neuron ceases firing?	HISTAMINE
What neurotransmitter is thought to play a key role in fine-tuning working memory function in the dorsolateral prefrontal cortex?	DOPAMINE
Changes in tyrosine hydroxylase levels would affect what type of neurons?	DOPAMINERGIC
Blockade of which receptor causes sedation and weight gain side effects for antipsychotics and antidepressants?	HISTAMINE
What neurotransmitter present in the periaqueductal gray matter is involved in the mediation of pain?	ENDORPHINS
Which neurotransmitter, IF dysfunctional, most replicates core symptoms of schizophrenia?	GLUTAMATE
Which receptor does BDNF activate?	TROPOMYOSIN RECEPTOR KINASE B
Orexin is associated with what basic function?	SLEEP
Receptor class that characteristically has multiple protein subunits and is capable of rapid response to generate synaptic energy potentials:	IONOTROPIC
Neurotensin interacts with which neurotransmitter system?	DOPAMINE
Serotonin subtype modulated by alcohol:	5HT-3
Neuropeptide involved with panic disorder:	CHOLECYSTOKININ
GABA-A receptor activation leads to what ion movement?	CL- EFFLUX HYPERPOLARIZES THE NEURON
Ghrelin is synthesized and released primarily by what?	STOMACH AND SMALL INTESTINE
Ketamine's rapid antidepressant effect through this neurotransmitter	GLUTAMATE

Hormone involved in osmoregulation, food intake, and female sexual behaviors:	OXYTOCIN
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Neurology

Brain Lesions

Visual problem in pituitary tumor compressing optic chiasm: (10x)	BITEMPORAL HEMIANOPSIA
Unsteady gait, appendicular ataxia in LE only and normal eye movement. Walks with lurching broad-based gait. Dx? (8x)	CEREBELLAR DEGENERATION (ALCOHOLIC)
66 yo c/o frequent falls, several-month hx of anxiety, unwillingness to leave home. On exam, mild impairment of vertical gaze on smooth pursuit/saccades, mild axial rigidity & minimal rigidity of upper extremities, along w/ mild slowness of movement on finger tapping, hand opening & wrist opposition. Posture nml. Gait tentative/awkward, but w/o shuffling, ataxia, tremor. Pt is slow in arising from a chair. Most likely dx: (8x)	PROGRESSIVE SUPRANUCLEAR PALSY
Severe occipital HA, BL papilledema and no other abnormalities. Chronic acne treated with isotretinoin. Lumbar puncture elevated opening pressure with no cells, 62 mg/dl glucose, and 22mg/dl protein. CT is normal. Dx? (7x)	PSEUDOTUMOR CEREBRI
79 yo pt with a deteriorating mental state over a 3-week period has an exaggerated startle response with violent myoclonus that is elicited by turning on the room lights, speaking loudly, or touching the pt. Myoclonic jerks are also seen. Diagnosis: (5x)	SPONGIFORM ENCEPHALOPATHY
Pt presents with a slowly progressive gait disorder, followed by impairment of mental function, and sphincteric incontinence. No papilledema or headaches are reported. Likely diagnosis? (4x)	NORMAL PRESSURE HYDROCEPHALUS
65 yo pt fell several times past 6 mos. MSE nml. Smooth pursuit, saccadic movements impaired. Worse w/ vertical gaze. Full ROM w/ doll head maneuver. Mild symmetric rigidity/b Bradykinesia, no tremor. MRI/CSF/labs unremarkable. Dx? (4x)	PROGRESSIVE SUPRANUCLEAR PALSY
Pt w/ acute onset of pain and decreased vision in the R eye. Colors look faded when viewed through the R eye. On exam, has a R afferent pupillary defect and a swollen right optic disc. Pt spontaneously recovers over the next 6 wks. Likely to develop later: (4x)	MULTIPLE SCLEROSIS
28 yo with emotional lability and impulsivity. LFT's elevated. Close relative had similar sx and died at 30 yo from hepatic failure. Which blood level would be diagnostic? (3x)	CERULOPLASMIN
Pt with several days of fever and severe headaches presents to ED b/o generalized seizure. Pt is confused and somnolent. Also reported to have been irritable and has c/o foul smells. T2 MRI displayed (hyperintensity of left temporal). Dx? (3x)	HERPES ENCEPHALITIS
9 yo F has 3 month h/o seemingly unprovoked bouts of laughter. Worse when not sleeping well. Pt does not feel happy during these	HYPOTHALAMIC HAMARTOMA

episodes. Started menstruating 6 months ago, and at Tanner stage 4. Dx? (2x)	
5 yo with 4 month history of morning HA, vomiting, and recent problems with gait, falls, and diplopia: (2x)	MEDULLOBLASTOMA
70 yo develops flaccid paralysis following severe water intoxication. He develops dysphagia and dysarthria without other cranial nerve involvement. Sensory exam is limited but grossly normal, DTR's are symmetric, and cognition is intact. Likely dx: (2x)	CENTRAL PONTINE MYELINOLYSIS
Young adult gained 70 lbs in last year c/o daily severe headaches sometimes associated with graying out of vision. Papilledema present. CT and MRI brain no abnormalities but ventricles smaller than usual. Goal of treatment in this case: (2x)	PREVENT BLINDNESS
Superior homonymous quadrantic defects in the visual fields result from lesions to which of the following structures? (2x)	TEMPORAL OPTIC RADIATIONS
Tremor with a frequency of around 3 Hz, irregular amplitude, most evident towards the end of reaching movements. Dx? (2x)	CEREBELLAR TUMOR
Acute onset of fever, sore throat, diplopia, & dysarthria. Exam reveals an inflamed throat, left adductor nerve palsy w/ impairment of vertical pursuit, diffuse hyperreflexia w/ bilateral clonus, lower ext spasticity, & mild right hemiparesis. CT is uninformative. Spinal fluid has protein of 24, 10 mononuclear cells, and glucose of 70. Dx? (2x)	MULTIPLE SCLEROSIS
Which is the most reliable finding from CSF analysis for a pt with multiple sclerosis in the chronic progressive phase of the dz? (2x)	PRESENCE OF OLIGOCLONAL BANDS
Benign intracranial HTN etiology: (2x)	HYPERVITAMINOSIS A
Gait abnormality, slow movement, asymmetric UE rigidity. Difficulty in voluntary vertical upward/downward gaze. Slowness/rigidity improved slightly with levodopa. Later has problems with horizontal & vertical gaze. Oculocephalic reflexes normal. Involuntary saccades. Dx? (2x)	PROGRESSIVE SUPRANUCLEAR PALSY
Pt presents with personality changes, cognitive difficulties, affective lability, and olfactory and gustatory hallucinations. The most likely medical cause of this presentation is: (2x)	HERPES SIMPLEX VIRUS (HSV) INFECTION
What condition is a forerunner of MS? (2x)	TRANSVERSE MYELITIS
Location of characteristic lesions seen in CT scans of pt with carbon monoxide poisoning associated comas: (2x)	GLOBUS PALLIDUS
43 yo newly w/ AIDS. Pt has increasing social withdrawal and irritability over several weeks. Can't remember phone number, unable to do chores, appears distracted. Mild right hemiparesis, left limb ataxia, and bilateral visual field defects. LP: normal cell counts, protein, and glucose. T2 Scan is shown. What is the diagnosis? (2x)	PROGRESSIVE MULTIFOCAL LEUKOENCEPHALITIS
57 yo has new onset speech difficulty cannot name objects and sometimes cannot say "yes or no" and cannot repeat "ifs, ands or buts" but can follow verbal and written commands. No problems with chewing/swallowing. What is the condition? (2x)	BROCA'S APHASIA

Hx of dementia and myoclonus shows what pathologic changes with crystal violet changes?	CYTOSOLIC VACUOLATION OF NEUROGLIA WITH PRION INCLUSIONS
What is the presentation expected with Wernicke's encephalopathy?	AMNESIA, CONFABULATION, LACK OF INSIGHT
An 80-year old female that lives in a nursing home believes she lives in a hospital dorm and is working with maintenance staff. No distress, alert, oriented, calm, organized speech and behavior otherwise. This is an example of what memory disturbance?	CONFABULATION
AIDS pt with new onset headache and cognitive decline, MRI shows multiple ring-enhancing lesions, cause?	TOXOPLASMOSIS GONDII
Neuropsychological test that examines both visual/spatial and executive functions?	CLOCK DRAWING
Image of a clock, with all the numbers drawn only on the right hand side	PARIETAL LOBE
Head injury with personality changes, impulsivity and euphoria. Site of injury?	ORBITOFRONTAL CORTEX
What is the transmissible element that causes progressive decline and myoclonic jerks? Brain biopsy shows spongiform changes.	PRION
Kluver-Bucy syndrome: plasticity, hyperorality, hypersexuality and hyperphagia, can be induced in animals with bilateral resection of which structure?	TEMPORAL LOBES
Most common psych complication from TBI:	DEPRESSION
Executive dysfxn comes from damage to:	FRONTO-SUBCORTICAL
36 yo pt w/ double vision, vertigo, vomiting, paresis of medial rectus on lateral gaze w/ coarse nystagmus in abducting eye w/ lateral eye movement. Dx?	MULTIPLE SCLEROSIS
35 yo pt w/ new onset headache, what suggests mass lesion w/ raised ICP?	PAPILLEDEMA ON EYE EXAM
Aphasia secondary to lesion in posterior third of left superior temporal gyrus. Dx?	WERNICKE
5 yo presents w/ sudden onset of slurred speech and gait difficulty. Exam shows truncal ataxia and nystagmus, mild dysarthria and extensor plantar responses. Recent h/o measles. MRI, UA, blood work unremarkable. Dx?	ACUTE CEREBELLITIS
Neuro exam of 59 yo testing slap palm of hand on knee alternating with dorsum hand rapidly. Difficulty with maneuver, clumsy, irregular. Which describes this abnormality?	DYSIDIADOCHOKINESIA
Abulia refers to impairment in ability to:	SPONTANEOUSLY MOVE AND SPEAK (INABILITY TO ACT DECISIVELY, ABSENCE OF WILLPOWER)
Prosopagnosia is:	INABILITY TO RECOGNIZE FACES

56 yo M with normal brain scan and no prior psych history is impulsive and disinhibited with personality changes. What would a PET scan likely show?	BILATERAL TEMPORAL LOBES WITH REDUCED PERfusion
Inability to recognize objects by touch:	ASTEREOGNOSIS
Which cancer has the highest likelihood of going to the brain?	LUNG
Etiology of meningitis associated with fever, HA, CSF pleocytosis with lymphocyte predominance, slightly elevated CSF protein, and normal CSF glucose. Dx?	COXSACKIE VIRUS
Most common solid tumor of the CNS in kids:	NEUROBLASTOMA
75 yo patient evaluated for progressive gait, urine incontinence, and cognitive decline. After removal of CSF, there is improvement in gait and balance. What would CT show?	ENLARGEMENT OF THE FRONTAL HORMS
41 yo chronic fatigue, cognitive impairment, reduced perceptual motor speed, poor effort maintenance, and irritability (MRI: hyperintensity in frontal lobe and what looks like a finger protrusion). Dx?	MULTIPLE SCLEROSIS
25 yo pt c/o severe HA and vomiting. Pain is dull and mostly in the occipital region. Exam: b/l severe papilledema, otherwise WNL. LP: opening pressure: 200mmH2O, no cells, 62 mg/dl glucose, 31 mg/dl protein. CT: normal. Dx?	PSEUDOTUMOR CEREBRI
Histology consistent with Jakob-Creutzfeldt disease:	CYTOSOLIC VACUOLATION OF NEURONS AND GLIA WITH PRION INCLUSIONS
Dx for 68 yo c/o falls. PE shows upright rigid posture, stiff gait, extended knees, and pivoting while turning.	PROGRESSIVE SUPRANUCLEAR PALSY
Diagnosis of 32 yo woman w/ vertigo and INO:	MULTIPLE SCLEROSIS
A 66 yo complains of frequent falls. On exam, the pt has difficulty with upward gaze and has severe axial rigidity, which is less apparent in upper or lower extremities. There is mild slowness of movement on finger tapping, hand opening and wrist opposition. The patient's fingers acquire cramped postures with the effort of these tasks. The pt's neck posture is extended. Gait is somewhat slow, with short steps, and the pt is slow when arising from a chair. Dx?	PROGRESSIVE SUPRANUCLEAR PALSY
70 yo pt develops confusion, lethargy, and generalized tonic-clonic seizure. Lab reveals serum sodium of 95 mEq/L. This is most likely a complication of excessively rapid correction of which metabolic problem?	CENTRAL PONTINE MYELINOLYSIS
Hippocampal atrophy has been identified in all of the following disorders:	MDD, ALZHEIMER'S DISEASE, PTSD (NOT DISSOCIATIVE AMNESIA)
Severe occipital HA, BL papilledema and vomiting. Just started birth control pills. Lumbar puncture elevated opening pressure with no cells, 62 mg/dl glucose, and 31mg/dl protein, RBC 400. CT is normal. Dx?	SAGITTAL SINUS THROMBOSIS

Condition most likely to account for the presence of cognitive impairment in a pt with untreated Hep C (HCV) infection and normal ammonia level who is HIV sero- negative:	HCV INFECTION OF BRAIN
Delayed neurological deterioration following carbon monoxide-induced coma is most likely manifested by:	PARKINSONISM
Causative agent of progressive multifocal leukoencephalopathy (PML):	JC VIRUS
68 yo pt is depressed following a hip surgery. Pt is withdrawn, looks blank, shows dysarthria, weakness, PMR, hyperreflexia, and has trouble swallowing. MRI of the head will show:	PERIVENTRICULAR WHITE MATTER DEMYELINATION
Adult LP with opening pressure 190, protein 110, glucose 27, leukocytes 5,000. Dx?	BACTERIAL MENINGITIS
75 yo M, Korean war veteran, with gradual development of forgetfulness and cognitive deterioration, presents with very fast /slurred speech and impaired gait. A head CT shows some generalized atrophy, unusual for his age. The LP shows 35 WBC, lymphocytosis and the protein level is 110mg/dl and elevated gamma globulin. Dx?	NEUROSYPHILIS
Inability to carry out motor activities on verbal command despite intact comprehension & motor function indicates:	APRAXIA
80 yo pt is unable to blow out match, although motor and sensory function are normal. What is this called?	APRAXIA
70-year-old patient having difficulty dressing, puts both legs in one pant leg, wears underwear backwards, can't put arms in sweater. Neuro exam unremarkable otherwise. The trouble with dressing is described as?	APRAXIA
Most common cause of aseptic meningitis:	ENTERIC VIRUS
25 yo M w 7 months depression, forgetfulness, weight loss, insomnia, painful tingling in both feet and incoordination. Involuntary choreic movements of B/L UE, apathetic, monosyllabic. Labs normal. EEG: mild diffuse slowing. CT/MRI nml. During admission develops severe akinetic mutism, seizures, and dies. Brain autopsy shows:	DIFFUSE AMYLOID PLAQUES, SPONGIFORM NEURONAL DEGENERATION, AND SEVERE ASTROGLIOSIS
52 yo pt with ETOH dependence present with several days of severe headache, nausea, and low grade fever. Physical exam reveals mild disorientation, nuchal rigidity, and mild spasticity in the lower extremities. A head CT is unrevealing. LP: 55/mm ³ leukocytes (mostly lymphocytes), 45 mg/dl glucose, protein: 43 mg/dl, and presence of occasional gram positive spherical cells. The most likely causative organism is:	CRYPTOCOCCUS NEOFORMANS
Describe gait in elderly male with memory impairment and gait disturbance that improves after large-volume lumbar puncture:	MAGNETIC
CT & MRI show ventriculomegaly are out of proportion to sulcal atrophy. This is suggestive of what diagnosis?	NORMAL PRESSURE HYDROCEPHALUS
49 yo pt with ETOH dependence is brought to the ED with a one-week history of malaise, headache, diplopia, lethargy and confusion. On examination, the pt has a temp of 38.2 C, stiff neck, medical deviation	TUBERCULOUS

of the right eye with impaired abduction and hoarseness. CSF: 114 leukocytes, predominantly monocytes, a protein of 132 mg/dl, and glucose of 29 mg/dl. Likely type of meningitis:	
Closed TBI, initially no LOC, then 20 minutes later LOC. Patient recovers in 5 minutes. Dx?	VASOVAGAL SYNCOPAL ATTACK
15 yo pt fell to the ground after being hit in the head while playing soccer. Pt did not lose consciousness, but was confused for the following 20 min. The next day, pt reported a headache and irritability, neuro exam normal. Best recommendation to family about pt:	SHOULD BE EXAMINED IN 2 WKS BEFORE RESUMING PLAY
In ER following MVA, receives IV dextrose 5%. Experiences confusion, oculomotor paralysis, and dysarthria. Dx?	WERNICKE'S ENCEPHALOPATHY
Which of the following is invariably the first manifestation of neurosyphilis?	MENINGITIS
14 yo at summer camp develops severe headache and fever, drowsiness, stiffness of neck on passive forward flexion, petechial rash and skin pallor. Spinal tap reveals opening pressure 200mm H2O, 84% neutrophils (7,000 nucleated cells), glucose level of 128 mg/dl, and protein level of 33 mg/dl. Most likely causative agent?	MENINGOCOCCUS
Which hormone is secreted in functional pituitary adenoma?	PROLACTIN
Primary characteristic of Wernicke encephalopathy:	ACUTE ONSET
52 yo M presents with a chief complaint of gait difficulties. On exam: mild dysarthria, very mild finger to nose ataxia and minimal heel to shin ataxia. Romberg test: negative, but very unsteady while walking and walks with a broad-based, lurching gait. The plantar reflexes are flexor. Imaging studies are most likely to demonstrate:	CEREBELLAR VERMIS ATROPHY
75 yo WWII veteran w/ gradual onset forgetfulness, intellectual deterioration, fast/slurred speech, gait impaired, CT with normal atrophy. LP: 35WBCs (most lymph), protein 110, increased gamma globulin. Dx?	NEUROSYPHILIS
41 yo pt w/o family h/o cortico cerebellar degeneration presents with 3-month h/o ataxia of gait/limbs, dysarthria, and progressive nystagmus. MRI and CSF normal. 1) Antibody panel with presence of? 2) What type of tumor is likely present?	1) ANTI-YO 2) OVARIAN CARCINOMA
MRI finding for woman with memory decline, urinary incontinence, and trouble walking:	DILATION OF VENTRICLES
Effortful, non-fluent speech with decreased speech output; where is the lesion?	ANTERIOR FRONTAL GYRUS
A 50 yo BIB ED for SA by being in a closed garage with the cars running for several hours. CT brain 2 weeks later would show:	LESION IN GLOBUS PALLIDUS
Which of the following tests is recommended by the American Academy of Neurology to establish the diagnosis of brain death?	APNEA TEST

Essential criterion for declaration of brain death prior to organ donation requires?	A POSITIVE APNEA TEST
Risk factor for depression in MS patients:	LESION VOLUME
Right handed pt recently underwent neurosurgery, is now unable to name objects in left hand when blind folded. He was able to name them when displayed on a screen. Where was the surgery?	CORPUS CALLOSUM
Bilateral paresis of medial rectus muscle during lateral gaze with coarse nystagmus in abducting eye characteristic of:	MULTIPLE SCLEROSIS
82 yo with progressive dementia, myoclonus over 3 months. EEG shows periodic sharp waves with 1 hz over both hemispheres. Dx?	CREUTZFELDT--JAKOB DISEASE
Elderly man with blurry vision. Eyes slow away, rapid corrections lateral gaze. Do not occur during fixation on target. What is dysfunction?	VESTIBULAR LABYRINTH
Lesion to which lobe causes left hemineglect?	RIGHT PARIETAL LOBE
Pt with MS treated with natalizumab x2/year presents w/ cognitive decline and weakness. MRI brain shows multiple non-enhancing plaques in subcortical white matter. Likely reactivation of what infection?	JOHN CUNNINGHAM VIRUS
Patient who recently had a stroke seen for follow up, appears to understand questions but often remains silent/ gives 1-2 word answers with mispronunciations. Likely cause?	BROCA'S APHASIA
Lesion in this region leads to increased risk taking behavior:	ORBITAL FRONTAL CORTEX
70 yo with 4 months worsening cognition, urinary incontinence, difficult walking, what is seen on MRI?	ENLARGED VENTRICLES
66 yo M with anhedonia, blurry vision, falls, symmetrical vertical gaze palsy, subtle bradykinesia, apathy, and memory problems. Diagnosis?	PROGRESSIVE SUPRANUCLEAR PALSY

CVA

62 yo M w/ DM is not making sense, saying "thar szing is phrumper zu stalking". Normal intonation but no one in the family can understand it. He verbally responds to Qs w similar utterances but fails to successfully execute any instruction. Dx? (8x)	WERNICKE'S APHASIA
Chronic A-fib develops aphasia and R hemiparesis at noon. ER exam notes weakness of R extremities and severe disfluent aphasia, but CT at 1:30 PM has no acute lesion. Most appropriate treatment: (4x)	TPA
70 yo pt was hospitalized because of a middle cerebral artery stroke. The psychiatrist was asked to evaluate the pt. The pt has non-fluent aphasia. Which most likely characterized the pt's interaction with the psychiatrist? (3x)	THE PT WAS ABLE TO FOLLOW THE VERBAL REQUEST, "CLOSE YOUR EYES."
Head CT w/ lens-shaped hyper density: (2x)	EPIDURAL HEMATOMA

A life-threatening complication of cerebellar hemorrhage is: (2x)	ACUTE HYDROCEPHALUS
A 72 yo patient had an embolic infarct in the middle cerebral artery territory. ECG shows no structural abnormalities. Doppler studies of the neck arteries reveal less than 50% occlusion on both carotid arteries. An EKG reveals A Fib. Which of the following strategies has the best likelihood of reducing recurrent strokes in this patient? (2x)	ANTICOAGULATION WITH WARFARIN
68 yo pt w/ hypertension develops rapidly progressing right arm and leg weakness, with deviation of the eyes to the left. Within 30 minutes of the onset of this deficit, pt became increasingly sleepy. Two hours after the onset, the patient became unresponsive. On exam: dense right hemiplegia, eyes deviated to the left, pupils: equal and reactive, a right facial weakness to grimace elicited by noxious stimuli. Cough and gag reflexes: present. Which CT finding is most likely? (2x)	LEFT PUTAMINAL HEMORRHAGE
A pt has multiple stroke-like symptoms of short duration over several days. And has new onset symptoms for the last 90 minutes. CT scan shows no evidence of stroke or hemorrhage. What is the appropriate treatment? (2x)	INTRAVENOUS THROMBOLYTIC AGENTS
Most common psychiatric presentation following a stroke? (2x)	DEPRESSION
Chiropractic adjustments are a known precipitant for which of the following acute conditions? (2x)	VERTEBRAL ARTERY DISSECTION
The most common complication of temporal arteritis is caused by occlusion of the: (2x)	OPHTHALMIC ARTERY
The most common possible cause of a posterior cerebral artery infarct in 36 yo F with hx of migraine: (2x)	ORAL CONTRACEPTIVES
Abnormal elevated metabolic findings associated with increased risk of stroke in patients under 50: (2x)	PLASMA HOMOCYSTEINE
L MCA stroke resulting in R hemiparesis, gait abnormality: (2x)	CIRCUMDUCTION
Why would brains >65 years old or a history of alcoholism be more susceptible to chronic subdural hematoma? (2x)	CORTICAL ATROPHY (LONGER DISTANCE FOR BRIDGING VEINS TO BE DAMAGED)
45 yo with R hemiparesis, CT shows L internal capsule ischemic changes extending to adjacent basal ganglia + old lacunar injury of R caudate head. LP – 65 wbc's (mostly lymphocytes), 78 protein, 63 glucose, + reagin antibodies. Tx?	PCN
CT Head Large hypodensity on R frontal and parietal lobes:	MCA STROKE W/ RESIDUAL L SIDED WEAKNESS
Contralateral leg weakness with personality changes is an injury where?	ANTERIOR CEREBRAL
61 yo with left frontal lobe damage secondary to cerebrovascular accident may be predisposed to which psychiatric syndrome?	MDD
72 yo pt had a lacunar infarct in the middle cerebral artery territory. Echo is normal. Doppler studies of neck arteries reveal less than 50% occlusion on both carotid arteries. EKG is normal. The best strategies to reduce recurrent stroke:	ANTIPLATELET THERAPY WITH ASPIRIN AND DIPYRIDAMOLE

50 yo pt recently began having VH of children playing. VH are fully formed, colorful and vivid, but with no sound. Pt is not scared or disturbed, but rather amused. On exam, normal language, memory, cranial nerves, no weakness or involuntary movement, no sensory deficits. DTR: symmetric. CSF/UDS nml. Dx?	POSTERIOR CEREBRAL ARTERY ISCHEMIA
Thrombosis of which artery results in acute headache, inability to read, inability to write fluently, although verbal fluency intact?	LEFT POSTERIOR CEREBRAL
What is the most common manifestation of acute neurosyphilis?	STROKE
65 yo pt wakes up with right-sided hemiparesis and motor aphasia. Pt is immediately brought to the emergency department and an evaluation is completed within 1 hour. Neurological exam: no additional abnormalities. Head CT w/o contrast: no additional abnormalities. Which is the appropriate next step in management?	ASPIRIN
Acute onset of dense sensorimotor deficit in the contralateral face and arm, with milder involvement of the lower extremity, associated with gaze deviation toward the opposite side of the deficit, likely indicates occlusion of:	SUPERIOR DIVISION OF THE MCA
CT scan with occipital and intraventricular hyper-intensities:	PARENCHYMAL HEMORRHAGE
Which med has secondary prevention against embolic stroke in pts with Afib?	ORAL WARFARIN
As opposed to strokes caused by arterial embolism or thrombosis, those caused by cerebral vein or venous sinus thrombosis are:	ASSOCIATED WITH SEIZURES AT ONSET
Pt who 5 days ago experienced a ruptured aneurysm located in the left middle cerebral artery develops a fluctuating aphasia and hemiparesis with no significant headaches. Underlying event:	VASOSPASM
63 yo with new onset aphasia and R hemiparesis, 2 days ago had milder/similar symptoms that resolved in 30 minutes, yesterday had similar episode for 45 minutes. Current Sx started 1.5 hrs ago. CT shows no stroke or hemorrhage. Tx?	INTRAVENOUS THROMBOLYTIC AGENTS
57 yo diabetic pt w/ HTN c/o several episodes of visual loss, "curtain falling" over his L eye, transient speech and language disturbance, and mild R hemiparesis that lasted 2 hrs. Suggests presence of what?	EXTRACRANIAL LEFT INTERNAL CAROTID STENOSIS
Head injury, LOC -> lucid interval x hours -> rapid progressing coma. Hemorrhage?	EPIDURAL
Poststroke depression in 80 yo pt (R handed) is assoc w cognitive impairments that:	CORRELATE WITH LEFT HEMISPHERIC INVOLVEMENT
66 yo M in ED w/ sudden occipital HA, dizziness, vertigo, N/V, unable to stand, mild lethargy, slurred speech. Exam: small reactive pupils, gaze deviated to the R, nystagmus, w/ occasional ocular bobbing, R facial weakness, decreased R corneal reflex, truncal ataxia, b/l hyperreflexia, b/l Babinski. Dx?	CEREBELLAR HEMORRHAGE
50 yo pt is in the ED for acute onset of neck pain radiating down the left arm, progressive gait difficulty, and urinary incontinence. This test should be administered immediately:	MRI SCAN OF THE CERVICAL SPINE TO EXCLUDE A DIAGNOSIS OF SPINAL CORD COMPRESSION.

In managing acute ischemic stroke, administer this within 48 hrs of onset of stroke for beneficial effect in reducing risk of recurrent stroke, disability and death:	ASPIRIN
70 yo pt w/ attacks of "whirling sensations" w/n/v, diplopia, dysarthria, tingling of lips. Occurs several times daily for 1 minute, severe that pt collapses and is immobilized when symptoms start. No residual s/s, no tinnitus, hearing impairment, ALOC or association with any particular activity. Dx?	VERTEBROBASILAR INSUFFICIENCY
Vascular lesion most characteristic of sudden severe headache, vomiting, collapse, relative preservation of consciousness, few or no lateralizing neurological signs, and neck stiffness:	SUBARACHNOID HEMORRHAGE
Head CT demonstrates which dx (grainy picture with diffuse speckling in posterior region, unilateral)?	SUBARACHNOID HEMORRHAGE
Mental status changes after CABG, fluent speech and excellent comprehension, inability to name fingers and body parts, right and left orientation errors inability to write down thoughts and calculation, but with good reading comprehension:	AN EMBOLIC STROKE AFFECTING LEFT ANGULAR GYRUS
70 yo F sudden onset paralysis R foot and leg. R arm and hand slightly affected. No aphasia or visual field deficit. Over weeks found with loss of bladder control, abulia and lack of spontaneity. Which vascular area?	ANTERIOR CEREBRAL ARTERY (LEFT)
Pts in a locked in state following basilar artery occlusion typically retain what movement?	EYELIDS AND VERTICAL GAZE
83 yo pt with mild HTN comes in with a new onset headache and left hemiparesis. MRI shows right parietal lobe hemorrhage, small occipital hemorrhage and evidence of previous hemorrhage in right temporal and left parietal regions. What is likely etiology for these findings?	AMYLOID ANGIOPATHY
39 yo pt with hx of multiple miscarriages develops an acute left sided hemiparesis. Work up reveals elevated anticardiolipin titers and no other risk factors for stroke. Appropriate intervention at this point is?	PLASMAPHERESIS
In which arterial area would a stroke resolve in inability to read but preserved ability to write?	POSTERIOR CEREBRAL
71 yo pt w/ Parkinson's x3 yrs p/w difficulties getting up, is not motivated to do anything, has no interest in social events, and has "slowness" in thinking; although motor sx well controlled on Sinemet, sx stable throughout day and no sadness, worthlessness, or SI. Cognitive eval shows slow processing. What is the most likely explanation?	APATHY
62 yo w/ bilateral posterior cerebral artery strokes reports trouble seeing because "lights were dim" or "glasses were not on." What describes his visual problem?	ANOSOGNOSIA
A patient suddenly becomes mute, quadriplegic, bedridden, and dependent on caregivers, yet appears to be alert and able to communicate with eye movements. Most helpful test in confirming the diagnosis?	MRI BRAIN WITH CONTRAST

Dementia	
65 yo M with 6 mo h/o confusion episodes, disorientation, VHs of children playing in his room. Hallucinated images are fully formed, colorful, vivid and pt has little insight into their nature. No AH. Wife says he is normal between episodes. Exam: Normal language, memory, mod diff with trails test, mild diff with serial subtractions, mild symmetric rigidity and bradykinesia. Brain MRI unremarkable. CSF, routine labs and UDS normal. Diagnosis? (7x)	LEWY BODY DEMENTIA
When combined with functional neuroimaging, which of the following biomarkers is most likely to identify those geriatric pts with mild cognitive impairment most at risk for developing Alzheimer's disease? (7x)	E-4 APOLIPOPROTEIN E ALLELE
80 yo with VH and worsening gait, episodic confusion, disturbed sleep, fighting in sleep, bilateral rigidity, masked facies. Levodopa/carbidopa improved movement temporarily. Diagnosis? (4x)	DEMENTIA WITH LEWY BODIES
Which brain pathology is associated with 69 yo female with progressive behavioral changes, rudeness, interrupting conversations, watching excessive TV (turned off), large meals despite no hunger, stooped posture w/ slow shuffling gait: amyloid deposition, dopamine depletion, intraneuronal tau deposits, ubiquitininated inclusions, alpha synuclein accumulation? (4x)	INTRANEURAL TAU DEPOSITS
80 yo pt with Alzheimer's is brought in for increasingly combative behavior. Daughter would like to keep the pt at home if possible. What interventions would be most helpful in this situation? (3x)	ASSESSING FOR CAREGIVER BURNOUT
91 yo hospice pt w/ cachexia, end stage dementia, and renal impairment has stopped eating and drinking. What comfort measure would be most appropriate? (3x)	FREQUENT SMALL SIPS OF WATER
Which of the following is the most specific factor for distinguishing delirium from dementia of the Alzheimer type? (2x)	FLUCTUATING AROUSAL
Neurocognitive functions most likely to show decline in people over 65 years of age? (2x)	INFORMATION PROCESSING SPEED
Over the course of several months, a 46 yo pt w/ no past psych hx becomes emotionally labile/irritable. Pt undergoes personality changes, is observed to laugh inappropriately when neighbor kids taunt stray cats. Within 2 yrs pt is convinced all food has germs. Memory is preserved. Pt is no longer able to work/live independently. Neuropsych testing shows impaired language/attn. Dx? (2x)	FRONTOTEMPORAL DEMENTIA
MRI of brain shows ventriculomegaly of 65 yo with progressive cognitive decline. Normal opening pressure of LP. Likely to be found on exam? (2x)	GAIT APRAXIA
Most accurate genetic testing for Alzheimer's	THE TESTING HAS LIMITED PREDICTIVE VALUE FOR ALZHEIMER'S DISEASE IN SYMPTOM-FREE INDIVIDUALS
What symptom is most commonly associated with aggressive behavior in Alzheimer's patients?	CONCURRENT PSYCHOSIS

Hippocampal tissue, tau stained, pt with progressive dementia, what is the diagnosis?	ALZHEIMER DISEASE
What is the initial diagnostic study for an elderly male endorsing memory difficulty, loss of energy, and difficulty concentrating?	NEUROPSYCHOLOGICAL TESTING
Subcortical dementia is suggested by which of the following in regards to a patient with early-stage cognitive impairment?	PRESERVED CALCULATION SKILLS
Which neurocognitive disorder has more severe EPS SEs from antipsychotics?	LEWY BODY DISEASE
Excess activation of which receptor contributes to cell death in Alzheimer dx?	NMDA
Loss of nicotinic receptor sites and potentiation of remaining receptor sites are involved in the pathophysiology of what?	ALZHEIMER DISEASE
Test that differentiates Alzheimer's from frontal-temporal dementia:	SINGLE PHOTON EMISSION CT SCAN
Neurocog d/o with fluctuating rate of progression, visual spatial impairment and early unilateral resting tremor and increased muscle tone:	DEMENTIA WITH LEWY BODIES
67 yo man with visual hallucinations, behavioral disturbances, confusion, staring episodes, kicking in sleep, memory loss, disinhibition, and smaller steps. Dx?	LEWY BODY DEMENTIA
Confabulation is:	UNCONSCIOUS FILLING IN OF MEMORY GAPS
What test is most helpful to distinguish dementia vs delirium?	EEG
Suggests delirium rather than dementia:	CLOUDING OF CONSCIOUSNESS
85 yo patient with hx of dementia admitted for agitation becomes more confused and angry. What lab should you get?	UA
Picture of tau staining for pt with progressive dementia. Dx?	ALZHEIMER'S
80 yo p/w insidious forgetfulness f/b progressive language impairment 2 yr later with difficulty using common tools/appliances. Dx?	ALZHEIMER'S DISEASE
Which cancer treatment may be followed by a subcortical dementia due to a leukoencephalopathy with onset after 6 months post-treatment?	WHOLE BRAIN RADIATION
A pt who has been receiving dialysis tx for years has become more disoriented, has memory loss. Physical exam normal, nursing staff report that pt has begun to have seizures. Blood lab testing shows no obvious etiology, neurodiagnostics show no suggestive findings. What most likely accounts for this presentation?	DIALYSIS DEMENTIA
FTD with mutation in chromosome 17 is associated with abnormal intraneuronal deposition of which protein?	TAU
A doc meets with a pt and family to discuss treatment of pt's mild Alzheimer's disease. There are no other neurological or psychiatric	BEGIN CHOLINESTERASE INHIBITOR TREATMENT

symptoms or findings. The most appropriate course of action would be to:	
74 yo, right-handed patient presents with significant memory loss, expressive aphasia, and left plantar extensor response. The most likely diagnosis is:	VASCULAR DEMENTIA
Earliest evidence of cell loss in pts with Alzheimer's Dz typically occurs in which of the following areas of the brain?	ENTORHINAL CORTEX
74 yo F suspicious, poor ADLs, personality changes, most likely dx:	PICK'S DISEASE
Protein mutation associated with Alzheimer disease in people younger than 60 yo:	AMYLOID PRECURSOR
80 yo pt w/ no prior psych hx, more forgetful, having difficulty with ADLs. However, pt is able to conduct routine social activities so that casual acquaintances don't notice abnormalities. What is the dx?	ALZHEIMER DEMENTIA
Neurofibrillary tangles in Alzheimer's are composed of:	HYPERPHOSPHORYLATED TAU PROTEINS
80 yo Alzheimer's with increasingly combative behavior. Family wants to keep at home. What medication?	HALDOL
Dementia characterized by personality change, attention deficit, impulsivity, affect lability, indifference, perseveration, and loss of executive function. Assoc. with dysfunction in what area of the brain?	FRONTAL LOBE
Early stage HIV type I associated dementia as compared to early onset dementia has which of the following deficits?	DECREASED PROCESSING SPEED
Which meds have best results for treating agitation in dementia?	ANTIPSYCHOTICS
Amyloid precursor protein in what cognitive disorder?	ALZHEIMER'S DZ
Most common cause of dementia in pts > 65 yrs of age:	ALZHEIMER'S DZ
Characteristic MRI scan finding in Alzheimer disease:	REDUCED HIPPOCAMPAL VOLUMES
Known risk factors for dementia:	AGE, FAM HX, FEMALE, DOWN'S SYNDROME
Pt with vascular dementia typically has neuropathological changes assoc with:	BASAL GANGLIA
An 82-yo pt has falls, ophthalmoplegia, parkinsonism and progressive dementia. Autopsy shows:	TAU POSITIVE NEUROFIBRILLARY TANGLES
65 yo is brought to the ED with disorientation and mild agitation and is experiencing vivid VH of several children playing inside the house. Two similar episodes in the past, normal in between episodes. Normal language and memory, normal CN, mild symmetric rigidity and bradykinesia, no deficits. MRI, drug screen, CSF normal. Dx?	DEMENTIA WITH LEWY BODIES
A med that is most likely to slow the progression of vascular dementia:	ASPIRIN

Best rationale for using cholinesterase inhibitors in pts with Alzheimer:	TO REDUCE NEUROPSYCH SYMPTOMS
The most important tool for evaluation of early and moderate dementia:	MMSE
Dementia rather than depression in regards to memory has:	NAMING DEFICITS (RATHER THAN IMPAIRED NONVERBAL INTELLIGENCE)
Brain region affected earliest in course of Alzheimer dementia:	HIPPOCAMPUS
Bilat loss of neurons in the CA1 segment of the hippocampus is the most common histologic finding in patients with:	ALZHEIMER DEMENTIA
Patient is Alzheimer's dementia in clinic. Patient's daughter is frustrated with having to care for her mother more and is considering removing her from her church group because of it. What is the most initial response by the psychiatrist?	TELL HER TO CONTINUE GOING TO HER CHURCH GROUP
PET scan shows temporoparietal hypoperfusion in early stages of which dementia?	ALZHEIMERS
What deficit includes significant word-finding difficulties when attempting to label pictured objects but can describe how to use objects?	ANOMIA
65 yo pt brought in by family for gradual onset and very slow progression of mental confusion with respect to place and time, anomia, slowness of comprehension, neglect of personal hygiene and grooming, apathy, and alterations of personality and behavior, impairment of gait and upright stance, and prominent grasp and suck reflexes. Dx? The clock drawing test is a quickly administered and sensitive screen for:	FRONTOTEMPORAL DEMENTIA OR ALZHEIMER DEMENTIA
65 yo high school grad has a MMSE score of 23, this score would suggest which of the following?	DEMENTIA, MILD COGNITIVE IMPAIRMENT
Individuals over 40 yo with Down's syndrome frequently develop:	ALZHEIMER'S DZ
HIV+ pt w/ memory loss, inattention, lack of motivation, & poor coordination. Normal LP. CT scan shows atrophy. MRI shows diffuse & confluent white matter changes in T2, w/o any mass effect or gadolinium enhancement. Dx?	HIV- ASSOCIATED DEMENTIA
Binswanger disease has pseudobulbar state, gait disorder, AND:	DEMENTIA
Clock drawing test is quickly administered and a sensitive screen for which d/o?	ALZHEIMER'S DZ
Brain of football player who died by suicide has findings typical of chronic traumatic encephalopathy, what is most typical pathology for this behavior?	TAUOPATHY
54 yo old pt dies from rapidly progressing dementia associated with myoclonus, what is most likely finding at autopsy?	MICROVACUOLATION OF GLIA AND NEURONAL DENDRITES
Psych eval of 82 yo F with memory loss (mostly working memory): she frequently calls for help with the bathroom but will urinate on herself (staff feel pt is doing this to get back at them). Pt frustrated with staff because she feels the sudden need to void without much warning and	SCHEDULE REGULAR VOIDING, INDEPENDENT OF PT REQUESTS, AND SUFFICIENTLY FREQUENT TO ELIMINATE THE ACCIDENTS

wishes the staff would arrive sooner because she's embarrassed about this. MSE significant only for mod memory loss, labs are normal. Which behavioral intervention should be attempted with pt?	
Which is important when working w/ family members who are caregivers to pts w/dementia: there needs only be one caregiver at a time, grief work w/fam not necessary before pt. dies, all fam to equally share caregiving responsibility, work w/fam should enhance effectiveness of care to pt., fam should explore SNF options as soon as pt is diagnosed?	WORK W/ FAMILY SHOULD ENHANCE EFFECTIVENESS OF CARE TO PT
What characterizes executive abilities in healthy individuals >65?	SHOW NO SIGNIFICANT CHANGE
Fluent speech w/ preserved comprehension, inability to repeat statements is consistent with what type of aphasia?	CONDUCTION
In normal aging, last cognitive abilities to decline:	WORD KNOWLEDGE
Medicare pays for hospice care when a physician declares that a patient has a maximum life expectancy of how long?	6 MONTHS
Two days after bowel surgery, 53 yo is delirious. Correctly draws a square when asked, but then continues to draw squares when asked to draw other shapes. MSE would reveal:	PERSEVERATION
Cancer patient on chemo is disoriented and agitated. Afebrile VSS. Neg neuro exam. Poor attention, cog impairment. Held for observation. CT neg, EEG diffuse slowing. Treat with:	HALDOL
78 yo pt with Alzheimer's dementia living with spouse and daughter, starting to accuse the spouse of infidelity. On evaluation, he asserts that the spouse is unfaithful. He is alert and acts congenitally with the spouse, he is on donepezil. Labs and medical workup is unrevealing of any disorder outside of dementia. Next?	ARRANGE FOR REGULAR EVALUATIONS OF THE PT AND REASSURE THE FAMILY
Family of 75 yo pt is concerned about his safety b/c he has been forgetting to turn off the stove. Psych MD suspects an evolving cognitive d/o. What is most likely to be the earliest impairment to occur in the pt?	INABILITY TO RECALL 3 WORDS AFTER A 3 MIN DELAY
85 yo nursing home pt w/ hx of dementia being more confused and screaming "fire" whenever the light next to the bed is turned on. Next step?	URINALYSIS
Epigenetic drift has been postulated to contribute to what disorder?	LATE ONSET ALZHEIMER'S DISEASE
Which cognitive enhancer circulates unbound to serum proteins and has limited drug interactions?	RIVASTIGMINE
What cognitive-enhancing drug can allosterically modulate nicotinic receptors?	GALANTAMINE
Best imaging modality for early diagnosis of FTD dementia:	FLUORODEOXYGLUCOSE (FDG) PET

Headache	
35 yo M awakens frequently in the middle of night with severe HAs, which sometimes occurs nightly and lasts approx 1-2 hrs, so severe that pt is afraid to go to sleep, located around L eye and assoc with lacrimation, ptosis, & miosis. Likely dx is: (12x)	CLUSTER HEADACHES
Abortive treatment of common migraines is best achieved w/ which medication? (8x)	RIZATRIPTAN
Young pt with new onset severe HAs associated with periods of visual obscuration. Neuro exam is normal except for papilledema. MRI: normal and shows no mass effect. Next test? (8x)	LUMBAR PUNCTURE TO MEASURE PRESSURE
Which of the following is characteristic of post lumbar puncture HA? (4x)	HA WORSE W/ SITTING UPRIGHT
35 yo reports episodes of flashing lights traveling slowly from L to R in the left visual field, symptoms persisting for about 30 minutes, followed by difficulty expressing self and concentrating. After about 30 minutes, these neurologic symptoms seem to subside, and pt develops a pounding headache associated with nausea. Both the physical exam and MRI are normal. (3x)	MIGRAINE WITH AURA
25 yo has HA and vomiting. Pain is dull and in the occipital region, worse when lying down. Severe papilledema b/l. LP shows opening pressure of 80 w/ normal CSF chemistry, and 120 RBCs in last tube. D-dimer, FDP in blood are elevated. CT normal. Dx? (3x)	SAGITTAL SINUS THROMBOSIS
25 yo w/ VH – similar to the wavy distortions produced by heat rising from asphalt – affecting the whole of both visual fields, + vertigo, dysarthria, tingling in both hands and feet and around both sides of mouth followed by occipital headache. Most likely dx: (2x)	BASILAR MIGRAINE
24 yo m with nocturnal HA resulting in early am waking. ROS + rhinorrhea, nostril blocking and ipsilateral eye tearing and facial swelling. HA persists 45-60 min. Likely dx: (2x)	CLUSTER HA
30 yo with intermittent HAs, each attack lasting approx 1 hour. Attacks w/ sharp, stabbing pain around eye, tearing, and nasal congestion. Most effective abortive treatment? (2x)	OXYGEN
The effective treatment for acute migraine: (2x)	SUMATRIPTAN
28 yo F reports episodes of severe HAs w nausea/vomiting. HAs can be incapacitating, often preceded by flashes of light in the right visual field. During headaches, pt sometimes has difficulty expressing herself. Which med would be appropriate to prevent these episodes? (2x)	TOPIRAMATE
26-year-old obese pt presents to ER with severe headache. Pt is otherwise healthy and does not take any meds. Head CT and brain MRI are unrevealing. The only finding on exam is shown in the fundoscopic images below (blurred optic disk). What is diagnosis? (2x)	IDIOPATHIC INTRACRANIAL HYPERTENSION
Monitoring of distal digit temperature along with instructions on how to raise digit temperature reduces frequency of what?	MIGRAINE

Cognitive deficits after head trauma correlate with:	DURATION OF POST-TRAUMATIC AMNESIA
Strongest risk factor for chronic daily headaches in adults:	MEDICATION OVERUSE
35 yo with hx of migraines has daily migraines for past 3 months, no longer responding to sumatriptan which she now takes daily. Hx of MDD but reports okay mood. Normal physical exam. Preferred initial approach?	DISCONTINUE SUMATRIPTAN
Triptan drugs should not be given in abortive treatment of migraine in pts with:	CAD
76 yo pt complains of bilateral, severe, persistent headache w/ loss of vision and scalp tenderness, and stiffness of proximal musculature. Sedimentation rate: 96mm/hr. Which diagnostic procedure?	BIOPSY
26 yo F w/ 3-day hx of severe continuous non-throbbing headache, has not improved on NSAID, has mild bilateral papilledema. A head CT w and w/o contrast is shown. Dx?	SAGITTAL SINUS THROMBOSIS
Pt c/o severe dull and constant headache not associated with N&V, vision loss in left eye, and pain + stiffness of limbs. MRI shows periventricular white matter hyperintensities on T2. Elevated sed rate. Next step?	HIGH DOSE PREDNISONE
35 yo pt is evaluated for headache syndrome characterized by paroxysms of sharp pain around the eyes and side of the head lasting 5 min and happening 10x/day. Headaches are accompanied by rhinorrhea and conjunctival erythema. Which med is most likely to give relief?	PROPRANOLOL
Pt recovering from surgery of an intracranial hemorrhage 2/2 arterial aneurysm, develops a sudden onset of headache, vomiting and progressive decline of consciousness. Pupils are miotic, and abducens muscles are weak bilaterally. Etiology?	ACUTE HYDROCEPHALUS
68 yo with dull R-sided non-throbbing HA's worse at night and with prolonged chewing. Best initial tx?	PREDNISONE
Young adult w/ headache behind left ear. 2 days later, face twitching. Impaired taste sensation. Paralysis of forehead, lower face on left, incomplete closure of left eye w/ blinking. No sensory deficit or other cranial nerve deficit. MRI shows:	GADOLINIUM ENHANCEMENT OF LEFT FACIAL NERVE
35 yo w daily headaches over the last several weeks lasting an hour. Sharp, severe, boring pain into right eye. Another element of this headache:	OCCURS DURING REM
25 yo pt with severe headache, visual loss, vomiting, bilateral babinski, and then becomes drowsy. Dx?	EPENDYMOMA OF THE FOURTH VENTRICLE
32 yo has a new onset headache with unilateral stabbing eye pain, also experiences runny nose and conjunctival injection on the same side as headache occurring every evening after falling asleep and lasts 2 hours. Diagnosis?	CLUSTER HA
71 yo patient with thunderclap headache, unilateral eye pain, blurred vision, dilated pupils, conjunctival injection. Which dx test is best to reveal cause of patient's headache?	INTRAOCULAR PRESSURE MEASUREMENT

Treatment for vertigo, headache, confusion, restricted eye movement on lateral gaze s/p bariatric surgery:	THIAMINE
What is typical of migraines in pregnancy?	IMPROVES DURING THE SECOND AND THIRD TRIMESTER

Memory/Amnesia

Role of the hippocampus and parahippocampal gyrus? (4x)	DECLARATIVE MEMORY (FACTS)
On the way to the airport for vacation, 58 yo F begins to behave in a very strange way. Husband notices when he talks to her she answers appropriately w fluent speech but seems to have no ability to retain any new information. She repeatedly asks where they are going, even after he has told her many times. The episode lasts for about 6 hours. The following day she is back to normal but has no recollection of the prior day events. This episode is most consistent with a diagnosis of: (3x)	TRANSIENT GLOBAL AMNESIA
Characteristic of alcohol-induced blackouts: (2x)	ANTEROGRADE AMNESIA FOR A TIME WHILE HEAVILY INTOXICATED BUT AWAKE
What characterizes the memory loss in patients with dissociative amnesia? (2x)	EPISODIC
Example of declarative memory: (2x)	RETENTION AND RECALL OF FACTS
Pt with hx of herpes simplex and seizure d/o undergoing EEG monitoring that recorded no epileptic activity during, after and before a confused state wherein pt suddenly awoke frightened. The next day pt with baseline demeanor has no memory about that episode. Dx? (2x)	AMNESTIC DISORDER
61 yo pt presents to ED with family who report that the pt is unable to remember recent events. Memory problems started 2 hours prior; cognitively intact before the episode. Pt is alert, anxious, frustrated: "Why am I in the hospital?" Dx? (2x)	TRANSIENT GLOBAL AMNESIA
55 yo brought to ED disheveled and behaving strange, stares blankly and is mute. Doesn't know who they are and all studies are negative. Has a vague memory of "walking away from something horrible." Dx? (2x)	DISSOCIATIVE AMNESIA
Presentation of transient global amnesia:	ACUTE MEMORY PROBLEMS
What is the brain structure associated with high global cognitive performance in aging?	HIPPOCAMPAL FORMATION
Region of the frontal lobe most closely associated with working memory?	DORSOLATERAL PREFRONTAL CORTEX
Patient in 30's develops cognitive difficulties and can only name 9 words starting with letter P but can name 12 animals in 1 minute. Findings suggest?	FRONTAL LOBE INJURY
How can you distinguish memory impairments in Alzheimer's vs. dementia?	CAN REMEMBER WITH CUES, IN DEPRESSION

What is a significant risk factor for developing Alzheimer's in a patient with mild cognitive impairment?	HYPERTENSION
A 72 year old develops sudden onset memory loss. She didn't know how she and her spouse arrived at the supermarket. The spouse noted that she could drive without issues but appeared anxious. The patient was able to appropriately answer questions but forgot the conversation and then returned to baseline. What is the most likely diagnosis?	TRANSIENT GLOBAL AMNESIA
A surgeon unable to describe anatomical parts involved in one of his common surgeries is experiencing what type of memory impairment?	SEMANTIC
Injury of bilateral parahippocampal cortex and hippocampal formation results in what?	AMNESIA
A 40-year-old pt is hospitalized for eval of fever, weight loss and ataxia. Psychiatric consultation is requested as the patient seems depressed, and a family member reports that the pt has been exhibiting progressive memory loss over the last several months. Which of the following lab tests may help explain the patient's presentation?	HIV
2 months after severe brain injury, pt opens the eyes for prolonged periods but remains inattentive, does not speak, and shows no signs of awareness of the environment or inner need. Pt is capable of some rudimentary behaviors such as following a simple command, gesturing, or producing single words or brief phrases, always in an inconsistent way from one exam to another. Which of the following is the most accurate description of the pt's condition?	MINIMALLY CONSCIOUS STATE
Memory loss pattern in dissociative amnesia:	OCCURS FOR A DISCRETE PERIOD OF TIME
Amnesia characterized by loss of memory of events, occurs after onset of etiologic condition or agent:	ANTEROGRADE
What psychoactive drug produces amnesia?	ALCOHOL
55 yo pt BIB family after episode of amnesia/bewilderment lasting several hrs. CVA ruled out. Pt keeps asking what is happening. What med to administer at this point?	OBSERVATION WITH NO PHARMACOLOGICAL INTERVENTION
Which of the following diagnoses involves a sense of loss of identity, often following a traumatic experience and associated with inability to recall one's past?	DISSOCIATIVE FUGUE
65 yo pt lives alone, increasingly forgetful over the past year, lifelong difficulty recalling names of acquaintances, now has difficulty with phone calls and remembering apps. lives independently, drives, prepares meals, MSE with delayed recall of 4 words, otherwise normal. Pt upset by difficulty and is not depressed. Symptoms most consistent with:	AMNESTIC MILD COGNITIVE IMPAIRMENT
45 yo with nystagmus and ataxia, short term memory loss and believes his wife is possessed by demons. Most appropriate treatment?	THIAMINE
A conscious memory that covers for another memory that is too painful to hold in the consciousness is:	SCREEN MEMORY

In pts with pronounced defects in recent memory, remote memory is:	OFTEN DEFICIENT ON CLOSE EXAMINATION EVEN WHEN IT SEEMS WELL PRESERVED
"My father was very involved in my life. I remember going to football games in the snow with him" is an example of memory associated with what part of the brain?	MEDIAL TEMPORAL LOBE
Working memory requires prefrontal cortex, dorsal thalamus and what other area of the brain to function?	HIPPOCAMPUS
Asking a pt what the pt ate for breakfast yesterday tests:	RECENT MEMORY
Question to evaluate immediate recall:	CAN YOU REPEAT THESE SIX NUMBERS?
Asking pt to remember 3 things and repeat them in a few minutes is testing:	SHORT-TERM MEMORY
34 yo pt w/ hx of memory impairment dies of unknown cause for autopsy. Pathological exam: diffuse and multifocal rarefaction of cerebral white matter accompanied by scanty perivascular infiltrates of lymphocytes and clusters of a few foamy macrophages, microglial nodules, and multinucleated giant cells. Most likely Dx:	HIV-ASSOCIATED DEMENTIA
Pt brought to ED by family because of concern for pts ability to recognize them since TBI one month ago. Pt had LOC after trauma. Tenderness and swelling over L temporal area. Neuro exam normal. Pt knows his own name, but is unable to identify family members or events related to family. What is diagnosis?	DISSOCIATIVE AMNESIA
Which test correlates most strongly with pre-morbid functioning in pt w/ early dementia?	WECHSLER ADULT INTELLIGENCE SCALE IV VOCABULARY TEST (WAIS-IV)
Neuropsychological test most useful in the early diagnosis of Alzheimer disease:	10-ITEM WORD LIST LEARNING TASK
Disorder with degeneration of mammillary bodies and dorsal nucleus of thalamus:	WERNICKE-KORSAKOFF SYNDROME

Miscellaneous Medicine

54 yo pt has several days of low grade fever, malaise and severe pain in the right side of the ribcage. Examination reveals an erythematous rash with clusters of tense vesicles, with clear content, on a belt distribution from the front of the chest to the back under the nipple, limited to the right side. Likely causal viral agent? (4x)	VARICELLA ZOSTER VIRUS
17 yo pt has an insidious onset of unusual behavior and argumentativeness. Exam, the mouth is held slightly open. Pt has mild dysarthria and hoarseness, generalized slowness, rigidity, and a mild resting tremor of the left arm and head. Ruled out drug and/or alcohol abuse. Liver function tests show elevated transaminases. An increase in which laboratory test is most likely to confirm Dx? (4x)	URINARY COPPER EXCRETION
45 yo M, with recurrent episodes of LOC while wearing a shirt with a tight collar, has a feeling of faintness accompanied by pallor, followed by collapse and LOC, and several seconds later by a few	CAROTID SINUS SYNCOPE

bilateral jerks of the arms and legs. Entire episode lasted less than one minute. Most likely explanation? (2x)	
Decreases in men during andropause:	PENILE RIGIDITY
Normal changes with motor fxn in aging:	STOOPED POSTURE AND SLOWED WALKING
55 yo diplopia when looking right, drooping of left eyelid, and drooping L eye, symptoms better in the morning. Dx?	MYASTHENIA GRAVIS
19 yo F has bouts of motor agitation, often followed by intense, seemingly meaningless writing; also mood lability, tactile & olfactory hallucinations. During the interview, the patient abruptly stops paying attention and begins rapidly pacing around the room. What should be the next step?	WAIT 15 MINS, THEN OBTAIN PROLACTIN LEVEL
Immunocompromised patient with confusion and mild headache, b/l papilledema and cerebellar ataxia. CSF stain shows pleocytosis, inc. protein, low glucose. India ink stain shown below. What is diagnosis?	CRYPTOCOCCUS
45 yo pt has recurrent episodes of LOC. A detailed description by family: pt reporting a feeling of faintness accompanied by pallor, followed by collapse and LOC, and several seconds later by a few bilateral jerks of the arms and legs. Prior to recovery, the pt's face and chest are flushed. No precipitating factors are identified. Which of the following is the most likely explanation:	CARDIAC SYNCOPE
Side effect of vagal nerve stimulation:	DYSPNEA
43 yo pt w/ memory loss x 8 months associated with abd pain, wt loss, joint distention/pain, fever, lymphadenopathy, hyperpigmentation of skin, decrease hemoglobin, and fat in stool. Which test result is likely to be found in this patient?	CEREBROSPINAL FLUID WITH PAS+ CELLS INFECTED WITH TROPHERYMA
2 yo child w/ hx of upper respiratory infections, most likely:	HAEMOPHILUS INFLUENZA
22 yo female is hospitalized with paranoia, hallucinations, abdominal pain worse with periods, physical exam shows reduced strength in upper and lower extremities and reduced tendon reflexes. Which of the following lab values is likely to be elevated and explain her symptoms?	PORPHOBILINOGEN
Component of type A behavior most reliable risk factor for CAD:	HOSTILITY
50 yo pt with myasthenia gravis and a 3-day hx of cough, low-grade fever and chills, presents with great difficulty breathing. The pt appears tired and anxious, and the pt's skin is clammy and sweaty. Initial management?	MECHANICAL VENTILATION
55 yo M with changes in his voice, orthostatic hypotension and one immobile vocal cord on inspection suffers from:	SHY-DRAGER SYNDROME
Neoplasms of the thymus are associated with:	MYASTHENIA GRAVIS
A 25 yr old pt develops progressive hearing loss, has acoustic neuromas and café au lait spots. Diagnosis?	NEUROFIBROMATOSIS TYPE 2

Pediatric Autoimmune Disorder Associated with Streptococcus (PANDAS) is associated with what disorder?	OCD
Children with pediatric autoimmune neuropsychiatric disorders associated with streptococcal infection (PANDAS) often manifest:	CHOREIFORM MOVEMENTS AND OCD SYMPTOMS
Age that corticospinal tract complete myelination:	3 YEARS
Alternative stimuli that can be used to overcome withdrawal response to Babinski reflex:	DOWNTWARD SCRAPING OF THE SHIN
This neuropsych symptoms is most commonly seen in mild neurocognitive disorder:	DEPRESSION
Sleep deprivation has what effect on glucose tolerance?	DECREASE
Initially bloody CSF with LP, with decreasing RBC in serial samples, which condition?	TRAUMATIC LUMBAR PUNCTURE
Hearing impairment can be seen in what chromosomal disorder?	NEUROFIBROMATOSIS 2
Patient w/ mania, personality changes, and spastic gait; MRI shows posterior white matter lesion. Brother died of adrenal insufficiency. Which serum test confirms dx?	INCREASED VERY LONG CHAIN FATTY ACIDS
How to confirm diagnosis for 60 yo with new onset resting tremor of R upper limb	L-DOPA CHALLENGE

Muscle/Nerve

Myasthenia gravis associated w/ which EMG finding: (10x)	DECREASED AMPLITUDE WITH REPETITIVE MOTOR NERVE STIMULATION
36 yo pt w pain behind L ear progressing to numbness of L side of face, tearing of L eye, discomfort w low frequency sounds, left facial weakness on exam. Dx? (9x)	IDIOPATHIC BELL'S PALSY
Treatment of Trigeminal Neuralgia: (7x)	GABAPENTIN (BUT MOST EFFECTIVE IS CARBAMAZEPINE)
37 yo truck driver w numbness of L hand, inc severity in past 2 yrs. Reduced pinprick sensation on L little/ring fingers, atrophy of hypothenar muscle. Dx? (6x)	ULNAR NERVE LESION
22 yo with pain in the right hand that radiates into the forearm and bicep muscle. Paresthesia in the palm of the hand, thumb, index, middle ring finger. Sensory systems in the ring finger split the ring finger longitudinally. Dx? (6x)	MEDIAN NERVE ENTRAPMENT AT THE WRIST
Atrophy of the intrinsic muscles of the right arm and forearm. Reflexes are generally brisk, plantar reflexes are extensor. Electrophysiology shows widespread fasciculations, fibrillation and sharp waves, normal sensation, muscle spasticity. Positive sharp waves on EMG. Dx? (5x)	AMYOTROPHIC LATERAL SCLEROSIS
Stiffness of legs while walking and spasms of LE while sleeping. Stiff-legged gait, adducts legs while walking. Increased LE tone/spastic	CERVICAL SPONDYLOYSIS

catch, hyperactive knee jerks, ankle jerk clonus. Increased Romberg sway. Dx? (5x)	
Persistent numbness in the L hand, decreased sensation in 4th/5th digits (palmar/dorsal), weak finger abduction/adduction especially 5th digit: (4x)	ULNAR NERVE ENTRAPMENT AT THE ELBOW
Right neck pain, tends to rotate neck to left – touching the chin prevents deviation – prominent right SCM spasm. Tx? (4x)	BOTULINUM TOXIN
Progressive weakness over several days – absent reflexes worse in lower extremities – slow conduction velocity, conduction block A 54-year-old patient had a viral upper respiratory infection 2 weeks ago and now presents with a 3-day episode of progressive, symmetric weakness in the legs, and tingling in the toes and fingers. On exam, achilles and patellar deep tendon reflexes are diminished. Nerve conduction studies demonstrate decreased conduction velocity and decreased amplitude of action potentials. The most likely Dx: (4x)	ACUTE INFLAMMATORY DEMYELINATING POLYNEUROPATHY
14 yo pt after a demanding physical test becomes extremely weak and unable to stand. PE is positive for depressed DTR's. Labs: K=2.8. Hx of similar episodes after strenuous exercises. EKG: minimally prolonged PR, QRS, QT interval. Father and grandfather had similar episodes. Dx? (3x)	PERIODIC PARALYSIS
26 yo pt w/ sudden onset back pain. Spasms in R paraspinal muscles in the lumbar region. Straight leg raising on the R is limited by sharp pain at 45 degrees. Ankle jerk on L is diminished. No muscle weakness, no sensory deficit. Next step: (3x)	ORDER MRI SCAN OF THE LUMBAR SPINE
Myasthenia gravis can be diagnosed in 80-90% of cases by identification of serum antibodies against what? (3x)	ACETYLCHOLINE RECEPTORS
Mechanism of action of botulinum toxin at neuromuscular junction: (3x)	INHIBITION OF ACETYLCHOLINE FROM PRESYNAPTIC TERMINALS
During 2nd trimester, a pregnant 38 yo F has numbness in both hands, particularly the thumb, forefinger, middle finger bilaterally. Dorsal part of hand unaffected. Arms ache in the morning from shoulders to hands. Diagnosis? (3x)	MEDIAN NEUROPATHY AT THE WRIST
An IV meth user develops severe back pain, followed after several days by bilateral lower extremity weakness/sensory loss, bladder incontinence, low grade fever, tenderness to percussion over the 2nd and 3rd lumbar vertebrae, paraparesis and loss of sensation to light touch and pinprick in both legs, buttocks & sacral region. Dx? (3x)	SPINAL EPIDURAL ABSCESS
What chemo agent is most commonly assoc with distal sensory polyneuropathy? (3x)	CISPLATIN
Pt w/ episodes of severe, intermittent, lancinating pain involving the posterior tongue and pharynx, w/ radiation to deep ear structures. Triggered by swallowing cold liquids and talking. Workup: normal. Dx? (2x)	GLOSSOPHARYNGEAL NEURALGIA
Contralateral loss of pain and temp sensation with motor paralysis and proprioception loss on the other. Dx? (2x)	BROWN-SEQUARD SYNDROME (HEMISECTION)

Subacute combined degeneration of the posterior column of the spinal cord is associated with a deficiency of: (2x)	VITAMIN B12 DEFICIENCY
Which of the following is the most effective treatment of blepharospasm? (2x)	BOTULINUM TOXIN
Pt c/o progressive weakness of several days. Exam shows generalized weakness and absent reflexes. Nerve conduction studies show slowing of velocities. Dx? (2x)	ACUTE POLYNEUROPATHY
65 yo pt with progressive weakness, worse when squatting and standing from a chair. C/o decreased strength in the right hand. On exam, prominent weakness of the quadriceps bilaterally and on opposition of the thumb in the right hand. Atrophy of forearm muscles with normal DTRs. No other weakness noted on the exam. Sensory exam normal. ROS negative. Labs show normal CK and neg for anti-transfer RNA synthase antibodies (Jo1). What is the most likely dx? (2x)	MYOTONIC DYSTROPHY
30 yo develops pain behind the left ear. The following day pt complains of numbness on the L side of the face, tearing from L eye, and discomfort with low frequency sounds. Exam shows L facial weakness, but no sensory deficit. Likely diagnosis: (2x)	IDIOPATHIC BELL'S PALSY
One month after a MVA, a 21 yo pt c/o persistent pain in the left shoulder and arm, with sharp pain radiating into the left thumb. Exam shows weakness of the biceps. The biceps reflex on the left is absent. The most likely diagnosis is? (2x)	C-6 RADICULOPATHY
Pt c/o unpleasant aching and drawing sensations in calves and thighs associated with a crawling feeling, forcing him to move legs, bringing transient relief. Sxs worsened by fatigue. Exam nl. Best med tx? (2x)	PERGOLIDE (FOR RESTLESS LEG SYNDROME)
Severe spasms and rigidity of limbs intermittently and later more persistent/continuous: (2x)	ANTIGLUTAMIC AND ANTI DECARBOXYLASE ANTIBODIES (ANTI-GAD) ANTIBODIES
Weakness in limbs 2 weeks after a viral gastroenteritis. Weakness in UE/LE, absent DTRs. Spinal fluid shows no cells and elevated protein. EMG shows slow conduction velocity, prolonged distal motor latency, and conduction block. Dx? (2x)	ACUTE INFLAMMATORY POLYNEUROPATHY
2 years after MVA with rear-end collision, pt develops BUE weakness with some muscle wasting, loss of DTRs in arms, loss of sensation to pain and temp in neck/arms/shoulders, intact sensation to touch. Most likely cause? (2x)	SYRINGOMYELIA
Which of the following is the most effective treatment of spastic torticollis? (2x)	BOTULINUM TOXIN
50 yo M w/ acute neck pain radiating down L arm, gait problems, urinary incontinence. What test should be ordered? (2x)	MRI OF C SPINE TO R/O CORD COMPRESSION
Polyneuropathy can be caused by either deficiency or extreme excess of which of the following B vitamins? (2x)	VITAMIN B6
65M w/ bilateral shaking hands, increased when using hands/writing/volitional activities. Stress worsens, wine improves. Is familial. Dx? (2x)	ESSENTIAL TREMOR

Disequilibrium with feet together and eyes closed is a disorder of what?	POSTERIOR SPINAL COLUMNS
What diagnostic test would best detect the most common cardiac complication associated with myotonic dystrophy?	ELECTROCARDIOGRAM
24 yo presents with delirium; severe headaches after starting high-protein/low-carb diet history or slow growth as child; method to establish diagnosis?	ORNITHINE TRANSCARBAMYLASE SEQUENCING
_____ is the most sensitive, non-invasive clinical tool for monitoring inflammation in M.S.	MRI
_____ is characterized by eyelid ptosis worsening throughout the day, double vision, no pain, and otherwise unremarkable eye exam.	MYASTHENIA GRAVIS
Which sensory domain is most significantly affected in early syringomyelia?	PAIN PERCEPTION
What activity enhances hypoactive deep tendon reflexes in the leg?	CLENCH A FIST
72 yo with profound sensory ataxia with loss of vibratory sensation and cognitive issues with irritability and somnolence. Nutritional deficiency?	COBALAMIN
Source of pain that is primarily central (non-nociceptive):	FIBROMYALGIA
Exam findings suggest L5 radiculopathy in pt with back pain and foot drop:	WEAKNESS OF ANKLE INVERSION
35 yo gets blurry vision, drooping eyelids, and difficulty swallowing. Weakness of bulbar muscles. What caused this?	BOTULINUM
Which of the following is most likely to reduce pain in postherpetic neuralgia?	CAPSAICIN
53 yo w/ insidious onset of blurred vision, diplopia x1 day, ptosis, CN6 palsy, unreactive pupils, hoarse voice, dysarthria, weak neck muscles. EMG - inc amp with repetitive nerve stimulation. Dx?	BOTULISM
Dx for 45 yo woman w/ pins & needles feeling in hand at night and upon awakening?	CARPAL TUNNEL SYNDROME
Pt with chronic muscle wasting in both UE, loss of light touch, pain, and temperature sensation in shoulders, upper arms, and back, and painful paresthesias over the same distribution. Diagnosis?	SYRINGOMYELIA
23 yo Caucasian F in office for f/u after an ER visit 2 days earlier for sudden diplopia, R leg weakness and shaking, difficulty w/ speech which resolved after a few hours. Pt had fever 103.1 F and was tx for UTI. Current exam: normal CN & sensory, minimal R leg weakness, brisk DTR and musculocutaneous reflexes throughout, and equivocal plantar reflex on L. R toe is downgoing. Hx of several episodes of transient neurological deficits that resolved spontaneously after a few days. Her spinal fluid is most likely to show what?	PROTEIN: 50MG, + OLIGOCLONAL BANDS, NUCLEATED CELLS: 10

68 yo w/ pain in buttocks while walking, shooting down legs, w/ weakness and numbness. Relieved by sitting, pain persists with standing. Dx?	LUMBAR SPINAL STENOSIS
Where is the lesion when a picture of a female patient with ptosis is shown?	SUPERIOR CERVICAL GANGLION
T2 MRI figure in pt with cervical myelopathy. Most consistent with what dx?	DEGENERATIVE CERVICAL Spondylosis
New-onset back pain after shoveling – left paraspinal muscle spasm, negative straight leg raise, reflexes symmetric, no weakness, no sensory deficit. Management?	CONSERVATIVE (BED REST) WITH NSAIDS
Horner's syndrome is characterized by:	MIOSIS, PTOSIS, AND ANHIDROSIS OF FOREHEAD
First step in the management of acute myasthenic crisis:	MECHANICAL VENTILATION
Pt c/o pain when walking that radiates from lower back and is severe in the calves. Pain relieved by stopping for a couple of minutes, then resuming. No sensory or motor deficits. Test most likely to yield dx?	VASCULAR EVALUATION OF LOWER EXTREMITIES
Pt fell from a ladder with persistent back pain and inability to void urine. B/l leg weakness, decreased pinprick in sacral and perianal area. Dx?	CAUDA EQUINA COMPRESSION
35-year old pt with new onset of numbness and tingling in the legs. The pt complains of a band-like sensation around the mid chest and reports episodes of urinary incontinence. Which of the following tests should be ordered next?	MRI OF THE SPINE
Fluctuating aching pain in lower back, buttocks, and sciatic distribution elicited by standing or walking, and relieved by sitting with numbness in a similar distribution, loss of ankle reflexes. What dx?	SPINAL STENOSIS
A young pt w/ a few days of progressive weakness and numbness of both legs and feet after recovering from a flu-like illness. Exam: weakness and loss of sensation to all sensory modalities below the middle of the thorax. DTR: brisker on the lower extremities, plantar reflexes are extensor. Pt has had several episodes of urinary incontinence. Other neuro exam and vital: normal. LP: 23 mononuclear cells, protein level: 37 mg/dl, and normal glucose. Dx:	ACUTE TRANSVERSE MYELITIS
55 yo M presents w/ hx of weakness and clumsiness. Symptoms began several months earlier with difficulty buttoning his clothes, getting the car keys in the ignition, and performing other fine motor tasks. He noticed that the muscles in his arm and forearm twitched under the surface, and cramped easily. Over the past few months his arms have continued to weaken and lose muscle mass. On exam, he has diffuse wasting and weakness of BUE, fasciculations, slight spasticity on arms and legs, and hyperreflexia with extensor plantar responses. Sensory, coordination, and CN exams are normal. The underlying pathological process affects neuronal bodies in which of the following structures?	ANTERIOR HORN OF THE SPINAL CORD, MEDIAL BRAINSTEM, AND PERIROLANDIC CORTEX
13 yo M w trouble keeping up w P.E. class. On exam: symmetric weakness in legs/arms, worse in proximal muscles, most prominent in quadriceps/hamstrings. Both calves enlarged, painful w exercise.	X-LINKED

Serum creatine kinase level is 13,000. Muscle bx reveals abnormalities in dystrophin protein staining. Pattern of inheritance is?	
A hyperextension lesion of the shoulder resulting in weakness of abduction, internal rotation, flexion, and adduction of the extended arm most likely includes which nerve roots?	C5, C6
5 yo cannot maintain eyes open, attempts to look at a person/object results in tonic eyelid closure. Can watch television w/o difficulty. Extraocular movements NML. Dx?	BLEPHAROSPASM
Electrophysiologic signs of denervation:	FIBRILLATION AND POSITIVE SHARP WAVES
Pt s/p surgery develops weakness and wasting of small muscles of the hand and sensory loss of the ulnar border of the hand and inner forearm. Dx?	LOWER BRACHIAL PLEXUS PARALYSIS
3 month progressive limb weakness L>R, problems swallowing. Normal CN, weakness in neck extensor muscles, in distal and proximal muscles (quadriceps, feet dorsal flexors, extensor pollicis longus) and in wrist/finger flexors. DTRs normal. Motor tone/coordination/gait normal. Elevated CK. Dx?	INCLUSION BODY MYOSITIS
Spinal fluid of patient w/ acute inflammatory polyneuropathy shows:	HIGH PROTEIN, NORMAL CELL COUNT
Pt with double vision when looking to the left shows her eyes on primary gaze. On the left gaze the right eye fails to adduct and there is nystagmus in the left eye. On the right gaze and vertical gaze the eyes move normally. Dx?	INTERNUCLEAR OPHTHALMOPLEGIA
Right shoulder weakness on initial abduction and external rotation of the arm at the shoulder joint, after carrying sandbags. Affected nerve:	SUPRASCAPULAR
Acute onset of left facial weakness involving the forehead & perioral musculature. Onset of facial weakness was preceded by pain in the left ear and mastoid, and by sensation of discomfort in the left ear w/ loud noises or low pitch sounds. Dx?	BELL'S PALSY
Orbital pain with L eye paralysis of adduction and elevation of the eye but normal pupil function. Dx?	DIABETIC 3RD NERVE PALSY
25 yo pt with pain in L periorbital region, followed by blurring then loss of vision in left eye. Exam normal but no reaction when light shone on L eye. This is consistent with:	DEMYELINATING LESION OF LEFT OPTIC NERVE
Involuntary set of flowing jerky movements in multiple joints describe:	CHOREA
49 yo w/ DM2 presents with severe burning of soles of feet and insomnia b/c the touch of the sheet against the feet is painful. Exam shows decreased sensation to pin and touch up to ankle, 50% reduction in vibratory sense at ankle and impaired proprioception at toes. Ankle jerks are absent, but knee jerks are present. Dx?	PERIPHERAL NEUROPATHY
Resting, non-intentional tremor:	PARKINSON'S DISEASE

25 yo F with L eye pain which increases with moving the eye. Diminished acuity in L eye, pupils constrict well with light on R eye, but only constrict weakly with light on L eye. Dx?	OPTIC NEURITIS
Recurrent deafness, tinnitus then vertigo:	MENIERE'S DISEASE
49 yo with gradual hearing loss. A tuning fork used during the Weber test reveals a failure to lateralize, and the woman's perception of air conduction is better than that of bone conduction. She has trouble discriminating words "fat" "cat" "mat". Dx?	SENSORINEURAL HEARING LOSS (b/l)
Viral agents frequently associated with idiopathic unilateral facial nerve palsy:	HERPES SIMPLEX
Tremor decreasing with volitional movements and appears primarily in an attitude of repose:	RESTING TREMOR
Mucosal lesion that heals and then pt has pain in trigeminal nerve area:	POST-HERPETIC NEURALGIA
Unilateral foot drop with steppage gait indicates:	PERONEAL NERVE COMPRESSION
Severe jabbing pain, lasts few seconds, triggered by light touch on face:	TIC DOULOUREUX
Irregular, unequal, small pupils nonreactive, do not dilate, but do constrict to accommodation:	SYPHILIS
Pt was hit from behind while driving & awoke w/ pain radiating into his left ankle. Weakness of plantar flexion and decreased ankle jerk. Straight leg raising reveals pain beyond 45 degrees on the left. Dx?	S-1 RADICULOPATHY
Myasthenia gravis pt with mild respiratory infection develops severe respiratory fatigue, restlessness, and diaphoresis. Pt appears anxious and tremulous. Tx?	MECHANICAL VENTILATION
Pt c/o left foot slapping floor when he walks. He has to step high to avoid tripping. Weakness of dorsiflexion of left foot, w/ small area of numbness in the dorsum of the left foot. Normal ankle and knee jerks, and hamstring reflexes. Dx?	PERONEAL NERVE PALSY
Hyperkalemic periodic paralysis is characterized by episodes of generalized weakness of fairly rapid onset. It is also associated with a rise in serum K, with weakness typically appearing after a period of rest following exercise. Which of the following molecular deficits underlies this disease?	SODIUM CHANNEL INACTIVATION
Weakness of opponens of thumb and adduction of 4th, 5th digit, decreased sensation in 4th, 5th digits extending into palm and ending at crease of wrist, caused by:	ULNAR NERVE LESION
Severely sensitive, lancinating pain on the cheek:	TRIGEMINAL NEURALGIA
52 yo w recurrent stabbing pain over right cheek and jaw forcing him to frown. Stopped shaving or brushing teeth d/t fear of pain. Episodes last less than 1 minute. Only exam abnormality is pain upon repeated touching of pt's face. Most likely explanation of symptoms:	TRIGEMINAL NEURALGIA

23 yo develops tingling paresthesias in the lower extremities, followed several days later by progressive weakness, R>L. PE shows sensory level at T10 to pinprick, + 3/5 weakness of LE, slightly weaker on R. Knee and ankle jerks are hyperactive, b/l congenit. Pt has difficulty walking with broad-based, stiff-legged gait. Dx?	TRANSVERSE MYELITIS
Unilateral distal weakness in one limb, often associated w/ muscle wasting in the same distribution, the most common dx:	AMYOTROPHIC LATERAL SCLEROSIS (ALS)
Which neurological disorder has the highest prevalence of pathological laughing and crying?	AMYOTROPHIC LATERAL SCLEROSIS
A dislocation of shoulder joint resulting in weakness of abduction of arm, wasting of deltoid muscle and slight impairment of sensation on the lateral aspect of shoulder, involves which nerves?	AXILLARY
A 57 yo pt develops drooping of the R eyelid following mild neck trauma. The patient's neurological exam is remarkable for asymmetric pupils, smaller on the R, mild eyelid ptosis and decreased sweating over the R face. These findings are consistent with which of the following?	HORNER'S SYNDROME
38 yo F with muscle spasm of the proximal limbs and trunk, lumbar lordosis while walking, w/o EMG abnormality and with serum anti glutamic acid antibodies is suffering from:	STIFF-PERSON SYNDROME
DM pt with creeping paresthesias and burning pain in L anterolateral thigh. DTRs normal, no weakness. Dx?	MERALGIA PARESTHETICA
45 yo reports lower back pain along w/ pain and numbness in R leg and foot w/ difficulty walking x 4 wks. Exam: limited due to back pain, foot drop on right side. Nerve conduction studies: normal motor and sensory in leg. EMG: decreased recruitment and spontaneous activity in right tibialis anterior and tibialis posterior muscles. Otherwise normal. Dx?	L-5 RADICULOPATHY
A 54 yo pt complains of intermittent double vision that has worsened over the last 3 wks. The pt's coworker also noted that at times the patient had a "droopiness" of the eyelids as if sleepy. Examination reveals bilateral ptosis, mild esotropia, and double vision only after the pt is asked to maintain an upward gaze for 2 minutes. There is no dysarthria, but a mild 4/5 weakness is found in the proximal arm muscles bilaterally. What is most appropriate test to perform next to establish the diagnosis?	EDROPHONIUM TEST
Which of the following antibiotics is most likely to cause or precipitate acute myasthenia?	CIPROFLOXACIN
45 yo pt w/ gradual progressive weakness for 3-4mo in LUE, atrophy in RUE intrinsic mm, and brisk reflexes and extensor plantar responses. EMG with widespread fasciculations, fibrillations, and + sharp waves. Dx?	ALS
57 yo office worker w/ numbness in 4th/5th digit of right hand, which wakes patient in the middle of night. Nerve conduction study finding most likely to explain syndrome?	SLOWED CONDUCTION VELOCITY ACROSS THE ELBOW IN THE ULNAR NERVE
Conduction block in NCS indicates what?	FOCAL DEMYELINATION

Helpful treatment for pt with MS and frequent episodes of inappropriate and uncontrollable laughter:	AMITRIPTYLINE
Female with vertigo and diplopia, when looks left, has isolated L eye nystagmus, and cannot adduct R eye. Dx?	MULTIPLE SCLEROSIS
20 yo occasional double vision when looking to R and normal acuity in each eye alone. L ptosis and difficulty keeping L eye adducted. Pupils round and reactive. Speech nasal and neck flexors weak. No paresis or reflex abnormalities in extremities. Dx?	MYASTHENIA GRAVIS
55 yo w/ DM and HTN develops R periorbital pain and diplopia. Exam: paralysis of abduction of R eye. Dx?	DIABETIC 6TH NERVE PALSY
55 yo pt complains of numbness in 4th/5th digit R hand. Sxs worse when pt speaks on the phone, awakens w/ paresthesias in same fingers. Test to confirm the dx?	NERVE CONDUCTION STUDIES
55 yo pt w/ hx of weakness and clumsiness x several months. Difficulty w/ fine motor tasks. Arm muscles twitch and cramp easily, weakening, atrophy. Sensory, coordination, cranial nerve exams wnl. Underlying illness affects neuronal bodies where?	ANTERIOR HORN OF SPINAL CORD, MEDIAL BRAINSTEM AND CORTEX
Prognosis of acute inflammatory demyelinating polyneuropathy is poorest if the disease process involves which of the following?	PROXIMAL AXON
Pt with HTN develops painless vision loss in the left eye. Exam: blindness in L eye and afferent pupillary defect on the left. MRI: several T2 hyperintensities in the white matter periventricularly. No corpus callosum lesions. No enhancement with gadolinium. Dx?	ISCHEMIC OPTIC NEUROPATHY
Chronic peripheral neuropathy of insidious onset, symmetric, more prominent distally in limbs, legs more than arms affected, slowly progressive, with greater sensory than motor involvement, with involvement of peripheral sympathetic nerves, and variable loss of DTR, is most likely caused by agent:	ALCOHOL
The usual target for deep brain stimulation in essential tremor:	VENTRAL INTERMEDIATE THALAMUS
72-year-old pt presents with subacute onset of progressive ataxia of gait and limbs. Lab testing reveals the presence of an anti-Yo antibody in serum. Which of the following tests should be ordered next?	CT SCAN OF THE CHEST, ABDOMEN, AND PELVIS
Young pt recovering from flu-like illness w/ progressive weakness and numbness of legs and feet. Weakness and numbness below the middle of thorax. Increased LE DTR's, extensor plantar reflexes. Urinary incontinence. LP 23 mononuclear cells, protein level 37, nml glucose. Dx?	ACUTE TRANSVERSE MYELITIS
25 yo pt reports double vision and some difficulty with balance. On right lateral gaze, there is weakness of the left medial rectus, with nystagmus of the right eye. On left lateral gaze, there is weakness of the right medial rectus, with nystagmus of the left eye. There is also mild finger to nose ataxia on the right. Dx?	MULTIPLE SCLEROSIS
50 yo man w/ a cut onset of neck pain radiating down left arm, progressing gait difficulty, urinary incontinence. Which test should be administered immediately?	MRI OF HEAD TO EXCLUDE DX OF ACUTE HYDROCEPHALUS

Transcutaneous electrical nerve stimulation (TENS):	FOR PERIPHERAL NEURALGIA
Electrodiagnostic test finding most indicative of a demyelinating neuropathic process?	CONDUCTION BLOCK
Term for burning dysesthesia with shock-like paroxysms:	NEUROPATHIC
Pt displays spastic gait in which legs are stiff, feet scrape against floor, and legs circumduct with each step. Reflexes are increased and plantar responses are extensor bilaterally. Dx?	CERVICAL Spondylosis
Term for sudden, irrepressible shock-like contraction of a muscle triggered by an event in CNS:	MYOCLONUS
28 yo with acute urinary incontinence and unsteady gait. Also reports 1 week h/o numbness progressing from both feet up to abdomen. Light touch, temperature, and pinprick are reduced below the mid-thoracic region. Vibration and position sensation in both feet are absent. Muscle bulk and tone are normal. Strength in BLE are reduced, R>L. Brisk DTRs in BLE with + Babinski's. What's the Dx?	ACUTE TRANSVERSE MYELITIS
Pt present with progressive weakness of the left upper extremity, followed by the right upper extremity. Muscle wasting of bilateral arms. Upper and lower ext reflexes increased, and plantar response are extensor. Normal nerve conduction studies. EMG: fibrillations in arm and leg muscles. Dx?	AMYOTROPHIC LATERAL SCLEROSIS
The most frequent cause of simultaneous, bilateral facial nerve palsies:	BORRELIA BURGDORFERI
Gait pattern in which one side of the pelvis is dropped is associated with which neurological condition:	MUSCULAR DYSTROPHY
2 yo boy not talking, hears normally, follows simple commands, not social, avoids eye contact, irritable, hyperactive, hand flap, biting, 20th percentile weight, 30th percentile height, 90th percentile head size, family hx of intellectual disability + learning problems. What diagnosis?	FRAGILE X SYNDROME
Developmental disability associated with triple-repeat:	FRAGILE X
A 63 yo pt with insidious onset of neck pain, progressive limb weakness, falls, and urinary incontinence. On exam, pt has decreased neck ROM, mild distal and proximal limb weakness, brisk DTRs with ankle clonus, and upgoing plantar reflexes. Increase muscle tone in legs. Rest of the exam is normal. What is most likely dx?	CERVICAL MYELOPATHY
55 yo pt c/o of mild muscular aches and stiffness for which steroid treatment was previously given. Hx of hypercholesterolemia and hypertriglyceridemia and was treated with atorvastatin and gemfibrozil with a positive response. Serum creatine kinase level is slightly elevated. Which of the following is the most likely diagnosis?	STATIN-INDUCED MYELOPATHY
45 yo pt w/ weakness of hips and thighs, and lesser extent the shoulder and neck. Also extremely difficult to rise from a squatting or kneeling position. No muscle pain. No tender. DTR: normal. Dx?	POLYMYOSITIS
A lesion in what structure is associated with ptosis, lack of sweating on same side of the face, and conjunctival injection?	SUPERIOR CERVICAL GANGLION

50 yo otherwise healthy pt who is a secretary notices cramping and stiffening of hands only while writing, stiffness ceases when pt stops writing. Occasionally hands will tremor. Which of the following is the most effective therapy?	BOTULINUM TOXIN
R neck pain, usually rotating neck to left. Corrected by touching chin. Spasm of R SCM on PE. Treatment?	BOTOX
70 yo pt with confusion, lethargy, fever. Dx of encephalitis is made after CSF analysis. What clinical feature suggests West Nile Virus?	MONOPARESIS
60 yo pt w/ progressive proximal arm and leg weakness, elevated creatine kinase level. MD suspects a myopathy and orders EMG. Which findings on EMG:	SMALL, SHORT DURING MOTOR UNIT ON NEEDLE EXAM
Which finding would you expect if someone is diagnosed with ulnar neuropathy at the elbow?	LOSS OF SENSATION IN THE FOURTH AND FIFTH DIGIT AND WEAKNESS OF INTRINSIC HAND MUSCLES
Pt c/o hearing loss on the right side. When tuning fork held at vertex of skull, pt hears sound better on the right. When fork is held in front of the pt's ears, pt reports hearing it better on the left. Dx?	CONDUCTIVE HEARING LOSS ON THE RIGHT
Progressive LE stiffness & hyperreflexia (ankle clonus) with extensor plantar responses and decreased light-touch & vibration/proprioception in b/l stocking pattern:	COBALAMIN DEFICIENCY
Pt is evaluated for unilateral lower extremity weakness with no apparent physiologic explanation.	THERE IS A RISK THAT RELEVANT NEUROLOGIC ILLNESS WILL BE IDENTIFIED IN THE FUTURE.
24 yo pt w/ sudden onset stumbling and pain in legs, negative neuro workup – saw a counselor previously for protracted grief after father's death – increased conflict with husband. Dx?	CONVERSION D/O
27 yo normal patient with intermittent muscle twitching. EMG findings showing spontaneous discharges, fairly constant, representing motor unit firing are typical of:	FASCICULATIONS
54 yo wakes up with weakness or R hand. He has been drinking at a bar and fell asleep on right arm over the armrest of chair. Exam shows weakness of wrist and finger extension with normal grip strength. Which nerve is affected?	RADIAL NERVE
20 yo F w/ acute arm and leg weakness after pie eating contest. Awake, alert, normal speech and facial strength. Father with similar episodes of weakness. Potassium is decreased. What reduces future episodes?	ACETAZOLAMIDE
What does EMG measure in a biofeedback assessment?	ELECTRICAL POTENTIALS
Genetic cause of moderate intellectual disability, mildly delayed language skills, dysmorphic facial features, hand wringing, biting self, and head banging:	FRAGILE X SYNDROME
Lab test to diagnose myasthenia gravis and rule out functional symptoms in patient with weakness:	EMG

Infectious neuropsychiatric disorder with psychosis and abnormal gait, was once treated with malaria-induced fever and was 20% of patients in mental asylums until the 1940s:	SYPHILIS
Acupuncture has evidence for treatment of what?	PAIN MANAGEMENT

Neuropharmacology

The new onset of pathological gambling, increased libido, and hypersexuality in a patient with Parkinson disease is likely to be secondary to: (3x)	PRAMIPEXOLE
First line treatment of vocal tics in Tourette syndrome: (2x)	ALPHA 2 ADRENERGIC AGONIST
Which drug for the tx of parkinsonism has been associated with sudden sleep attacks? (2x)	ROPINIROLE
Most effective treatment for 25 yo with daytime sleepiness, needs several short naps, fell asleep while driving once, decreased REM latency: (2x)	MODAFINIL
An elderly patient with confusion, fever, temporal lobe hemorrhage. CSF shows increased lymphocyte and protein. What medication is most appropriate at this time?	ACYCLOVIR
_____ is an immunomodulator that is associated with increased risk of significant depression.	INTERFERON
Gait imbalance, numbness in feet, spasticity of legs, absent vibration sensation in toes several weeks after gastric bypass, normal B12; what deficiency?	COPPER DEFICIENCY
Which antiepileptic decreases the efficacy of oral contraceptives?	CARBAMAZEPINE
Why is asking about contraception important before starting lamotrigine?	ORAL CONTRACEPTIVES CONTAINING ESTROGEN DECREASE SERUM LEVELS OF LAMOTRIGINE
Effects of benzodiazepines on sleep:	DECREASED REM SLEEP
Common side effect of rivastigmine:	BRADYCARDIA
Medication for migraine prophylaxis:	TOPIRAMATE
2nd generation with the lowest D2 affinity:	QUETIAPINE
What medicine interferes with the efficacy of Donepezil?	OXYBUTYNIN
A condition with increased frequency in pts with HIV on long term HAART:	HEPATOTOXICITY
Inhibitors of enzyme catechol-O-methyltransferase are used in Parkinson disease to address which disease-associate problem?	WEARING OFF OF LEVODOPA EFFECT

33 yo with insomnia, fatigue, nervousness, irritability, and depressed mood. Has scaly dermatitis in sun-exposed areas, apathy, and mild memory impairment. Which vitamin is pt deficient in?	NIACIN
Which medication reduces accumulation of plaques and disability in pt's with relapsing remitting MS?	INTERFERON BETA-1 A
What cognitive enhancer is an NMDA receptor antagonist?	MEMANTINE
Medication helpful in early HIV dementia but is potentially toxic later in the disease?	METHYLPHENIDATE
Acamprosate works through which neurotransmitter system?	GLUTAMATE
Neuronal enzyme that is the target of drugs to treat Alzheimer's i.e. galantamine and rivastigmine:	ACETYLCHOLINESTERASE
Pharmacologic mechanisms of topiramate include: inhibition of firing of voltage- dependent sodium channels, antagonism of kainite binding to the alpha-amino-3- hydroxy-5-methyl-4-isoxazole propionic acid (AMPA) receptor & potentiation at which receptor?	GABA-A
A medication to treat MS is an integrin antagonist that primarily acts by blocking lymphocytes and monocytes adhesion to the endothelial cells:	NATALIZUMAB
Medication for restless leg syndrome:	BROMOCRIPTINE
A 73 yo M pt is seen for follow up treatment for a seizure disorder. On examination the pt is found to have gum hypertrophy, cerebellar ataxia and hirsutism. Which of the following medications is the pt taking (most likely)?	PHENYTOIN/DILANTIN
Restless Legs syndrome 2/2 medication:	ANTIDEPRESSANTS
62 yo pt evaluated for frequent falls w/o loss of consciousness. Pt w/ rigidity, hallucinations. Three episodes of hallucinations resolved w/o sequelae. Cause?	RISPERIDONE
Safest heterocyclic antidepressant for 78 yo w/ depression, agitation & dementia is:	NORTRIPTYLINE
Neuronal damage from excitotoxicity secondary to glutamate sensitivity. Treat with:	MEMANTINE
Which medication for insomnia is most likely to cause amnestic cognitive impairment?	TEMAZEPAM
Sx most likely related to excessive use of vitamin B12:	BURNING SENSATIONS
60 yo F with 10 month hx of apathy and depression has hyperchromic macrocytic anemia. Best test to order next:	VITAMIN B12 LEVEL
A pt with EtOH-dependence present to ED with confusion, ataxia, nystagmus and ophthalmologist. High doses of which of the following vitamins could have prevented this syndrome?	VITAMIN B1

A derivative of which of the following vitamins is a necessary cofactor for the function of the enzyme glutamic acid decarboxylase?	PYRIDOXINE
Which of the following neurohormones is known to modulate immune function, has analgesic properties, is derived from the serotonin molecule, and is a potent antioxidant and free-radical scavenger?	MELATONIN
Mirtazapine mediates increased release of NE and serotonin through what mechanism?	ALPHA-2 ADRENERGIC BLOCKADE
Mirtazapine has less nausea due to blockade of what receptor?	5HT-3
Reduces Sxs during acute exacerbation of MS:	METHYLSPREDNISONE
What occurs when the central nervous system responds to an acute cortical insult?	MICROGLIA PROCESSSES RETRACT AND THE CELL BODY ENLARGES
What drug can reduce psychotic symptoms in Parkinson's disease w/out worsening motor symptoms	PIMAVANSERIN
Medication class that can exacerbate physiologic tremors	CORTICOSTEROIDS
Treatment of ADHD in the context of epileptic disorder that is stable on anticonvulsants:	METHYLPHENIDATE

Radiology

Neuroimaging modality that relies on concentration of deoxyhemoglobin in blood flow as its most common technique and can measure change in cerebral blood flow: (3x)	fMRI
Neuroimaging that measures neuronal glucose metabolism (2x)	PET SCAN
MRI imaging showing TBI:	DIFFUSION TENSOR IMAGING
Pt in ED with sudden HA and collapsing, some lethargy. Exam shows rigid neck, no papilledema, no focal CN or motor signs. The initial test should be:	CT HEAD
Which is an advantage for CT head vs MRI?	DIAGNOSING ACUTE EPIDURAL HEMORRHAGE
Gadolinium contrast in MRI scans is most specifically useful for diagnosing patients with diseases affecting which of the following structures?	BLOOD BRAIN BARRIER
CT is preferable over MRI in which situation?	70 YO FEMALE WHO FELL AT HOME AND NOW HAS DEPRESSED LEVEL OF CONSCIOUSNESS
CT scan is better than MRI for what?	DIFFERENTIATING HEMORRHAGING FROM EDEMA
What area is worse on CT vs MRI due to artifact?	POSTERIOR FOSSA
65 yo has first generalized tonic-clonic seizure seen by spouse and they have been confused and lethargic since. Episode began w/ repetitive shaking of right arm. Blood tests unremarkable and no hx of	BRAIN MRI

other recent symptoms, trauma, or metabolic disorders. What study will likely reveal the cause?	
Purpose of CT scan when patient suspected of having a stroke?	EXCLUDE HEMORRHAGE
Which MRI technique most likely reveals early signs of ischemic stroke?	DIFFUSION WEIGHTED MRI
Most useful in studying connectivity pathways:	SINGLE PHOTON EMISSION CT SCAN

Seizure/EEG

16 yo pt brought to psychiatrist's attn after having single grand mal sz. Pt's parents have noted on occasion pt has sudden jerks of entire body, resulting in dropping objects. EEG: rare 4-6 Hz irregular polyspike/wave bursts. Diagnosis? (9x)	JUVENILE MYOCLONIC EPILEPSY
Fever, HA, seizures, confusion, stupor, and coma, evolving over several days. EEG with lateralized high-voltage sharp waves arising in the L temporal region w slow wave repeating at 2-3 sec intervals. CT low-density lesion in L temporal lobe. Dx? (8x)	HERPES SIMPLEX ENCEPHALITIS
8 yo has episodes of staring into space and then blinking for a few seconds. EEG will show: (7x)	3 CYCLES PER SECOND SPIKE AND WAVE ACTIVITY
40 yo has episodes of flailing of the arms and tonic postures described as "fencing." EEG confirms seizure. Which seizure type? (4x)	FRONTAL LOBE
10 yo child freq episodes brief lapses of consciousness without premonitory sx. Lasts 2-10 seconds, followed by immediate and full resumption of consciousness without awareness of what has happened. These ictal episodes most likely caused by what kind szs? (4x)	ABSENCE
EEG that reveals posterior alpha and anterior beta activity is most likely to have been obtained from whom? (4x)	A RELAXED ADULT WITH EYES CLOSED
What is the diagnostic value of transient paresis or aphasia after a seizure? (3x)	LOCALIZES THE FOCUS OF SEIZURE
28 yo female referred to psych d/t recent onset episodes of altered behavior lasting 1 to 2 minutes. Husband notes if occurs when cooking pt will place the clean silverware back in the dishwasher. Also notes she does drawing movements he is unable to interrupt. Pt has no recollection of the events. MRI scan is normal. Diagnosis? (2x)	COMPLEX PARTIAL SEIZURES
1st seizure with focal onset and secondary generalization in a 58 yo pt is likely the consequence of what? (2x)	GLIOBLASTOMA MULTIFORME
The EEG finding of 4-6 hz irregular polyspike activity in a patient with generalized seizures is characteristic of which of the following forms of epilepsy? (2x)	JUVENILE MYOCLONIC
Which of the following surgical procedures can be used in the treatment of epilepsy refractory to meds? (2x)	ELECTRICAL STIMULATION OF THE VAGUS NERVE

What is the most common comorbid psych disorder in patients with epilepsy? (2x)	MAJOR DEPRESSIVE DISORDER
What EEG findings are expected in a comatose pt with hepatic encephalopathy? (2x)	TRIPHASIC WAVES
3 days s/p cardiac arrest and CPR, 73 yo man is comatose. His eyes are open but he does not fix and follow with his eyes. Doll's eyes elicit full horizontal eye movements. His spontaneous limb movements are symmetrical. Reflexes: mildly hyperactive. The EEG shows: (2x)	BURST SUPPRESSION PATTERN
An increase in beta frequency during an awake EEG is caused by what type of medication? (2x)	SEDATIVES
How can you distinguish dementia from delirium in an elderly patient with a history of declining cognition and heavy alcohol use who is currently combative?	EEG
EEG finding associated with delirium?	INCREASED SLOW-WAVE ACTIVITY
Symptom differentiating epileptic vs nonepileptic seizures?	ALERTNESS IMMEDIATELY AFTER EPISODE (nonepileptic)
Seizure disorder with adenomas on face around nasolabial folds with fibrotic plaques on lower back; diagnosis?	TUBEROUS SCLEROSIS
Pt with seizure has flailing arms and tonic postures of "fencing." What seizure type?	FRONTAL LOBE
Absence seizure EEG?	THREE CYCLE PER SECOND SPIKE-AND-WAVE
Seizures get controlled, then has paranoid delusions, what type of seizure?	COMPLEX PARTIAL
Dx for pt w/ new-onset sz, multiple subQ nodules, freckling of axilla?	NF TYPE I
40 yo new-onset sz b/l thrashing movement. What suggests non-epileptic cause?	FOLLOWING COMMANDS
Which of the following best describes the characteristics of the normal adult alpha rhythm seen on an EEG recording?	INTERMITTENT AND POSTERIOR DOMINANT
EEG-biofeedback training is efficacious for what d/o?	GAD
49 yo pt develops seizure disorder that is difficult to control. CSF shows lymphocytic pleocytosis and many RBC's. MRI: T2 hyperintensity in the left temporal lobe, with gadolinium enhancement in this area in T1 weighted image. EEG: periodic discharges. Dx?	HERPES SIMPLEX ENCEPHALITIS
Typical feature of epileptic activity in alcoholic pt with seizure 12h after EtOH cessation:	MULTIPLE EPISODES
Distinguishing absence seizures from partial complex seizures:	LACK OF POSTICTAL MANIFESTATIONS
Which procedure confirms the diagnosis of non-epileptic seizures? Video telemetry or EEG between episodes?	EEG; VIDEO TELEMETRY

Antiepileptic for juvenile myoclonic epilepsy:	VALPROIC ACID
Complex partial seizures are differentiated from simple partial seizures by:	SIMPLE SEIZURES HAVE NO LOSS OF CONSCIOUSNESS BUT HAVE ALTERED RESPONSIVENESS TO OUTSIDE STIMULI.
24 yo pt w/ hx of epilepsy since childhood has several seizures in rapid succession. Following Sz's, pt developed paranoia and hallucination, but resolved over a matter of days. Dx:	INTERICTAL PSYCHOSIS
Convulsive episode with leftward eye deviation, tonic contracture of left side. Postictically, eyes deviate to right w/ hemiparesis of left side:	SEIZURE FOCUS RIGHT FRONTAL REGION
28 yo F w/ HA, hyperventilates, asynchronous tonic-clonic sz, no LOC during Sz:	PSYCHOGENIC SEIZURE
In young pt w/ epilepsy, tx depression w/:	PROZAC
Why is there a relatively high rate of suicide in epileptics?	COMORBID PSYCHIATRIC DISORDERS
Lack of prolactin elevation after szs suggests what kind of szs:	NON-EPILEPTIC
Drug-addicted healthcare professional experiences seizure that is not a withdrawal phenomenon. Cause?	MEPERIDINE
Complex partial epilepsy aura has what symptom?	LIP SMACKING
Head & eyes deviate to the right and right arm extends immediately before a generalized tonic-clonic seizure. Seizure focus:	LEFT CEREBRAL HEMISPHERE
Gustatory special sensory seizures (auras) localize where?	INSULAR CORTEX
Patient with new onset episode of excessive salivation, chewing, and choking sensation. Seizure originating in what area of the brain would result with these symptoms?	FRONTAL OPERCULUM
Pt w/ episodes of altered behavior lasting 1-2 minutes. During episodes pt makes chewing movements. Pt has no recollection. MRI is normal. Dx?	COMPLEX PARTIAL SEIZURES
32 Pt reports AH of someone not present, then stops moving, stares blankly, repetitively picks clothing, and does not respond for several minutes. Symptoms resolve after 15min but pt has no recollection of events. This represents what type of seizure?	COMPLEX PARTIAL
16 yo pt w/ new onset tonic clonic seizures. Pt reports having jerky movements which cause him to drop objects. EEG shows polyspike pattern. Which antiepileptic medication?	VALPROIC ACID
15 yo has hx of seizures beginning at the age of 9, followed by prolonged motor or sensory deficits lasting days to weeks. The pattern of the seizures and the focal deficits has changed over time. The pt also has hemicranial headaches. No family hx of similar symptoms. Most likely diagnosis?	MITOCHONDRIAL ENCEPHALOMYOPATHY, LACTIC ACIDOSIS AND STROKE
What is the medication for adequate initial treatment of absence seizures in children?	VALPROIC ACID

Gelastic seizures are associated w/ which brain foci?	HYPOTHALAMUS
Most common EEG finding in metabolic encephalopathy? (question requires assigning diagnosis to EEG)	GENERALIZED SLOWING
15 yo pt w/ partial complex seizures w/ secondary generalization, mental retardation, and adenoma sebaceum. Dx?	TUBEROUS SCLEROSIS
Pt w/ h/o Depression and well-controlled epilepsy responded to bupropion after failing on several antidepressants. Pt had not tried imipramine, nortriptyline, duloxetine, and selegiline. No Sz have occurred on bupropion 100mg BID. Insurance recommends changing med due to reduced sz threshold with bupropion. What is an appropriate response from a psychiatrist?	CONTINUE BUPROPION
54 yo pt with gastric ulcer undergoes emergent surgery and 30 hrs post-op becomes confused, agitated and responds to internal stimuli and suffers a generalized tonic-clonic seizure. Dx?	DELIRIUM TREMENS
A child with intellectual disability is free of seizures but develops epilepsy in adolescence. Pattern of onset is often seen with?	AUTISM SPECTRUM DISORDER
Test for psychogenic tremor by:	TELL PATIENT TO TAP HAND AND SEE IF TREMOR CHANGES
Pt p/w limb-shaking episodes lasting >3 min. Pt is conscious, talking, and is briefly able to suppress movements during these episodes. Risk factor for poor prognosis?	INSIDIous ONSET OF SYMPTOMS
50 yo w/ depression, knee buckling when standing, waddling gait, and excessive retropulsion. Likely gait impairment?	PSYCHOGENIC
Brain wave pattern associated with adult alertness on EEG:	BETA

Sleep

5 yo with screaming/crying for no reason about 1 hour after falling asleep. Sits up in bed with eyes open, trembling, sweating, mother cannot gain his attention for 5 minutes. No new stressors. Boy has no memory of the event. PE normal. Dx? (4x)	SLEEP TERROR
Paralysis when awakening, lasts several minutes. Can see/hear but cannot move during episodes. Disappears spontaneously or when called by his wife. No hallucinations, nightmares, daytime sleepiness or h/o falls. Neuro exam normal. Dx? (4x)	SLEEP PARALYSIS
First line treatment for restless legs syndrome (4x)	PRAMIPEXOLE
REM sleep is first evident at which stage of development? (3x)	IN UTERO
What sleep stage is the most important in restoring the altered functions that result from prolonged sleep deprivation? (3x)	STAGE 4, NON-RAPID EYE MOVEMENT
Insomnia secondary to depression will more consistently affect REM sleep in which of the following ways? (3x)	REDUCED LATENCY TO REM SLEEP

Which of the following is a characteristic change on polysomnogram associated with major depression? (3x)	SHORT REM LATENCY
What aspect of sleep is increased in older adults? (3x)	DURATION OF AWAKENINGS
A pt presents with a hx of irresistible episodic sleepiness that is accompanied by a vivid, dreamlike state at the onset of an episode. Which of the following additional sleep symptoms are likely to be present? (2x)	SLEEP PARALYSIS
8 yo with persistent delayed sleep onset despite good sleep hygiene, given no indication of broader psychopathology, which med has best evidence to treat this problem and restore normal circadian rhythm? (2x)	MELATONIN
REM sleep behavior disorder is commonly associated with abnormal inclusions containing which of the following proteins? (2x)	SYNUCLEIN
Medical student asks for something to help w/o attention and alertness. Taking a 2-week board review course and struggles to keep up w/ the pace. Sleeping 4hrs/night. Usually sleeps 8hr/night. Dx? (2x)	DYSSOMNIA NOS
Age-related sleep pattern change: (2x)	GREATER WAKEFULNESS INTERMIXED WITH SLEEP
What medication is best for decreasing nightmares in PTSD pts? (2x)	PRAZOSIN
Pt reports insomnia, frequent nighttime awakenings, and excessive daytime sleepiness. Sleep study reveals brief lower external jerks with brief repeated arousals. Pt is unaware of these movements. Which dx is most consistent with pt presentation? (2x)	PERIODIC LIMB MOVEMENT DISORDER
What finding on a multiple sleep latency test (MSLT) confirms the diagnosis of narcolepsy? (2x)	DECREASED REM LATENCY
What is the first step to manage restless leg syndrome? (2x)	CHECK FOR IRON DEFICIENCY
Physiologic changes during REM sleep: (2x)	INCREASED HEART RATE, INCREASED EYE MOVEMENTS, DECREASED MUSCLE TONE
REM sleep behavior disorder (vivid dreams, acting out dreams in sleep, swearing and hitting spouse in sleep) associated with which pathology: (2x)	PARKINSON'S DISEASE
Disorder associated with hypocretin-1 deficiency? (2x)	NARCOLEPSY
Somnambulism during childhood is associated with which of the following stages of sleep measured by an EEG? (x2)	STAGE IV
Which of the following is characteristic of sleep in individuals over the age of 65, as compared to that of young adults? (x2)	INCREASED FRAGMENTATION
What test confirms the diagnosis in someone whose partner is complaining about a patient repeatedly kicking them during sleep?	POLYSOMNOGRAPHY
Patient has multiple ambiguous sleep latency test results. What would confirm narcolepsy?	CEREBROSPINAL FLUID OREXIN

Disruption of brain area for circadian rhythms:	SUPRACHIASMATIC NUCLEUS
Decreased sleep phase in elderly:	SLOW WAVE (DEEP SLEEP)
Electromyography finding seen in REM sleep indicative of REM sleep behavior disorder:	EXCESS MUSCLE TONE
Secretion of which of the following hormones is enhanced by slow wave sleep?	GROWTH HORMONE
HPA axis cortisol production is less active in?	SLEEP ONSET
Neuropeptides decreased in hypothalamus in narcolepsy:	OREXIN A
In narcolepsy weakness in the arms and legs with laughter would respond to which med?	VENLAFAXINE
Brief episodes of sudden loss of muscle tone, with intense emotion are characteristic of:	NARCOLEPSY
65 yo M trouble falling asleep 2/2 unpleasant aching and drawing sensations in calves and thighs. Also creeping and crawling sensations in legs. Urge to move legs can be suppressed voluntarily for short while but is ultimately irresistible. Most likely dx is:	RESTLESS LEG SYNDROME
Most common symptom in narcoleptics:	SLEEP ATTACKS
A patient with day time sleepiness, frequent naps. Sleep studies show that pt enters REM within 5 minutes and wakes frequently at night. Which treatment is appropriate?	MODAFINIL GIVEN DOSE IN THE MORNING
Changes w/ sleep associated with aging:	DELTA WAVE AMPLITUDE DECREASES AND PROPORTIONALLY LESS TIME IS SPENT IN STAGE 3 AND 4
High voltage delta activity with slow eye-rolling on polysomnogram characterizes which stage of sleep?	N3
Pts over 65 yo who experience chronic insomnia are most likely to have what comorbid psych conditions?	ALCOHOL ABUSE
EEG findings in Stage II (N2) sleep:	K-COMPLEXES AND SLEEP SPINDLES
65 yo p/w pillow-punching (x several months) in his sleep with sudden awakening from dreams involving pursuit by assailants. Dx?	REM BEHAVIOR DISORDER
The evidence suggests that after completing treatment for insomnia, long term outcomes are better among patients with which medication/therapy?	CBT
EEG biofeedback more effective than progressive muscle relaxation in treating?	INSOMNIA
17 yo with increased sleep duration to 18 hours, lethargy and cognitive slowing. Sleep EEG is normal. Dx?	KLEINE-LEVIN SYNDROME
P/w complaints of excessive daytime sleepiness, morning headaches, and excessive nighttime sweating. Symptoms are consistent with which sleep disorder?	OBSTRUCTIVE SLEEP APNEA

Which medication is most effective in the treatment of cataplexy?	CLOMIPRAMINE (TCAs 2/2 TO INC NE)
51 yo pt w/ dysthymic disorder has responded well to citalopram. However, the pt continues to complain of morning headaches, anxiety and daytime fatigue. The psychiatrist prescribes clonazepam and the pt immediately reports profound daytime sedation. The differential dx, in addition to a direct sedative effect of the drug, should include:	SLEEP APNEA
Night terrors typically appear when in life?	CHILDHOOD
42 yo anesthesiologist with repeated episodes of falling asleep in the OR, mild depression, irritability and mild cognitive troubles. UDS is negative. He gained substantial weight in 18 months, which he attributes to poor eating habits. Most likely Dx?	BREATHING-RELATED SLEEP D/O
Which of the following characteristics of sleep occurs in late life?	DECREASED RAPID EYE MOVEMENT SLEEP
A characteristic of non-REM sleep?	DECREASED RECALL OF DREAM ACTIVITY
42 yo anesthesiologist with repeated episodes of falling asleep in the OR, mild depression, irritability and mild cognitive troubles. UDS is negative. He gained substantial weight in 18 months, which he attributes to poor eating habits. Most likely Dx?	BREATHING-RELATED SLEEP D/O
A characteristic of non-REM sleep?	DECREASED RECALL OF DREAM ACTIVITY
According to DSM 5, length of time of sleep difficulty for diagnosis of insomnia:	3 MONTHS
Most common explanation given by individuals >65 years for difficulty maintaining sleep?	NOCTURIA
67 yo with MDD doing well on SSRI but continues to have insomnia and sleepiness during the day. Snores loudly, morning headaches, and night sweats. Dx?	BREATHING-RELATED SLEEP DISORDER
Which of the following measures of rapid eye movement (REM) is typically reduced in MDD?	SLEEP ONSET TO REM ONSET
MDD has what sleep abnormalities?	SHORTENED REM LATENCY, DECREASED STAGE 4 SLEEP, INCREASED AWAKENINGS IN THE SECOND HALF OF THE NIGHT
Involuntary jerking of legs while falling asleep, not uncomfortable, stops with falling asleep:	NORMAL PHENOMENON, NONPATHOLOGICAL
Predominantly non-REM sleep problem:	ENURESIS
Sinusoidal waves at 9-11 Hz on EEG is:	DEEP SLEEP
Pt working overtime develops frightening nocturnal episodes characterized by semi-wakefulness and inability to move, accompanied by the sense that an intruder is present. The pt denies daytime sleep attacks or sudden loss of motor control. Best initial tx?	GETTING SUFFICIENT SLEEP
A patient reports feeling "irritable" with inability to sleep more than an hour at night one week after receiving 80 mg prednisone daily for a poison ivy rash. Next action?	BEGIN TO GRADUALLY TAPER THE PATIENT OFF OF THE PREDNISONE

Most effective treatment for REM sleep behavior disorders:	CLONAZEPAM
Which of the following aspects of sleep is increased in older adults?	SUBJECTIVE QUALITY
A 35 yo has recurrent episodes of awakening during sleep, waking up with a panicked scream and sweating, racing HR. Can't remember. Daytime drowsiness affects functioning. EEG normal. What is the diagnosis?	SLEEP TERRORS
Most effective treatment for OSA:	POSITIVE PRESSURE THERAPY
32 yo with episodes of severe sleepiness and falls asleep while driving, reporting episodes of paralysis and hallucinations while awakening. Symptoms are best explained by a deficiency of what?	OREXIN
Which sleep disorder is associated w/ mild neurocognitive disorder w/ Lewy bodies?	REM SLEEP BEHAVIOR DISORDER
Maximum sleepiness in humans occurs when melatonin reaches its highest point and when what reaches its lowest point?	BODY TEMPERATURE
What is the relationship of melatonin levels to sleep-wake timing?	LEVELS BEGINS TO INCREASE TWO HOURS BEFORE SLEEP ONSET AND PEAK MIDWAY THROUGH THE SLEEP PERIOD
Progressive sleep disturbance with excessive movement, no urinary incontinence, worse in the second half of the night is associated with what sleep study finding?	INCREASED ELECTROMYOGRAM ACTIVITY DURING REM
Spouse of 66 yo male pt often awakened by pt's swearing and kicking, pt appears awake during these episodes but eyes closed. Pt doesn't remember the events. No substance use. Bilateral tremors in upper extremity and slow shuffling gait on exam. Likely diagnosis?	REM SLEEP BEHAVIOR DISORDER
What sleep stage declines with aging and may entirely disappear in old age?	NON-REM STAGE N3
Least likely EEG maneuver to increase epileptiform discharges in pt with suspected seizures?	VISUAL FIXATION

Movement/Tic Disorders

42 yo M with a gradually progressive cognitive deficit also develops jerking movements of the extremities, head, and trunk. Imaging shows atrophy of the caudate nuclei bilaterally. Pt's father had a similar illness that started at age 50. Which of the following tests is most likely to confirm the diagnosis? (6x)	DNA ANALYSIS FOR CAG REPEATS
79 yo pt w/ decreasing mental state over 3 weeks has an exaggerated startle response with violent myoclonus that is elicited by turning on the room lights, speaking loudly, or touching the patient. Myoclonic jerks occur spontaneously, ataxia, EEG: sharp waves. Dx? (5x)	SUBACUTE SPONGIFORM ENCEPHALOPATHY
Parkinson's Disease treated w/ levodopa. Visual hallucinations. Recommendations? (5x)	REDUCE DOSE OF LEVODOPA

What MRI finding would most specifically indicate a diagnosis of Huntington's Disease? (5x)	CAUDATE HEAD ATROPHY
65 yo w/o asthma presents for treatment of essential tremor. Which for first-line? (4x)	PRIMIDONE
Medication useful in management of orthostatic hypotension in Parkinson's: (4x)	FLUDROCORTISONE
98 yo M in ER, unconscious after choking, had progressive neuro condition presented in his early 30's w involuntary irregular movements of all extremities & face but after 15 yr course evolved into rigid, akinetic condition w diff swallowing, speaking. Also progressive dementia & full time care. After obstruction was relieved pt remained unconscious, had cardiac arrest & died. PM exam showed generalized brain atrophy. (Pathology picture showing brain atrophy). Dx? (4x)	HUNTINGTON'S DISEASE
Typical of Idiopathic Parkinson's disease, rather than another Parkinsonian syndrome: (4x)	ASYMMETRICAL ONSET AND PROGRESSION OF MOTOR SYMPTOMS.
Treatment of Huntington's chorea: (3x)	HALOPERIDOL
Gait consisting of: postural instability, festination, & truncal rigidity. Lewy bodies visualized. Also with involuntary acceleration is seen in what condition? (3x)	PARKINSON'S DISEASE
35 yo pt w/ 2 yr hx of cognitive deterioration, difficulty at work, and irritability. Exam: restless w/ slow, writhing movements in most muscle groups and frequent blinking. Pt's father and paternal grandpa had similar sx and died in their 50s. Dx? (2x)	HUNTINGTON'S DISEASE
Pt w/ depression, 3 yr hx of change in personality, irritability, impulsive outbursts, & eccentric or inappropriate social interactions. He subsequently lost his job & is now withdrawn & fidgety. Pt has increased eye blinking, marked tongue impersistence, mild bradykinesia, akinesia & mild hyperreflexia w/o clonus. The pt's dad died of severe dementia at 55. Dx? (2x)	HUNTINGTON'S DISEASE
First-line treatment for restless leg syndrome: (2x)	PRAMIPEXOLE
Multifocal myoclonus in a comatose patient indicates: (2x)	METABOLIC ENCEPHALOPATHY
Most effective tx for "writer's cramp" (focal dystonia assoc w/ writing): (2x)	BOTULINUM TOXIN
Dz w/ trinucleotide repeat expansion worse with paternal transmission: (2x)	HUNTINGTON'S DISEASE
A 15 year old for 18 months has waxing and waning episodes of non-rhythmic and recurrent eye blinking, shoulder shrugging, and facial grimacing. They can suppress it but it gets worse when tired or anxious. Diagnosis?	PERSISTENT MOTOR TIC DISORDER
"Jerky" eye movements on neuro exam:	PARKINSONS
Which of the following symptoms is most suggestive of benign paroxysmal positional vertigo?	SEVERE DIZZINESS WITH ROLLING OVER IN BED AND TILTING HEAD

Simpson-Angus rating scale assesses what?	MOTOR SYMPTOMS
What distinguishes Tourette's from other tic syndromes?	PRESENCE OF MULTIPLE MOTOR TICS, ONE OR MORE VOCAL TICS
What is the treatment of acute dystonia?	BENZTROPINE
Essential tremor improves with:	REACHING FOR OBJECTS
Most prevalent movement d/o in those over 70 yo:	ESSENTIAL TREMOR
6 yo w/ 4 wk intense eye-blinking and lip pursing. Wax and wane increase with stress. Family Hx of tic d/o. First step:	EXPLAIN TO FAMILY MAY BE TRANSIENT
Treatment for Huntington's disease:	HIGH POTENCY ANTIPSYCHOTICS
25 yo pt w several year cognitive decline, dysarthria, dysphagia, and slow movements. Has hand tremor which increases in amplitude on arm extension. Also has hepatic disease of unknown etiology. Ocular exam reveals a golden brown ring around cornea. Can confirm diagnosis w blood test for:	CERULOPLASMIN
For which patient would ordering a serum ceruloplasmin be indicated?	A YOUNG ADULT MALE WITH NEW ONSET EMOTIONAL LABILITY AND MOVEMENT DISORDER
Huntington's disease etiology is classified as a polymorphism due to what property?	THE REGION HAS MANY ALLELES DIFFERING IN THE NUMBER OF GAC REPEATS
68 yo pt w/ hx of schizophrenia since early adulthood and maintained for yrs on thioridazine. On exam: pt's tongue frequently retracts on its longitudinal axis and moves in lateral directions. No other findings. When tongue movements are pointed out, pt reports being unaware of making them. What recommendation for best tx?	GRADUALLY D/C THIORIDAZINE AND START LOW DOSE RISPERIDONE
What symptoms are most commonly associated with Tourette's syndrome?	OBSESSIONS AND COMPULSIONS
Pathologic findings in the brain of Tourette's?	NO ABNORMALITY
One of the earliest sx of Tourette's:	EYE-BLINKING AND HEAD JERKING
Tic severity begins to decrease during which age period?	ADOLESCENCE
Common cause of acute cerebellar ataxia in adults:	INTOXICATION WITH ANTIEPILEPTICS
Initial approach for child with new-onset tic disorder:	CLINICAL MONITORING
Comorbid condition w/ Tourette's in kids:	ADHD
Motor dysfunction in Parkinson's associated with:	INCREASED ACTIVITY IN SUBTHALAMIC NUCLEUS AND PARS INTERNA OF GLOBUS PALLIDIUS
Characteristics of Parkinson's tremor:	BEING INHIBITED WITH VOLITIONAL MOVEMENT
80 yo male evaluated for gait imbalance and falls. Wife explains that he kicks and screams while sleeping, he reports dreams of being chased. Pt likely has/will develop?	PARKINSON'S DISEASE

67 yo recently retired pt with Parkinsons, no other psych hx, has taken Pramipexole for several years without cognitive decline. Pt has since started gambling excessively. Pt does not drink or use illicit substances. What is the most likely cause?	USE OF DOPAMINERGIC AGENTS
Most appropriate initial tx for idiopathic Parkinson dz in an 81 yo pt:	CARBIDOPA/LEVODOPA
66 yo c/o frequent falls, mild axial and L UE rigidity, mild slowness of finger tapping, hand opening, and wrist opposition (all worse on left), normal posture, slow gait with short steps, does not swing left arm, slow rising from chair. What is the dx?	PARKINSON'S DISEASE
Picture showing substantia nigra changes, what neurological disease would be expected?	PARKINSON'S DISEASE
Clinical syndrome that is most commonly comorbid with Parkinson's disease:	DEPRESSION
Pt w/ Parkinson's disease experiences visual hallucinations on levodopa/carbidopa therapy. Which med would be the most appropriate intervention:	QUETIAPINE
Pt has severe postural tremor of upper extremities and dystonic posturing of the hands. Pt's voice is mildly dysarthric. Eyes have a golden brown limbal ring. Deep tendon reflexes are markedly increased. Elevated LFT's. Dx?	WILSON'S DISEASE
Pt c/o inability to sit still and describes feeling an inner tension. Exam notes pt is constantly shifting body and legs. Paced hall continuously. Received a course of neuroleptics until recently. Dx?	AKATHISIA
The single most consistently documented and significant risk factor in the epidemiology of tardive dyskinesia is?	ADVANCED AGE
Risk factor for TD:	PRESENCE OF MOOD DISORDER
TD in 63 yo w/ end stage renal failure. Culprit:	METOCLOPRAMIDE
Which gender has a higher risk for tardive dyskinesia (TD)?	FEMALE
75 yo with hx of extensive tobacco smoking presents with subacute progressive ataxic d/o over several months. MRI brain is unremarkable. CSF shows mild pleocytosis. Found positive for anti-Yo antibody. What test should be ordered next?	CT CHEST
Adult onset opsoclonus-myoclonus-ataxia is associated with which form of cancer?	BREAST CARCINOMA
Next test to order after anti-Yo antibody found in serum in 72 yo patient with subacute onset of progressive ataxia of gait and limbs:	CT CHEST (ALSO CT OF ABDOMEN AND PELVIS)
Patient with involuntary upper extremity jerks preceded by an urge to move. Sense of relief after moving. Movements are characterized as?	TICS
Poor proprioception in gait is seen in:	VITAMIN B12 DEFICIENCY

Low levels of this seen in restless leg syndrome	FERRITIN
A diagnosis of Huntington disease would be best confirmed by what genetic test?	TRINUCLEOTIDE EXPANSION ANALYSIS
What is the underlying genetic abnormality in Friedreich Ataxia?	TRINUCLEOTIDE REPEAT
How do you differentiate functional tremor from an organic tremor?	FUNCTIONAL TREMOR WILL HAVE INCREASED AMPLITUDE WITH LOADING

Diagnoses

ADHD

7 yo child is brought in by parents who report he's been hyperactive since age 4, talks constantly, interrupts, has trouble sitting still to do homework, will not play quietly outdoors. What else do you need to make the diagnosis of ADHD? (4x)	TEACHER REPORT
Studies show effective intervention for children with ADHD is to involve their parents in what part of Tx? (4x)	BEHAVIORAL MANAGEMENT
Child w ADHD ineffective Tx with methylphenidate. Next step in management: (4x)	DEXTROAMPHETAMINE
Child w/ ADHD not responding to methylphenidate IR. What med to try next? (4x)	MIXED AMPHETAMINE SALTS
What aspect of ADHD is most likely to improve as children age? (3x)	HYPERACTIVITY
Atomoxetine's principal mechanism of action exerts a therapeutic action because it: (2x)	IS A SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR
Atomoxetine is most likely to be considered as initial treatment in ADHD in adolescents with: (2x)	SUBSTANCE USE D/O
The multimodal tx study of children w/ ADHD examined the comparative responses over 14 months of children to medication and intense psychosocial interventions. What did the findings of the study reveal w/ respect to ADHD symptom changes? (2x)	MEDICATION MANAGEMENT IS SUPERIOR TO COMMUNITY CARE TREATMENT
The component of ADHD that is most likely to remain in adulthood: (2x)	INATTENTION
Which perinatal factor is specifically associated with development of ADHD? (2x)	MATERNAL TOBACCO USE PRENATALLY
Best neuropsych test of sustained attention: (2x)	CONNER'S CONTINUOUS PERFORMANCE TEST
Which DSM-V diagnosis requires symptoms to be present in 2 or more settings?	ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD)

Current thinking about relationship between ADHD in children and adults:	SIGNIFICANT NUMBER OF CHILDREN WILL GO ON TO BECOME ADULTS WITH ADHD
A 15 yo for 18 months has waxing and waning episodes of non-rhythmic and recurrent eye blinking, shoulder shrugging, and facial grimacing. They can suppress it but it gets worse when tired or anxious. Diagnosis?	PERSISTENT MOTOR TIC DISORDER
8 yo boy w/ ADHD, oppositional defiant disorder, and chronic motor tic disorder has worsening of his tics on a good dose of a stimulant that seems to control his ADHD. How do you manage this further in trying to improve the tics?	MONITOR THE TICS ONLY
Which comorbid diagnosis of childhood ADHD worsens the prognosis into adolescence and adulthood to the greatest degree?	CONDUCT DISORDER
32 yo w/ ADHD mixed type as child. As an adult still has Sx. Tx:	METHYLPHENIDATE
Which med would you prescribe for a 20 yo college student being worried over his grades? He complains that he has not been able to focus on studying and that his mind wanders frequently during classes. His energy level is low. He sleeps well and his appetite is good. History indicates he was treated with stimulants since second grade.	METHYLPHENIDATE
10 yo w ADHD and aggressive outburst is started on a moderate dose of a stimulant. ADHD symptoms have improved, but aggression has not. In addition to behavioral intervention, what is the next best step to manage both the ADHD and aggression?	MAXIMIZE DOSAGE OF LONG ACTING STIMULANT
Which psychiatric disorder is comorbid with ADHD?	DISRUPTIVE BEHAVIOR DISORDERS
Which of the following side effects can result from stimulant medication treatment and warrants immediate discontinuation of the medication and a reassessment of the treatment plan?	HALLUCINATIONS
Abnormal LFTs would be most commonly associated w/ what medication used to treat ADHD in children/adol?	PEMOLINE
ADHD comorbid disorder:	DEPRESSION
These empirical non-stimulant meds have empirical support to treat ADHD:	CLONIDINE, BUPROPION, IMIPRAMINE, ATOMOXETINE
What procedure is necessary to diagnose childhood ADHD?	CLINICAL INTERVIEW OF PARENTS AND CHILD
Parents bring their 10 yo child for an eval due to concerns about the child's reported difficulty paying attention in a class and completing assignments in the expected time. Parents report that the child has trouble staying on task while doing homework and they are concerned that the child has an attention disorder. At the completion of the eval, the psychiatrist requests that both a parent and a teacher fill out a rating scale. The parent ratings fall into the clinical range but the teacher's ratings do not meet criteria for a clinical problem. How should the psychiatrist account for the differences in observed ratings?	RATING DISCREPANCIES BY DIFFERENT OBSERVERS ARE COMMON IN CLINICAL PRACTICE.
Antidepressant for ADHD:	BUPROPION

With respect to ADHD symptoms, the 1999 multimodal treatment study of children with ADHD was most notable for demonstrating which of the following?	THE EQUIVALENCE OF COMBINED METHYLPHENIDATE AND PSYCHOSOCIAL TREATMENT COMPARED TO MEDICATION ALONE
Which of the following instruments is most helpful in the assessment of children suspected of having ADHD?	CONNERS TEACHER RATING SCALE
What med used for ADHD has been associated with liver damage?	ATOMOXETINE (STRATTERA)
11 yo with reading disability. Most likely comorbid dx:	ADHD
Describes the relationship of stimulant treatment of children with ADHD and the emergence and/or presence of tic d/o:	TREATMENT WITH STIMULANTS HAS BEEN SHOWN TO REDUCE TICS IN CHILDREN WITH COMORBID ADHD AND TIC D/O.
What DSM-IV-TR disorder requires symptoms to be present in two or more settings?	ADHD
12 yo comes in for worsening attention, impulsive, and hyperactive. He is snoring and hard to wake in the AM. Central adiposity, broad based neck and enlarged tonsils. the exam is unremarkable. In child with ADHD and sleep problems, what is the most accurate about ADHD and sleep in this patient?	CORRECTING THE UNDERLYING SLEEP DISORDER CAN IMPROVE ADHD SYMPTOMS
5 yo is evaluated for ADHD. Parents complain that the child has multiple symptoms of hyperactivity, impulsivity, inattention, and distractibility. Parents also bring teacher feedback report confirming these symptoms and the child is failing academically and having social problems. In psych MD office child is quiet, calm and cooperative, and very engaging . The difference in clinical presentation from parent and school reports is most likely because:	CHILDREN WITH ADHD CAN PRESENT WITH BRIEF PERIODS OF HEIGHTENED FOCUS AND CALM, ESPECIALLY IN A STRUCTURED SETTING.
Failing grades, poor organization, spending sprees, spontaneous trips ditching class, fidgety, euthymic. No change in sleep, appetite, no anhedonia. Dx?	ADHD
When compared to the other subtypes of ADHD, children with the inattentive subtype have higher rates of anxiety and somatic complaints and?	LEARNING DISORDERS
DSM 5 prior age of presentation ADHD symptoms :	12 YEARS OLD
Increased rate of comorbidity with ADHD?	ANXIETY OR OPPOSITIONAL DEFIANT DISORDER
10 yo child, 3 yr hx of involuntary movements and vocalizations, symptoms wax and wane but never disappeared, child is aware of symptoms and only mildly distressed, academic performance is below average, what is the co-occurring disorder most likely causing this functional impairment at school?	ADHD
What distinguishes ADHD in children vs adults?	HYPERACTIVITY
What aspects of ADHD are likely to improve as children age?	HYPERACTIVITY
Adults with ADHD have higher burden of what when compared to children with ADHD?	FUNCTIONAL IMPAIRMENT
ADHD kid meets criteria for a 504 plan, but not an IEP. What are his disabilities?	IMPAIRMENT LIMITING A MAJOR LIFE ACTIVITY

Anxiety	
A diagnostic feature of panic attack is: (2x)	DEREALIZATION
Respiratory illness is most clearly a risk factor for developing which anxiety disorder? (2x)	PANIC DISORDER
Differential diagnosis of pt presents at ED with panic d/o: (2x)	PULMONARY EMBOLISM
28 yo pt presents with one year history of agoraphobia. Pt is able to drive to the local drug store, but only with considerable pre-travel apprehension. Pt will venture alone no further than within approximately 5 miles of home. Personal hx of panic attacks or depression is denied, although family hx is positive for depression and alcoholism. Pt has had no previous treatment. The best initial treatment and one that offers the best long term prognosis is? (2x)	CBT INCLUDING EXPOSURE & SSRI AND BENZO
Pt with leukemia underwent marrow transplant. Psych consulted. Pt more anxious and fearful about leaving hospital. Having trouble sleeping. MSE is unremarkable. Dx? (2x)	ADJUSTMENT DISORDER WITH ANXIETY
The parent of a 43 yo pt died 5 years ago from pancreatic cancer. 4 years ago the patient began feeling full after eating large fatty meals, fearing it was pancreatic cancer. Constantly weighs himself so that he is not losing weight. Now avoids going to doctor to avoid being diagnosed with cancer. No other psychiatric symptoms. What is diagnosis? (2x)	ILLNESS ANXIETY DISORDER
Patient with self reported concerns of brain tumor; no symptoms suggestive of brain tumor, but states he has a cousin who died of brain tumor. PE unremarkable. Neuroimaging negative, patient repeatedly requests MRI, still concerned about tumor. Dx? (2x)	ILLNESS ANXIETY D/O
Which of the following is most strongly associated with higher frequency of medically certified sick leave from work?	PERCEIVED POOR RELATIONSHIP WITH SUPERVISOR
Most common comorbidity in patients with anxiety disorder?	ANOTHER ANXIETY DISORDER
Which cognitive response do pts with anxiety have compared to pts with depression?	ATTENTIONAL BIAS TOWARD POTENTIALLY THREATENING STIMULI
Repeat ED visits for CP, negative, most important:	H/O OF PAIN ON EXERTION RELIEVED BY REST
Tx for med student w/ chronic anxiety and sense of inadequacy?	BRIEF PSYCHODYNAMIC THERAPY
When compared to younger adults, anxiety disorders in adults over age 65 have:	LESS COMORBIDITY WITH ALCOHOL ABUSE
Which of the following strategies exemplifies use of reciprocal inhibition by a patient to attenuate anxiety associated with a party?	REHEARSING MENTAL IMAGES OF PLEASURABLE EXPERIENCES WHILE ATTENDING THE PARTY
Best therapy for patient with illness anxiety disorder:	CBT
Treatment for severe performance anxiety:	PROPRANOLOL

36 yo with several episodes of palpitations, sweating, trembling, SOB. Work suffers due to anxiety. Initial Tx regimen:	PAROXETINE AND CBT
Which of the following agents has been shown to augment the effects of CBT on anxiety disorders?	D-CYCLOSERINE
Weight loss, 3-month hx of anxiety, mild depression, & insomnia, thin, elevated HR, low BP, mild tremor:	HYPERTHYROIDISM
Prevalence of separation anxiety d/o and GAD in children follows what pattern with regard to age?	GAD INCREASES WITH AGE WHILE SEPARATION ANXIETY DECREASES WITH AGE
What disorder is most likely to be comorbid in pts w trichotillomania?	MOOD DISORDER
Which of the following is a common medical cause of anxiety in a pt dying of cancer?	POORLY CONTROLLED PAIN
18 yo restless, feels mind going blank, poor concentration, irritability, insomnia, fatigue > 1 yr, used to be good student up until 2-3 yrs ago, no substance use:	GAD
Core feature of GAD:	EXCESSIVE WORRYING
35 yo truck driver diagnosed w/ GAD. Does not want med that causes sleepiness:	BUSPAR
Psych MD was consulted for anxiety and depression. Pt reports severe pain and indicates that doctors refuse to prescribe enough medication to control pain. A factor important for psychiatrist to consider:	ACUTE PAIN IS OFTEN UNDERTREATED, AND POOR PAIN MANAGEMENT CAN CONTRIBUTE TO ANXIETY AND DEPRESSION.
Which psychiatric diagnosis has the highest prevalence in cancer?	ADJUSTMENT DISORDER
A 45 yr old pt, terminated treatment with previous PCP "because he didn't take my concerns seriously." Pt believes he has dreaded illness and stomach cancer, denies all symptoms and labs are normal, diagnosis?	ILLNESS ANXIETY DISORDER
Generalized anxiety disorder is characterized by excessive worrying along with what combination of symptoms?	BEING EASILY FATIGUED AND FEELING KEYED UP
55 yo Hispanic American brought to psychiatrist by family, spells of uncontrollable shouting, crying, trembling, insomnia, pt feels chest heat going up to head, pt and family believe pt is suffering ataque de nervios, pt meets criteria for?	ANXIETY DISORDER
A 19 yo college student complains of "difficulty concentrating and my mind going blank when I try to study." She feels restless, keyed up and worries excessively. Does not use substances. Dx?	GAD
Primary insomnia is characterized by what symptom?	SLEEP DISSATISFACTION
What is the principle goal of the cognitive-behavioral therapy of panic d/o?	USING RESTRUCTURED INTERPRETATION OF DISTURBING SENSATIONS
Which clinical feature distinguishes panic disorder from pheochromocytoma?	ANTICIPATORY ANXIETY (in panic d/o)

Panic attack reaches peak in:	A FEW MINUTES
Psych MD in the ED evaluates a 67 yo pt w/ h/o depression who c/o panic attacks since the death of her spouse 1 month ago. Pt has frequent episodes of acute-onset palpitations, chest tightness, nausea, shortness of breath, and intense anxiety lasting several minutes, with no specific triggers. This morning it woke her up from her sleep. Exam: overweight, pale, anxious appearing, and mildly diaphoretic. Her BP is 140/90, pulse 106. Most appropriate next step in management?	EKG
Pt w/ panic disorder failed 2 SSRI trials. Which med should be used next?	IMIPRAMINE
32 yo h/o panic disorder, phobias, numerous failed trials of antidepressants. On clonazepam 0.5 mg bid with good response. 1 mo later the response was still good but not as good. Dose increased to 1 mg bid, on 3rd visit pt reports some loss of benefit again. What is the appropriate course of action?	INCREASE TO 1.5 MG PER DAY
Compared to pharmacotherapy, advantage of CBT in tx of panic disorder is:	LOWER RATE OF RELAPSE FOLLOWING D/C OF TREATMENT
Once it becomes effective, pharmacological tx of pts with panic d/o should generally continue for what length of time?	8-12 MONTHS
This statement best characterizes current information on the recommended initial treatment of psychotherapy or pharmacotherapy for a pt with panic disorder:	THERE IS INSUFFICIENT DATA TO CHOOSE ONE TREATMENT OVER ANOTHER, OR COMBINATION OVER MONOTHERAPY
42 yo surgeon experienced intense stomach cramps and palpitations when unable to immediately find the right instrument when performing an appendectomy. The surgeon was extremely alarmed by this and began to worry about the symptoms recurring. The surgeon then traded all ED calls so as to avoid these situations, began to avoid other crowded and noisy environments, and avoided a variety of social and professional settings. Likely diagnosis:	AGORAPHOBIA WITHOUT PANIC
A diagnosis of panic d/o requires which of the following?	AT LEAST SOME ANXIETY ATTACKS THAT ARE UNPROVOKED
First-line treatment of panic disorder?	FLUOXETINE
Using cash only due to substantial discomfort while writing checks or signing credit card receipts in the presence of others (because of messy handwriting)?	SOCIAL ANXIETY DISORDER
Boys with ___ are most likely to delay first sexual intercourse until after 18 yo.	ANXIETY SYMPTOMS
College students feels embarrassed with public speaking or choosing a seat in cafeteria and experiences blushing, muscle twitching, and shame. Endorses sadness about not having friends. What is dx?	SOCIAL ANXIETY DISORDER
A 21 yo goes to the ER after experiencing sudden palpitations, chest pain, dizziness, tingling in extremities, intense fear, and an out of body sensation. Patient is given alprazolam and referred to psychiatrist, which symptom confirms a diagnosis of panic disorder?	FEAR OF RECURRENT, UNEXPECTED ATTACKS

Bereavement/Loss	
62 yo requests antidepressant. Spouse died 6 wks ago. Crying spells, decreased appetite, poor sleep. Continues to see friends, no SI. Fam Hx of depression, no prior depressive episodes. (3x)	BEREAVEMENT; ASSURE PATIENT OF NO PATHOLOGY
Which of the following factors has the most evidence to support its protective effect in bereavement following the loss of a spouse? (2x)	QUALITY OF SOCIAL SUPPORT OF THE BEREAVED
8 yo w/ no hx of emotional disturbance p/w separation anxiety & over-concern for health of surviving parent: (2x)	AGE-TYPICAL PRESENTATION OF NORMAL BEREAVEMENT
Most likely to increase risk of impairment after bereavement in 80 yo: (2x)	SIGNIFICANT DEPRESSIVE SXS SHORTLY AFTER THE LOSS
Which diagnosis is indicated in a patient reporting sadness, tearfulness, intermittent insomnia, and passive SI with desire to be with her deceased spouse who died 7 months ago suddenly due to heart attack?	NORMAL GRIEF
Risk factor associated with prolonged or complicated bereavement is _____?	MALE GENDER
Normal bereavement in prepubertal children:	WISH TO UNITE W/ DEAD LOVED ONE
Most common fear expressed by adults leaving home to go to hospice?	SEPARATION FROM LOVED ONES
5 yo child several months after that he lost his mother in a MVA reports that his mother is watching him from sky every day is an example of:	NORMAL GRIEF
For adults, death of loved one by violent means affects the grieving process in what way?	EARLY BEREAVEMENT IS SIMILAR, HOWEVER, DYSPHORIA PERSISTS FOR PROLONGED PERIOD
A father wants to know if he should allow his 5 yo child to attend the funeral of her mother. The child expresses a desire to go. To help the child through the funeral, it will be important to do which of the following?	HAVE SOMEONE FAMILIAR ACCOMPANY THE CHILD
62 yo pt presents to psychiatrist requesting med for depression. Detailed hx reveals pt's spouse of 35 years died suddenly 6 wks ago. Since then, pt complains of frequent crying spells, decreased appetite without weight loss, and poor sleep due to middle of the night awakening. Pt continues to attend social engagements with friends and denies SI. Pt has family hx of depression, no hx of a depressive episode in the past. Dx?	BEREAVEMENT
What factor is necessary to consider when deciding if a patient's grief is defined as normal or abnormal?	CROSS-CULTURAL GRIEF PRACTICES
What symptoms best differentiate chronic traumatic grief from uncomplicated bereavement?	PERSISTENT AVOIDANCE OF DEATH REMINDERS
Pt is engaged in interpersonal psychotherapy for depression. In the first several sessions, the patient and therapist identify unresolved grief after the death of the patient's mother as the problem area, and	FINDING NEW ACTIVITIES AND RELATIONSHIPS TO OFFSET THE PATIENT'S LOSS

relate these feelings to the patient's current depression. Which of the following will be the focus of the middle phase of treatment?	
5 yo has been enuretic after mother died in an MVA 4 days ago and keeps saying, "Mommy will come home soon." The father wonders if the children should attend the funeral. What is your recommendation?	THE CHILD AND SIBLING SHOULD BOTH BE ALLOWED TO ATTEND IF THEY WANT TO GO
Which symptom would indicate MDD rather than just bereavement: Poor appetite and sleep, hearing the voice of the loved one, feelings of guilt or thoughts of suicide?	THOUGHTS OF SUICIDE
30 yo pt recently Dx w/ Hodgkin's dz constantly states, "Why me?" According to Elizabeth Kubler-Ross, the patient's reaction is consistent with what phases?	SHOCK AND DENIAL
What is a symptom of normal bereavement in a <5 yo child after the death of a parent?	REGRESSION IN BOWEL AND BLADDER CONTROL
4 months ago the wife of a pt died and pt blames himself for her death. Next step:	REASSURANCE
60 yo lost spouse 2 wks ago – sadness comes and goes:	NORMAL GRIEF
65 yo pt initially diagnosed w/ bereavement. Duration of sx to dx MDD?	2 MONTHS
58 yo have week's h/o intense feelings of sorrow and bitterness only 6 mos after wife's death. "We would have been married 30 yrs this month." His daughter confirmed his level of functioning only took a dip a week ago. Moderate diff sleeping and poor appetite only assoc Sxs. No SI. Physical exam normal. Dx:	DELAYED GRIEF
1-month post death of a loved one. What would suggest a pathological grief rxn?	CONTINUED FEELINGS OF WORTHLESSNESS
Risk factor that can adversely influence psych outcome of child after death of parent:	CONFLICTUAL RELATIONSHIP W/ DECEASED PARENT
6 yo girl hosp for surgery to repair fracture sustained in MVA in which mother was injured & brother died. She reports seeing her brother in her room since accident, MSE is nml. Receiving Vicodin & Benadryl. What explains pt seeing brother?	BEREAVEMENT
More common among widowers than widows:	GREATER MORTALITY
10 yo M s/p MVA sustained burn and crush injuries to R foot 4 days ago, does not remember the accident but never lost consciousness, keeps asking for his mother who was killed in the accident and having nightmares crying out "Daddy help Mommy." When should the child be told about his mother's death?	ASAP
45 yo still grieving for mother 3 years after her death. States she feels her mother hovering over her and sees mother at night. Friends are concerned. Patient has normal job function, cleans the house, endorses anhedonia. Tx?	ANTIDEPRESSANT MEDICATION AND PSYCHOTHERAPY

Risks of complicated bereavement:	1) AMBIVALENT RELATIONSHIP TO DECEASED; 2) SIMULTANEOUS GRIEVING FOR MULTIPLE DEATHS; 3) PRE-EXISTING LOW SELF-ESTEEM & INSECURITY; 4) RECURRENT MAJOR DEPRESSION
65 yo pt w MDD has died by suicide. Pt had received tx from same psychiatrist x 5 yrs. Psychiatrist contacts the pt's spouse. Best way to communicate this?	CONCENTRATE ON ADDRESSING THE FEELINGS OF THE SPOUSE
Which of the following is predictive of better adaptation in bereavement?	FINDING MEANING IN LOSS
What occurs more in women than men after death of spouse?	INCREASED LIFE DISSATISFACTION

Bipolar Disorder

Pt w/ h/o bipolar presents w immobility, posturing, echopraxia. First line tx? (5x)	LORAZEPAM
What predicts bipolarity in adolescents with depression? (2x)	PSYCHOTIC SYMPTOMS
What medication strategies is most effective and rapid in the treatment of severe bipolar illness, manic phase? (2x)	ANTIPSYCHOTIC MEDICATION + LITHIUM OR VALPROATE
40 yo w/ 6 kids: insomnia, poor appetite, dizziness/nausea, thinks husband is poisoning her. Despite all classes of meds marked fluctuations from sadness to euphoria 5x during the year. Dx? (2x)	BIPOLAR W/ RAPID CYCLING
This is a risk factor for the rapid cycling form of bipolar disorder: (2x)	FEMALE SEX
First line to treat bipolar depression:	QUETIAPINE
What med can you add to lithium for tx resistant bipolar depression and is least likely to induce rapid cycling/mixed state?	BUPROPION
Pts > 65 years w bipolar disorder differ from younger pts w same dx—how?	MORE MIXED EPISODES
77 yo pt w/ hx of BMD, stable w/ bupropion 300 mg and valproic acid 1000 mg Qday. Pt reports feeling less motivated than usual at work, able to concentrate, but taking longer to finish tasks. Denied sadness. HTN is well controlled. MMSE score 26/30. Pt has a master's degree. The most appropriate workup:	B12 AND HOMOCYSTEINE LEVEL
24-year-old w/ 1 month increasing fatigue, difficulty falling asleep, poor motivation, and trouble paying attention in night school. No personal or family hx of depression. Rx Mirtazapine 15 mg qhs. After two doses, pt becomes euphoric, hyperactive, talkative, and full of creative ideas. Pt stood on a chair at night school and offered hearty congratulations to the teacher for contributing to pt's certain future success. Most likely dx?	SUBSTANCE-INDUCED BIPOLAR DISORDER
28 yo woman who is at 33 weeks gestation and has a history of bipolar disorder is brought to the ED by family members because she was running around the neighborhood loudly proclaiming, "I am the mother of Christ." The pt is in restraints, yelling, spitting, disorganized, and tangential, with rapid speech. Family members report that the pt was stable on valproate, but discontinued the	HALOPERIDOL

medication when she learned she was pregnant. Which medication to give acutely for this pt?	
Which med is the treatment of choice for bipolar with rapid cycling?	VALPROATE
Psychiatrist is treating pt with bipolar disorder whose condition is relatively stable, recently reports feeling depressed. The psychiatrist is considering adding lamotrigine, however is concerned it may interact with pts current meds. Which medication interaction is the psychiatrist concerned about?	VALPROATE
Manic episode while on carbamazepine. Good response in 2 wks. 4 wks recurrence. Dx?	AUTOINDUCTION OF EPOXIDE PATHWAY
Bipolar pt w/ 2 hospitalizations for mania taking lithium:	NEEDS LIFETIME LITHIUM TREATMENT
First-degree relatives of patients with BMD II have a higher incidence of what disorder?	MDD
What drug is good for acute mania?	LITHIUM
The natural course of an untreated manic episode lasts approximately what length of time?	3 MONTHS
The presence of adverse life events has been associated with precipitation of which of the following aspects of bipolar disorder?	DEPRESSIVE EPISODE
32 yo w/ diarrhea x 2 wks, is anxious, and not oriented to date/time of day. Taking "some drug" for BMD and patient doubled her dose a month ago when she felt she wasn't getting better fast enough. What med caused these Sx?	LITHIUM
42 yo pt with episodes of feeling "sad and down" accompanied by decreased energy/interest in activities. Pt estimates these episodes occurred at least four times in his life, lasting 2-3 weeks at a time. During episodes, spends most of the time in bed. Most recent episode of sx ended 1 week ago. Since then, pt reports feeling energetic and "on top of the world." He now sleeps only 1-2 hours a night, wakes feeling refreshed. Friends remark pt seems flighty, but pt notes no deleterious effect of the mood change and finds that his productivity at work is the best it has ever been. Most likely Dx?	BIPOLAR II DISORDER
27 yo pt w/ BMD I, has been stabilized as an outpt one month following a hospitalization, and is now receiving weekly med management and supportive psychotherapy. Pt has been euthymic for the past 2 wks, but today does not show up for a scheduled appointment. The most appropriate response by the psychiatrist is?	CALL THE PT TO EXPRESS CONCERN AND FIND OUT WHY THE PT DID NOT MAKE THE APPOINTMENT
BMD II with rapid cycling have higher prevalence of what endocrinologic dysfunction?	HYPOTHYROIDISM
Which illness has a high risk of secondary mania?	MULTIPLE SCLEROSIS
What symptoms are seen in a manic episode but not in MDE?	FLIGHT OF IDEAS
Suggest underlying bipolar in 27 yo F who presents w/ first major depressive episode:	FAMILY HX OF BIPOLAR

Bipolar w/ 4+ manic episodes for 3 yrs. Treatment of choice?	CARBAMAZEPINE, 1200 MG DAILY
DSM-IV defines h/o major depression plus hx of mixed manic and depressive episode as:	BIPOLAR DISORDER, TYPE I
Hx of MDD, irritable, restless, distractible, insomnia, poor appetite, guilt, impulsive spending:	BIPOLAR D/O, MIXED
Male and female prevalence rates are comparable for which of the following disorders?	BIPOLAR DISORDER
Bipolar disorder pt with multiple arrests for violence. Exhibits threatening behavior and threatens to harm ex-gf. what is your legal responsibility	INFORM POLICE THAT PATIENT IS POTENTIAL DANGER
Violence in bipolar patients is commonly comorbid with what?	SUBSTANCE USE DISORDER
Symptom necessary to diagnose mania:	INCREASED ACTIVITY OR ENERGY

Chemical Dependency /Abuse

Misc Substances

23 yo in ER after a party. Dehydration, dilated pupils, HTN, elevated CPK. Which drug did he take? (7x)	MDMA
35 yo pt in ED presents w hypoventilation, blue lips, pinpoint pupils, crackles on lung auscultation, mild arrhythmia on EKG. Most likely drug of abuse: (4x)	CODEINE
A state of general fatigue, hypersomnolence, and depression may be seen during a patient's withdrawal from: (4x)	COCAINE
While intoxicated with a psychomimetic drug, a young man reports "seeing sounds" and "patterns of colors like fireworks or colored flames" associated with real auditory stimuli. What best describes this type of sensory experience? (3x)	SYNESTHESIA
After cannabis ingestion (in chronic use) it can be detected in urine for how long? (3x)	ONE MONTH
Best describes the intervention goal associated with contemplation stage of substance abuse treatment using motivational enhancement therapy: (3x)	ACKNOWLEDGE AMBIVALENCE AND EVOKE REASONS TO CHANGE
Which drug causes euphoria, a feeling like "flying above the dance floor," social withdrawal, nystagmus? (3x)	KETAMINE
18 yo pt in ER w/ a clouded sensorium, agitation and hyperactivity, mild paranoia, pressured speech, and euphoric, though labile mood. On exam: HTN, tachycardia, and vertical nystagmus. The most likely used? (3x)	PHENCYCLIDINE (PCP)
Use of which substance in adolescence is associated with development of schizophrenia? (3x)	CANNABIS

The large number of CB1 cannabinoid receptors found in the hippocampus best explains cannabis' negative effects on: (2x)	SHORT TERM MEMORY
Acute caffeine withdrawal symptoms include: (2x)	HEADACHE
What is NOT likely to be an effective intervention for a physician with a substance abuse problem? (2x)	OBSERVING THE PATIENT UNTIL HE/SHE BECOMES MOTIVATED TO SEEK TREATMENT
What does the pentobarbital challenge test do? (2x)	ESTIMATES THE STARTING DOSE OF PENTOBARBITAL USED FOR BARBITURATE DETOXIFICATION
Person who smokes a pack of cig/day stops smoking and has a need for cig after every meal. This is: (2x)	ENVIRONMENTAL TRIGGER
Motivational interviewing of patients with addictive disorders addresses what? (2x)	AMBIVALENCE ABOUT BECOMING DRUG FREE
Maximum duration of PCP in the urine: (2x)	8 DAYS
40 yo dentist is referred for evaluation by staff members who are concerned about his erratic behavior, staying excessively late at the office and problems with dexterity in treating pts. He complains of numbness and weakness of limbs, loss of dexterity, and loss of balance. Which drugs is the dentist most likely abusing? (2x)	NITROUS OXIDE
Neurotoxicity associated with MDMA is associated with deficits in neurons that produce which of the following neurotransmitters? (2x)	SEROTONIN
Teen with sleepiness, nausea, red eyes, sores around mouth; which substance use? (2x)	AEROSOL INHALANTS
17 yo pt is brought to the ER by friends who report that he ingested a drug 2 hours earlier. Pt's behavior after the drug ingestion is relaxed and tranquil but talkative. Soon after, the pt c/o drowsiness, dizziness, and nausea. On exam, pt has labile level of consciousness. The drug screen is negative for benzodiazepines, barbiturates, and opioids. Psych MD alerts ED to the possibility of imminent respiratory difficulty. What drug most likely caused this condition? (2x)	GAMMA-HYDROXYBUTYRATE (GHB)
Substance found in several over-the-counter symptom cold remedies and is abused to produce a dissociative feeling: (2x)	DEXTROMETHORPHAN
Psychotherapy for addiction utilizes a disease-model approach and emphasizes acceptance of the disease and surrender to help beyond oneself: (2x)	12-STEP FACILITATION
Drug of abuse associated with sxs of bruxism, anorexia, diaphoresis, decreased ability to orgasm, and hot flashes: (2x)	MDMA/ECSTASY
A muscular male patient presents to an outpatient psychiatric clinic complaining of discomfort in public places and excessive irritability. Though warm outside, the patient is dressed in heavy, baggy clothes, making him appear bigger than he is. The patient's belief that he is shrinking greatly distresses him. Which of the following is the most likely diagnosis for the patient? (2x)	ANABOLIC-ANDROGENIC STEROID ABUSE
17 yo pt brought to ED after reporting recent cocaine use to teacher. In ED pt is agitated, hyperaroused, unable to concentrate on	LORAZEPAM 2 MG

interview. Pt denies hallucinations, however appears very distractible, frightened. Physical exam shows HR 100, normal rhythm. What is the most appropriate intervention to give? (2x)	
The class of meds with greatest prevalence for prescription drug abuse: (2x)	PAIN RELIEVERS
Which dx criteria helps to establish dx of substance dependence vs. abuse? (2x)	RECURRENT UNSUCCESSFUL EFFORTS TO CONTROL USE
Middle aged patient presents s/p OD of unknown substance and is medically stabilized with flumazenil. What is the mechanism of ingested substance that works in the amygdala?	ENHANCING INHIBITORY ACTIONS AT POST SYNAPTIC GABA-A RECEPTORS
A person gets drunk while a song plays on radio. Now when he hears that song he wants to drink. How can he best unpair these types of conditioned and unconditioned stimulus?	LISTEN TO SONG WITHOUT ALCOHOL (USING CLASSICAL CONDITIONING)
20 yo F comes in with rapid deep breathing after overdose. Reports tinnitus, vomiting, and nausea. What did she ingest?	ASPIRIN
What deficit is associated with in utero exposure to cannabis?	COGNITIVE DEFICITS
Easiest biologic sampling to falsify when testing for drugs?	URINE
Which electrolyte abnormality is associated with MDMA use?	HYPONATREMIA
What is the most efficacious treatment of tobacco-use disorder?	VARENICLINE (CHANTIX)
What is a very common impulse control d/o NOS?	PATHOLOGIC GAMBLING
Pathological gambling is included in what grouping:	IMPULSE CONTROL D/O
Drug least effective as adjunctive tx of chronic violent behavior:	DIAZEPAM
Heavy smoking will likely affect the dosing of which of the following medications?	OLANZAPINE
Guy drinks 12-15 cups of coffee a day, has insomnia and headaches relieved by drinking coffee. Irritable and poor concentration if he doesn't drink coffee. How to treat?	CUT CAFFEINE BY 25% WEEKLY
Smoking cessation strategy with highest success rate:	BUPROPION PLUS GROUP THERAPY
Other than nicotine replacement therapies, evidence most strongly supports the use of which of the following agents for smoking cessation?	VARENICLINE (CHANTIX)
19 yo college student at ED ate a postage stamp sized LSD, now distressed, begging for help, says things aren't right. What is the treatment?	ADMINISTRATION OF 20 MG DIAZEPAM
A 24 yo pt who is intoxicated with PCP presents to the ED. The pt is verbally aggressive, threatening to staff, and actively hallucinating. Pt's behavior has escalated despite redirection and placement in a quiet seclusion room. Which of the following is the best treatment for managing this patient's acute presentation?	ADMINISTER HALDOL 5 MG IM

23 yo pt is admitted to the hospital with rhabdomyolysis and renal failure. On examination, pt is noted to have ataxia and peripheral neuropathy. Following treatment of the pt's acute medical problems, it becomes apparent that the pt has dementia. MRI: cerebellar atrophy and diffuse white matter changes. Which long standing substance of abuse:	TOLUENE
Which of the following subjective effects is the basis of the appeal of MDMA?	CONNECTEDNESS TO OTHERS
20 yo male college student who is a weight lifter and star player on the football team, is brought to the ED by roommates because of their concern regarding the pt's increased irritability and aggressiveness over the last several weeks, including threats to harm particular classmates. The roommates report that the patient has been exercising in the gym more frequently than usual. They do not think he has been drinking alcohol excessively, using cannabis or other illicit substances and he has never done so in the past. Dx?	ANABOLIC STEROID USE
What is perceptual abnormality in which hallucinogenic drugs cause moving objects to appear as a series of discrete and discontinuous images?	TRAILING
Medical specialty with highest rate of substance use d/o:	EMERGENCY MEDICINE
Most often abused hallucinogens associated with:	TOLERANCE TO EUPHORIC EFFECTS
What technique may be dangerous in managing patient with PCP intoxication?	TALKING THE PATIENT DOWN
For polysubstance dependence need criteria for:	SUBSTANCES AS A GROUP, BUT NOT FOR ANY PARTICULAR SUBSTANCE
Ataxia, nystagmus, muscular rigidity, normal or small pupils suggests intoxication with what?	PCP
UDS performed on pt who eats poppy seed bagels may yield false (+) for?	OPIATES
At what receptors does phencyclidine's major action occur?	N-METHYL-D-ASPARTATE ACID (NMDA)
Causes long-term inhibition of new serotonin synthesis and decrease in serotonin terminal density:	METHYLENEDIOXYMETHAMPHETAMINE (MDMA)
Dissociative compound, sense of fragmentation and detachment during intoxication:	KETAMINE
What is the mechanism of action of varenicline in the treatment of tobacco use disorders?	BLOCKS REINFORCING EFFECT OF NICOTINE
Molecular mechanism of ketamine?	ANTAGONIST AT NMDA RECEPTORS
A 25 year old body-builder comes to ED with euphoria, peripheral vision loss and hallucinations. Pt states these occurred after ingesting a liquid nutritional supplement an hour ago. UDS and BAL are negative. What did he ingest?	GHB
What should lead a provider to increase concern for patients having a substance use disorder?	HISTORY OF MISUSING OTHER DRUGS OR ALCOHOL

Caffeine results in dopaminergic activity, where?	ADENOSINE RECEPTOR
Drug of abuse that does not depend on specific neuronal membrane binding sites:	ALCOHOL
Pt presents highly anxious with seizures, has emotional lability, irritability, dizziness, and confusion. MRI reveals multiple subcortical demyelinating lesions. The most likely sx is exposure to which of the following substances?	TOLUENE
Apathetic and nervous, sees halos, flashes of color, recent ETOH and LSD, unemployed, never hospitalized. Dx?	HALLUCINOGEN PERSISTING PERCEPTION D/O
What substance is only detected in urine for 7-12 hours after ingestion?	ETOH
To persuade adolescents to stop using recreational substances, they should be educated about negative effects in: near future, adulthood, or distant future?	NEAR FUTURE
A 32 yo pt presents to ED with acute onset paranoia, AH and hypervigilance. On exam pt is tachycardic, HTN and has PMA and anxiety. No past psych hx or PMH. ROS is + intermittent substernal CP. Which test is most helpful in developing a DDX?	URINE TOXICOLOGY
Not pregnant premenopausal pt in ED has galactorrhea, elevated prolactin level, pt denies seizures or antipsychotic meds. What condition could explain this?	COCAINE WITHDRAWAL
Pt who is dependent on cannabis had a period of canceling appts frequently but is now showing up consistently and acknowledges that the negative costs of marijuana outweigh the anxiolytic effect and is committing to altering his use. Pt is at which stage of change?	CONTEMPLATION
Dose for 2 ppd smoker?	42 MG/DAY
At a minimum, state physician health programs provide which services to impaired physicians?	STRUCTURED MONITORING PROGRAM
Core principle of motivational interviewing when used to treat addictive disorder:	DEVELOP DISCREPANCY
Withdrawal from which sub can constitute a life-threatening medical emergency?	SEDATIVE-HYPNOTICS
Which of the following is usually the first step in treating adolescents with substance abuse disorders?	ENGAGING THE PT AND FAMILY IN STEPS TO DIMINISH DRUG-SEEKING BEHAVIOR
A person who smokes a pack of cigarettes per day stops smoking and experiences the need for a cigarette after every meal. Example of:	AN ENVIRONMENTAL TRIGGER
Most effective initial treatment for pts with PCP intoxication:	URINE ACIDIFICATION
21 yo pt presents to the ED after using marijuana for the first time. The pt reports pounding heart, sweating, fear of dying and shaking. The most appropriate next step to administer:	LORAZEPAM

Pt recently emigrated from East Africa presents to establish care at a health center. Pt denies use of alcohol, tobacco, or common street drugs, however notes that, prior to immigrating, he routinely chewed leaves of a local plant to improve concentration and help him stay awake while working long hours. Which plant did pt most likely use?	KHAT
In nicotine dependence, neurotransmitter most associated w/ reward and reinforcement is:	DOPAMINE
Abrupt withdrawal of nicotine is followed by what symptom?	INSOMNIA
What substance can cause dementia w/ long-term use?	INHALANTS
What substance is a common cause of flashbacks?	CANNABIS
Acute anxiety, restless, flushed, irritable, nauseous, wo insomnia – attributes everything to stress at work. Dx?	CAFFEINE INTOXICATION
Has intoxication syndrome but not a substance of abuse:	CAFFEINE
LSD and mescaline show agonist at which of the receptors?	5HT2A
The most common mood altering substance worldwide:	CAFFEINE
35 yo ED physician is referred for psychiatric evaluation by ED medical director who has noted recent changes in the physician including rambling speech, psychomotor agitation, a flushed and excited appearance, and restless demeanor. On eval, physician complains of having to work excessive and different shifts due to several members of the group being out on vacation or sick. Physician also complains of palpitations. The physician admits to using alcohol to initiate sleep and more caffeine to stay alert. Dx?	CAFFEINE INTOXICATION
16 yo adolescent with burns to the face 2/2 playing with a spray paint can that ignited. Grades dropped from A's to F's. The mother is concerned about hearing problems. No other health problems. Dx?	INHALANT ABUSE
15 year-old pt is brought to the ER by friends due to aggression and impaired judgment while intoxicated. On exam the pt has a mild tremor, nystagmus, slurred speech, unsteady gait and hypoactive deep tendon reflexes. The pt complains of dizziness and appears uncoordinated. Which of the following substances did the pt use?	INHALANTS
21 year old has episode of nausea, sweating and hematemesis. Pt reports having recent severe headaches and numbness in extremities. CT shows generalized brain atrophy and labs show renal tubular acidosis and CPK of 3120 mcg/L. This is likely due to chronic use of what?	INHALANTS
What symptoms of nicotine withdrawal may persist in a patient for up to 6 mos?	INCREASED APPETITE
In treatment of recovering addict, rehearsal strategies help with what?	IDENTIFYING INTERNAL HIGH-RISK RELAPSE FACTORS
Speedball:	HEROIN AND COCAINE
20 yo pt w/ acute onset belligerence, distortion of body image, depersonalization, and cloudy sensorium following ingestion of a	ADMINISTER AMMONIUM CHLORIDE

street drug. Horizontal nystagmus, ataxia, and slurred speech, pupils not dilated. Management:	
What is a characteristic of hallucinogens?	ADDICTIVE CRAVING IS MINIMAL
Conjunctival injection in a patient with a substance use disorder is most suggestive of:	CANNABIS INTOXICATION
Drug of abuse that exerts its effects primarily through serotonin release and reuptake inhibition:	METHYLENEDIOXYMETHAMPHETAMINE (MDMA)
Developing a plan for managing a future lapse or relapse of addictive illness is most likely to:	HELP LIMIT THE EXTENT AND LENGTH OF DRUG USE
Phenomena is most typical of hallucinogen use?	ILLUSIONS
The most common acute effect of recreational ketamine use:	DISSOCIATION
In relapse prevention therapy, teaching a recovering pt w/ an addiction that relapse is a process rather than an event conveys what?	WARNING SIGNS PRECEDE SUBSTANCE USE
Due to the increased risk of stroke and sudden death, the U.S. FDA has determined that what substance is unsafe when used in combination with ephedra?	CAFFEINE
Reducing the intensity of an addict's reaction to environmental reminders of drug use is a goal of what intervention?	CUE EXPOSURE TREATMENT
Follow-up studies on the Drug Abuse Resistance Education (DARE) program for elementary students have reported what finding?	SMALL TO NON-MEASURABLE DECREASES IN SUBSTANCE USE BY PARTICIPANTS
Emergency management of pt w/ phencyclidine (PCP) toxicity should include?	HALDOL, BENZODIAZEPINES, CLOSE SUPERVISION AND RELATIVELY DARK, QUIET SURROUNDINGS.
Formication, agitation, stereotypical oral movements and paranoia are sx of intoxication with which of the following substances? In the reward pathways implicated in the neurobiology of addiction, dopaminergic neurons project to the nucleus accumbens. The cell bodies of these neurons reside in what area of the brain?	VENTRAL TEGMENTAL AREA
An 18 yo pt presents to the Emergency Dept with a clouded sensorium, agitation, hyperactivity, mild paranoia, pressured speech and euphoric though labile mood. Physical exam notable for HTN, tachycardia and vertical nystagmus. Cause?	PCP
Pt arrested for possession of cocaine, spends 2 days in jail, after missing apps with subs abuse counselor. Intervention is referred to as:	DRUG COURT
Compared to OCD, panic disorder, alcohol use disorder, and cannabis use disorder, cocaine use disorder has greater or less genetic contribution (based on heritability index):	GREATER
Clouded sensorium suggests medical or psychiatric illness?	MEDICAL
CBD has evidence for treating which disorder?	DRAVET SYNDROME

Substance associated with the highest rate of conversion to schizophrenia or bipolar?	CANNABIS
Alcohol	
Eval of which lab test is most specific for chronic heavy alcohol consumption? (9x)	% CDT (PERCENT CARBOHYDRATE DEFICIENT TRANSFERRIN)
Pt with addiction and social anxiety d/o discusses their painful experience of anxiety during their first AA meeting. What reply is consistent with 12-step facilitation therapy? (7x)	"YOU DID THE MOST IMPORTANT THING, YOU WENT TO THE MEETING. IT WILL GET EASIER."
What does CAGE stand for? (7x)	CUT DOWN, ANNOYED, GUILTY, EYE OPENER
50 yo with alcohol dep at ED for confusion, oculomotor disturbances, ataxia, and dysarthria. Give which med first? (5x)	THIAMINE
Alcoholic hallucinosis versus DT: alcoholic hallucinosis includes what? (4x)	A CLEAR SENSORIUM
Alcoholic on disulfiram reports EtOH cravings. What drug will likely decrease these? (4x)	NALTREXONE
Alcohol withdrawal symptoms peak in how long? (4x)	48 HOURS
What is a SE common to both naltrexone and disulfiram? (3x)	ELEVATED LIVER ENZYMES
What is the function of Al-anon? (2x)	HELPS RELATIVES COPE WITH ALCOHOLICS DRINKING
Evidence that alcoholism is hereditary? (2x)	ADOPTED SIBLINGS
Lab parameters often elevated in patients with alcohol dependence? (2x)	MEAN CORPUSCULAR VOLUME
The best way to ask an adolescent about alcohol abuse? (2x)	HAVE YOU EVER RIDDEN IN A CAR DRIVEN BY SOMEONE INCLUDING YOURSELF, WHO WAS HIGH OR HAD BEEN USING ALCOHOL OR DRUGS?
44 yo pt w ETOH dependence/cirrhosis inquiring about med to stop drinking. Pt is disappointed in drinking behavior but otherwise shows little evidence of a mood D/O. Which meds has his most favorable risk/benefit profile for ETOH cessation? (2x)	ACAMPROSATE
Which med reduces acetaldehyde dehydrogenase function? (2x)	DISULFIRAM
Molecular mechanism of ethanol causes intoxication? (2x)	NMDA ANTAGONISM AND GABA AGONISM
Women differ from men in drinking behavior and in development and effects of alcohol use d/o, compared w/men, women: (2x)	HAVE A FASTER PROGRESSION FROM FIRST DRINK TO ALCOHOL DEP
Disadvantage of using shorter half-life benzodiazepines in the tx of EtOH withdrawal: (2x)	INCREASED LIKELIHOOD OF GRAND MAL SEIZURES
What is the presentation expected with Wernicke's encephalopathy?	AMNESIA, CONFABULATION, LACK OF INSIGHT

In the United States, which of the following sociodemographic groups experienced the greatest increase in high-risk drinking and alcohol use disorder diagnoses in the period between 2001 and 2013?	ADOLESCENTS AND OLDER ADULTS
Can 65 yo patient with family history of dementia continue to drink the same amount of alcohol in their old age?	CONTINUE THE ALCOHOL AS LONG AS PATTERN OF USE DOES NOT CHANGE
After gastric bypass surgery, continued abuse of what substance can be more life threatening than before surgery?	ALCOHOL
Having a pt's friend or spouse monitor disulfiram administration and report to the treating psych MD is an example of:	NETWORK THERAPY
Which diagnosis is associated with the highest risk of person to person violence?	ALCOHOL USE DISORDER
The psychiatrist asks pt w EtOH dependence to rate readiness to quit drinking on a scale of 1-10. When pt responds "3," psychiatrist asks, "Why a 3 instead of a 1?" The psychiatrist is using which of the following modalities?	MOTIVATIONAL ENHANCEMENT THERAPY
Alcohol use is associated with what changes in sleep?	DECREASED REM SLEEP
Best characterizes the role of spirituality in abstinence in alcoholics who attend AA?	THERE IS LIMITED EVIDENCE SUPPORTING THE ROLE OF SPIRITUALITY IN ABSTINENCE
Most common substance of abuse in adolescents:	ALCOHOL
44 yo M found wandering aimlessly, brought into ED, BP is 200/132, HR 112 and regular. Pt is belligerent, picking his skin, feels like insects crawling on his skin. Oriented only to name, tremulous, is diaphoretic, dilated pupils, palmar erythema, and spider angioma on the chest. What explains his symptoms?	DELIRIUM TREMENS
Diagnosis for a 30 yo man who has been increasingly using alcohol for the past 3 months resulting in spouse filing for divorce and worsening mood for the past 2 months with neurovegetative symptoms:	SUBSTANCE INDUCED DEPRESSIVE DISORDER
40 yo female presents with new onset paranoid delusion as well as AH and VH, no SI. Denies hx of mania or MDD. Pt has previous hospital admission for MDD and anxiety symptoms and had taken citalopram, sertraline and quetiapine but was non-compliant. Hx reveals chronic alcohol use with heavy drinking one week ago. What is the most likely cause of her paranoia?	ALCOHOL-INDUCED MOOD DISORDER
55 yo pt w/ hx of ETOH dependence reports hearing voices for the past 6 weeks. Pt reports that the last episode of ETOH intoxication was 1 month prior, with moderate drinking since that time. There is no prior hx of psychosis. On exam, pt is alert and oriented. On laboratory evaluation, pt has a GGT of 54, an MCV of 110, and an AST/ALT ratio of 2.1. the most likely cause of this pt's hallucinations is:	ALCOHOL INDUCED PSYCHOTIC DISORDER
Pt who is 2 months sober on disulfiram, what lab studies should be done at baseline and after 2 months of treatment?	TRANSAMINASES
72 yo w chronic hepatitis in ED for treatment of ongoing alcohol withdrawal. Hospital protocol is to use chlordiazepoxide, but psych suggest lorazepam because:	METABOLIZED THROUGH GLUCURONIDE CONJUGATION

Electrolyte imbalance common in chronic heavy EtOH use?	HYPOMAGNESEMIA AND HYPOPHOSPHATEMIA
Psychiatrist recommends AA to pt who abuses alcohol, but pt reluctant. Next step?	RECOMMEND PATIENT SPEAK TO A CURRENT AA MEMBER
Most clearly predictive of alcohol abstinence for alcoholics who attend AA meeting:	OBTAINING A SPONSOR
50 yo pt w ETOH dependence admitted to ED for confusion, oculomotor deficits, ataxia, and dysarthria. The first step in acute management of this pt's condition:	ADMINISTRATION OF THIAMINE
Can alcohol fumes at work (brewery) cause a pt on disulfiram headaches?	YES
Sixth cranial nerve palsy is associated with which alcohol-related syndrome?	WERNICKE'S ENCEPHALOPATHY
Tests for detecting excessive drinking:	TRIGLYCERIDES, MCV, SGGT, SGOT
Pattern of drinking in women alcoholics (as opposed to males):	SOLITARY DRINKING
Non-specific hematological marker for heavy drinking:	MCV
Complication of heavy EtOH likely to persist beyond the first week of withdrawal?	SLEEP FRAGMENTATION
What is the principal problem with disulfiram in the treatment of alcoholics?	PT CAN STOP TAKING IT AND RESUME DRINKING
Verbally and physically aggressive after a small amount of ETOH. Dx?	PATHOLOGICAL INTOXICATION
Wernicke's disease triad:	OPHTHALMOPLEGIA, ATAXIA, GLOBAL CONFUSION
Drinking ETOH while taking disulfiram most likely to produce what sx?	NAUSEA AND VOMITING
Equal doses of alcohol corrected for body weight lead to higher BAL in women than men. Why?	LOWER LEVELS OF ALCOHOL DEHYDROGENASE IN GASTRIC MUCOSA
Avoid which drug in a pt intoxicated with alcohol or a sedative drug?	LORAZEPAM
Characteristic of Cloninger's type 1 alcoholism:	LATE ONSET
Most serious complication for a pt who ingests EtOH while on disulfiram:	HYPOTENSION
Alcoholic, AH on & off alcohol, extreme agitation. During withdrawal give benzo and:	HALDOL
What is decreased with heavy ETOH intake?	GLUCOSE
41 yo pt in ED w/ blood alcohol level of 0.425. Pt is stuporous, the pulse is 75, BP is 110/70. UDS is negative. What is the immediate concern?	RESPIRATORY FAILURE
Alcohol intoxication causes what sleep abnormalities?	FRAGMENTATION OF STAGE 4 SLEEP

60 yo alcoholic with 4 day h/o unstructured, maligning AH and clear sensorium. Dx?	ETOH-INDUCED PSYCHOTIC D/O
LFT after 8 weeks is required in pts with alcohol dependence treated:	NALTREXONE AND DISULFIRAM
25 yo pt has been Dx w/ ETOH dependence. Pt has neither had ETOH to drink nor met any of the criteria for alcohol dependence in the past 6 months. What remission specifiers would apply to the Dx of ETOH dependence?	EARLY FULL REMISSION
Individuals who consume ETOH at night usually develop:	DECREASED SLEEP LATENCY
In comparison to men, women who abuse ETOH are more likely to also have what	AXIS I DIAGNOSIS
An idiosyncratic, physiologic rxn to EtOH including rash, nausea, tachycardia, and hypotension occurs in what ethnic group?	ASIANS
Alcohol abuse in men commonly assoc w what comorbid mental D/O	ANTISOCIAL PERSONALITY
Priority of treatment: Marital problems, Depression, vs. Alcoholism.	ALCOHOLISM DETOX AND ABSTINENCE
Typical duration for alcohol detox using benzodiazepine withdrawal?	3 TO 5 DAYS
The role of the sponsor in AA characterized by:	AN AA MEMBER WHO PROVIDES 1:1 GUIDANCE IN WORKING THE AA PROGRAM.
84 yo pt w hx of chronic alcoholism & amnesia will need, in addition to abstinence, the following intervention to prevent a progression to alcohol-related dementia:	ENSURING A GOOD NUTRITIOUS DIET
55 yo pt presents for detox after alcohol binge. Pt reports "mild liver disease." Labs reveal ALT is 80 and AST 70. What would be the preferred agent for detox?	CHLORDIAZEPOXIDE
Naltrexone is classified as? (Mechanism of action)	OPIATE ANTAGONIST
42yr old pt eval for depression, drinks 3 drinks/night, >3 on weekends, pt reports readiness to quit as "3/10", what is the most helpful response for motivational interviewing?	WHY A 3 AND NOT A 0
Substantially increase rate of sustained abstinence a/w Disulfiram use?	INVOLVE PATIENTS PARTNER IN MEDICATION ADMINISTRATION
Psychotherapy for alcoholism that targets pt ambivalence:	MOTIVATIONAL-ENHANCEMENT THERAPY
Depression is independent of alcohol use if continuing for how long after abstinence is achieved?	ONE MONTH
New onset hallucinations on post op day 4 in a 40 yo patient, likely dx?	DELIRIUM TREMENS
50 yo to ED with acute onset AH/VH for the last few hours, feels "on edge", AOx4, PE shows tachycardia and diaphoresis. Possible dx?	ALCOHOL USE DISORDER

Benzodiazepines	
Which of the following should lead a psychiatrist to be concerned about benzodiazepine abuse or dependence?	HISTORY OF ABUSE OF OTHER DRUGS OR ALCOHOL.
Phenobarbital tolerance test is helpful in detox from what?	BENZODIAZEPINES
A nurse w/ 24 hr hx of anxiety and insomnia has a generalized tonic-clonic seizure. Dx?	LORAZEPAM WITHDRAWAL
A benzodiazepine reliably absorbed when administered PO or IM:	LORAZEPAM
25 yo presents to ED c/o chest pain, SOB, and anxiety but appears NAD and calmly answers questions. Pt reports h/o panic attacks, requesting alprazolam by name, and reports "I usually need a prescription for at least 2 mg 4x per day to get relief". When asked to describe 1st panic attack, pt states, "I can't remember when they started or the frequency". Which d/o is likely present?	SUBSTANCE ABUSE
In addition to alcohol, withdrawal from can constitute life-threatening emergency?	SEDATIVE-HYPNOTICS
Opiates	
What is the mu opioid partial agonist approved by the FDA for the treatment of patients with opioid dependence? Administered sublingually: (3x)	BUPRENORPHINE
What drug is used to treat autonomic sxs associated with heroin withdrawal? (3x)	CLONIDINE
Pt who became addicted to codeine has a long h/o of multiple relapses. Pt has completed a 2 wks detox and 2 wks following that, is about to start a court mandated maintenance on naltrexone. Prior to starting the maintenance therapy, the psychiatrist should check for residual physical dependence by administering what? (2x)	NALOXONE
What term best describes buprenorphine's action at the mu opioid receptor? (2x)	PARTIAL AGONIST
Withdrawal symptoms in chronic heroin users peak after what period of time? (2x)	36 HOURS
Patient in sustained opioid remission is now 10wk pregnant, how to manage? (2x)	CONTINUE METHADONE CURRENT DOSE
Needle exchange is an example of what type of reduction strategy? (2x)	HARM
Adverse effect of methadone maintenance treatment for opioid dependence?	HYPOGONADISM
Opioid dependent offenders remain drug free with this intervention:	METHADONE MAINTENANCE WHILE IN PRISON
What is the reason that opioid antagonist naloxone can be co-administered with buprenorphine sublingually with no adverse effect?	POOR SUBLINGUAL ABSORPTION OF NALOXONE

Miosis due to OD on:	HEROIN
Use of levomethadyl acetate hydrochloride (LAAM) for management of pt w/ opioid dependence allows for:	ELIMINATION OF NEED TO TAKE HOME DOSES
What is the advantage of buprenorphine compared to methadone taper in detoxification from opiate dependence?	LESS RISK OF RESPIRATORY SUPPRESSION
Opioid NOT detected in standard UDS:	FENTANYL
Pt in the ED is in withdrawal from a substance. Symptoms include muscle aches, lacrimation, yawning, and diarrhea. What substance was withdrawn?	HEROIN
Lab to get prior to starting naltrexone:	LFT's
Chronic rx opioid use affects which hormone?	TESTOSTERONE
Healthcare professional has a seizure as a result of drug addiction, seizure is not from withdrawal. What substance are they using?	MEPERIDINE
Which of the following produces the best outcome in terms of drug consumption and criminal behavior for heroin-dependents?	MAINTAINING OF METHADONE
35 yo pt with hx of opioid and alcohol dependence presents to the emergency department complaining of tremulousness, anxiety, nausea and vomiting. Used large amounts of heroin and alcohol the day prior. Initial preferred medication for opioid withdrawal?	METHADONE
How should buprenorphine and the buprenorphine/naloxone combo be administered?	SUBLINGUALLY
15 yo pt is found unresponsive by parents after pt returns from a party, friend confirms pt used heroin. What are signs?	PUPILLARY CONSTRICTION
Naltrexone prevents relapse of opioid dependency most effectively in which group?	PHYSICIANS
Check for residual physical dependence of opiates by administering:	NALOXONE
What med is not used in tx of opioid maintenance and relapse prevention?	BUPROPION (NALTREXONE, METHADONE, BUPRENORPHINE AND CLONIDINE ARE USED)
26 yo presents to ED due to PMR, slurred speech, constricted pupils. Intoxicated with...?	OPIOIDS
Contraindication to the use of clonidine in managing opiate withdrawal:	AORTIC INSUFFICIENCY
In long-term opioid therapy for management of chronic pain, the sign most indicative of addiction is?	ADMINISTRATION BY NON-PRESCRIBED ROUTES
Methadone	
22 yo heroin dependent female discovers she is pregnant and wants to detox. What way would you recommend? (4x)	METHADONE MAINTENANCE UNTIL DELIVERY THEN DETOXIFICATION

What avg dose range of methadone yields best results in decreasing illicit use? (3x)	60-100 MG
Pt in methadone tx earns a number of take-home doses based on compliance with attendance and participation in groups. What kind of intervention is this? (2x)	CONTINGENCY MANAGEMENT
Pregnant pt dependent on heroin presents for treatment, wants to do what's best for the baby. What is the safest treatment for both mother and unborn baby? (2x)	METHADONE MAINTENANCE FOR THE DURATION OF THE PREGNANCY
Med that has potential to decrease methadone blood level: (2x)	CARBAMAZEPINE
C&L psychiatrist sees a 20 yo pt with cancer pain on a methadone maintenance program. The staff feels that the pt's request for additional narcotics represent drug-seeking behavior. Most appropriate recommendation: (2x)	THE PT SHOULD BE GIVEN MORE OPIOID MEDICATION TO ACHIEVE ADEQUATE PAIN CONTROL BECAUSE OF THE PT'S TOLERANCE.
What medication management decision should be made for a patient with historical buprenorphine use requiring surgical acute pain pharmacotherapy?	SWITCH TO METHADONE PRIOR TO SURGERY
Federal eligibility requirements for maintenance treatment with methadone specify that an individual must have been dependent on opioids for at least what length of time?	1 YEAR
35 yo pt stabilized on methadone maintenance tx 5 yrs is BIB family to ED bc pt is lethargic/confused. During assessment pt becomes obtunded/resp depression. Family reports pt recently began new med. Which med is likely responsible?	CARBAMAZEPINE
Adol attends a "pharm party", takes 2 methadone tabs, later found to have decreased respirations and is rushed to the ED. Which med could cause an interaction which could cause this response?	SERTRALINE
Factor most predictive of effective methadone Tx:	TOTAL DAILY DOSE
Due to its rate of oral absorption, what most enhances the euphoria produced by benzodiazepines with methadone?	DIAZEPAM
What is the lowest dose of methadone that suppresses opioid drug hunger and induces a cross tolerance of illicit opiates?	80-120 MG
Methadone prescription in heroin dependence is called what kind of strategy?	HARM REDUCTION
Pt on methadone screen positive for alcohol, achieve abstinence of alcohol by co-administering what with methadone?	DISULFIRAM
Pt on methadone maintenance started taking a reflux drug and now is sedated. What med was recently added?	CIMETIDINE
Stimulants	
The first symptom reported by patients with emerging amphetamine psychosis is: (2x)	PARANOID IDEATION

Tachycardia, HTN, excessive perspiration, pupils dilated in a college student after attending a party. Drugs? (2x)	COCAINE
Tachycardia, dilated pupils, hypervigilance, anger, HTN, psychotic sxs, and chills. UDS shows? (2x)	AMPHETAMINES
Maximum time cocaine metabolites detectable in urine? (2x)	4 DAYS
21-year-old male at ED is agitated, believes computers are flashing messages at him, and says "I need my knife to protect myself." Which substance on UDS? (2x)	AMPHETAMINES
Which of the following areas of the brain is most associated with the reward effects of cocaine? (2x)	NUCLEUS ACCUMBENS
Phencyclidine induces psychosis by?	INHIBITING NMDA-R
Aggressive pt, yelling and assaulting, vomit, HR 135, BP 155/80, T 101F. Utox neg. Suspect bath salts intoxication. Tx?	LORAZEPAM
One year after achieving methamphetamine abstinence, these craving will most likely:	DECREASE IN INTENSITY
How many hours after ingestion do amphetamines reach peak levels?	2 HOURS
Formication, agitation, stereotypical oral movements, & paranoia?	STIMULANT INTOXICATION
The immediate phase of amphetamine withdrawal is characterized by dysphoria and anhedonia as well as euphoric recall of drug use and craving for the drug. The anhedonia and dysphoria are usually much improved in which of the following time frames?	2-4 MONTHS
Mechanism responsible for the euphoric effects of methamphetamine:	DOPAMINE RELEASE IN THE NUCLEUS ACCUMBENS
Which of the following is the primary mechanism through which amphetamine secretes their stimulant effect?	RELEASE OF CATECHOLAMINES
A substance of abuse with powerful reinforcing effect:	COCAINE
How long after ingestion is amphetamine detectable in urine?	1-2 DAYS
Pt with a long history of substance abuse is admitted to the hospital for shortness of breath. The pt is found to have multiple granulomas in both lungs; a biopsy reveals the presence of talc within the granulomas. Pt most likely abusing what substance?	METHYLPHENIDATE
2 days s/p hospitalization dysphoric, fatigued, hypersomniac, vivid dreams, requesting double portions:	COCAINE
Stimulant-induced craving for drugs of abuse is most frequently mediated by which neurochemicals?	GLUTAMATE
32 yo pt w cocaine dependence prescribed desipramine by another MD for withdrawal-assoc depression. Psychiatrist should warn pt of what adverse effects that might result from an interaction between desipramine and cocaine?	HYPERTENSION

Conduct Disorder

What is a key feature of outbursts in IED?	TRIGGERED BY ANGER
Physical fights, theft, talking back to authority figures, and bullying others is most typical of what diagnosis?	CONDUCT DISORDER

Delusions

Pt reports the continuing suspicion that the spouse is committing adultery, but acknowledges the possibility of being wrong since there is no evidence to support the pt's belief: (3x)	OVERVALUED IDEA
Patient reports that an identical-appearing impostor has replaced his father. What is the name of this delusion? (2x)	CAPGRAS SYNDROME
Belief that television is sending you special messages: (2x)	DELUSION OF REFERENCE
Appropriate response when pt describes paranoid delusions:	ACKNOWLEDGE THE PATIENT'S EMOTIONAL REACTION TO DELUSION
What is the best technique for interacting with a paranoid patient?	PREFACING QUESTIONS WITH NORMALIZING STATEMENTS
80 yo male tells PCP he thinks his wife of 55 years is having an affair, wife and two middle aged children disagree. Pt acknowledges no clear evidence of his belief. Pt is healthy, no psych history, no hallucinations, cognitive testing is normal for age. What is his most likely diagnosis?	DELUSIONAL DISORDER
Length of time criteria for delusional d/o:	ONE MONTH
Body dysmorphic d/o vs. Delusional d/o somatic type:	INTENSITY W WHICH PT INSISTS ON PERCEIVED BODY DEFICITS
Complaints of skin infection with insects, negative medical w/u:	DELUSIONAL D/O, SOMATIC TYPE
Normal male, except that he is paranoid about wife cheating on him:	DELUSIONAL D/O
26yo pt thinks his brow bridge is too prominent and looks like a neanderthal. Physician finds brow bridge prominent but WNL. Pt wants plastic surgery consultation. What best describes the pt's belief?	OVERVALUED IDEA
Erotomania refers to which of the following conditions?	DELUSIONS OF A SECRET LOVER
Isolated erotomania is a form of what?	DELUSIONAL D/O
Pts complain of having lost not only possessions, status, and strength, but also heart, blood, and intestine suffer from which of the following syndromes?	COTARD
Pt believes he is the Son of God. This Sx is called:	DELUSION
Immediate intervention in case of a pt with paranoid delusion and idea of reference:	ASKING FOR DETAILS OF PERCEPTION THAT LED TO THIS DISTRESSING DISCOVERY

20 yo Japanese American patient presents complaining of personal body odor that is offensive to other people. This is most often compared to this DSM diagnosis?	SOCIAL PHOBIA, BODY DYSMORPHIC DISORDER, DELUSIONAL DISORDER (SOMATIC TYPE)
A patient with somatic delusional disorder refusing to see a psychiatrist but sees a dermatologist regularly. What should the psychiatrist recommend the dermatologist do?	SUGGEST THAT THE DERMATOLOGIST ASK ABOUT DRUG USE
A 20 yo female patient reports menses stopped 4 months ago and she's pregnant. Reports morning sickness and vomiting, bigger breasts. Pregnancy test negative, ultrasound negative, still thinks she's pregnant. What's the diagnosis?	PSEUDOCYESIS

Depression

In learned helplessness model, the behavioral deficits in animals exposed to uncontrollable stress is reversed by? (5x)	ANTIDEPRESSANTS
Which d/o is treated w/ light therapy? (4x)	SEASONAL AFFECTIVE DISORDER
65yo had MDD but was treated w/ CBT to remission. Usually has 1 glass of wine w/ dinner. Same level of drinking for many years. Family h/o dementia in both parents. Advice? (3x)	CONTINUE THE ALCOHOL AS LONG AS THE PATTERN OF USE DOES NOT CHANGE
Patient with depression on admission. Which risk factor suggests the need for maintenance psychotherapy? (3x)	3 OR MORE EPISODES OF DEPRESSION IN A LIFETIME
21 yo F hospitalized for excessive bleeding following elective first trimester abortion. Pt reports having anxiety about bleeding, but is relieved about abortion. Pt reports that the baby's father is abusive but does not want to leave him. What is the strongest predictor of depression? (3x)	HX OF PRE-PREGNANCY DEPRESSION
Detachment of emotional component from perception: (3x)	DEREALIZATION
WHO study in 1990, what is the 2nd worldwide leading source of years of healthy life lost to premature death/disability (#1 is ischemic heart disease): (2x)	UNIPOLAR MAJOR DEPRESSION
79 yo asks for eval for STD. Upset and guilty about an affair. Spouse says the affair happened many years ago. Pt is sad but not confused. Dx? (2x)	MAJOR DEPRESSION WITH PSYCHOSIS
Which depressive symptom is a melancholic feature specifier in DSM-IV? (2x)	LACK OF PLEASURE
60 yo w/ depressive syndrome has memory problems. Incorrect on date, messes up serial sevens, spells backwards, but slowly. After 4 wks of trazodone, both mood and cognition are improved. Dx? (2x)	PSEUDODEMENTIA
Depression increases risk of mortality from what disease? (2x)	ISCHEMIC HEART DISEASE
50 yo PT w/ depression believes that he is responsible for the destruction of the world. This is an example of: (2x)	MOOD-CONGRUENT DELUSION
Depression, according to Beck's model is a manifestation of: (2x)	DISTORTED NEGATIVE THOUGHTS (COGNITIVE DISTORTIONS)

Which of the following characteristics is considered particularly likely to be found in patients with MDD with atypical features? (2x)	INTERPERSONAL REJECTION SENSITIVITY
34 yo F presents "unable to reach her potential" w mood switches frequently (day to day, sometimes within one day) from mildly to moderately. Depressed to happy in the morning. No episodes meeting criteria for mania. Hx suggests most likely Dx? (2x)	CYCLOTHYMIC DISORDER
Melancholia is characterized as: (2x)	ANHEDONIA
Focused attention, altered consciousness usually seen in pts w dissociative D/O: (2x)	TRANCE
This symptom is essential to support a diagnosis of dissociative identity disorder: (2x)	EXTENSIVE INABILITY TO RECALL PERSONAL INFORMATION
A feeling of being outside oneself or detached: (2x)	DEPERSONALIZATION
Patient presents with complain "I think I'm going crazy." Reports that she has no self and thoughts are not her own. Feels like a robot and is unable to control her body. States she has feelings and is not able to feel them. Feels emotionally numb. Feels head is "full of cotton." Recently started having "out of body experiences." Diagnosis? (2x)	DEPERSONALIZATION / DERELICITATION DISORDER
Neurochemical abnormality with depressive disorders	REDUCED CIRCULATING LEVELS OF GABA
How to identify mood disturbance in patients with sleep difficulties?	"HOW WELL RESTED ARE YOU DURING THE DAY?"
Which assessment strategy differentiates bipolar from unipolar depression in a pt with an index depressive episode	LONGITUDINAL FOLLOW-UP
In cancer patients, what should you use to treat subthreshold depression sx?	START AN SSRI
Which of the following conditions is most likely to be comorbid with pathological gambling?	MAJOR DEPRESSIVE DISORDER
Screen for depression in primary care setting?	PHQ
Average # of yrs from start of mood d/o to dx?	6-8 YEARS
Finding from studies of neuroimmune mechanisms of depression	PRO-INFLAMMATORY CYTOKINES ARE OFTEN ELEVATED
Symptoms that may dominate the picture of mood disorders w catatonia?	EXCESSIVE PURPOSELESS MOTOR ACTIVITY NOT INFLUENCED BY EXTERNAL STIMULI
35 year old woman reports a history of recurrent depression always beginning in fall/early winter and remit by spring. She is trying to become pregnant, what's the best tx?	LIGHT THERAPY
40 yo eats and sleeps too much, craves sweets, poor concentration, irritable, constant conflicts with husband. States "I always feel better in spring." What is the treatment?	PHOTOTHERAPY

Clinical circumstance that best warrants consideration of psychotherapy as the sole treatment for mild to moderate depression:	PREGNANCY, LACTATION, OR WISH TO BECOME PREGNANT
Which is NOT common in patients >65: depression, cog d/o, phobias, ETOH d/o, psychotic d/o?	PSYCHOTIC D/O
Pts w late-life depression compared w early onset depression more likely to report:	PSYCHOTIC SXS
52 yo with h/o unipolar depression is brought to ED with a first episode of catatonia. Pt is on no meds, UDS is neg. Further w/u should initially focus on what factor?	METABOLIC DISORDERS
Pt with MDD 4-wks into sertraline 200 mg trial without improvement. Duloxetine 90 mg added for an additional 6 weeks followed by 4-weeks on phenelzine 90 mg. Pt cont to be depressed. What would be the most definitive treatment:	ECT
Pt with low mood, middle insomnia, impaired concentration and memory x 3 months, onset shortly after adult child was convicted with felony and imprisoned x 10 years. Most likely Dx?	ADJUSTMENT D/O WITH DEPRESSED MOOD
Blunted response to TRH stimulation test correlates with:	DEPRESSION
Most common psych d/o that occurs in pts s/p organ transplant:	MAJOR DEPRESSION
The mood disturbance of PMDD is characterized by:	IT CAN BE AS SEVERE AS IN MDD
Defining feature of mood in atypical depression:	REACTIVE
27 yo F, 1 week postpartum, has sudden emotional outbursts; not sad, wants the baby. What's going on?	MATERNITY BLUES
Implantation of DBS electrodes has been shown to lead to remission in about half of patients with treatment-refractory depression. To obtain this effect, the electrode is placed in the:	SUBGENUAL CINGULATE CORTEX
Important distinction between depressive symptoms in pts with cancer as compared to those patients with depression but no cancer is that the patients w cancer?	USUALLY MAINTAIN INTACT SELF-ESTEEM
17 yo with depressed mood, low self esteem and poor concentration possibly has dysthymia. Which feature would support the Dx?	SYMPTOMS >1 YEAR
27 yo M seen in ED c/o insomnia, hopelessness, anorexia, decreased concentration for 2 weeks and is now acutely suicidal. Pt has hx of ETOH use daily for the past 3 months. The most likely Dx?	SIMD
65 yo morbidly obese pt with new onset of depression endorses fatigue and hypersomnia. He is not on meds and has no PMH. What test?	POLYSOMNOGRAPHY
40 yo M reports long hx of continuous dysphoria and insomnia (dysthymia). Recently he feels worse and reports poor energy, hopelessness and SI. Dx:	DOUBLE DEPRESSION

Dx for 40yo male w/ mild chronic dysphoria, insomnia, fatigue, and lessened job performance, now with despondency, tearfulness, lack of energy, skipping work, hopelessness, psychomotor agitation, and SI:	DOUBLE DEPRESSION
Strongest predictor in pt following MI (ever stronger than EF):	DEPRESSION
59 yo ER physician with alcohol problem and depressed mood, less tolerant to day and night shift. In addition to abstinence from ETOH, what is the next step?	RECOMMEND RELIEF FROM THE NIGHT SHIFT
Women at highest risk of MDD during:	REPRODUCTIVE YEARS
Man w/ HTN and MI, has stressors and depression, tx?	RELAXATION TRAINING
60 yo w/ depression & paranoia treated with 50 mg Zoloft and 6 mg risperidone. On follow up pt c/o slow thinking & excessive salivation. On PE masked faces and cogwheel rigidity present. Mood and paranoia have greatly improved. What is the next step?	LOWER DOSE OF ANTIPSYCHOTIC MEDS
What is a characteristic of atypical depression?	LEADEN PARALYSIS
Dexamethasone suppression test for diagnosing mood disorders:	NOT USEFUL IN ROUTINE CLINICAL PRACTICE
77 yo F whose husband died 6 wks ago, complains about the length of time it took for her to dress. She sounds irritable, looks fatigued. "I can't accept he is gone. I should have been able to save him". She says "When the real darkness descends on me specially in the middle of the night I don't want to call anyone." What is more indicative of MDD rather than uncomplicated bereavement:	HAVING THOUGHTS OF SUICIDE.
Cognitive triad of depression: negative self-perception, experience the world as self-defeating, and...?	EXPECTATION OF CONTINUED FAILURE
What augmentation strategies for treatment-refractory depression has shown the highest efficacy and replicability?	ELECTROCONVULSIVE THERAPY (ECT)
Tx for worsening depression, severe weight loss, dehydration, catatonia:	ELECTROCONVULSIVE THERAPY (ECT)
Presence/severity of depressive Sx in MS is correlated with:	CEREBRAL INVOLVEMENT
50 yo pt is being treated for sadness, anorexia, poor energy, and difficulty concentrating. Fluoxetine 20 mg is prescribed and the pt achieves full remission. Later pt admits that she had visual and auditory hallucinations. This improved with treatment and pt currently denies any hallucinations. Dx?	MDD WITH PSYCHOTIC FEATURES
25 yo pt reports experiencing intense periods of profound tiredness over the past 2-3 weeks. During these periods she has increased need for sleep and spends much of the day in bed. Pt also reports increased appetite. These episodes often occur in a setting of interpersonal discord. Dx?	MDD WITH ATYPICAL FEATURES
Pt is initiating light therapy for seasonal depression. What statement accurately represents what is known about the type, dose, and timing of effective treatment?	MORNING LIGHT TREATMENT APPEARS TO BE MORE EFFECTIVE THAN MID-AFTERNOON EXPOSURE.

Characterizes depression in pt with MS:	RESPONDS TO ANTIDEPRESSANTS
How many symptom-free weeks must be between two episodes of depression for them to be considered separate and therefore recurrent according to DSM-IV?	8 SYMPTOM-FREE WEEKS
Which of the following functions is most likely to normalize in an 80 yo pt successfully treated for depression?	INFORMATION PROCESSING SPEED
In pts with recurrent depression, successful treatment with antidepressants should be followed by which treatment strategy?	CONTINUING ANTIDEPRESSANTS AT THE SAME DOSAGE
Associated with improved outcomes in late-life depression?	FAMILY HISTORY OF DEPRESSION
Strongest risk factor for postpartum depression:	UNTREATED DEPRESSION DURING PREGNANCY
Why would you not test breast milk or baby's blood for sertraline levels in a breast feeding patient?	EVIDENCE SHOWS THAT INFANTS ARE HARMED MORE BY HAVING A DEPRESSED MOTHER THAN BEING EXPOSED TO SERTRALINE
What risk factor distinguished 42-52yo women w/ persistent or recurrent depressive sx from those w/ a single depressive episode?	SLEEP PROBLEMS
Began bright light therapy for seasonal mood change, now experiencing undesirable later sleep onset and awakening time. What is the most likely reason?	LIGHT EXPOSURE WAS TOO LATE IN THE DAY
The Patient Health Questionnaire-9 is a validated tool to assess the severity of what disorder?	MAJOR DEPRESSIVE
Most common disorder with family history bipolar?	MDD
Symptom in depression but not in bereavement:	PERVASIVE WORTHLESSNESS AND HELPLESSNESS
Symptom of MDD that indicates worse severity (other than SI):	PSYCHOMOTOR DISTURBANCE
Women in perimenopause are at two fold increased risk for which psychiatric disorder?	DEPRESSIVE DISORDERS
Most likely diagnosis for pt in second trimester pregnancy with 4 weeks of low mood, increasing SI, started after partner died in MVA, feels worthless, guilty, isolates, insomnia, and hears partners voice in whispers:	MDD
Clinically relevant reason to use Edinburgh Postnatal Depression Scale (EPDS) as depression screen in postpartum women:	IT DE-EMPHASIZES SOMATIC SYMPTOMS OF DEPRESSION

Dissociative Disorders

Which symptom is needed for the diagnosis of DID?	EXTENSIVE INABILITY TO RECALL PERSONAL INFORMATION
Dissociative amnesia is characterized by what core memory deficit?	AUTOBIOGRAPHICAL
Type of trauma that is associated with increased risk for dissociative amnesia:	TRAUMA CAUSED BY A CARETAKER

Dissociative symptoms most commonly represent:	NORMAL COMPONENTS OF RELIGIOUS AND RITUAL EVENTS
Which OTC drug causes a dissociative feeling:	DEXTROMETHORPHAN
Childhood environmental factor in dissociative ID d/o?	PHYSICAL ABUSE
Psychiatrist asks, "Do you find things in your possession that you cannot explain?" Trying to elicit:	DISSOCIATION
44 yo pt reports hx of repeated episodes of self-mutilation and sudden changes in relationships. After several months of psychotherapy, the pt speaks in unusual accent, is irritable, and has little awareness of in-session discussions. Psych MD has past records that state pt has been Dx with borderline personality disorder and has a sexual trauma history. Dx?	DISSOCIATIVE IDENTITY D/O
Pts with dissociative identity disorder are also most likely to meet the diagnostic criteria for which of the following disorders?	PTSD
20 yo in MVA, no injuries – speaks softly, feels calm, dim vision, mechanical movements, feels detached:	DEPERSONALIZATION
Psychiatrist and patients move from the day room to an interview room where they have met on several occasions. The patient states, "the room looks weird and different today; it doesn't feel right." This statement is an example of:	DEREALIZATION
Depersonalization is classified as disturbance of which of the following?	PERCEPTION
Newly married 22-year-old pt is strongly encouraged by her husband to seek eval due to abrupt changes in pt's attitudes and behaviors. Pt denies awareness of this, but does acknowledge "missing time" that made her feel like her life is "scattered on the floor of a film editor's studio after pieces were cut and the ends spliced back together." Old gf of husband has threatened to file charges 2/2 hostile telephone messages that have been traced to pt's phone. Pt denies memory of making calls. What is the d/o?	DISSOCIATIVE IDENTITY D/O
Distinguishing dissociative identity disorder from PTSD?	AMNESIA FOR EVERYDAY EVENTS
What diagnosis is associated with high hypnosis potential?	DISSOCIATIVE DISORDER
Most reversible type of amnesia:	DISSOCIATIVE AMNESIA WITH MDD

Eating Disorders

Episodes of unrestrained eating w/o compensatory behaviors of bulimia. Dx? (5x)	BINGE EATING DISORDER
Metabolic abnormality commonly found w anorexia nervosa/purging subtype? (4x)	DECREASED SERUM POTASSIUM
During the acute initial refeeding phase of tx for pt w/ severe anorexia nervosa, which is the most helpful focus of psychotherapeutic interventions with the pt? (4x)	COACHING, SUPPORT, AND POSITIVE BEHAVIORAL REINFORCEMENT

Dehydrated bulimic w/ BP 100/60 and orthostasis HR 60. Stat lab test: (3x)	POTASSIUM
What med has shown some efficacy in reducing binging and purging in bulimia nervosa? (3x)	FLUOXETINE
A plastic surgeon asks the psychiatrist to evaluate a 15 yo pt who is requesting rhinoplasty. The surgeon is willing to perform the operation but is concerned by the pt's young age. The pt is with her parents. The pt explains "I broke my nose playing hockey 2 years ago and it has bothered me ever since" On exam, her nose is noticeable asymmetrical. Patient shows no obvious psychological distress other than concern for her appearance. Pt states "I just want to look normal again". Parents report the child has had poor self esteem since the injury and they are hoping the operation will help her self confidence. Which of the following is the most likely psychological outcome for this pt following cosmetic surgery? (2x)	AN IMPROVEMENT IN QUALITY OF LIFE
Complication of anorexia nervosa LEAST likely to resolve after restoring weight is? (2x)	OSTEOPOROSIS
A diagnosis of anorexia nervosa requires that the patient has maintained a weight below what percentage of a minimally normal weight for age and height? (2x)	85%
Pt with significant medical hx admitted to inpatient psych unit. Labs show: low K and Cl, elevated HCO3 and amylase, and normal lipase. Dx: (2x)	BULIMIA NERVOSA, PURGING TYPE
23 yo pt w/ excessive preoccupation with body shape. Pt is in no apparent distress, but admits to binge eating episodes followed by purging twice weekly for past 6 months, Body weight: normal. Dx: (2x)	BULIMIA NERVOSA
Enlarged parotid glands in a pt being treated for anorexia nervosa would suggest which of the following? (2x)	SELF-INDUCED VOMITING
Lab abnormality of refeeding syndrome: (2x)	HYPOPHOSPHATEMIA
What lab finding is common in a 18 yo w/ history of elevated BMI, difficulty losing weight despite adequate exercise and binge-eating behavior with frequent vomiting?	ELEVATED AMYLASE
What is necessary to diagnose anorexia nervosa?	INTENSE FEAR OF GAINING WEIGHT
Risk factor for developing bulimia?	CHILDHOOD SEXUAL ABUSE
What differentiates bulimia from binge eating disorder?	HISTORY OF LAXATIVE ABUSE
13 yo seen for therapy has lost weight and is now 20th %ile for weight and 60th %ile for height. Decided to eat healthy, wants to lose 5-10 lbs, spending time researching food. Diagnosis?	ANOREXIA NERVOSA
Abdominal pain, diarrhea, hypokalemia, weight loss, steatorrhea, skin pigmentation. Possible laxative abuse. Measure:	PHENOLPHTHALEIN
Patient with anorexia nervosa is admitted to the inpatient unit and has begun treatment with high caloric oral feedings; 2 days after	PHOSPHATE

admission an EKG shows ventricular tachycardia. Which tests would best determine the likely cause of arrhythmia?	
The primary focus of behavior therapy in the treatment of anorexia nervosa is to:	RESTORE WEIGHT
Bulimia is comorbid with:	MDD
Frequently a medical sx/sign in pts with anorexia:	REPRODUCTIVE HORMONE DYSFUNCTION
What electrolyte abnormality is most seen in bulimics?	HYPOCHLOREMIC ALKALOSIS WITH HYPOKALEMIA
32 yo pt reveals a long-standing preoccupation with the shape of her mouth and teeth, though she says that her friends and spouse have assured her that her feelings are inappropriate. Pt reports that she often spends an hour cleaning her teeth, so that the abnormality will be less noticeable. At times she avoids social contact, fearing that people will silently criticize the appearance of her mouth. She has no other obsessions on cleaning rituals. Best dx for pt's long-standing preoccupation?	BODY DYSMORPHIC DISORDER
25-year-old pt with no previous psych history has a new preoccupation with imagined defects in appearance, which is a cause of excessive concern. The pt has a normal medical workup and, other than the distress over appearance, the pt does not have other psych sx. Which of the following meds is most appropriate?	FLUOXETINE
In overcoming the resistance to treatment often encountered with patients who have anorexia nervosa, what is it most useful for the psychiatrist to emphasize?	EMPHASIZE HOW TREATMENT WILL ALLOW THE PATIENT TO FOCUS ENERGY ON OTHER MATTERS.
Bulimia and depression. Contraindicated:	BUPROPION
What is associated with flattening of T waves and development of U waves on EKG?	PURGING BEHAVIOR
What test findings are associated with anorexia and bulimia?	BRADYCARDIA, AMENORRHEA, HYPOKALEMIA, AND ELEVATED SERUM AMYLASE
Bulimia nervosa presents in which personality d/o?	BORDERLINE
Which enzymes can be increased in serum of pt's with bulimia?	AMYLASE
At 30 years after presentation for treatment, mortality rates for anorexia nervosa are:	0.20%
EKG finding in pt with binging and purging bx:	QT AND T WAVE CHANGES
Psychotherapy that has been shown to be effective in bulimia nervosa:	CBT
Evidence for efficacy of family therapy as treatment for eating disorders?	IS SUPERIOR TO INDIVIDUAL THERAPY FOR ADOLESCENTS 6-12 MONTHS AFTER TREATMENT
18 yo F avoiding food for 4 months with low BMI, regular menstruation, obsessing about being fat, trying to lose weight, sometimes vomits after large meals. Diagnosis?	ANOREXIA NERVOSA

8 yo with wt loss uninterested in eating because its "disgusting" no body images, no purging. Diagnosis?	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER
Medication with best evidence of effectiveness in treating binge-eating disorder:	LISDEXAMFETAMINE

Factitious Disorder

What condition shows motivation to assume the sick role? (3x)	FACTITIOUS DISORDER
What factor differentiates malingering from factitious disorder? (2x)	HAVING EXTERNAL INCENTIVE
25 yo prisoner claiming to be depressed is hospitalized after he swallowed some razor blades. Razor blades were carefully wrapped with surgical tape before swallowing. Confesses he wanted some time out of prison. Dx? (2x)	FACTITIOUS DISORDER
Which EMG findings in pt complaining of involuntary myoclonic movements supports dx of conversion disorder?	RISING PRE-MOVEMENT POTENTIALS
What test can help differentiate conversion disorder with leg sensory loss?	EVOKED POTENTIALS
Psychiatrist is evaluating frequent liar. Pt's lies are grandiose and extreme. Pt appears to believe the stories. This is called:	PSEUDOLOGIA FANTASTICA
In contrast to pts with factitious disorder, pts with malingering are characterized by having:	MOTIVATION FOR SECONDARY GAIN
Pt complaining of an inability to move his arm. Pt is becoming enraged at his wife and, on several occasions, feared he might strike her. Shortly after one argument, his arm became limp. Dx:	PRIMARY GAIN
25 yo prisoner who claims to be depressed is hospitalized after he swallowed some razor blades. The razor blades are found to have been carefully wrapped in surgical tape before the pt swallowed them. Later, the pt confesses he swallowed the blades because he wanted some time out of prison:	MALINGERING
Psych MD is asked to recommend treatment interventions for a 16 yo pt with a presumptive diagnosis of conversion disorder. Which of the treatments is most likely to be both accepted by the pt and result in functional improvement:	REHABILITATIVE TREATMENT
24 yo M seen in ED with chest pain claims to have a rare connective tissue d/o and said he required a recent heart transplant due to aorta dissection. He provides the MD with a list of immunosuppressive meds and requests that a transesophageal echo be done. He has no sternotomy scar and outside records indicate his story is false. Is this likely factitious d/o or malingering?	FACTITIOUS D/O (MALINGERERS USUALLY AVOID INVASIVE TESTS)
Hallucinations in patients with conversion disorder are characterized by?	HAVING A CHILDISH, FANTASTIC QUALITY
What key factor distinguishes factitious disorder from malingering?	MOTIVATION TO BE IDENTIFIED AS ILL

Core feature of factitious disorder:	INTENTIONAL FALSIFICATION OF MEDICAL OR PSYCHIATRIC SYMPTOMS
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General Medical Conditions

Autoimmune

A 35 yo F patient has discoid lupus which has long been controlled with a stable dose of oral prednisone. She abruptly develops increased fatigue, inflamed joints, and diffuse myalgias. Pt also exhibits depressed mood and cognitive impairment. She has no prior psychiatric history and no focal neurological signs. Which of the following is the most likely etiology? (2x)	DISEASE INDUCED CEREBRITIS
28 y.o. hospitalized with paranoid delusions, AH, and agitation, tx w/ Haldol 5, pt becomes rigid & mute, in days gets choreiform mvmt, has seizures, gets resp problems leading to ICU admit. Exam shows ovarian mass, CSF will show antibodies to: (2x)	NMDA RECEPTORS
Middle aged pt with progressive spastic paraparesis and new onset visual loss. MRI shows longitudinal lesion in cervical spinal cord + enhancement of optic nerve is associated with what antibody?	AQUAPORIN-4 (MS)
A C&L psychiatrist sees a sick patient with AMS. Has persecutory delusions and AH/VH. Malar rash and proteinuria, fever, pancytopenia present. What is the cause of AMS?	LUPUS CEREBRITIS
Patient presents with paranoia and auditory hallucinations, found to have waxing and waning confusion. Anti-NMDA receptor antibody was positive. Which neoplasm is associated with her symptoms?	OVARIAN TERATOMA
Which sx is most common in pts with SLE?	DEPRESSION AND/OR COGNITIVE DYSFUNCTION

Delirium

72 w/ recent behavior/memory problems. Disrobing, not sleeping, irritable. Waxing and waning consciousness. Dx? (8x)	DELIRIUM
52 yo pt w/ hx of depression & HTN hospitalized, being evaluated by a psych resident. His family reports he had severe HA & "has not been himself" for 10 days. On exam, pt has poor eye contact and is inattentive, muttering, picking at his clothes, occasionally dozing off although it is midday. Dx: (4x)	DELIRIUM
Pt with ICU psychosis most likely has what condition? (2x)	DELIRIUM
Doctor examines 81-year-old pt twice daily, mid-morning and late afternoon. Comparing the two assessments, what findings suggest that the patient is delirious? (2x)	LOGICAL AND COHERENT SPEECH ON THE FIRST EXAM, DISORGANIZED SPEECH ON THE SECOND
52 y.o. with delirium on eeg:	GENERALIZED THETA AND DELTA ACTIVITY (SLOWING)
21 yo pt is hospitalized w/ 4 wk hx of progressive paranoia, irritability, confusion and sleep disturbance. Psych MD elicits pt hx of viral illness preceding the onset of psychiatric Sx and mental status changes. No family psych hx. Benadryl markedly made Sx worsened. Dx:	DELIRIUM SECONDARY TO VIRAL ENCEPHALITIS
Alcoholic p/w 2 days confusion, AH/VH, disorientation, distractibility, with fever, tachycardia, and tremor. EEG shows low-voltage fast	DELIRIUM A/W ETOH WITHDRAWAL

waves superimposed on slow waves. Long-term olanzapine treatment for schizoaffective d/o. Dx?	
Best recommendation for pt with delirium? Minimize contact with family members or limit sleep meds to diphenhydramine, or maximize staff continuity assigned to pt?	MAXIMIZE STAFF CONTINUITY ASSIGNED TO PT
Delirium in HIV patients treated with what parenteral agent?	LOW DOSE OF A HIGH-POTENCY ANTIPSYCHOTIC
Pt w/ hx of Central Pain Syndrome presented to ED with high temp, tachycardia, dilated and poorly reactive pupils, VH, agitation, constipation, and dry skin. Dx:	ANTICHOLINERGIC DELIRIUM
This major symptom of delirium may require that the pt receive pharmacological treatment:	INSOMNIA
57 yo w AMS over several hours, followed by abrupt return to normal. No recollection, patient observed to be confused, oriented. Pt keeps asking same question, otherwise neuro exam normal, no weakness, loss of balance, speech impairment. What is typical of this condition?	RECURRENT EPISODES RARE
8 days after hip surgery a 75 yo pt has episodes of disorientation, sleeplessness, and crying especially at night. Also little frogs in her room. In mid morning she is ok. Was Dx w/ MDD several months ago and taking doxepin 25 mg tid and diazepam 5 mg tid were d/c before surgery. Currently on meperidine, diphenhydramine. The recent confusion is NOT caused by:	ATYPICAL DEPRESSIVE DISORDER
What is the easiest scale to use for initial assessment of delirium in geriatric patients?	CONFUSION ASSESSMENT METHOD
In a likely delirious patient, in addition to orientation questions, which part of the MMSE is most helpful to confirm the diagnosis?	SERIAL 7S

Endocrine

35 yo pt presents with severe depression with episodes of anxiety for 9 months that have become so bad he can no longer leave the house, has severe weight loss, hyperpigmentation of exposed skin, and cold tolerance. Dx? (2x)	ADDISON'S DISEASE
36 yo F w/ fatigue, weight loss, salt craving, nausea, hyperpigmentation, and muscle cramps, depressed mood, and apathy? Dx?	ADRENOCORTICAL INSUFFICIENCY
58 yo depression and psychomotor retardation on SSRI. Tx augmented by?	LIOTHYRONINE
73 yo M w/ onset of fatigue, weight gain, constipation, cold intolerance, depressed mood. Which organic cause needs to be ruled out?	THYROID
Physical finding associated with hypothyroidism:	SLOW RELAXATION OF DEEP TENDON REFLEXES
32 yo s/p thyroidectomy presents c/o frequent panic attack, progressive cognitive inefficiency, perceptual disturbances, severe muscle cramps, and carpopedal spasm. PE: alopecia and absent DTR. Dx?	HYPOPARATHYROIDISM

55yo p/w depression, fatigue, wt gain, & somnolence x1 mo. Hx MI 3mo ago (VTach), on amiodarone, HCTZ, & metformin. Management?	TSH & T4 level
Irregular asymmetric small (1-2mm) pupils which react to accommodation but not to light.	DIABETIC AUTONOMIC NEUROPATHY
Hyperthyroidism should be ruled out as part of the DDX of what psychiatric d/o	PANIC D/O
The most common psychiatric symptom associated with pheochromocytoma?	PANIC ATTACKS
What stage of development occurs first in female physical development?	INCREASE IN ADRENAL ANDROGEN PRODUCTION
This is a necessary characteristic for symptoms that qualify for DSM diagnosis of premenstrual dysphoric disorder:	MUST BE PRESENT DURING THE FINAL WEEK OF LUTEAL PHASE
Adult with extreme fatigue, depression, darkened skin and mucosa. Which lab test to diagnose	ACTH STIMULATION TEST

Genetics

Developmental disability assoc w triple repeat genetic abnormality: (4x)	FRAGILE X SYNDROME
4 yo child that was hypotonic as an infant is now demonstrating developmental delays, foraging for food and having many temper tantrums. Dx? (4x)	PRADER-WILLI SYNDROME
13 yo w developmental delay, stereotyped behaviors, impaired social interactions, hyperactive behavior, large anteverted ears, hyperextensible joints, macroorchidism. Dx? (3x)	FRAGILE X SYNDROME
27 yo F has multiple brown popular lesions on the face, neck, shoulders that have developed over years. Has b/l hearing loss, b/l limb and gait ataxia. MRI w/ gadolinium shown on test and has b/l enhancing masses. Pt is a carrier of a mutation in which gene? (3x)	NF-2 (NEUROFIBROMATOSIS 2 GENE)
Adult pts with velocardiofacial syndrome (chromosome 22q11 deletion syndrome) are at substantially increased risk for developing which psychotic d/o? (3x)	SCHIZOPHRENIA
Most common inherited mental retardation: (2x)	FRAGILE X
Child presents w/ moderate intellectual disability, deficits in visual-spatial processing, high levels of anxiety, a phobia, and is highly sociable. Which genetic d/o? (2x)	MICRODELETION ON CHROMOSOME 7q11.23 (WILLIAMS SYNDROME)
Metachromatic leukodystrophy associated w/ mutation in a gene for which enzyme? (2x)	ARYL SULFATASE
Apoptosis of cortical neurons differs from necrosis in that it: (2x)	INVOLVES EXPRESSION OF SPECIFIC GENES

40 yo M developed gradually progressive dementia and abnormal involuntary movements. Older brother and father have similar illness. Best Dx? (2x)	EXCESS CAG TRIPLETS IN DNA ANALYSIS
Genetic anticipation refers to: (2x)	EARLIER ONSET OR WORSENING OF ILLNESS WITH EACH SUCCEEDING GENERATION IN A PEDIGREE (WITH EACH TRANSMISSION OF UNSTABLE DNA)
Karyotyping is a method of genetic analysis characterized by which techniques? (2x)	ANALYZING CHROMOSOMAL STRUCTURES
What does acetylation of lysine residues in histone proteins do? (2x)	RELAXES CHROMATIN STRUCTURE
Pattern of inheritance in Huntington's disease: (2x)	AUTOSOMAL DOMINANT
Three major epigenetic mechanisms? (2x)	DNA METHYLATION, HISTONE MODIFICATION, MICRO-RNAs
Effect of histone acetylation leads to? (2x)	ACTIVATES TRANSCRIPTION
Term for cluster of alleles in linkage disequilibrium that are inherited as a single unit: (2x)	HAPLOTYPES
Transmission pattern for tuberous sclerosis:	AUTOSOMAL DOMINANT
What ethnic group, associated with HLAB1502 is associated with increased risk of SJS with carbamazepine use?	ASIAN AMERICAN
What is the function of cis-regulatory elements in gene expression?	MEDIATORS OF TRANSCRIPTIONAL ACTIVITY
Which genetic syndrome is characterized by intellectual disability, long face, large everted ears, and high arched palate?	FRAGILE X
Genetic syndrome characterized by developmental delay, cardiac abnormalities, palate defected, immune deficiency, increased risk of schizophrenia; what kind of chromosomal mutation?	DELETION
Which of the following mechanisms is responsible for the elevated rates of physical diseases (including heart disease, obesity, etc) following in utero exposure to extreme stress?	DIFFERENCES IN DNA METHYLATION
Feature of X-linked dominant disorders?	FEMALES ARE TWICE AS LIKELY TO BE AFFECTED
Gene expressed differently when inherited from mom or dad?	GENETIC IMPRINTING
Preferred genetic test for Trisomy 21?	KARYOTYPING
25yo w/ hx of developmental delay presents for anger. Karyotyping finds microdeletion. What is the disorder?	PRADER-WILLI SYNDROME
What method to reproduce many copies of a gene?	POLYMERASE CHAIN REACTION
Methodological advantage of a genome wide association study in comparing individuals with schizophrenia to demographically matched controls. Meaning?	CAN DETECT COMMON GENE VARIANTS THAT HAVE SMALL EFFECT ON DISEASE RISK
What is the diagnosis of pt with FTT in infancy, hyperphagia, obesity, hypogonadism, OCD? Pt has short stature and small hands/feet.	PRADER-WILLI

Chromosomal microdeletions in q11.2 of chromosome 22	SCHIZOPHRENIA
Which genetic abnormality presents with macroorchidism, intellectual disability, and frequent hand flapping in teenagers?	TRINUCLEOTIDE REPEAT IN FMR1 GENE
Clinical exome sequencing helps detect which genetic abnormalities:	SINGLE NUCLEOTIDE SUBSTITUTIONS
Gene mapping strategy to detect rare genetic variants of large effect:	PEDIGREE LINKAGE ANALYSIS
Breakage and removal of seg of chromosome and moved to another:	TRANSLOCATION
Genetic technique to analyze chromosomes for a disorder:	LINKAGE ANALYSIS
Which method examines the consistency that genetic variants are passed from parent to offspring within different families?	LINKAGE ANALYSIS
The term for genetic alleles at two loci that occur together in the population more often than predicted by the allele frequencies at the two loci is called what?	LINKAGE DISEQUILIBRIUM
Analyzing genetic markers in a diseased population and comparing it to the norm?	GENOME WIDE ASSOCIATION STUDIES
What is the similarity between copy number variation and single nucleotide polymorphisms?	ARE COMMONLY FOUND IN HEALTHY INDIVIDUALS
What type of genetic variation is most commonly investigated in genome wide association studies?	SINGLE NUCLEOTIDE POLYMORPHISMS
What syndrome has pathogenic copy number variants affecting DNA base pairs?	PRADER-WILLI
Pts w/ PTSD have higher frequency of a specific genotype, this refers to what gene identification approach?	CANDIDATE-GENE APPROACH
Animal licking/ grooming affects offspring stress. Mechanism?	IS DUE TO DNA METHYLATION AFFECTING GLUCOCORTICOID RECEPTOR EXPRESSION
Molecular mechanism explaining how early life development contributes to psychiatric disorders?	DNA METHYLATION
Which is the most common mitochondrial disorder?	MITOCHONDRIAL ENCEPHALOPATHY, MYOPATHY, LACTIC ACIDOSIS, AND STROKE-LIKE EPISODES (MELAS)
Which is seen in 90 – 100% of pt w/ narcolepsy (genetics)?	HLA-DR2
Mutations in the gene that codes for the Parkinson protein are most commonly associated with which parkinsonism?	EARLY-ONSET PARKINSON'S DISEASE
Adrenogenital syndrome, Down syndrome, Hurler's syndrome, Tay-Sachs disease and phenylketonuria all cause mental retardation. Which one does NOT have an autosomal recessive inheritance pattern?	DOWN SYNDROME
What neurological syndromes is the result of trisomy 21?	DOWN SYNDROME
Down syndrome triple screen includes a fetoprotein, estriol, and what?	HUMAN CHORIONIC GONADOTROPIN

Process of gene expression:	DNA TRANSCRIBED TO mRNA AND PRODUCES PROTEINS
Individuals carrying inactive alleles of the CYP2A gene have increased cotinine levels per unit of drug ingested and are relatively protected from addiction to:	TOBACCO
Psych comorbidities in individuals w mental retardation vs general population:	SAME TYPES OF PSYCHOPATHOLOGY
Strongest genetic contribution:	CYCLOTHYMIC DISORDER
Genetic linkage studies investigates what in medico-psychiatric research:	CO-SEGREGATION OF GENES DURING MEIOSIS
What is part of routine workup of a child with mental retardation but without dysmorphic features or neurological findings?	CHROMOSOMAL ANALYSIS
Pattern of inheritance in Wilson's disease:	AUTOSOMAL RECESSIVE
Polymerase chain reaction (PCR) used in genetic linkage studies involves:	AMPLIFICATION OF MICROSATELLITE MARKERS
What conditions associated w MR have an autosomal recessive inheritance pattern?	ADRENOGENITAL SYNDROME, HURLER'S, TAY-SACHS, PHENYLKETONURIA
4 yo does not run/climb, falls, has iliopsoas/quadriceps/gluteal weakness, enlargement of calves with firm, "rubbery" consistency, decreased DTRs and normal sensation. Wide based stance and walks waddling. When rising from the ground, uses a four-point position through full extension of all four extremities. Has family h/o similar sx in males. 1) EMG reveals? 2) Genetic mutation in what protein?	1) SMALL, SHORT-LASTING MOTOR UNIT POTENTIALS WITH INCREASED RECRUITMENT; 2) DYSTROPHIN
14 yo girl presents with delayed onset of puberty, short stature, and a history of cardiac abnormalities and hypertension. She has poor social skills. Psychological assessment reveals a normal verbal IQ and a below-normal performance IQ. Which of the following is the most likely dx?	TURNER SYNDROME
The sural nerve biopsy of a pt w charcot-marie-tooth type 1 is shown (image), exam shows diminished LE DTRs and deformities of feet BL. These deformities are typical of which molecular abnormality?	DUPLICATION OF THE PERIPHERAL MYELIN PROTEIN GENE
Increase risk for psychopathology in offspring?	HAVING BIO-RELATIVES WITH PSYCHIATRIC ILLNESS
15 yo pt w/ hx of atypical seizures that include psychomotor attacks and generalized motor episodes. Pt does poorly in school. Exam reveals skin lesion, no other abnormalities. A mutation of which gene?	TSC-1 (TUBEROUS SCLEROSIS GENE 1)
Epigenetic change with fragile X mental retardation 1 gene in fragile x syndrome?	METHYLATION OF THE CPG SITES OF THE PROMOTER REGION
What are splice variants?	DIFFERENT PROTEINS ENCODED BY THE SAME GENE
What is true about epigenetic histone protein amino acid residue modification:	ACETYLATION IS GENERALLY RAPID AND REVERSIBLE
Genetic method for analysis of rare variations?	NEXT GENERATION SEQUENCING

Where are DNA methylation regulatory enzymes and proteins found?	MITOCHONDRIA
Small insertions and deletions in DNA sequence referred to as:	INDELS
The most serious limitation of the candidate gene approach in identifying genetic disorder:	HIGH PROBABILITY OF FALSE POSITIVE FINDINGS
Genetic mechanism in velocardiofacial syndrome:	GENETIC DELETION
A young girl has developmental regression, loss of motor and language, stereotyped hand movements, muscle hypotonia, autonomic dysfunctions, and severe cognitive impairment. What genes are involved?	MECP2 CODING FOR METHYL CPG-BINDING PROTEIN 2
Comorbidity associated with autism spectrum disorder?	INTELLECTUAL DISABILITY
What genetic mechanism accounts for schizophrenia, autism, intellectual disability despite association with decreased facility?	DE NOVO MUTATIONS
This involves genetic control by factors other than DNA sequence:	EPIGENETICS
Proportion of the genome composed of the “exome”:	2%
What CYP450 polymorphism can lead to lower than expected lower than normal risperidone blood levels?	MULTIPLE COPIES OF WILD-TYPE ALLELES
Genetic copy number variations in individuals with severe neurodevelopmental disorders display what difference when compared to controls?	INCREASE IN BURDEN OF CNVs
Disorder caused by autosomal microdeletion:	WILLIAM'S SYNDROME
Detection of single nucleotide variants in rare genetic diseases is most likely to occur with which genetic study:	EXOME SEQUENCING
You suspect that a pt is a poor metabolizer due to excess side effects on low doses antidepressants, which method identifies CYP enzyme DNA sequence variants to explain intolerance:	MICROARRAY ASSAYS
Microarray analysis detects which genetic errors?	UNBALANCED TRANSLOCATION
What identifies genes that confer small increases in disease risk?	ASSOCIATION ANALYSIS
Patient with cardiac problems, auditory hallucinations, refusal to engage in care, inappropriate comments, nasal voice, short palpebral fissures, cleft palate. Likely syndrome?	VELOCARDIOFACIAL SYNDROME
What phenomenon can explain phenotypic differences in identical twins caused by environmental effects on genetic expression?	EPIGENETIC CHANGES
Genetic testing method best for detecting structural changes like translocations:	FLUORESCENT IN SITU HYBRIDIZATION
Genetic mutation that occurs during translation and results in substitution of a different amino acid referred to as?	MISSENSE MUTATION

How does imprinting lead to expression of phenotype?	METHYLATION OF THE PATERNAL OR MATERNAL ALLELE LEADS TO UNOPPOSED EXPRESSION OF THE OTHER ALLELE
Copy number variants are an important etiological factor in syndromic cases of what disorder?	AUTISM SPECTRUM DISORDER
Name an example of a syndrome caused by a monogenic mutation:	FRAGILE X
Childhood trauma increases expression of this gene:	FKBP5
Best tool to localize genes of single or major effect within a family of related individuals:	LINKAGE ANALYSIS
Gene coding for which protein has 3 copies in trisomy 21?	AMYLOID PRECURSOR PROTEIN (APP)
Genetic test most efficient in sequencing protein coding regions:	WHOLE EXOME SEQUENCING
First step of next generation sequencing:	GENOMIC DNA FRAGMENTATION
Best time for amniocentesis to assess for genetic disorders:	20 WEEKS
Compared to genetic codes, epigenetic codes are characterized by:	DYNAMIC THREE DIMENSIONAL STRUCTURE
Gene variant that is best identified by pedigree-based approach:	RARE HIGH PENETRANCE
Which post-transcriptional genetic regulatory mechanism contributes to genetic abnormalities?	ALTERNATIVE SPlicing WITHIN THE SAME GENE
Function of microRNA:	REGULATES GENE EXPRESSION
Identifying a major genetic disorder within a family is best accomplished by what method?	LINKAGE ANALYSIS
Primary advantage of genome-wide mapping identifying genes implicated in psychiatric diseases	IT CAN RESULT IN NOVEL DISCOVERIES
Subjects of a study are members of a multi-generational family with multiple associated individuals. The study wants to identify genetic markers associated with the phenotype. Best gene mapping strategy:	PEDIGREE LINKAGE ANALYSIS
Genome study technique without looking for something in particular:	GENOME WIDE ASSOCIATION STUDIES
HIV/AIDS	
End stage AIDS with worsening fine motor movement, fluency, and visual spatial coordination, Dx? (2x)	AIDS DEMENTIA COMPLEX
HIV seropositive pt w/ psychotic symptoms has an absolute neutrophil count of 950 cells/mm3. Pt is on zidovudine, lamivudine, and ritonavir. What antipsychotic would be contraindicated? (2x)	CLOZAPINE
70 yo +HIV heroin abuser is treated with Lopinavir and Ritonavir and fluoxetine for MDD. Hep C was dx and treated 2 months ago. Since then pt is more irritable, insomnia, and diarrhea. Why?	DRUG-DRUG INTERACTION

When is a psychiatrist permitted to notify a 3rd party identified to be at risk for contracting HIV from a patient?	WHEN PATIENT W AIDS UNWILLING/UNABLE TO TAKE AUTONOMY-PRESERVING PRECAUTIONS LIKE ABSTINENCE
AIDS patient with memory problems, R hemiparesis, L limb ataxia, BL visual field deficits, and normal CSF. MRI T2 scan showed.	PROGRESSIVE MULTIFOCAL LEUKOENCEPHALITIS
AIDS and progressive hemiparesis and R homonymous visual field deficit assoc w patchy white matter lesions on MRI with normal routine CSF.	PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY
Gay couple seeks therapy. One has HIV, one is negative. HIV negative feels betrayed and believes HIV positive partner was unfaithful. What should a therapist say?	MEDIAN DURATION OF ASYMPTOMATIC STAGES OF HIV INFECTION IN THE US IS 10 YEARS
Most frequent route for HIV transmission in teenage girls:	HETEROSEXUAL CONTACT
What is a poor prognostic sign for HIV?	DEMENTIA
AIDS pt, progressive weakness of extremities over weeks. Distal sensory deficit for pinprick and vibration. Slow nerve conduction, but EMG shows no denervation:	CHRONIC INFLAMMATORY DEMYELINATING POLYRADICULONEUROPATHY
In considering safe sex practices for avoiding HIV infection, oral sex is best characterized by:	CAN RARELY TRANSMIT VIRUS
Prevalence of AIDS increased after discovery of AZT, best explanation?	MORE PATIENTS WERE LIVING LONGER

Other Etiologies

What has demonstrated efficacy for irritable bowel syndrome? (4x)	HYPNOSIS
Mild confusion, lethargy, thirst, polydipsia: (3x)	HYPONATREMIA
70 yo with mild Alzheimer's lives with family and prescribed SSRI for depression. Also has HTN, adult onset DM, and RA, which are stable. The pt develops acute confusion but no other med or psych symptoms which test should be ordered first? (2x)	ELECTROLYTES
In ER, which symptoms most strongly suggest a general medical condition? (2x)	CLOUDED SENSORIUM
What is the most common biological cause of prenatal neurotoxicity linked to the development of intellectual disability (mental retardation)? (2x)	ALCOHOL EXPOSURE
Typical neuropsychiatric changes in aging:	IT TAKES LONGER TO LEARN NEW MATERIAL, AND COMPLETE LEARNING OCCURS.
45 year old with diagnosis of Huntington's disease with symptoms of no interest, amotivation, lack of conversation, and poverty of speech. Denies low mood and other neurovegetative symptoms and doesn't seem concerned or distressed. Likely diagnosis?	PERSONALITY CHANGE DUE TO OTHER MEDICAL CONDITION
22F with paranoia/hallucinations, abdominal pain during menstruation, on PE shows reduced strength in UE/LE, reduced DTR, what lab elevated?	PORPHOBILINOGEN
Leading cause of death in pts with severe mental illness:	CARDIOVASCULAR DISEASE

Which of the following is the most accurate information on the use of biofeedback for hypertension?	IT IS EFFECTIVE FOR HYPERTENSION, HOWEVER, IT IS LESS EFFECTIVE THAN MEDICATION
75 yo M getting into several car accidents. Good physical health, no disease, no meds, most likely cause of accidents?	SLOWER VISUAL PROCESSING
Which metabolic changes are characteristic of normal aging?	CREATININE CLEARANCE DECLINES
Pt who was admitted to the ER after a MVA receives IV dextrose 5% to provide access for administration of parenteral meds. Later, pt experiences confusion, oculomotor paralysis, and dysarthria. Symptoms were likely caused by:	WERNICKE'S ENCEPHALOPATHY
A 34 yo patient is being treated for malaria after returning from a trip to Kenya. The patient has a history of schizoaffective disorder which has been well controlled for more than a decade with a combo of Risperdal and Lithium. The pt is given a single dose of mefloquine, however after 1 week the patient reports feeling anxious. This escalates over the next week to PMA and persecutory delusions. The most likely cause of the pt's psychotic symptoms is:	UNCOMMON SE OF THE ANTIMALARIAL TREATMENT
A consult is requested for a patient on a medical ward who is agitated and hallucinating. Pt appears to be flushed and hot with dry skin, mydriasis, a rapid pulse and diminished bowel sounds. What is your first recommendation?	D/C ANTICHOLINERGIC DRUGS
Free RBCs protoporphyrin test in the screening for intoxication with:	LEAD
What causes of decreased vision in older adults is characterized by an inability to focus on an object as a result of retinal damage:	MACULAR DEGENERATION
Which of the following is the most powerful predictor of falling in older adults?	USE OF SEDATIVE MEDICATIONS
Pt has partial resection of bowel. Has not resumed ambulation despite encouragement. Pt has low mood, poor sleep, and anhedonia. Dx?	PSYCHOLOGICAL FACTORS AFFECTING GENERAL MEDICAL CONDITION
42 yo pt has had chronic abdominal pain, constipation and nausea for the past 14 months. Extensive medical work-up has revealed no organic cause, but the pt insists that these are symptoms of a serious disease. Most likely diagnosis:	HYPOCHONDRIASIS WITH POOR INSIGHT
Terminally ill cancer patients who experience concerns about bad death are most typically worried about dying with what?	PAIN
Post-gastric bypass surgery. Which substance is likely to lead to death?	ALCOHOL
Risk for what condition is even greater than breast cancer in females taking oral estrogen or progesterone 20 years post-menopause?	CARDIOVASCULAR DISEASE
Leading risk factor for dementia:	OLDER AGE

OCD (and related disorders)	
A genetic susceptibility for OCD is suggested by evidence that there is a familial link with: (4x)	TIC DISORDERS
Principal behavioral technique for OCD: (4x)	EXPOSURE & RESPONSE PREVENTION
What is the most common pattern of obsessions in pts with OCD? (2x)	CONTAMINATION
25 yo with OCD diagnosed 2 years ago is likely to benefit from what medicine (in addition to psychotherapy)? (2x)	CLOMIPRAMINE
A 20 year old male pt presents to his physician for a physical examination because he is worried that he may have contracted an infectious disease. He states that his worry is interfering with his ability to complete work assignments. He states that he counts to 100 repetitively in order to distract himself from this worry. He has no prior medical or psychiatric history. He does not abuse substances and is not involved in any relationships. Which of the following regions of the pt's brain is most likely to show increased activity on PET scan? (2x)	CAUDATE
Name for tics comprised of obscene gestures: (2x)	COPROPRAXIA
Two common features of OCD:	CLEANING AND CHECKING
Neurosurgical approach that treats refractory OCD targets what structure?	CORTICO-STRIATAL-THALAMO-CORTICO-CIRCUITRY
Difference between childhood onset OCD differs and adult onset:	PSYCHIATRIC COMORBIDITY BURDEN IS GREATER
Pt with OCD resistant to entering treatment is a candidate for:	MOTIVATIONAL INTERVIEWING
According to DSM-IV-TR, compulsive skin picking would be:	IMPULSE CONTROL D/O NOS
Episodic OCD with variable severity of Sxs, independent of Tx, is more common in:	BIPOLAR MOOD DISORDER
Which TCA has consistently been found to be useful in long term treatment and relapse prevention of OCD?	CLOMIPRAMINE
Repetitive behaviors that the pt feels compelled to perform ritualistically, while recognizing the irrationality and absurdity of the behaviors, describes:	COMPULSIONS
Persistently intrusive inappropriate idea, thought, impulse, or image that causes marked distress is:	OBSESSION
Pt w OCD started on 100 mg sertraline, at 4 week f/u increased to 150 mg b/o no response. Week 10, pt reported no improvement. Next step?	INCREASE SERTRALINE TO 200 MG
Hx of OCD, Zoloft only partially effective. Next:	TRY ANOTHER SSRI
What is an effective treatment for obsessive compulsive disorder?	ESCITALOPRAM

Anterior capsulotomy and/or cingulotomy are indicated and demonstrated effective for pts with what severe incapacitating disorder?	OCD
Pt is hoarding, home filled with filth, acknowledges she keeps a lot of things (hoarding):	HOARDING DISORDER
Which condition is least likely to respond to hypnosis?	OCD
40 yo pt complains of repetitive, continuous hand-washing throughout the day to the point of chafing skin. Pt denies fear of germs or any obsessive thoughts, cannot explain continuous washing. Dx?	OCD
Psych MD asks a patient, "are there things you must do in a particular way or order?" With this question, psych MD is trying to elicit?	COMPULSIONS
Man obsesses about killing his g/f. Instead of killing, picks his face w/ a pin. Medication:	FLUVOXAMINE
Pt with contamination fears and hand washing rituals is treated with response prevention combined with:	EXPOSURE THERAPY
35 M w/ severe OCD, failed multiple meds, CBT and ECT, what next?	CINGULOTOMY
What condition is frequently associated with OCD?	TOURETTE SYNDROME
What statement reflects current thinking about neurological procedures for intractable OCD?	AT PRESENT, THERE IS LITTLE EVIDENCE TO SUGGEST THAT ANY ONE PROCEDURE IS SUPERIOR TO ANOTHER.
Group of disorders associated with disruption in cortico-striato-thalamo-cortical circuit function:	OBSESSIVE-COMPULSIVE
OCD is commonly comorbid with:	ANXIETY DISORDERS
Diagnosis in a new mother who has intrusive thoughts of hurting her baby that she does not want to obey but causes her distress that is reduced by holding her baby and praying?	OBSESSIVE COMPULSIVE DISORDER
What is most common psych comorbidity with OCD?	MAJOR DEPRESSIVE DISORDER
Patient reports frequent undesirable mental images of killing family members, which is distressing. Confesses to family daily, asking for reassurance of love. Diagnosis?	OCD
Type of obsessions more common in adults versus adolescents with OCD:	SEXUAL
Which diagnosis involves compromised orbitofrontal cortex, caudate, and dorsomedial thalamus activity?	OCD
Personality Disorders	
Personality d/o w chronic feelings of emptiness, transient psychotic sx, mood swings, tumultuous relationships, self-mutilation, poor self-image, impulsivity? (7x)	BORDERLINE

Which disorder has the greatest co-incidence of alcohol abuse and dependence? (3x)	ANTISOCIAL PERSONALITY DISORDER
What personality disorder results in displays of rapidly shifting and shallow expression of emotions in patients? (3x)	HISTRIONIC
Pt prominently uses the defenses of isolation of affect & intellectualization. Description of life events appears to involve reaction formation. What personality trait is most likely to characterize this pt? (3x)	OBSESSIVE-COMPULSIVE
What personality d/o is associated with transient psychotic symptoms? (2x)	BORDERLINE
Personality d/o should be considered in ddx of cyclothymic d/o? (2x)	HISTRIONIC
Pts with which personality d/o sees themselves socially inept, personally unappealing, or inferior to others? (2x)	AVOIDANT
Another psychiatrist refers to a pt by saying this pt is "special" and need really good treatment. You need to be careful with the pt to: (2x)	ANTICIPATE THE POTENTIAL FOR SPLITTING BETWEEN THE REFERRING MD AND YOURSELF
Avoidant PD differs from Schizoid PD by: (2x)	DESIRE FOR SOCIAL RELATIONS
Interpersonal exploitativeness is a diagnostic feature of: (2x)	NARCISSISTIC PERSONALITY DISORDER
40 yo hand surgeon has come into conflict with the hospital admin. Though the hospital went out of its way to recruit this surgeon, he has felt consistently betrayed and has accused the administration of trying to exploit him by expecting that he should take more calls, though this has never been stated. The doctor-hospital relationship deteriorated further when peer review raised a question about one of the surgeon's cases. The surgeon believes that none of his complaints have been satisfactorily resolved. He has become more unforgiving and isolated: (2x)	PARANOID PERSONALITY DISORDER
29 yo F w/ mood swings- mood changes very rapidly, sometimes without prompting, from elation to depression or intense anger. These moods last minutes to hours. Her history is significant for promiscuity, spending sprees, tumultuous relationships, unstable self-image, and occasional use of cocaine. Hx of a brief period of paranoia and AH? During and emotional break-up with her last boyfriend, which remitted after a 2-day admission to the psych unit. When asked about SI, she reports that it is always in her mind and that, whenever she is under stress, she cuts her arms with a sharp blade to relieve a strong feeling of emptiness. Most likely Dx? (2x)	BORDERLINE PERSONALITY D/O
25 yo hospitalized for appendectomy. Pt reports being "bothered by surgeon's aura". Lives alone, no close friends, gets on websites about auras and crystal work. Pt's mother affirms he's "always been this way." Which personality disorder? (2x)	SCHIZOTYPAL
Features of schizotypal include odd speech patterns, eccentric appearance, constricted affect and ____?	PARANOID IDEATION
Borderline patient pulling away from a relationship due to growing up in abusive household is stuck in which stage:	RAPPROCHEMEINT

30 yo is pushed by family to get help for isolation. She is uncomfortable around others and has problems making friends unless convinced they will accept her. She thinks others are highly critical of her and only has 2 close friends from childhood and has never dated. Fears of embarrassment interfere with job seeking as well. What is this dx?	AVOIDANT PERSONALITY DISORDER
Which personality d/o is most commonly found in pts w/ severe factitious d/o?	BORDERLINE PERSONALITY
Person with covert obstructionism, procrastination, stubbornness, and inefficiency may be classified as suffering from which personality d/o outside of current DSM classification?	PASSIVE-AGGRESSIVE
40 yo M emotional detachment, little interest in sex, no close friends. Axis II Dx?	SCHIZOID PD
Common symptoms of paranoid personality disorder:	PREOCCUPATION W/ UNJUSTIFIED DOUBTS OF LOYALTY/TRUSTWORTHINESS OF FRIENDS/ASSOCIATES
Underlying dynamic of much of the behavior of pts with paranoid personality d/o:	A DEVELOPMENTAL FAILURE TO ACHIEVE OBJECT CONSTANCY
20 yo M with poor performance in college, before was very good student except for not being able to finish assigned projects at college. Classmates have described bizarre behavior, such as counting loudly or repeating words silently. He does not want to follow others' rules but his own, he believes nobody understands him and are against him.	OBSESSIVE COMPULSIVE PERSONALITY DISORDER
Pt with body dysmorphic d/o may have what personality d/o?	NARCISSISTIC
Which personality disorder is characterized by a style of speech that is excessively impressionistic and lacking in detail?	HISTRIONIC
Pt becomes panicky and distressed every time psychiatrist goes on vacation, this pattern is most likely a characteristic of:	DEPENDENT PERSONALITY
Pt with histrionic personality d/o storms in his psychodynamic session and a few minutes late, clearly in rage. He expresses hopelessness and declares vehemently that he must divorce his wife. Next best intervention:	ENCOURAGE THE PT TO REFLECT MORE ON WHAT HAS HAPPENED TO TRIGGER SUCH PAINFUL FEELINGS
22 yo borderline splitting inpatient staff. You should:	EDUCATE STAFF ABOUT SPLITTING
DDx of histrionic personality disorder includes what other personality d/o?	DEPENDENT PERSONALITY DISORDER
Which personality d/o should be in the dif dx of agoraphobia:	DEPENDENT PERSONALITY DISORDER
23 yo M w/ Borderline. Had fight w/ g/f now psychotic, cutting, AH w/ command to harm self. What level of care:	BRIEF INPATIENT HOSPITALIZATION
Pts w/ this personality d/o most likely to have 1st degree relatives with depression:	BORDERLINE
According to DSM-IV-TR, what personality disorder in adults requires evidence of another specific psychiatric diagnosis prior to age 15?	ANTISOCIAL

Pt repeatedly becomes distressed after what seems, even to the pt, to be minor disappointments. Pt also seems to suffer from extreme narcissistic vulnerability. A therapist utilizing self-psychology would be most likely to interpret this as due to?	A LACK OF DEVELOPMENTALLY APPROPRIATE EMPATHIC CAREGIVERS.
DBT has been shown to be effective in the treatment of what personality disorder?	BORDERLINE
What personality disorders should be the main consideration in differential dx of schizotypal personality disorder?	AVOIDANT
16-year-old adolescent is being evaluated for possible schizophrenia. A family history of which of the following personality d/o is most strongly associated with this dx?	SCHIZOTYPAL
There is increased risk of schizophrenia with this personality disorder:	SCHIZOTYPAL
Which intervention is helpful in dealing with a borderline pt on a medical ward?	SETTING LIMITS WITH THE PT ON THE STRUCTURE OF THE MEDICAL CARE
Extremely demanding patient repeatedly calls the psychiatrist's office and berates staff in offensive terms. Which step should the psychiatrist take first?	SET LIMITS WITH THE PATIENT
Useful info to confirm diagnosis of antisocial personality d/o (APD) in 20 yo patient?	SCHOOL COUNSELING RECORDS
Pts that "cut" as a form of self-mutilation typically:	CLAIM TO FEEL NO PAIN
Which test to confirm personality disorder?	MILLON CLINICAL MULTIAXIAL INVENTORY (MCMI-III)
Med student is struggling with time management and peer to peer interactions on rotations. Has gotten feedback that she spends too much time organizing and highlighting her notes. She also violates duty hours due to inability to finish work during the day. If given a group assignment she completes it on her own saying it's easier to do it myself. Which of the following personality disorders does she likely have?	OBSSESSIVE COMPULSIVE PERSONALITY DISORDER
Man convinced wife is cheating. Monitors emails, texts, phone calls. No changes in sleep, appetite, energy. Diagnosis?	PARANOID PERSONALITY DISORDER
Personality disorder with pervasive and excessive emotionality and attention seeking behavior:	ISTRIONIC
Fear of abandonment is a core feature of this disorder:	BORDERLINE PERSONALITY DISORDER

Phobias

The key distinction in the differential diagnosis of social phobia versus agoraphobia is: (2x)	NATURE OF THE FEARED OBJECT
The parents of an 18 yo adol who is overweight notice that their child is avoiding high caloric foods, such as meat and pasta. When the parents inquire about this, the teen says, "I am afraid of eating." The evaluating psychiatrist asks when the eating behavior changed, and the teen reports having had an episode of panic which occurred while eating and was accompanied by choking feelings. A fear of	SPECIFIC PHOBIA

choking while eating and a wish to avoid foods that might cause choking developed. The teen denies other episodes of panic. Dx? (2x)	
Pt reports having a fear of driving and experiences feelings of panic, SOB, heart racing, sweating, and clamminess when anticipating a drive down street roads. Pt acknowledges going out of the way to avoid this situation. Pt denied similar Sx in other settings. Dx: (2x)	SPECIFIC PHOBIA
Social avoidance behavior in social phobia due to connection between amygdala and what?	PARABRACHIAL NUCLEUS
Take agoraphobic too crowded place and stay there until anxiety dissipates:	FLOODING
Which psychotherapeutic technique is most clearly indicated for treatment of simple phobia?	EXPOSURE THERAPY
Pt presents with chapped and reddened hands. Upon questioning, pt admits to washing the hands many times a day because "I work in a hospital cafeteria and am intensely afraid of contracting a flesh-eating bacterial infection." The most likely Dx:	SPECIFIC PHOBIA
Pts with blood phobia have 2 stage response when exposed to stimulus. First is increased anxiety and elevated BP. 2nd response?	HYPOTENSION
Avoids interpersonal situations due to anxiety and panic attacks:	SOCIAL PHOBIA
28 yo M episodic anxiety, palpitations, flushing, shaking, chest tightness. Mostly at work or w/ group of friends. Embarrassed, afraid to go to work, avoiding people:	SOCIAL PHOBIA
Most effective approach in behavioral treatment of phobias:	IN-VIVO EXPOSURE
This medication is commonly used in social phobia associated with performance situations, shortly before exposure to a phobic stimulus?	ATENOLOL
Psychosis	
Pt is nonsensical but is rhyming. What is this called? (5x)	CLANG ASSOCIATION
A person's inability or difficulty to describe or be aware of emotions or mood is called: (4x)	ALEXITHYMIA
Schneiderian first-rank symptom of schizophrenia: (4x)	HEARING VOICES AND ARGUING ABOUT ONESELF
19 yo pt reported hearing a voice that talked about what pt was thinking. The pt's speech has a normal rate and rhythm, but says things such as, "It is white, very white. I know. Things are that way. They are. I am." (Poverty of speech and content) This speech is an example of: (3x)	ALOGIA
Pt with CPS hospitalized 6x in the past year, hx of non-adherence to treatment, difficulty maintaining housing, and multiple med probs – which treatment most appropriate for this patient? (3x)	ASSERTIVE COMMUNITY TREATMENT

Postpartum psychosis is often associated with which of the following disorders? (3x)	BIPOLAR
Which term describes state of immobility that is constantly maintained? (Ability of a catatonic pt to hold the same position) (3x)	CATALEPSY
Late-onset schizophrenia is more common in men or women? (3x)	WOMEN
What factor is a good prognostic indicator in schizophrenia? (2x)	FEMALE GENDER
Successful psychosocial interventions in schizophrenics: (2x)	ASSERTIVE COMMUNITY TREATMENT
Subtype of schizophrenia less severe and starts older: (2x)	PARANOID
Schizophrenic with poor response to 3 trials of antipsychotic meds, next step? (2x)	CROSSOVER TO CLOZAPINE
Dysprosody is an abnormality of: (2x)	SPEECH
The most important risk factor for developing postpartum psychosis: (2x)	PREVIOUS POSTPARTUM PSYCHOSIS
Which of the following antipsychotic meds is most likely to be effective in pts with refractory schizophrenia who have failed to improve with other antipsychotics? (2x)	CLOZAPINE
Most commonly abused substance among patients with schizophrenia? (2x)	NICOTINE
No additional criterion A symptoms are required for the dx of schizophrenia if the pt has which of the following symptoms: (2x)	HALLUCINATIONS OF 2 OR MORE PEOPLE CONVERSING
29 yo pt is admitted to the hospital with a 1 week history of euphoria, insomnia, pressured speech, and grandiosity. Pt has delusions of being monitored by the FBI, and the staff observes pt responding to unseen others. In addition to these symptoms, what is required for diagnosis of Schizoaffective disorder? (2x)	PRESENCE OF PSYCHOTIC SYMPTOMS FOR AT LEAST 2 WEEKS IN THE ABSENCE OF MOOD SYMPTOMS
Focus for outpatient psychotherapeutic groups for schizophrenia? (2x)	SOCIAL SKILLS DEVELOPMENT
Who coined term "schizophrenogenic mother"?	FREIDA FROMM-REICHMAN
Which schizophrenia feature is less common in Western cultures?	CATATONIA
Most common cause of premature death in individuals with schizophrenia is ____?	CARDIOVASCULAR DISEASE
Leading cause of death in patients with schizophrenia 3x:	CARDIOVASCULAR DISEASE
Educate family of schizophrenia pt to?	ENCOURAGE ADHERENCE TO MEDS
Neuronal cell density in schizophrenia characterized by:	NO CHANGE
Longer duration of psychosis is associated w/:	FIRST GENERATION IMMIGRANT

What is the risk of developing schizophrenia when a sibling has it but parents don't?	10%
Reduces the suicide rate in adults with schizophrenia:	CLOZAPINE
"When I hear the news, the newscaster is talking about me." This represents?	IDEAS OF REFERENCE
75 yo male brought in by family for psych eval, family reports no past psych history, has gotten suspicious, withdrawn, hostile. Talks to self, talks about being controlled by aliens, believes aliens are putting thoughts in his head. 28/30 on MOCA, MRI shows age-related changes. Diagnosis?	SCHIZOPHRENIA
Poverty of speech and poverty of content are aspects of which of the following conditions?	ALOGIA
Only one criterion is necessary for dx of schizophrenia if the reported delusion is:	BIZARRE
23 yo pt w/ no previous psych hx BIB family. Parents report that pt has stopped seeing friends for the last 6 months, is afraid when cars pass by on the street, seems to be talking to self and television. Pt also has unusual movements of arms at times, flap and wave on their own accord. What is the diagnosis?	SCHIZOPHRENIA
Most common cause of organic paranoid symptom:	STIMULANT ABUSE
Which of the following is a non-DSM term for the category of schizophrenia when the dx is based solely on deficit or negative symptoms?	SIMPLE SCHIZOPHRENIA
Which of the following statements characterizes late-onset schizophrenia?	OCCURS MORE FREQUENTLY IN WOMEN THAN MEN
Assessing whether a schizophrenic criminal defendant may meet the standard for insanity defense, what do you ask?	"WHAT WERE THE VOICES SAYING TO YOU AT THE TIME OF THE CRIME?"
Which differentiates deteriorative d/o from schizophrenia?	ABSENCE OF PROMINENT POSITIVE SYMPTOMS
Though recent research has demonstrated that the blunted emotional expression in schizophrenia does not imply that a patient is anhedonic, individuals with schizophrenia do experience loss of interest or pleasure associated with?	SOCIAL INTERACTIONS
44 yo pt with schizophrenia is admitted to an inpatient psychiatric unit. After several days pt has muscle tremor, ataxia, twitching, diarrhea, restlessness, vomiting, polyuria, and stupor. Dx?	WATER INTOXICATION
What is a negative sx of schizophrenia?	SOCIAL INATTENTIVENESS
20 yo avoids everyone but parents. Stopped going to school. Feels everyone watching him. Always quiet, sits at home doing nothing, mumbles to self, some bizarre movements, flat affect. Denies depression or substance use.	SCHIZOPHENIFORM
Characterizes schizophrenics that smoke:	REQUIRE MORE NEUROLEPTIC MEDS

Most closely correlates w/ social fx in schizophrenics:	NEGATIVE SYMPTOMS
Healthy 37 yo F business exec learns that her brother is killed in a MVA and is decapitated. Three days after the funeral, she spots a man driving a car just like her brothers and is now convinced he is not dead. She believes she is the victim of a conspiracy in which others are manipulating her into losing her mind in order to take over her business. She hears a buzzing noise on her phone at work and believes her line is tapped. At home, she thinks the light in her neighbor's window is a sign that she is under surveillance. She calls the police and begs that action be taken. A month after treatment, her symptoms are gone and within 3 months she has returned to normal function. The diagnosis is:	BRIEF PSYCHOTIC DISORDER
45 yo F pt with vague complaints of "not feeling good," not sleeping well X 1 month. Pt discloses fear/anxiety over "weird things happening to me," including believing that some personal possessions are mysteriously missing or altered. Pt aware "this all sounds crazy," but cannot help feeling frightened that "someone is messing with my mind, maybe my ex-husband." Pt called police several times, but they never found anything suspicious. Pt had been a successful insurance agent, and expresses worry that his distress is distracting and may negatively affect work performance, which could result in job loss. Denies past psychiatric hx, except for feeling depressed for several months after the divorce a few years ago = resolved without treatment. Which course of action would best clarify the diagnosis?	OBTAIN A GENERAL MEDICAL/ NEUROLOGICAL WORKUP
Which medical condition is likely to include psychosis in the symptom complex?	SYSTEMIC LUPUS ERYTHEMATOSUS
21 yo recently diagnosed with schizophrenia becomes largely mute and occasionally repeats words in a parrot-like manner. This is a subtype of schizophrenia called:	CATATONIC
Positive Sxs of schizophrenia:	PARANOIA, AH, THOUGHT INSERTION, DELUSIONS
A negative Sx of schizophrenia:	BLUNTED AFFECT
28 F pt mute, rigid, catatonic. Not on meds. What Tx?	LORAZEPAM
What condition in patients with schizophrenic or schizophreniform psychosis is associated with poor prognosis?	INITIAL ONSET DURING ADOLESCENCE
Most common eye tracking movement abnormality in pts with schizophrenia?	INAPPROPRIATE SACCADES (SACCADIC INTRUSIONS)
What is the term for senseless repetition in schizophrenics?	ECHOLALIA
What is associated with poor prognosis in schizophrenics?	EARLY AGE OF ONSET, NEGATIVE SYMPTOMS, LACK OF PRECIPITATING FACTORS
Schizophreniform disorder differs from schizophrenia primarily in	DURATION
Which adjunctive treatment has been shown to reduce schizophrenia symptoms and improve inflammation/oxidative stress?	N-ACETYLCYSTEINE
Schizophrenic on haloperidol develops acute EPS. Cause?	CESSATION OF SMOKING

Schizophrenic stabilized on haldol 10. Return of psychotic Sx's after starting med for another condition. Cause?	CARBAMAZEPINE
Schizophrenic with VH, restlessness, marked thirst, agitation, elevated temperature, dilated pupils, dry skin. Dx?	ANTICHOLINERGIC INTOXICATION
What factor is associated with a better long-term prognosis in pts w schizophrenia?	ONSET AFTER 35 YEARS OF AGE
Good prognostic feature in schizophrenia:	ACUTE ONSET
Schizophrenics stop taking antipsychotic drugs. States that nothing is wrong. What is this behavior?	POOR INSIGHT
A 22 yo pt is brought to the ED by family members who report unusual behavior that has worsened over a few weeks. Disorganized and difficult to interview – stating “The world is ending! You must repent now!” Patient is actively responding to unseen others and accuses the family of being “devils”. No family history and no prior psych history for pt. Behavior began two months ago follow graduation from college. What is dx?	SCHIZOPHRENIFORM DISORDER
Schizophrenic patient becoming catatonic with waxy flexibility. Which is the most appropriate medication?	LORAZEPAM
A profound breakdown in both the logical connection between ideas and the overall sense of goal-directedness of speech is called:	DERAILMENT
Which of the following is more common in patients experiencing a first episode psychotic depression at old age compared to younger age?	NIHILISTIC DELUSIONS
An 80 year old has a depressed mood and cognitive decline. They respond with brief one word responses and rare spontaneous elaboration. This is an example of what type of speech?	POVERTY OF SPEECH
Patient describes hearing his name when the wind rustles outside in the morning. Phenomenon?	ILLUSION
Significance of religious delusions in patients with psychosis:	RELIGIOUS DELUSIONS WORSEN PROGNOSIS
What are polygenic risk scores useful for in clinical practice?	PREDICT PROGNOSIS IN FIRST EPISODE PSYCHOSIS
Risk of schizophrenia highest with which environmental risk factor?	PRENATAL VIRAL INFECTION
Young adult hospitalized for 1st episode severe psychosis discharged to environment where family is very critical. Patient drank heavily and functioned marginally prior to psychotic break. Best predictor of psychosis relapse?	MEDICATION NON-ADHERENCE
Sexual Disorders	
A young adult woman has difficulty with sexual intercourse. She is very embarrassed about giving information about it. She experiences “vaginal spasms” at her last encounter and thus she feels anxious thinking about having sex. She has a normal gynecological exam without discomfort. What is the most likely diagnosis? (2x)	GENITO-PELVIC PAIN/PENETRATION DISORDER

What is the most important physiological cause of low sexual desire in post menopausal women? (2x)	REDUCED TESTOSTERONE
First line treatment for female orgasmic disorder?	DIRECTED MASTURBATORY TRAINING
16 yr old has degrading and masochistic fantasies, accompanied by excitement and anxiety. Represent what?	NORMAL SEXUAL BEHAVIOR DEVELOPMENT
Initial psychiatric intervention for 50-year-old married man with ED during sex but normal masturbatory ability, otherwise good marriage, and normal evaluation by PCP?	ASK PT TO BRING WIFE TO DISCUSS BEHAVIORAL EXERCISES
Best treatment for genito-pelvic pain/penetration disorder:	DILATION WITH GRADUATED SIZED VAGINAL DILATORS
Male sexuality in the seventh decade is characterized by which of the following?	NO CHANGE IN SEX DRIVE
29 yo recent immigrant from China believes his penis is shrinking; concerned he might die once his penis retracts into his abdomen. 1) What type of d/o is this? 2) What is the best treatment?	1) CULTURE-BOUND SYNDROME 2) SUPPORTIVE THERAPY
Psych MD is asked to evaluate a 37 yo F who complains of chronic vulvar pain. This pain is accompanied by a burning sensation which is localized to the vestibular region. Pt's husband reports a 12-month lack of any sexual intercourse with pt. on psychiatric eval, the pt expresses ambivalence about the lack of intimacy with her husband, and appears somewhat annoyed at him for not understanding how painful sex has become. Pt denies depression or anxiety, but admits to frustration about the pain. The gynecologist reports that a full physical and laboratory workup is remarkable except for pain in the vestibule which can be elicited with touch. Which would be the most reasonable intervention?	INITIATE NORTRIPTYLINE AND SLOWLY TITRATE.
35 yo F pt presents to the physician complaining of decreased interest in sexual activity and difficulty becoming aroused by her spouse over the last 3 months. Upon further questioning, the patient also reports anhedonia, difficulty sleeping, fatigue, and decreased appetite over the same time period. Medical history and workup are otherwise unremarkable, and pt is not currently taking any medications. According to the DSM-IV-TR, pt's decreased interest in sex is most likely assoc w which?	SYMPTOM OF A MAJOR DEPRESSIVE EPISODE
Disorder associated with decreased sex steroid secretion and loss of fast-conducting peripheral sensory nerves with aging?	DELAYED EJACULATION
Man sexually aroused by crossdressing. Diagnosis?	TRANSVESTIC DISORDER
What paraphilic disorder is least likely in legal history:	FETISHISTIC
In addition to age-related decrease in testosterone, what other biological factor is responsible for gradual decline in sexual responsiveness in men with age?	INCREASED TESTOSTERONE BINDING GLOBULIN
Distress between expressed gender and biological gender?	GENDER DYSPHORIA
Most common sexual problem reported by older men?	ERECTILE DYSFUNCTION

Somatoform Disorders

32 yo cannot move the right leg. Exam does not find a cause. Dx is likely to be conversion d/o if which of the following is found? (6x)	SYMPTOMS NOT INTENTIONALLY PRODUCED
Preoccupation and fear of having contracted serious disease based on misinterpretation of bodily sxs despite medical eval and reassurance: (3x)	HYPOCHONDRIASIS
Psych consulted re: 43 yo who c/o "lump in throat," headaches, bloating, back pain, diarrhea, chest pain, painful urination, sexual indifference; complaints do NOT match objective findings from dx workup. What should be recommended to pt's PCP? (2x)	SCHEDULE REGULAR VISITS WITH A PHYSICAL EXAM
25 yo referred by plastic surgeon, claims that part of her face is swollen: (2x)	BODY DYSMORPHIC DISORDER
40-year-old cannot speak after a screaming argument with spouse. Patient writes, "I have been trying to speak, but cannot make a single sound." Throat exam is normal. There is an occasional loud cough. Diagnosis? (2x)	CONVERSION DISORDER
Manipulating insulin dosing for weight loss, what disorder?	PSYCHOLOGICAL FACTORS AFFECTING OTHER MEDICAL DISORDER
When compared to patients with somatic sx disorder, patients with illness anxiety disorder are less likely to:	HAVE MULTIPLE PHYSICAL COMPLAINTS
Psychogenic blindness:	OCULAR JERK MOVEMENTS WITH OPTOKINETIC DRUM
Adolescent neurology service for loss of vision with all negative testing. Walks around garbage can. Dx?	CONVERSION DISORDER
Personality trait that is independent risk factor for somatic symptoms?	NEUROTICISM
18 y.o. With skin picking, one hour washing face every day:	BODY DYSMORPHIC DISORDER
Risk factors for somatic symptoms disorder:	CHRONIC PHYSICAL ILLNESS
25 y.o. repeatedly presents to ED with vague headaches, abdominal pain, and fatigue. Tests show no medical etiology. Patient has great anxiety that symptoms are not addressed. Somatic symptom disorder should be considered because?	PATIENT HAS EXCESSIVE BEHAVIORS RELATED TO THE SYMPTOMS
In a patient with right hemiparesis, lifting the patient's right hand above the face and letting it drop "face-hand test" assesses for what?	PSYCHOGENIC PATHOLOGY
What is commonly associated with conversion d/o?	LOW INTELLIGENCE
Somatic sx/complaint, negative medical workup, negative psych eval:	LOOK AGAIN FOR ORGANIC ETIOLOGY
Main clinical factor of hypochondriasis vs. somatization d/o?	FEAR OF HAVING A DISEASE
Hallucinations in pt with conversion d/o are characterized as:	HAVING CHILDISH, FANTASTIC QUALITY
Primary focus of pt with hypochondriasis:	DISEASE

The presence of which of the following would suggest that a patient has somatization disorder rather than a general medical condition?	COMPLAINTS INVOLVING MULTIPLE ORGAN SYSTEMS
Characterized mainly by cognitive rather than perceptual preoccupation:	HYPOCHONDRIASIS
A patient has periodic pelvic pain for the past two years. Had laparoscopy, diagnosed with endometriosis, started oral contraceptives and analgesics with some relief, still has symptoms. The patient reports worrying that she will quit job due to pain. Calls the doctor every few days to ask whether new tx should be considered or she may have cancer?. What is diagnosis:	SOMATIC SYMPTOMS DISORDER
50 yo referred to psych following negative medical workup of abd pain. Pt appears depressed and in constant pain. What is the preferred psych intervention?	START LOW DOSE IMIPRAMINE
Biological consequences of psychological stress affect which mechanism?	NEURO-IMMUNO-ENDOCRINE FUNCTION
The first-line treatment for retentive encopresis:	BIOFEEDBACK
Which of the following is an effective treatment for mild-to-moderately severe idiopathic Raynaud's disease?	THERMAL BIOFEEDBACK
Pt recurrently goes to ED because of severe chest pain. Has been w/u for everything and all tests are normal. He states that something needs to be done to "fix" his pain. Psych consult is placed. MSE and neuro is normal. Past hx reveals his father died of lung CA. Next intervention as psychiatrist is:	EXPLORE PT'S FEELINGS ABOUT FATHER'S DEATH
Which disease is most likely to present as a pain disorder?	DEPRESSION
18 yo pt presents with an acute onset of blindness after witnessing the murder of a close friend. Neurological examination is inconsistent with loss of vision but otherwise unremarkable. What is the most probable outcome for this pt?	SYMPTOMS WILL FULLY RESOLVE IN A MATTER OF DAYS OR WEEKS.
Neurasthenia, an accepted condition in Europe and Asia, corresponds to which of the following in DSM-IV-TR?	UNDIFFERENTIATED SOMATOFORM DISORDER
Pt presents with sudden right leg paralysis with normal reflexes, doctor feels increased pressure under affected leg when patient lifts unaffected leg. Diagnosis is:	CONVERSION DISORDER
Patient wants multiple plastic surgeries, spends hours trying to cover perceived deficits. Worries others can see her flaws and make fun of her. Diagnosis?	BODY DYSMORPHIA
What exam finding suggests non-organic (functional) etiology of leg weakness?	PRESSING DOWN WITH THE PARETIC LEG WHEN ASKED TO RAISE THE UNAFFECTED LEG
Suicide	
Which d/o is the most common among pts who complete suicide: (5x)	MOOD

No harm contract between patients and clinicians are? (2x)	UNHELPFUL IN MAKING DECISIONS
Rate of completed suicide highest for adult males when? (2x)	OLDER THAN 65
Consistent predictor of future suicidal behavior: (2x)	PRIOR ATTEMPTS
Most common method for completed suicides in adolescents: (2x)	FIREARMS
What age is a woman most likely at risk for completed suicide?	55
Suicide risk factor in transitional aged youth with schizophrenia population:	HIGHER LEVEL OF EDUCATION
The highest risk of suicide is related to which of the following health conditions:	BRAIN INJURY
Suicide risk for adopted child whose bio mother died by suicide:	ELEVATED RELATIVE TO OTHER ADOPTEES
Physician suicide is different than the rest of the pop:	LESS LIKELY TO BE TAKING ANTIDEPRESSANT
Based upon longitudinal studies, which risk factors correlated w/ suicide more than one year after initial assessment?	HISTORY OF PRIOR ATTEMPTS AND HOPELESSNESS
In the cognitive therapy model, which of the following is most associated with suicide risk?	HOPELESSNESS
Which is a consistently identified risk factor for suicide that is unique to adults with schizophrenia compared to the general population?	AGE LESS THAN 35 YEARS
Which of the following factors carries the highest standardized mortality ration for suicide:	HISTORY OF PRIOR SUICIDE ATTEMPTS
Highest rate of suicide associated with:	HAVING READY ACCESS TO FIREARMS
Based on epidemiological studies from 1994-2004, which groups has highest suicide completion rate?	CAUCASIAN AMERICAN MEN IN THEIR 60S
In documenting suicide risk-assessment, key risk management strategy is to discuss what factors in the record?	WHY THE PSYCHIATRIST REJECTED ALTERNATIVE WAYS OF RESPONDING
Pt with which medical condition most likely to commit suicide?	SYMPTOMATIC HIV INFECTION
The leading cause of death among gun buyers in the first year after the weapon was purchased is:	SUICIDE
Along w/ depression most common comorbid disorder in physician suicide is:	SUBSTANCE DEPENDENCE
Preventing adolescent suicide:	REMOVE FIREARMS
23 yo pt presents to ED by ambulance for SI. Pt has alcohol odor and slurred speech. He endorses SI but his plan is incomprehensible. Next step:	OBSERVE AND EVALUATE WHEN HE IS SOBER.
Most common time for pt w/ schizophrenia to attempt suicide is during:	RECOVERY PHASE OF THE ILLNESS

What factors is most highly correlated with completed suicide in adolescent males?	PREVIOUS SUICIDE ATTEMPT
Which commonly precipitates suicide in the elderly?	LOSS
Most powerful statistical risk factor for completed and attempted suicide:	HAVING A PSYCH ILLNESS
Most common method of committing suicide for women in the US is:	FIREARMS
15 yo pt depressed + suicidal has an alcoholic father. Prior d/c from hospital the next step should be:	ENSURE THAT ANY LETHAL MEANS ARE UNAVAILABLE AT HOME
1993 – highest rate of suicide in 75-84 yo age group:	CAUCASIAN-AMERICAN MALES
Pt with which dx are most likely to engage in parasuicidal behaviors?	BORDERLINE D/O
When is there highest risk of suicide in MDD patients recently dc'd from hospital?	0-3 MONTHS AFTER DC
In terminal cancer patients who ultimately die by suicide, which one of the following complaints is most frequently reported?	SEVERE UNCONTROLLED PAIN
Psych MD in the ER evaluates a 27 yo pt with no past psychiatric history who presents with SI following an altercation w/ her boyfriend. The psych MD makes a diagnosis of adjustment disorder with mixed emotional features. What is initially most appropriate for the psych MD to recommend for this pt?	CRISIS INTERVENTION
What condition has been shown to increase the risk of suicide to the greatest degree in persons with depression?	PAIN SYNDROMES
What factor may be protective in assessing a pt's risk for suicide?	STRICT RELIGIOUS FAITH
What diagnosis, considered in the absence of other comorbidities, is estimated to put one at highest lifetime risk for suicide?	BIPOLAR DISORDER
50 yo pt presents to the ER voicing suicidal thoughts. The pt states the intent to kill himself with a gun in the woods behind his house. Best course of action is to:	ADMIT THE PT TO THE HOSPITAL FOR FURTHER ASSESSMENT AND CARE
A Caucasian pt with what risk factors has the highest risk for completed suicide in the US?	AGE GREATER THAN 85 YEARS
Prevalence rate of suicide in general adolescent population?	10%
The best describes data on suicide risk from meta-analysis of clinical studies of depressed children and adol treated w. SSRI:	MORE YOUTH APPEAR TO FAVORABLY RESPOND TO MEDS THAN SPONTANEOUSLY REPORT SUICIDALITY
Pancreatic cancer patient just diagnosed, tells nurses he wishes he was dead. Distant with a psychiatrist. Several month hx of depressive Sx's, no support system. "The only family at home is my gun"	PLACE ON SUICIDE PRECAUTIONS
Suicidal thoughts, constant worrying, feels depressed, guilt, lacks energy, hypersomnia, feels ineffective at work. Tx?	CONSIDER TX W/ ANTIDEPRESSANT

In pts with self- injurious bx and SI, the decision to admit to the inpatient unit would be strongly supported by hx of:	RECENT ALCOHOL ABUSE
The most valid criticism of relying on a no-harm contract to determine a pt's suicide potential:	IT LACKS ANY SIGNIFICANT EMPIRICAL EVIDENCE TO SUPPORT ITS USE
During a visit, a borderline patient is very angry and begins kicking chairs, gurney, and walls. Staff are concerned pt will get hurt. What is the best initial response?	OFFER THE PATIENT THE OPTION OF GOING TO A QUIET ROOM OR TAKING A MEDICATION TO CALM DOWN
Way to decrease risk of suicidal events when prescribing antidepressants to adolescents and young adults:	SLOWLY TITRATING THE ANTIDEPRESSANT
What proportion of med students world wide have SI?	10%
Strongest predictor of completed suicide:	PRIOR SUICIDE ATTEMPT
Ratio of suicide attempts to completed suicide is lowest in which age group:	OLDER ADULTS
Young adult Hispanic male with cutting behavior in the inpatient unit. What characteristic is associated with greatest risk of completed suicide?	MALE GENDER

Trauma/Abuse

12 yo disclosed to counselor hx of sexual abuse by relative. Report made to authorities. During eval, pt reports anxiety/inability to concentrate due to thinking about event/irritability/sleep problems/crying frequently. Grades fell significantly after abuse began & relationships suffered. Dx? (6x)	PTSD
Pregnant women involved in a DV relationship get struck where most commonly? (5x)	ABDOMEN
32 yo w/ no psychiatric history brought to ER with 2 days of memory loss, insomnia, poor appetite, and difficulty performing daily routines. Subjective sense of numbing, detachment, and anxiety. One week earlier pt witnessed her child being fatally injured in a motor vehicle accident. All labs and scans normal. Dx? (4x)	ACUTE STRESS DISORDER
40 yo has hyperarousal after seeing a bad MVA. Has nightmares, avoids freeways, isolating at home. Therapy is only moderately helpful. Which medication? (3x)	SERTRALINE
Which type of child maltreatment is most prevalent? (3x)	NEGLECT
Pt has been sexually assaulted in the ER immediately after the trauma. Initiation of which of the following is most likely to be helpful in preventing long-term psychiatric sequelae? (3x)	PSYCHOSOCIAL INTERVENTIONS TO ESTABLISH SAFETY FROM FURTHER TRAUMA
When evaluating a patient in the ED for risk of dangerousness to others, the best predictor of future violent behavior is: (3x)	A HISTORY OF VIOLENT BEHAVIOR
Which of the following is the leading cause of child maltreatment fatalities? (2x)	HEAD INJURIES

23 yo admitted to an inpatient unit w/ Dx acute psychotic d/o after threatening to beat up his mother (with whom he lives). Agreed to voluntary admit, but 2 days later demands to sign out AMA. What justifies involuntary hospitalization in this pt? (2x)	IF THE PATIENT CONTINUES TO THREATEN HIS MOTHER
Which of the following caregiver characteristics is the strongest predictive factor for elder abuse? (2x)	ALCOHOL ABUSE
Occurrence of sexual abuse or inappropriate sexual exposure is indicated by? (2x)	PRETENDING TO HAVE INTERCOURSE WITH A STUFFED ANIMAL
A risk factor for child abuse: (2x)	FINANCIAL STRESS
Risk factor for dissociative amnesia s/p trauma event:	LONGER DURATION OF TRAUMA
72 year old with no previous history presents with aggression, yelling, throwing things. Medical workup unremarkable. MOCA of 26. Most likely explanation?	ELDER ABUSE
Pediatric cancer and undergoing procedures (ie bone marrow biopsy without adequate pain control) is most likely to result in what psychiatric diagnosis?	PTSD
What predicts best long-term outcome in PTSD?	RAPID ONSET OF SYMPTOMS
What event assoc w/ highest rates of PTSD?	EXPERIENCING SEXUAL VIOLENCE
Risk factor for PTSD:	PRIOR CHILDHOOD ADVERSITY
Psych d/o in violent people:	SUBSTANCE RELATED D/O
25 yo F is brought to ER after being severely beaten by her BF. Following medical stabilization, first step in an acute psychological intervention is:	HELP HER RECOGNIZE THAT IMMEDIATE DANGER HAS PASSED AND SHE IS IN A SAFE PLACE
14 yo brought to ED after telling mom that she had been raped by stepdad. On psych eval, pt reports feeling "okay" and denies acute distress. Pt is calm during interview and appears generally unaffected by recent trauma. On further questioning, pt appears confused and believes she is at a friend's house. Which is the preferable intervention?	EMPLOY GROUNDING STRATEGIES TO ORIENT PT
Which of the following is the most common psychiatric diagnosis associated with violent acts?	SUBSTANCE USE DISORDERS
One of the most common psych d/o found in individuals who commit violence against others (even more than IED, BMD, MDD, CPS):	SUBSTANCE RELATED D/O
Homicide and homicidal behaviors are most often related to which of the following factors?	EMOTIONS NOT ASSOCIATED WITH MENTAL ILLNESS.
Adult male presents to the clinic with a broken hand due to first DV toward his same-age spouse. Best response by psychiatrist?	TELL THE PATIENT THAT VIOLENCE IS HIS RESPONSIBILITY AND HE NEEDS TO STOP IT
Male pt BIB to ED by police after he threatened to kill his wife and admits that he has thoughts of harming his spouse ever since learning of her infidelity, saying "I want her to hurt like I do now." The pt	REFER PT BACK TO LAW ENFORCEMENT

doesn't display delusions and mood problems. He admits to drinking occasionally, but in the last week and prior to violence. Next step:	
What does NOT predict violence?	NON-VIOLENT CRIMINAL ACTIVITY
What is the relationship of violence to mental d/o?	MENTAL D/O HEIGHTENS RISK IN SOME, DECREASES RISK IN OTHERS
Homicide and homicidal behaviors are most often related to what factors?	EMOTIONS NOT ASSOCIATED WITH MENTAL ILLNESS
70 yo presents with fearfulness, anger and agitation after moving in with adult child. On first visit pt is resigned and timid during exam. Which is most consistent with pt's behaviors?	PSYCHOLOGICAL ABUSE
18 yo F in ED, just raped. Immediate intervention:	PROVIDE SUPPORT AND ALLOW TO VENT
Characteristic of women with increased risk of battery:	PREGNANCY
Females have comparable rates to males for:	DOMESTIC VIOLENCE
20 yo pt brings 2 yo child to ER with multiple bruises. Mother says he fell down stairs. Mother has healing black eyes and a cut lip. Says she slipped on ice and hit her head. X-ray of child's arm show hairline fx and healing callus. What action should a psychiatrist take first?	ADMIT CHILD FOR CARE AND PROTECTION DESPITE MOTHER'S OBJECTIONS
A finding that should raise a concern for child abuse?	SYMMETRICAL BRUISING IN A 24-MONTH-OLD
42yr old female with depression, Spanish speaking, usually seen by psychiatrist with interpreter, but this time bilingual husband will serve as interpreter, psychiatrist sees unexplained injuries and suspects abuse by husband, at next appointment pt comes with close bilingual friend and requests friend to join session, pt says husband is parking car and will be in shortly, what would be the best approach to clarify to suspicions of abuse?	BEGIN SESSION WIT PT, INTERPRETER, AND PTS FRIEND WHILE HAVING THE HUSBAND REMAIN OUTSIDE
Pt confides to the psych MD that the pt's spouse has been physically abusing the pt. In all cases, the psych MD should do what before the pt leaves office?	DETERMINE WHETHER THE PATIENT IS IN PRESENT DANGER
What is the first priority in ER management of a rape victim?	ESTABLISHING PSYCHOLOGICAL SAFETY
Duty as outlined by Tarasoff:	PROTECT THE POTENTIAL VICTIM OF A DANGEROUS PATIENT
35 yo uninjured in an accident but witnessed deaths of co-workers. The following day reports emotional numbness, intrusive images, inability to sleep since the accident. Most appropriate intervention:	NORMALIZING STRESS REACTION AND MOBILIZING RELATIONAL SUPPORTS
Mother of 2 school aged kids dies unexpectedly. What will improve psychological outcomes for the children?	ENSURING AVAILABILITY OF PSYCHOSOCIAL SUPPORTS
Across all cultures, what stressful life changes are correlated with the greatest increase in death and illness in the subsequent 2 years?	DEATH OF A SPOUSE
50 yo Cambodian woman with 2 kids suffered catastrophic trauma from the Pol Pot regime in Cambodia (rape, abuse, watched family starve, escaped refugee camp with 2 kids). Has PTSD/MDD sx that are	GROUP THERAPY OF PEOPLE OF THE PATIENT'S OWN BACKGROUND WHO SHARE THE SAME EXPERIENCE

increased when her now grown daughter dates man patient doesn't like. Needs supportive therapy, antidepressant, AND?	
28 yo graduate student BIB wife and reports a change in his behavior since he witnessed a fatal motor vehicle collision 3 wks ago. Pt felt helpless, horrified at the time of the accident. Now it feels like "his spirit leaves his body." And feels numb and detached, and dreams about events. Dx:	ACUTE STRESS
A 28 yo patient presents to the ED after experiencing a sexual assault 1 week earlier. Although the patient cannot recall all aspects of the event, she remembers feeling helpless, detached, and as if her surroundings were not real during the assault. For the past week the pt has had difficulty sleeping due to nightmares about the assault and has not been able to talk about the event with any of her friends. She is also experiencing intermittent episodes of palpitations, SOB, dizziness, and nausea throughout the day. Dx?	ACUTE STRESS DISORDER
How would a social biologist describe adaptive benefit of PTSD?	HYPERVIGILANCE ALLOWS FOR QUICK SENSING OF REAL THREATS
Which group children are at greatest risk for death resulting from child abuse?	BIRTH TO 3 YO OLD
A patient presents to the ED after witnessing a tragic MVA in which they witnessed a death. What symptom present immediately following the event increases the individual's risk of developing PTSD?	DISSOCIATION
What symptom commonly develops relatively late in children with PTSD?	SENSE OF FORESHORTENED FUTURE
Comorbid disorder in men with PTSD:	ETOH ABUSE/DEPENDENCE
What symptom is more likely to occur in acute stress d/o than in PTSD?	REDUCTION IN AWARENESS OF SURROUNDINGS
Important determinant factor to whether an individual who was exposed to trauma will develop PTSD?	SEVERITY AND PROXIMITY OF TRAUMA
Physiologic factor common with male perpetrators of domestic violence?	HISTORY OF CHILDHOOD ABUSE
Which of the following is a risk factor for child abuse?	PRESENCE OF A STEP-PARENT
In the US, which of the following is the most common precipitant of PTSD in children and adolescents?	INTRAFAMILIAL VIOLENCE
Acute stress d/o differentiated from PTSD by:	DURATION OF SYMPTOMS
29 yo pt reports having been robbed at knifepoint almost a month ago. Pt escaped unharmed, but has been experiencing a sense of unreality, detachment, and dampened emotions that is interspersed with periods of intense physiological arousal. These symptoms are causing difficulties at work. The most likely Dx?	ACUTE STRESS DISORDER
45 yo pt w lung cancer and depression. Physical and emotional symptoms are stable, pt worries that "family always seems on edge with me." Family meeting shows children fear losing father, frustrated that lives seem "on hold". Daughter feels she can't invite friends over for fear of "stressing her father." Father feels guilty about this but	TASK FAMILY WITH COMING UP WITH PRACTICAL SCHEDULE

does prefer a quiet environment. Best strategic systemic approach to problem?	
Childhood physical and sexual abuse increases the risk for which anxiety do?	PANIC DISORDER
Which of the following is the best predictor of whether or not a patient who sustained a significant trauma will develop early PTSD morbidity?	THE NATURE AND SEVERITY OF THE TRAUMA
Sx for a pt 2 months after traumatic experience:	INCREASED AROUSAL AND INTRUSIVE THOUGHTS
Adding which class of medication to an SSRI is an effective augmentation for treatment of PTSD?	ATYPICAL ANTIPSYCHOTICS
Student presents for psych eval hyperalert with continued anxiety, flashbacks, and social avoidance after barely escaping an attacker 1 month ago. These symptoms are expected to last no longer than ____?	4 WEEKS
An intoxicated pt in ER throws a food tray at a security guard, does not respond to verbal redirection and refused to take meds by po. Pt is now pacing, cursing and threatening to "hurt someone". The most appropriate meds:	LORAZEPAM 2 MG IM, REPEATED IN 45 MIN IF NO RESPONSE
35 hospitalized w/ concussion following MVC with only minor lacerations and bruises. One week later has generalized pain, dizziness, difficulty sleeping and recurrent nightmares. Now fears driving. What is the most likely explanation?	ACUTE STRESS DISORDER
Military veteran from war zone with memory problems. Had a closed head injury with anterograde and retrograde amnesia though memory deficits limited to a few traumatic episodes. Which finding would support dissociative amnesia?	MEMORY DEFICITS LIMITED TO FEW TRAUMATIC EVENTS
After child survives natural disaster, what is a protective factor to protect against developing PTSD?	AVAILABILITY OF PEER SUPPORT
Prevalent type of child maltreatment	NEGLECT
Consistent risk factor for PTSD seen in epidemiologic community-based studies:	LOW SOCIOECONOMIC STATUS
Single greatest risk factor predicting future violence in patient:	PAST HISTORY OF VIOLENCE

Treatment

ECT/TMS

Which is associated w/ worsened retrograde amnesia during ECT? (5x)	BILATERAL ELECTRODE PLACEMENT
47yo pt w acute mania is unresponsive to pharmaconex. Pt's current med regimen includes lithium, divalproex, clonazepam, olanzapine,	LITHIUM

bupropion. ECT is begun, pt is continued on previous med regimen. After 2 ECT tx, pt becomes delirious. Cause? (3x)	
Which med should be held before ECT? (3x)	LITHIUM
Med that is assoc w prolonged seizures/confused state during ECT: (3x)	LITHIUM
Most important potential side effect of ECT to discuss with 78 yo patient: (2x)	COGNITIVE DYSFUNCTION
Pt w/ hx of melancholic depression is severely dehydrated, emaciated, and catatonic. He began withdrawing, talking about death, stopped eating and drinking and lost 20lbs. Tx of choice? (2x)	ELECTROCONVULSIVE THERAPY (ECT)
What is associated with a markedly increased risk of complications from ECT? (2x)	COPD
Transcranial magnetic stimulation for Tx of depression targets which brain regions? (2x)	PREFRONTAL CORTEX
What medical condition has the highest relative risk for adverse events with ECT?	CONGESTIVE HEART FAILURE
The ability of magnetic seizure therapy to target specific brain regions implicated in depression gives it what potential advantage, compared with traditional ECT:	FEWER COGNITIVE SIDE EFFECTS
58 yo with MDD is getting ECT, develops dense retrograde amnesia after 3rd treatment. How can this be ameliorated?	INCREASING THE INTERVAL BETWEEN ECT TREATMENTS
Pt has not responded to adequate trials of SSRI, SNRI, TCA, MAOI, but feels improved with 8 treatments of ECT. What next?	CONTINUE MAINTENANCE ECT FOR AT LEAST 10 WEEKS
What region of the brain is stimulated with deep brain stimulation for treatment-resistant OCD?	ANTERIOR LIMB OF THE INTERNAL CAPSULE
Deep brain stimulation targeting what area of the brain is most studied for treatment of depression:	SUBCALLOSAL CINGULATE CORTEX
Most serious side effect of rTMS:	SEIZURES
What barbiturate is used in ECT to produce a light coma?	METHOHEXITAL
Greatest risk of death w/ ECT:	RECENT MI
Indication for treating a manic w/ ECT:	DANGEROUS LEVELS OF EXHAUSTION
Prophylactic Treatment for a pt with severe delusional depression following a course of ECT includes what?	COMBINATION OF ANTIPSYCHOTICS AND ANTIDEPRESSANTS
ECT is least likely to be effective for patients who have?	CHRONIC SCHIZOPHRENIA
What condition is a relative contraindication to ECT?	CARDIAC ARRHYTHMIA

A 70 yo patient presents with severe psychotic depression. Patient stopped eating and spoke very little. Failed multiple med trials. What's next?	ECT
MDD adjunctive treatment regulatory approval in U.S for neurostimulation:	VAGUS NERVE STIMULATION
Depressed pregnant women in the second trimester, treated with sertraline 200 mg x8 weeks without symptom relief. What supports ECT as the next step?	CONTINUOUS SUICIDAL IDEATION WITH A PLAN
Psych MD is counseling a pt about the risks and benefits of ECT. What statement correctly describes the risk of cognitive impairment?	HIGH DOSE UNILATERAL ELECTRODE REPLACEMENT IS ASSOCIATED WITH LESS COGNITIVE IMPAIRMENT
Which medication should be discontinued prior to ECT?	BUPROPION
What EEG read correlates to a positive response to ECT?	INCREASED ECT-INDUCED FRONTAL DELTA ACTIVITY
TMS advantages over ECT:	LACK OF ANESTHESIA
Most commonly limits the use of ECT:	COGNITIVE IMPAIRMENT
ECT procedures made safer due to what change in the 1950s?	BRIEF GENERAL ANESTHESIA WITH SUCCINYLCHOLINE
TMS for depression targets which brain region?	PREFRONTAL CORTEX

Psychiatric Evaluation

Mental Status Exam

Which is a limitation of the MMSE? (7x)	MAY FAIL TO DETECT VERY MILD COGNITIVE IMPAIRMENT
Question to ask when evaluating for immediate recall: (3x)	CAN YOU REPEAT THESE SIX NUMBERS?
What task is useful in evaluating a pt's ability to concentrate? (2x)	PERFORMING SERIAL 7'S
On MSE, thought process with lack of goal directedness, excessive details, and difficulty with closure describes a thought pattern of: (2x)	CIRCUMSTANTIALITY
Which section of MSE is "clanging" under? (2x)	THOUGHT PROCESS
Initial management of agitated manic patients?	ATTEMPT VERBAL DE ESCALATION
The part of the mental status exam that's the strongest predictor of incapacity to make medical decision:	LACK OF INSIGHT
Ability to alternate b/w general concepts and specific examples:	ABSTRACT REASONING
SI, tearful, sad, does not smile, normal prosody, affect?	CONSTRICITED
In addition to orientation, attention, calculation, language and registration, what other cognitive domain does the mmse test?	RECALL

What is being assessed when a patient is asked to repeat words "apple, table, penny"?	REGISTRATION
Which area of MSE relies primarily on patient reports?	MOOD
Psych MD asked pt "what would you do if you lost your prescription?" This question primarily assesses:	JUDGMENT
Psychiatrist asks "How many quarters are in \$15?", examining what ability:	COGNITION
Which of the following is the most significant problem with the use of the global assessment of functioning scale?	IT CONFOUNDS SYMPTOMS AND FUNCTIONING
Which of the following represents a disorder of the content of thought?	OBSESSIONS
Communication d/o assoc w/ neurological and psych d/o:	MUTISM
Asking a patient to recite a series of numbers in reverse order is a standard test of:	CONCENTRATION
The difference between an idea of reference and a delusion of reference is that the former is:	HELD WITH LESS CONVICTION
The purpose of asking a pt to start at 100 and count backwards by 7's is to measure which of the following?	CONCENTRATION
A disorder of content of thought:	PARANOIA
Asking a pt, "which one does not belong in the following group: 13 pennies, a piggy bank, and a cow?" is a test of which domain:	ABSTRACT REASONING
Asking the patient "how are apples and oranges alike?" assesses which of the following cognitive functions?	ABSTRACT REASONING
Asking a patient to interpret the phrase "Don't cry over spilled milk" tests what?	ABSTRACT THINKING
Which domain does the MoCA test for that the MMSE does not?	ABSTRACT THINKING
A pt reports, "undercover agents are all there, and they're gonna kill me." Pt's comment is best described as:	A DELUSION
Asking pt what they would do in a hypothetical situation is testing what?	JUDGMENT
Why is there limited value of serial sevens as a test of concentration?	SUCCESSFUL PERFORMANCE REQUIRES ARITHMETIC SKILL
Disorder of what element of MSE is evidenced by the patient repeatedly referring back to the answer to a previous question?	THOUGHT PROCESS
Elderly pt with profound apathy, how do you distinguish depression from executive dysfunction?	CLOCK DRAWING
Word that pt makes up is a:	NEOLOGISM

The term for abnormally slow speech seen in depression:	BRADYLALIA
5 days after CABG a 47 yo M is disoriented to time and place. He identifies his right and left but not that of the examiners. Can draw squares and circles but not a clock. This is:	DYSPRAXIA
Which of the following statements specifically tests concentration?	SAY THE LETTERS OF THE ALPHABET BACKWARDS STARTING WITH "Z"
Fluent speech w/ preserved comprehension, inability to repeat statements is consistent with what type of aphasia?	CONDUCTION
A 62 yo pt is referred for complaints of memory problems. The patient reports feeling more forgetful and gives examples of "losing my keys, handbag, or forgetting the names of acquaintances." The pt denies any other neurocognitive symptoms. Family members confirm the patient's report, and feel that this has been a gradual change over the last year. Family members report that the pt is a former hx professor who continues to enjoy intellectual activities and they need to prepare if the patient is going to lose these capabilities as a result of dementia. The standard MMSE would be a relatively insensitive instrument for this patient because it:	HAS A CEILING EFFECT FOR WELL-EDUCATED PERSONS
What type of memory refers to general facts and knowledge?	SEMANTIC
Task that specifically tests attention:	RESPONDING TO ONE LETTER FROM A SERIES OF LETTERS
Psychological Testing	
What test would be considered most useful to specifically evaluate concept formation, reasoning, and executive functioning? (5x)	WISCONSIN CARD SORTING TEST (WCST)
What psychological tests measure test-taking attitudes at time of exam? (4x)	MMPI (MINNESOTA MULTIPHASIC PERSONALITY INVENTORY) VALIDITY SCALE
Most appropriate brief screening instrument that a pt can fill by him/herself at physician's office to screen for depression is: (3x)	BECK DEPRESSION INVENTORY
Which test is an objective measure of personality in adults and is helpful in confirming diagnosis of personality disorder? (3x)	MILLON CLINICAL MULTIAXIAL INVENTORY (MCMII)
An appropriate purpose for projective testing is: (3x)	DETECTING THE PRESENCE OF SUBTLE PSYCHOTIC THOUGHT PROCESSES
Which of the following is a pt self-reported questionnaire? (2x)	BECK ANXIETY INVENTORY
Which test assesses ability to attend to a task while inhibiting interfering stimuli? (2x)	STROOP COLOR WORD TEST
Which of the following tests would be considered most useful to specifically evaluate concept formation with set shifting? (2x)	WISCONSIN CARD SORTING TEST (WCST)
MMPI does what? (2x)	IDENTIFIES MAJOR AREAS OF PSYCHOPATHOLOGIC FUNCTIONING
Wisconsin card sorting test (WCST) assesses: (2x)	ABSTRACT REASONING AND FLEXIBILITY IN PROBLEM SOLVING
What psychological test determines neuropsychological impairment? (2x)	HALSTEAD-REITAN BATTERY

A broad-based rating scale for psychiatric symptoms in children? (2x)	CHILD BEHAVIOR CHECKLIST (CBCL)
Most specific test for assessing executive functioning? (2x)	WISCONSIN CARD SORTING TEST (WCST)
4 yo child is administered the "false beliefs task" in which two dolls act out a scene, whereby one doll switches the location of a marble from one site to another, while the other doll leaves the scene of the action. When the other doll returns to look for the marble, the child correctly points out that it will look in the original location. This response demonstrates the child is showing evidence of (2x):	THEORY OF MIND
This is considered as an unstructured psychological test (2x):	RORSCHACH INKBLOT
8 yo child recently had Wechsler Intelligence Scale for Children (WISC-IV) and received a full scale IQ of 60. Which additional tests would determine if the child meets criteria for intellectual disability (mental retardation)? (2x)	VINELAND ADAPTIVE BEHAVIOR SCALES, 2ND EDITION (VABS-II)
Test where pt is told to name the colors in which the words are printed rather than reading the words themselves: (2x)	STROOP COLOR WORD TEST
What does the Wisconsin card sorting task most accurately measure?	THE ABILITY TO GENERATE ALTERNATIVE STRATEGIES IN RESPONSE TO FEEDBACK
Neuropsychological capability preserved in healthy 85 yo undergoing neuropsych testing:	VERBAL ABILITY
Which is the first domain to test in neuropsych assessment for early onset dementia?	LANGUAGE
Compared to "treatment as usual", how does the IMPACT model of integrated care (which recommends screening for depression of at least 75% of primary care patients and following through with psych eval/mgmt) differ?	DOUBLES THE EFFECTIVENESS OF DEPRESSION TREATMENT
In problem solving training, what is the next step after using specific behavioral terms and feeling expressions?	THE OTHER PARTNER PARAPHRASES THE STATEMENT OF THE PROBLEM
Pt asked to draw clock, keeps tracing circle over and over again:	PERSEVERATION
Test that measures flexibility in shifting cognitive sets:	TRAILS B
Which test requires rapid and efficient integration of attention, visual scanning and cognitive sequencing?	TRAIL MAKING TEST
What test requires rapid and efficient integration of attention, visual scanning, and cognitive sequencing?	TRAIL-MAKING TEST (TMT)
When interpreting IQ test results, what indicates the need for further assessment?	VERBAL SCORE SIGNIFICANTLY HIGHER THAN NONVERBAL SCORE
IQ scores generally considered to be stable beginning at:	7 YEARS OLD
To obtain additional information about unconscious drives and psychodynamic processes, which test would be most helpful?	THEMATIC APPERCEPTION TEST (TAT)
Psych MD tests a medical pt with go/no-go test in which psych MD asks pt to tap the table once if Psych MD taps it once, but not to tap	EXECUTIVE FUNCTIONING

the table if psych MD taps it twice. Psych MD is screening for deficits in?	
Which of the following tests is used for assessment of expressive language?	BOSTON NAMING TEST
Test to discriminate cognitive difficulties in Alzheimer's from those in depression:	BOSTON NAMING TEST
Test for anxiety that does not include Qs about physical sx such as tachycardia and diaphoresis would be considered lacking in what?	CONTENT VALIDITY
Psychiatrist wishes to assess a pt's premorbid intellectual functioning. Which of the following tests would be best for this purpose?	READING SUBSET OF THE WIDE RANGE ACHIEVEMENT TEST
Awareness of own symptoms rated by:	GLOBAL ASSESSMENT SCALE
Which of the following is the best test for general assessment of a patient's psychiatric symptom patterns?	SYMPTOM CHECKLIST-90-REVISED (scl-90)
Measures attention, concentration, and freedom from distractibility:	WECHSLER ADULT INTELLIGENCE SCALE (WAIS)
Judgment by experts that items on a test "makes sense" is an example of:	FACE VALIDITY
Bender-Gestalt diagrams assesses:	NEUROPSYCHOLOGICAL IMPAIRMENT
What would be a useful screening test to evaluate an 8 yo child's academic performance?	WIDE RANGE ACHIEVEMENT TEST (WRAT)
What does the clock drawing task test?	ATTENTION, VISUOSPATIAL, PLANNING, EXECUTIVE FUNCTION (NOT ORIENTATION)
Pt scores on revised Wechsler adult intelligence scale (WAIS-R) subtests for picture arrangement and block design are very low compared to scores on other subtests. Most suggestive of:	LESION IN NONDOMINANT HEMISPHERE
Test to assess intelligence in 4 yo?	STANFORD-BINET
Stanford-Binet most similar to:	WECHSLER INTELLIGENCE SCALE FOR CHILDREN – III
Which assessment instrument best measures cognitive functioning in a 4 year old child?	WECHSLER PRESCHOOL AND PRIMARY SCALE OF INTELLIGENCE-REVISED WPPSI-R
Test more specific to identify specific learning disability in child w/ full scale IQ of 93 on WISC-III:	WOODCOCK-JOHNSON PSYCHO- EDUCATIONAL BATTERY – REVISED
25 yo M scores in MMPI are all normal except for elevated scores on the depression and psychasthenia scales. This suggests:	HAS DEPRESSION WITH ANXIETY AND OTHER NEUROTIC SYMPTOMS
Thematic apperception test is used for:	INTERFERING MOTIVATIONAL ASPECTS OF BEHAVIOR
Which tests can be used for projective personality testing?	RORSCHACH, DRAW A PERSON, THEMATIC APPERCEPTION (NOT MMPI)
Which is a Projective Assessment test:	THEMATIC APPERCEPTION TEST (TAT)

The personality test in which a pt is shown pictures of situations and asked to describe what is happening in each picture is:	THEMATIC APPERCEPTION TEST (TAT)
This tool best measures the degree of self-care in children with MR:	VINELAND ADAPTIVE BEHAVIOR SCALE
A psychological test that demonstrates high reliability:	WECHSLER ADULT INTELLIGENCE SCALE (WAIS)
Performance on which of the subscales of the Wechsler Adult Intelligence Scale (WAIS) is relatively unaffected by brain trauma and suggestive of premorbid cognitive functioning?	VOCABULARY
Test correlates most strongly w premorbid fcn in pt w early dementia:	WECHSLER ADULT INTELLIGENCE SCALE II VOCABULARY TEST
A known limitation of the Minnesota Multiphasic Personality Inventory?	NORMS DO NOT ACCOUNT FOR OUTCOMES BASED ON RELIGION AND RACE
Computer assisted continuous performance testing is used to assess what?	ATTENTION
Most useful instrument to assess a non-verbal 3-year-old child who plays alone in the corner, stacking/unstacking blocks?	AUTISM DIAGNOSTIC OBSERVATION SCHEDULE (ADOS)
Which psychological test has been validated for adolescents, elderly and ethnic minority groups, and is recommended for the assessment of psychological functioning in patients from diverse cultures?	MINNESOTA MULTIPHASIC PERSONALITY INVENTORY (MMPI-2)
Neuropsychological test that specifically evaluates impairments in frontal lobe function in adults?	WISCONSIN CARD SORTING TASK (WCST)
On what test would perseverative error be considered a specific outcome of clinical relevance?	WISCONSIN CARD SORTING TEST (WCST)
75 yo pt presents with symptoms of dementia. Especially poor performance on which of the following neuropsychological tests might suggest a Dx of vascular dementia rather than Alzheimer's dementia?	WISCONSIN CARD SORTING TEST (WCST)
Patient is shown a picture of a person standing next to the window and is asked to describe what happened. What test?	THEMATIC APPERCEPTION TEST (TAT)
What part of cognition does the Trails Making Test B measure?	EXECUTIVE FUNCTIONING

Psychopharmacology

Antidepressants

27 yo depressed patient treated with SSRI and tranylcypromine (and with 5-hydroxytryptophan) now presents with VH, mild confusion, myoclonic jerks, diaphoretic, flushing, restless: (6x)	SEROTONIN SYNDROME
What drug has a curvilinear therapeutic window? (6x)	NORTRIPTYLINE
What drug is useful in the Rx of urinary retention secondary to TCA therapy? (5x)	BETHANECHOL

Which opioid has a potentially lethal interaction with monoamine oxidase inhibitors (MAOIs)? (4x)	MEPERIDINE
After an OD on Amitriptyline, what test is needed? (4x)	EKG
45 yo F pt on phenelzine for MDD, takes OTC medication for cold sx and develops hypertensive crisis. Which OTC medication would most likely cause this? (3x)	PSEUDOEPHEDRINE
Antidepressant less likely to cause sexual dysfunction: (3x)	BUPROPION
Antidepressant preferred for >65 yo for which blood levels are clinically useful: (3x)	DESIPRAMINE
Pt with hx of bipolar disorder p/w immobility, posturing, and echopraxia. First line tx? (3x)	LORAZEPAM
Which SSRI has mild anticholinergic activity due to some affinity at the muscarinic receptors? (3x)	PAROXETINE
The most common reason that people discontinue the use of SSRI: (3x)	GI SIDE EFFECTS
70yo w depression plus confusion x 2wk following the start of fluoxetine . An adverse effect is suspected but neuro exam normal. What evaluation would be most useful to confirm suspicion of an adverse effect? (3x)	UREA AND ELECTROLYTES
Which SSRI has the greatest potential for discontinuation syndrome with missed doses? (3x)	PAROXETINE
62 yo pt with hx chest pain and depression, one month ago started on paroxetine, presents with new onset of lethargy and headache, low Na and BUN, normal K , and Cr of 0.4. Next test: (2x)	URINE OSMOLALITY
38 yo taking imipramine 300 mg qday for recurrent MDD. After 3 weeks, mood is improved, but has difficulty passing urine and mild erectile dysfunction. Appropriate action? (2x)	BETHANECHOL 25 MG TID
Which is a muscarinic SE of antidepressants? (2x)	URINARY RETENTION
30 yo pt has been treated for unreasonable fear of eating in public places, feeling of embarrassment in public places, and anger over the possibility of being scrutinized. Pt has not responded to high doses of paroxetine, citalopram, buspirone, and alprazolam, each of them administered for 4-6 wks. Which meds would be appropriate for next? (2x)	PHENELZINE
What meds could be helpful in the treatment of depression in persons over the age of 65 because it does not produce orthostatic hypotension: (2x)	BUPROPION
What antidepressant med is considered to be the most effective in the tx of premature ejaculation? (2x)	PAROXETINE
Minimum recommended washout period for fluoxetine prior to starting MAOI: (2x)	5 WEEKS

Treatment for patients with MAOI related hypertensive crisis in the ER may involve the administration of which of the following meds? (2x)	PHENTOLAMINE
Most frequent cause of death following TCA overdose: (2x)	ARRHYTHMIA
Optimal strategy in maintenance tx with TCA for patient with recurrent MDD: (2x)	FULL DOSE ANTIDEPRESSANT THERAPY
Monitor TCA overdose using: (2x)	EKG
Fluoxetine should NOT be prescribed with what? (2x)	PHENELZINE
21 yo pt experiences a brief manic episode after starting an SSRI. The pt meets Dx criteria for what disorder? (2x)	SUBSTANCE-INDUCED MOOD DISORDER
Serotonergic antidepressants are appropriate treatment for depression in 54 yo pt with recent coronary artery bypass graft surgery because they: (2x)	INHIBIT PLATELET FUNCTIONING
Which of the following has the longest mean half-life: citalopram, paroxetine, venlafaxine, fluvoxamine, trazodone? (2x)	CITALOPRAM
Which SSRI used to treat discontinuation syndrome caused by SSRI termination? (2x)	FLUOXETINE
46 yo F pt presents w increasing dysphoria, progressively increased frequency with which she washes her hands to the point of excoriation, dose range for effective tx: (2x)	FLUVOXAMINE 200-300 MG DAILY
Two antidepressants are tested alone and as a combo treatment against a waitlist control group in pts with treatment resistant MDD. Both meds are found to have a significant therapeutic effect individually, and the combo treatment is more efficacious than the summed effects of each med given alone. What has been demonstrated? (2x)	TWO TREATMENTS MAIN EFFECTS AND AN INTERACTION EFFECT
First pass effect refers to which of the following aspects of a med's metabolism? (2x)	PRESYSTEMIC ELIMINATION
Which is an NMDA receptor antagonist? (2x)	MEMANTINE
Psychiatrist is called to eval a pt on a medical floor who has developed acute dysarthria w/ protruding tongue and torticollis. Which med is suspect? (2x)	METOCLOPRAMIDE
15 yo pt w/ physical complaints, decreased appetite, irritability, thoughts of death, anhedonia. Which med is FDA-approved for first line tx? (2x)	ESCITALOPRAM
Mirtazapine (vs other antidepressants) has a low incidence of what side effect? (2x)	SEXUAL SIDE EFFECTS
Patient with history of MDD w/ psychosis. Several days of nonverbal, unusual posturing for hours. What medication to give?	LORAZEPAM
Antidepressant, least risk of bleeding:	MIRTAZAPINE

What opiate is known to cause serotonin syndrome?	MEPERIDINE
In an elderly patient on an SSRI, who becomes lethargic and confused with unsteady gait, what is the most likely lab finding?	HYPONATREMIA
At what QTC interval would you withhold nortriptyline?	450 MS
Example of confusing and dangerous medication dosage documentation?	1.0 UNITS
Which alternative depression treatment carries risks medication-induced mania in patients with bipolar disorder?	ST. JOHNS WORT
Causes seizure in overdose?	CLOMIPRAMINE
Effects of SSRI in pregnancy:	ASSOCIATED WITH NEONATAL ADAPTATION SYNDROME
Medication reduces analgesic effect when administered w/ hydrocodone:	FLUOXETINE
Pt on clozapine and VPA. Psychiatrist increases VPA and adds Fluvoxamine, PCP gives aspirin, atorvastatin, and zolpidem, pt has seizure. Which med increased clozapine levels?	FLUVOXAMINE
SE with ketamine?	INCREASE BP
SSRI that mostly cause birth defects?	PAROXETINE
Tx for neuropathic pain in diabetes:	DULOXETINE
Class of medication first line for moderate GAD comorbid with frequent social alcohol?	SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITOR
Which antidepressant is least likely to cause sexual side effects?	ESCITALOPRAM
What is the best reason for preferring the use of SSRI antidepressants over TCAs in tx of pts w/depression who are > 65yo?	LESS LIKELY TO CAUSE ORTHOSTATIC HYPOTENSION
A psychiatrist wished to start an inpatient on a TCA but the pt is reluctant due to hearing these drugs may cause dry mouth, constipation, blurred vision and urinary retention. What TCA would have the least side effects?	DESIPRAMINE
25 yo CF started on desipramine 50 mg daily. SE of constipation, dry mouth, visual difficulties, tremor, and agitated feeling. Not on any other meds. Blood level is 400ng/ml. Most likely cause?	POOR METABOLISM OF CYTOCHROME P450 SUBSTRATES
Side effect that occurs less frequently in pts taking mirtazapine vs SSRI:	DIARRHEA
29 yo M h/o recurrent depression & 1.5 PPD smoking. Medication?	BUPROPION
Mirtazapine is an antagonist at which receptor?	ALPHA-2-ADRENERGIC

The risk of increased psychosis for pts with psychotic disorders who take bupropion is attributable to enhancement of:	DOPAMINE
Which dietary supplement has demonstrated some efficacy in Tx of depression?	S-ADENOSYL-L-METHIONINE (SAME)
The side effects of sedation and weight gain are associated with mirtazapine's antagonism of which of the following receptors?	H1
Pt taking venlafaxine for months stops abruptly and calls psychiatrist 3 days later with nausea, insomnia, muscle aches, anxiety, dizziness, and transient "electric shock" sensations. The most likely cause:	ANTIDEPRESSANT WITHDRAWAL
58 yo pt is started on citalopram 20 mg for MDD. After 3 wks pt reports some improvement in vegetative sxs but remains dysphoric. What is the next step?	CONTINUE CITALOPRAM AT THE PRESENT DOSE WITH NO ADDITIONAL MED
Antidepressant w/ shortest elimination half-life:	TRAZODONE
An effective antidepressant for depression w/ atypical features is:	PHENELZINE
Why is l-methylfolate preferable to folate in the adjunctive tx of depression?	INCREASE TRANSFER ACROSS BBB
Phenylethylamine antidepressant that targets serotonin and norepinephrine reuptake inhibition:	VENLAFAXINE
Pt presents to ED with 5-day hx of N/V, diarrhea, HR of 90, BP 150/92, and temp 100, sweating, tremor, hyperreflexia and distractibility, normal labs and CT head, and years of Fluoxetine use. One week ago a new med was started, what med was it?	TRAMADOL
19 yo pt presents for evaluation of depression. Pt reports a generally very low mood, although it brightens up briefly when something good happens. Pt reports feeling best in the morning. Pt has been sleeping and eating more than usual, and complains of feelings of heaviness in the extremities. Pt reports always being very sensitive to perceived rejection by others. Trials with two selective serotonin reuptake inhibitors (SSRIs) have failed. Which of the following treatments may be particularly effective for this pt?	TRANYLCYPROMINE
Which of the following meds has the lowest likelihood of discontinuation symptoms if the medication is abruptly stopped?	FLUOXETINE
What med has some evidence of effectiveness in both psychotic/nonpsychotic subtypes of body dysmorphic disorder?	FLUOXETINE
What med is the most potent inhibitor of the norepinephrine transporter?	PAROXETINE
What pharmacological treatment should be used for long-term insomnia in pts with dementia over 65 years of age?	TRAZODONE
Orthostatic hypotension is least likely to occur as a S/E with what antidepressants?	SERTRALINE, NORTRIPTYLINE, IMIPRAMINE, AMITRIPTYLINE, TRAZODONE

Which antidepressant has active metabolites that extend its effective half-life?	SERTRALINE
50 yo fireman became clinically depressed after sustaining a myocardial infarction. What is an appropriate medication to prescribe?	SERTRALINE
MDD patient with a good response to venlafaxine presents with dysphoria, agitation, nausea, poor balance after running out of medication. Cause of sx?	SEROTONIN DISCONTINUATION SYNDROME
Receptor blocked by antidepressants that causes blurred vision:	MUSCARINIC
Which antidepressant has the strongest histamine-R affinity?	MIRTAZAPINE
45 yo pt w/ first episode MDD, on Paxil and insight-oriented therapy, but depression worsens over months. Takes Paxil only occasionally, as he is worried about becoming dependent on it (a friend was addicted to Valium). Best intervention?	EDUCATE PATIENT ON THE DIFFERENCES BETWEEN ANTIDEPRESSANTS, LIKE PAXIL, AND BENZODIAZEPINES, LIKE VALIUM
What antidepressant increases REM sleep?	BUPROPION
What antidepressant has an FDA pregnancy use B rating?	BUPROPION
Antidepressant with low risk of weight gain:	BUPROPION
40 yo pt experienced delirium, tremor, diaphoresis, rigidity, hyperpyrexia, and myoclonus in making the transition from the use of clomipramine to phenelzine. Pt is most likely experiencing:	SEROTONIN SYNDROME
Antidepressant that causes Parkinson's sx:	AMOXAPINE
In pts over 65 w MDD, Bupropion has what advantage over SSRIs?	FEWER DRUG INTERACTIONS
Trazodone requires larger doses to be used as an antidepressant due to lower potency affinity to which receptor?	SEROTONIN TRANSPORTER
Which med is comparative safety during Tx w/ MAOI?	FENTANYL
Pts taking MAOIs should use caution when consuming what?	FAVA BEANS
Which med is an irreversible MAO-B inhibitor?	SELEGILINE
2 wks washout of which med is needed before starting fluoxetine:	PHENELZINE
MAOI least likely to cause drug-food interaction in therapeutic antidepressant doses:	MOCLOBEMIDE
Pt taking phenelzine is treated in ED for chest pain. While treated, pt develops hyperreflexia, HTN, and goes into coma. Which med is the most likely cause?	MEPERIDINE (DEMEROL)
Pt taking tranylcypromine for atypical depression called Psych MD, reports HA, vomiting, chills, palpitations over one day. Pt asks if he continued med during illness. In addition to directing pt to stop med, emergent Tx would 1st include what med?	NIFEDIPINE

At 10 mg selegiline does not require dietary restriction because:	MAO-B IS NOT INVOLVED WITH INTESTINAL TYRAMINE REACTION
Most frequent side effect of MAOIs:	HYPOTENSION
42 yo pt with hx of HTN treated with HCTZ and lisinopril presents for f/u of severe melancholic and vegetative depression. The patient, while adherent to all med regimens, has failed multiple combos of antidepressants and is currently on a regimen that includes fluoxetine. The psychiatrist plans to discontinue fluoxetine and start selegiline. The most important consideration to be made before starting?	IT IS AN IRREVERSIBLE MAO-A & MAO-B INHIBITOR AND CAN ONLY BE STARTED 5 WEEKS AFTER DISCONTINUING FLUOXETINE TO DECREASE RISK OF SEROTONIN SYNDROME
MAOIs affect catecholamines by directly retarding:	DEACTIVATION
Pt w/ MDD has been unresponsive to prior trials with a TCA and SSRIs. Pt has a 1st degree right bundle branch block and poorly controlled HTN. Pt w/ no SI. Next step?	BEGIN TX WITH PHENELZINE
What inhibitor of monoamine oxidase is also useful in the treatment of Parkinson's disease?	SELEGILINE
Blood levels for therapeutic and potentially toxic effects can routinely be assessed for which med?	NORTRIPTYLINE
Increased PR, QRS, or QT on EKG:	TRICYCLICS
Psychiatrist plans to add nortriptyline as an adjunct to fluoxetine. How should they proceed?	START NORTRIPTYLINE AT LOWER THAN NORMAL DOSE
The best time to obtain ECG in the treatment of children with TCA:	BEFORE TREATMENT, FOR ALL CHILDREN, TO ESTABLISH BASELINE
Which antidepressant is successfully used to treat pain syndromes?	AMITRIPTYLINE
Nortriptyline is the active metabolite of which of the following TCAs?	AMITRIPTYLINE
Dry mouth, blurred vision, constipation, urinary retention. S/E of what psychotropic?	AMITRIPTYLINE
Do NOT use in pt w/ narrow-angle glaucoma:	AMITRIPTYLINE
Which tricyclic antidepressant has the most potent antihistamine effect?	DOXEPIN
Which TCA should be avoided in pts w/ Parkinson's?	AMOXAPINE
85 yo pt w/ hx of HTN and COPD reports feeling depressed. The pt has an episode of depression 20 yrs ago, which was successfully treated with nortriptyline. The pt's HTN is currently well managed with hydrochlorothiazide. The physician prescribes nortriptyline 25 mg qday. After 1 wk, the pt calls and reports feeling no better. What would be an appropriate reason to obtain a nortriptyline level?	PT'S ADVANCED AGE
32 yo pt w/ hx of treatment resistant depression was brought to ER after overdose on imipramine. Pt reported wanting to die, but then changed her mind and then called for help. Pt's regular psych MD had recently added imipramine to the pt's partially effective regimen of fluoxetine 80 mg qday. Pt is afebrile, BP is 100/58 and HR is 96 and regular. Pt is vague about the detail of the attempt, but reports no	INSIST ON FURTHER CARDIAC MONITORING IN EITHER THE ED OR ICU

longer feeling suicidal. Medical resident recommends admission to a psych unit. Requests for a TCA blood level and EKG are deferred. Medical resident asserts that the pt's combined imipramine and desipramine level of 750ng/ml is not in the cardiotoxic range. What is the best course of action for the psych MD to take?	
What causes the cardiac toxicity of imipramine in overdose?	BLOCKADE OF VOLTAGE-GATED SODIUM CHANNELS
Orthostatic hypotension associated with TCA's is caused by blockade of what receptor?	ALPHA-1-ADRENERGIC
80 yo pt with MDD has tried SSRIs and SNRIs with no improvement, wants to start TCA, no cardiac hx and EKG is normal, which medication is most appropriate due to the side effect profile?	DESIPRAMINE
SSRI with shortest half life:	FLUVOXAMINE
Pt w/ hx of MDD has been taking Fluoxetine 40 mg PO QDay for one year since achieving remission of third depressive episode. Pt wants to stop medication because of sexual side effects responsive to Sildenafil 100 mg PRN. What should psychiatrists recommend to pt?	CONTINUE THE FLUOXETINE AS LONG AS IT IS EFFECTIVE
Patient with a long history of treatment resistant depression on phenelzine complaining of sweating, palpitations, and headache. BP = 210/118. Recently took OTC medicine to treat URI. What is the most appropriate intervention?	NIFEDIPINE
In studies that compare SSRI antidepressants with TCAs, which of the following is the best documented advantage of SSRIs over TCAs?	LOWER DROPOUT RATES DUE TO SIDE EFFECT
Most typical SE of fluoxetine:	NERVOUSNESS, RESTLESSNESS, AND ANXIETY
Discontinuation syndrome associated with SSRI consists of:	MALAISE, NAUSEA, PARESTHESIAS, DIZZINESS, MOOD SYMPTOMS, AND HEADACHE
Which is a common side effect leading to discontinuation of SSRIs early in treatment?	GI DISTRESS
Which SSRIs have the longest half-life?	FLUOXETINE
Black box warning on SSRIs with regard to children and adolescents:	SUICIDAL IDEATION
Which of the following would represent a concern if administered concomitantly with a SSRI?	HYPERICUM PERFORATUM
SSRI w/ no or mild inhibition of major P450 isoenzymes of 1A2, 2C9, 2C19, 2D6, 3A4:	CITALOPRAM
Dermatologist asks for psych consult on 38 yo pt. 5 years ago pt began having concerns of perceived skin irregularity she calls "bumps." Over time it became increasingly more difficult for her to ignore "bumps" and picks at them. Several dermatologists have been unable to convince pt it is not a dermatological issue. Aside from this, no evidence of another mood or thought d/o. First-line treatment for pt?	FLUVOXAMINE
Urine toxicology in a pt on bupropion may produce a false-positive screening test for which substances?	AMPHETAMINE
This medication increases Paxil's concentration :	CIMETIDINE

What is a sleep disturbance likely to occur after initiating a trial of an SSRI?	BRUXISM
45 yo pt who are in good physical health reports increased fatigue, decreased appetite, and an inability to take pleasure in usual activities. Pt is begun on fluoxetine 20 mg/day, and pt's mood improves over the course of 2 weeks. However, pt now notes a new onset of anxiety symptoms, including restlessness in the arms and legs. Pt is observed to fidget and seems unable to sit still for the exam. Neurological exam: unremarkable. Which courses of Tx would be most appropriate?	BEGIN PROPRANOLOL 10 MG TID
22 yo brought to ED by roommate who found him unconscious with a suicide note. Temp 100.9, BP 100/60, P 124, RR 8, warm and dry skin, dilated pupils and reactive to light, bowel sounds decreased, EKG with sinus tachy and QTC of 589, no obvious trauma. On which did pt OD?	TCA
Pt who responded in the past to SSRIs requests a drug from this class when subsequently seen for another episode of depression. However, pt reports concerns that when the previous medication was tapered, pt experienced fatigue, insomnia, abdominal distress, flu-like symptoms, and dizziness. What meds would be appropriate for this pt?	FLUOXETINE
36 yo pt c/o dysphoria, insomnia, fatigue, poor concentration. Pt is started on sertraline 50 mg, increased to 100 mg in 2 weeks. 2 months after dose increase, pt reports mood greatly improved. However, pt notes new onset of sx of delayed ejaculation, frequently to the point of anorgasmia. He believes this began almost immediately after dose increase. First step in managing the problem would be?	DECREASE THE SERTRALINE DOSAGE TO 50 MG/DAY
Cytochrome P450 (CYP450) subenzyme, inhibited by _____, increases TCA levels _____.	FLUOXETINE, 2D6
SSRIs with the greatest potential for slowing or blocking metabolism of other medications?	LUVOX
45 yo pt w/ hx of MDD recently had Citalopram twofold, with addition of Trazodone 100 mg/night for sleep. Ten days later, pt presents to ED with severe restlessness, nausea, vomiting, and diarrhea. Serum tox negative. On exam, pt confused, mildly agitated, febrile to 100.8, and tachy to 108. Neuro exam = nystagmus, B/L hyperreflexia, and ankle clonus. Tone without rigidity. In addition to stopping all meds & starting supportive care, what med should be given?	LORAZEPAM
Pt with flashbacks, nightmares, and insomnia r/t sexual trauma is improving slightly with Zoloft but still having nightmares, next step in mgmt.?	PRAZOSIN
Patient with history of bipolar disorder admitted for VRE bacteremia, endorsing suicidal ideation, heart rate 105, BP 171/95, RR 18, temperature 101.9, tremors of upper extremities, hyperreflexia, myoclonic jerks, not oriented to time or place, responding to visual hallucinations. What is the most likely diagnosis?	SEROTONIN SYNDROME
Patient comes to ED confused, lethargic, flushing, diaphoretic, and restless. Recently started fluoxetine but doesn't recall names of other psychotropics he's taking. Temp is 101.5, BP 110/62, has tremor and myoclonus. What's causing his symptoms?	SEROTONIN SYNDROME

In pts w/ recurrent depression, successful Tx with antidepressants should be followed by which Tx strategies?	CONT ANTIDEPRESSANT AT SAME DOSE
Pt with multiple past med trials reporting extensive SEs with those meds has been started on fluoxetine and now reports severe sweating. Pt's depression and anxiety have significantly improved on 10 mg daily but pt reports "my bedding is drenched every day when I wake up". Most appropriate next course of action?	ADD TERAZOSIN TO PT'S MED REGIMEN
Mirtazapine's side effects of sedation and weight gain are caused by binding to which receptors?	HISTAMINE
Concurrent use of phenelzine and meperidine can cause hypermetabolic reactions secondary to what?	INDIRECT PHARMACODYNAMIC EFFECTS AT A COMMON BIOACTIVE SITE
Which of the following agents is most likely to be helpful in the treatment of visual hallucinations and psychosis associated with advanced Parkinson's disease?	QUETIAPINE
FDA approved antipsychotic to augment SSRI in MDD treatment?	QUETIAPINE
6 year old with autism spectrum is referred to psychiatrist for irritability, aggression, and hitting self. Child has not responded to Risperdal. Which has the most evidence for managing irritability and aggression?	ARIPIPRAZOLE
22 yo pt suffers a traumatic brain injury following a skiing accident and is admitted to an inpatient rehabilitation facility. There, pt has frequent episodes of sudden anger and aggression directed toward staff. On psychiatric evaluation, pt is aware of these episodes, saying, "I can't help it, I just see red." Pt denies symptoms of depression or anxiety, and there is no evidence of acute confusion on examination. The rehabilitation staff report that all behavioral strategies have failed, and that pt's outbursts are intimidating the staff. Which of the following medications has the best evidence for efficacy?	PROPRANOLOL
Which vitamin is effective as an adjunct to antidepressants for treating depression?	D3
Which antidepressant is safest in seizure disorders and depression?	FLUOXETINE
What medication would be an appropriate choice for someone with MDD and comorbid bulimia?	FLUOXETINE
Patient is depressed, low energy, poor concentration, and weight gain. Best med?	BUPROPION
Of the following, first medication approved to treat depression: lithium, iproniazid, desipramine, methylphenidate, chlorpromazine:	IPRONIAZID
A patient with depression and epilepsy responded well to Bupropion SR. No seizures have occurred while on bupropion SR. Insurance wants to switch antidepressant because of bupropion's side effect of reducing seizure threshold. What should the psychiatrist do?	CONTINUE BUPROPION SR
25 yo m with no psych history has new preoccupation and excessive concern with imagined defects in appearance, no other symptoms. Which is the best med?	FLUOXETINE

Memantine's cognitive preservation effect has which mechanism?	GLUTAMATE NMDA RECEPTOR ANTAGONIST
Mechanism of action of medication best combined with donepezil to reduce decline in attention and global functioning?	MODULATION OF GLUTAMATE TRANSMISSION
26 yo woman presenting with MDD 2 weeks after giving birth. Which med has lowest passage into breast milk and most evidence for infant safety?	SERTRALINE
To limit risk of QT prolongation, citalopram should not be given with medications that inhibit what cytochrome P450 enzyme?	2C19
Which medication should NEVER be combined with psychostimulants in adults?	PHENELZINE
Antipsychotics	
60 yo on 6 mg risperidone, 50 mg sertraline. Slowed thinking, drooling, cog-wheeling, masked facies. Mood/paranoia improved on meds. What to do? (5x)	DECREASE DOSE OF THE ANTIPSYCHOTIC
How do antipsychotic meds elevate prolactin (PRL)? (5x)	PROLACTIN IS UNDER TONIC INHIBITORY CONTROL BY DOPAMINE
25 yo pt hospitalized for an acute psychotic break, begins to complain of thickened speech. Physical exam reveals eyes deviated to the upper right, grimacing, and posturing of the arms. The only meds taken were haldol and clonazepam. The most helpful treatment at this point would be: (3x)	DIPHENHYDRAMINE
25 yo pt receives haldol and develops laryngospasm: Tx? (2x)	BENZTROPINE
Superior efficacy for atypical antipsychotics over typical antipsychotics in the treatment of psychosis has been consistently demonstrated in what medications? (2x)	CLOZAPINE
Periodically assess neuroleptic side effects using? (it also shows pt's awareness of side effects) (2x)	AIMS
After an injection with haldol, a patient appears tremulous, dystonic, confused, and has a fever of 38.8 degrees C. Which of the following would be an essential part of the diagnostic workup for this patient? (2x)	CSF EVALUATION
Which med reduces the acute sx of neuroleptic induced akathisia? (2x)	BETA BLOCKERS (PROPRANOLOL, ATENOLOL)
A patient has a seizure secondary to a supratherapeutic level of clozapine. What changes in a patient's life could account for this finding? (2x)	SMOKING CESSATION
What did the Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) demonstrate about effectiveness of 2nd gen. antipsychotics for tx of schizophrenia? (2x)	SECOND GEN. ANTIPSYCHOTICS WERE NO MORE EFFECTIVE THAN FIRST GENERATIONS
These symptoms make a diagnosis of NMS more likely than other neurological and general medical conditions: (2x)	FEVER AND SEVERE MUSCLE RIGIDITY
55 yo psychiatrically hospitalized pt with chronic schizophrenia stabilized on Clozapine. Two weeks after d/c pt p/w impending signs	RESUMPTION OF HEAVY SMOKING

of psychotic relapse. Assuming pt adherence to meds and negative serum/urine tox screens, what is the most likely explanation for relapse? (2x)	
Psych MD orders quetiapine 50 mg for an 82 yo nursing home pt w/ dementia who has become severely agitated. Soon after, the psychiatrist receives a call from a family member who is concerned about the "black box" warnings associated with antipsychotics in the elderly. Which of the following is the most accurate information the psychiatrist could give the family member regarding the potential safety risks of this medication? (2x)	ATYPICAL ANTIPSYCHOTICS INCREASE MORTALITY; THIS MUST BE BALANCED AGAINST ANY POTENTIAL BENEFIT
30 yo on Clozapine for treatment resistant schizophrenia presenting with dyspnea, orthostatic hypotension and HR 130bpm. Elevated Eosinophil , EKG with nonspecific T wave changes. Further most likely test to guide treatment (2x)	TROPONIN LEVEL
Which of the following augmentation agents is the best choice for patients with OCD with inadequate response to SSRI?	ARIPIPRAZOLE
Which of the following antipsychotic medications is absorbed primarily through the oral mucosa?	ASENAPINE
Which antipsychotic medication has low risk for QTc prolongation?	ARIPIPRAZOLE
FDA warning for antipsychotic meds in dementia-related behavioral disturbances, increased risk of death and:	STROKE
Heavy smoking most likely affects the dose of which antipsychotic?	OLANZAPINE
Elderly w/ VH and cognitive decline, bradykinesia, rigidity, and multiple falls. What to avoid?	HALOPERIDOL
Finish "epidemic" with clozapine in 1975:	AGRANULOCYTOSIS
Mechanism for QTc prolongation with neuroleptics:	K CHANNEL BLOCKED
Med most helpful in tx of antipsychotic induced drooling?	GLYCOPYRROLATE
Psychotropic with mod-severe renal impairment?	PALIPERIDONE
How does abilify reverse neuroleptic induced hyperprolactinemia?	PARTIAL D2 AGONIST
A 75 yo with baseline dementia admitted for new onset confusion, disoriented to time and place, work up negative, started on Haldol. After 3 days pt is much improved and minimally somnolent but still disoriented, what is the next pharmacological treatment approach?	D/C HALDOL
Which med has increased risk of hyperglycemia and DM?	OLANZAPINE
Best treatment for olanzapine-induced metabolic side effects?	METFORMIN
What drug is most appropriate in emergency treatment of anticholinergic toxicity?	HALOPERIDOL

Which antipsychotic med is assoc with decreased psychotic sxs, decreased substance use, and increased abstinence in pts with schizophrenia and addictive d/o?	CLOZAPINE
Cigarette smoking induces the metabolism of which of the following medications: alprazolam, clozapine, fluoxetine, methadone, quetiapine?	CLOZAPINE
36 yo F pt w/ schizophrenia has been treated w/ olanzapine is discovered prolactin level: 354 ng/ml (normal: 3-30). The first action is:	ORDER A PREGNANCY TEST
Previous dual antipsychotic failure. Tolerating Clozapine 200 mg for a month. What should be the next step in medication management?	CONTINUE CLOZAPINE BY ITSELF
Which antipsychotic med has the largest number of studies supporting its use for Tx of explosiveness and reactive anger in youth?	RISPERIDONE
Antipsychotic adrenergic effect causing orthostatic hypotension:	A1-BLOCKADE
Which atypical antipsychotic causes least weight gain?	ZIPRASIDONE
How to maximize absorption of Ziprasidone?	WITH A CALORIC INTAKE OF AT LEAST 500 CALORIES
What hematological finding necessitates immediate dc of clozaril?	WBC 2000-3000, GRANULOCYTES 1000-1500
With the use of 2nd gen antipsychotics, alpha receptor antagonism is associated with what side effects?	TACHYCARDIA
Mechanism by which risperidone cause very little EPS despite binding w/ high affinity to a dopaminergic D2 receptor:	SEROTONERGIC 5HT2 ANTAGONISM
What is a major side effect of clozapine?	SEIZURES
Most common side effect with clozapine tx is:	SEDATION
Antipsychotic associated with development of cataracts:	QUETIAPINE
Recent schizophrenic med adjustment, now with fever, diaphoresis, stiffness, tachycardia, confusion. Dx?	NEUROLEPTIC MALIGNANT SYNDROME
A patient who is prescribed a high-dose of fluphenazine develops a fever of 103 F, tachycardia and AMS. Which test is most likely to be helpful?	CREATINE KINASE
IV Haldol related torsades de pointes is associated with what?	LOW MAGNESIUM LEVELS
Which of the following would be of most concern after initiating treatment with IV haldol for an 82 yo pt with delirium?	PROLONGED QTC INTERVAL
A leading hypothesis as to why atypical antipsychotic medications are less likely than typical neuroleptic agents to cause EPS is based one which of the following properties of atypical antipsychotics?	RAPID DISSOCIATION FROM D2 RECEPTORS
35 yo pt is started on a trial of clozapine for treatment-refractory schizoaffective disorder. During the initial medication titration, pt complains of sedation and orthostatic hypotension as well as flu-like	MYOCARDITIS

<p>symptoms, but seems symptomatically improved. However after a dose increase from 150 to 200 mg, pt develops a fever to 102 degrees, tachycardia to 130bpm, and an acute mental status change. CXR, urine studies, and blood culture are unremarkable. A CBC reveals a WBC of 11.4, with an elevated eosinophil percent of 7%. Which known toxic risk of clozapine is the most likely Dx?</p>	
<p>A 30yo w. 5yo hx of Schizophrenia, prior failed Haldol and Risperidone trial, despite adherence to meds, continues to have severe psychotic symptoms. Med recommendation at this time is:</p>	CLOZAPINE
<p>What lab finding is most typically associated with NMS?</p>	INCREASED CREATINE KINASE LEVELS
<p>This lab finding is a high risk factor for developing NMS:</p>	LOW SERUM IRON
<p>Appropriate management of neuroleptic malignant syndrome:</p>	HYDRATION AND COOLING
<p>Antipsychotics are associated with what?</p>	DYSTONIA, POIKIOTHERMY, LIPID SOLUBILITY, AND LOWER SEIZURE THRESHOLD
<p>25 yo with schizophrenia stable on risperidone for 6 months. What routine test is indicated?</p>	LIPID PANEL
<p>Which of the following effects is the basis for dantrolene's efficacy in the treatment of neuroleptic malignant syndrome (aka nms)?</p>	SKELETAL MUSCLE RELAXANT
<p>32 yo pt with hx of schizoaffective d/o stable on clozapine is admitted to internal medicine service for a severe GI viral infection. Pt is confused, slow, appears visibly ill and tired. Pt c/o stiffness and there is some rigidity to the movements. What should be recommended?</p>	DISCONTINUE CLOZAPINE
<p>Which antipsychotic has the least effect on prolactin?</p>	CLOZAPINE
<p>A slow titration of Clozapine is required to decrease the risk of:</p>	SEIZURES
<p>Which neuroleptic has the weakest affinity for the dopamine D2-like receptor?</p>	CLOZAPINE
<p>Clozapine clearance decreased by:</p>	CIMETIDINE
<p>Which med is contra-indicated with clozapine?</p>	CARBAMAZEPINE
<p>Schizophrenic on haldol 5 mg presents to ED "unable to see." Appears distressed, writhing and moaning. States "I'm unable to stop looking up." What is the best treatment?</p>	ADMINISTER BENZTROPINE 1 MG IV NOW
<p>What manifestations are the most common side effect of conventional antipsychotic meds?</p>	AKATHISIA
<p>What antipsychotic medication would be the best choice to avoid motor symptoms in Parkinson's disease?</p>	CLOZAPINE
<p>What antipsychotic medication is helpful in treating Tourette's?</p>	HALOPERIDOL
<p>Pt develops feelings of restlessness, an inability to relax, jitteriness, pacing, and rapid alternation of sitting and standing shortly after being started on a low dose of haloperidol. Addition of what medications would be most effective in managing these symptoms?</p>	ATENOLOL

The therapeutic effect of 2nd generation antipsychotics on negative symptoms of schizophrenia is thought to be related to the induction of expression in what area of the brain?	PREFRONTAL CORTEX
Blockade of dopamine receptors in tuberoinfundibular tracts results in breast enlargement, galactorrhea, impotence, and amenorrhea. Mechanism is increase of:	PROLACTIN
Correlation of plasma drug concentration with the clinical effectiveness is best established for which antipsychotics?	CLOZAPINE AND HALOPERIDOL
Acutely psychotic pt started on risperdal 2 mg qhs. Increased to 3 mg BID over the next few days. Pt becomes increasingly agitated, restless, unable to stop pacing. Most appropriate intervention?	ADD PROPRANOLOL
Psychotic pt given haldol, acute laryngospasm. In addition to intubation, give:	COGENTIN
Schizophrenic OD'd on antipsychotics, has EPS and urinary retention. Tx?	AMANTADINE
Pts over 65 yo are less likely to tolerate higher doses of antipsychotics due to:	DECREASED HEPATIC METABOLISM
25 yo pt is brought to the ED with a sudden onset of severe spasms of the neck and eyes deviated up and to the right. The pt has had a viral illness with nausea and vomiting and was given prochlorperazine yesterday. Which of the following meds would be most appropriate to prescribe for this patient?	DIPHENHYDRAMINE
A neonate has transient hyperreflexia, irritability, and tremors followed by a period of depressed interactive behavior and poor response to environmental stimuli. What did the child's mother use?	OLANZAPINE
In the Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) study, which medication was the most effective due to its low rate of discontinuation, high reduction in psychopathology, and longest time to discontinuation of treatment?	OLANZAPINE
Patient started on clozapine for treatment-resistant schizophrenia has initial ANC of 2200/mm3. How frequently should you get a CBC with diff?	WEEKLY
Greatest risk factor for developing akathisia:	RAPID DOSE ESCALATION
Quetiapine is known to develop diabetes, if starting metformin, this is an example of what kind of prevention (primary, secondary, tertiary or quaternary)?	TERTIARY
Constipation with clozapine results from antagonism in which receptor?	MUSCARINIC
Which antipsychotic has the lowest incidence of tardive dyskinesia?	CLOZAPINE

Anxiolytics	
What psychotropic can cause a decrease in benzo plasma levels? (6x)	CARBAMAZEPINE
Which benzo accumulates with repeated administration, should be avoided in chronic renal failure, and most likely to accumulate with repeated dosing? (3x)	DIAZEPAM
Which of the following medications would be preferable for use in an anxious patient with pulmonary disease? (3x)	BUSPIRONE
If prescription benzo is necessary for a patient w/ severe hepatic dysfunction which of the following is the most appropriate choice to avoid elevated serum levels? (2x)	LORAZEPAM
Which benzo is reliably absorbed given IM? (2x)	LORAZEPAM
Which of the following reverses the effects of benzodiazepines? (2x)	FLUMAZENIL
Pt with hx of schizophrenia, motor resistance, no eye contact, mute, arm remains extended while examining movement, what medication to treat?	LORAZEPAM
Risk for gabapentin in patient on opioids?	CUMULATIVE CENTRAL NERVOUS SYSTEM DEPRESSION
47 yo with well controlled epilepsy well controlled on monotherapy develops nausea, ataxia, and diplopia when treated with erythromycin. Which antiepileptic?	CARBAMAZEPINE
Decreases congenital malformations in women taking anti-epileptic medications:	FOLIC ACID
The use of flumazenil for treating benzo OD is limited by:	THE RISK OF INDUCING WITHDRAWAL SEIZURES IN BENZO-DEPENDENT PTS
75 yo pt with cirrhosis should be given which of the following meds:	TEMAZEPAM
False positive urine toxicology screen for benzodiazepines?	SERTRALINE
Buspirone is thought to exert anxiolytic effects primarily due to its actions at which receptor?	5HT-1A
Benzo half-life < 6 hrs:	TRIAZOLAM
Pharmacokinetic property most related to relative abuse potential of benzos:	TIME TO ONSET OF ACTION
Benzodiazepine absorbed PO or IM:	LORAZEPAM
Benzo w/o active metabolites:	LORAZEPAM
Longest half-life amongst alprazolam, flurazepam, lorazepam, temazepam and triazolam?	FLURAZEPAM (DALMANE) USED FOR INSOMNIA
Most common side effect of benzos:	DROWSINESS
Which of the following benzos has an active metabolite?	CHLORDIAZEPOXIDE

Which of the following sleep changes is produced by all benzos?	DECREASE IN REM
Breakthrough panic anxiety in a patient treated with short-acting benzodiazepines can be managed by switching the pt to what medication?	CLONAZEPAM
75 yo pt has developed tolerance to clonazepam over many years, now taking 5 mg clonazepam at night but still with poor sleep. Pt denies any mood or anxiety symptoms, no drug problems. Next step:	SLOWLY WITHDRAW THE PT'S CLONAZEPAM AND REEVALUATE
Pts on chronic benzos develop:	AMNESIA
Benzo that would be the safest to prescribe for a 70 yo pt:	LORAZEPAM
35 yo patient presents with frequent panic attacks, which begin with feelings of dread, sweating, shaking, fear of doom and death lasting 20 min. Which medication provides immediate relief:	LORAZEPAM
How likely is escalation of benzodiazepine dose when prescribed for long term use?	MOST PATIENTS WILL MAINTAIN A STABLE DOSE OVER TIME
Treatment for performance anxiety:	PROPRANOLOL

General Pharmacology

FDA requires that generics not be significantly different from the parent compounds in what way? (6x)	BIOEQUIVALENCE
After OD, pt has fever, confusion, tachycardia, dry mouth, urinary retention, dilated and unresponsive pupils. Which medication would treat this (nticholinergic toxicity)? (4x)	PHYSOSTIGMINE
Pt presents to ED c/o ringing in ears, abdominal pain, and is found to have mild metabolic acidosis. Overdose of what substance? (4x)	ASPIRIN
Hepatitis C treatment with interferon can cause what psychiatric symptom? (3x)	DEPRESSION
What med is effective in tx of motor/vocal tics associated w Tourette syndrome refractory to tx with antipsychotics and alpha adrenergic agonists? (3x)	TETRABENAZINE
Pt confused, disoriented, dry mouth, dilated unresponsive pupils. Likely ingested: (3x)	BENZTROPINE
Which of the following agents used to treat patients with Alzheimer's disease has a mechanism of action related to an anti glutaminergic mechanism? (2x)	MEMANTINE
In addition to life support, which class of meds to consider for the treatment of neuroleptic malignant syndrome? (2x)	DOPAMINE AGONISTS (BROMOCRIPTINE)
What medication may cause mood d/o in pts being treated for melanoma? Also worsens fatigue and cognitive inefficiency: (2x)	INTERFERON
Flumazenil is used to treat: (2x)	BENZO INTOXICATION

This is a relative contraindication for interferon treatment in pt's with Hepatitis C: (2x)	DEPRESSION WITH SUICIDAL IDEATION
The effects of caffeine on which of the following results in increased dopaminergic activity? (2x)	ADENOSINE RECEPTOR
First line treatment for restless leg syndrome: Carbamazepine, Clonazepam, Pramipexole, Gabapentin, Imipramine? (2x)	PRAMIPEXOLE OR ROPINIROLE
Which treatment of ADHD has been associated with decreased substance abuse in male patients?	STIMULANTS
A 22 year old has episodic severe headaches, severe pain behind the eye, abrupt onset, lasts 1 hour, accompanied with conjunctival injection. They used to be a few times a year but now occur with increased frequency. What is most effective in preventing future headaches?	VERAPAMIL
This medication commonly used in geriatrics would interfere with efficacy of donepezil treatment:	OXYBUTYNIN
Decreased hepatic blood flow is a physiological change affecting drug pharmacokinetics seen most commonly in what age group?	OLDER ADULTS
For which of the following medication classes is it most useful to establish personalized dosing based on CYP genotype?	TRICYCLIC ANTIDEPRESSANTS
A pt with cancer, pain, depressed mood, poor appetite, fatigue, impaired concentration, prognosis is less than three weeks. What should you treat with?	METHYLPHENIDATE
Contraindication for treatment for psychostimulants:	UNDERLYING HEART DEFECT
54 yo female takes prozac 60 mg for MDD, having worsening migraines then fever, diarrhea, and "muscles are tightening up". Which medicine is causing these sx?	SUMATRIPTAN
84 yo pt goes to ED with fever, dry mouth, visual hallucinations. Is found tachycardia, restless, toxicity of what medication most likely caused symptoms?	BENZTROPINE
Prolonged ingestion of high doses pyridoxine causes:	SUBACUTE SENSORY NEUROPATHY
Physostigmine is useful in treating toxic syndrome from overdose with:	SCOPOLAMINE
Pt in ED for treatment of OD – was found 4 hrs ago after ingesting 10 cold med packs of 650 mg Tylenol, antihistamine, and alpha 1 agonist decongestant. Pt is pale and vomiting. How do you decide whether to use N-acetylcysteine as an antidote?	PT'S SERUM N-ACETYL-P-AMINOPHENOL (APAP) LEVEL OVER TIME
Tx of pts w/ substance abuse who have acute pain:	PATIENT-CONTROLLED ANALGESIA
What would adding a cholinesterase inhibitor in a patient with Lewy Body Dementia treat?	BEHAVIORAL DISTURBANCES

Which of the following agents has been shown to moderate weight gain in some pts treated w/ valproate and atypical antipsychotic?	METFORMIN
Pt took 20 tabs 500 mg acetaminophen tabs 6 hours ago. Pt is 52kg, pulse 96, BP 135/65. Pt alert and in NAD. Serum acetaminophen level is 60 Ug/ml. Liver fxn tests are minimally elevated. Most appropriate action?	N-ACETYL-CYSTEINE
A post-op pt's was receiving 75 mg IM meperidine. After switching to meperidine 100 mg po pt reports inadequate pain relief. She has no past psych and abuse issues. This is due to:	THE LOWER POTENCY OF PO MEPERIDINE COMPARED TO IM
Acetylcysteine is tx of choice for OD of:	ACETAMINOPHEN
OD on a sleeping pill. Hot skin, blurry vision, urinary retention, dry mucous membranes, tachycardia, decreased bowel sounds. What is the pill?	DIPHENHYDRAMINE
Risk of hepatotoxicity will peak in how many hours after acetaminophen overdose?	72 TO 96 HOURS
MC complication of corticosteroid therapy?	MOOD DISORDER
Molecular targets for improving cognition in schizophrenia have shown promise via which of the following mechanisms?	D1 RECEPTOR AGONISM
Which med is helpful in Tourette Syndrome who can't tolerate clonidine?	GUANFACINE
Guanfacine's primary effect is through what mechanism of action?	PRESYNAPTIC ALPHA2 ADRENERGIC RECEPTOR ACTIVATION
Key element in emergency treatment of pt w serotonin syndrome, beyond stopping offending agent is:	SUPPORTING VITAL FUNCTIONS
Restlessness, myoclonus, hyperreflexia, diaphoresis, shivering, tremor, and confusion are compatible with which diagnosis?	SEROTONIN SYNDROME
Research on the use of psychostimulants to treat pts w/ secondary depressive symptoms in medical setting suggest:	WHEN TREATED WITH THESE AGENTS, PT MAY ENGAGE IN REHABILITATION SOONER
A psychiatry consult is placed regarding a patient with SI. History of Bipolar disorder and admitted for VRE bacteremia. BP of 171/95, temp of 100.9. Has tremors, hyperreflexia, myoclonic jerks, not oriented at all, has visual hallucinations. Meds include linezolid, lithium, sertraline, Risperdal. What is diagnosis?	SEROTONIN SYNDROME
What drug has been known to cause hypertensive crisis?	PHENELZINE
African Americans tend to have higher activity of which of the following cytochrome p450 enzymes?	3A4
Sudden death in children taking which medication?	TRICYCLICS
47 yo pt presents with fever, confusion, and tremor and found to be tachy and diaphoretic. Clonus easily elicited on exam. Pt suspected to have serotonin syndrome, is taking Celexa and Lithium. What additional medication may have contributed to syndrome?	ST. JOHN'S WORT

Autonomic instability, nonfocal neurological signs, and elevated temp associated with which elevated lab value?	CREATININE PHOSPHOKINASE (CPK)
Drug-drug interactions in pts taking HIV meds are particularly problematic with which medication:	METHADONE
In addition to benzos, which class of meds is assoc with falls in pts older than 60?	ANTIDEPRESSANTS
The potency of medication refers to which of the following properties of a medication?	RELATIVE DOSE REQUIRED TO ACHIEVE A CERTAIN EFFECT
60 yo pt with chronic schizophrenia takes cogentin for neuroleptic induced parkinson now has increased urine retention and confusion. What medication would be the best alternative for treating this patient's condition?	AMANTADINE
Most of the body's serotonin is located where?	GI TRACT
Common side effect of acetylcholinesterase inhibitors:	DIARRHEA
Diphenhydramine's ability to treat acute dystonia is due to action on which receptor?	MUSCARINIC-1
28 yo with BMDII wants to use phototherapy for depressive Sx treatment in winter. What should you advise?	CAN BE USED BUT REQUIRES VIGILANCE AND CAREFUL TITRATION OF DOSE
Which med is used to treat hep C viral infection and is associated with depression, anxiety, and cognitive impairment?	INTERFERON-ALPHA
In pts who surreptitiously use excess sulfonylurea, which of the following substances can be administered to r/o possible insulinoma?	TOLBUTAMIDE
Which of the following medications inhibits the enzyme ETOH acetaldehyde dehydrogenase?	DISULFIRAM
Buprenorphine's advantages over clonidine, in the management of patients with opioid withdrawal, include better control of which of the following symptoms?	CRAVINGS
Therapeutic index is a relative measure of which of the following characteristics of a medication?	RELATIVE MEASURE OF DOSING TOXICITY TO SAFETY
Pharmacokinetic factor that declines w/ aging?	GLOMERULAR FILTRATION RATE
Patients >65 yo are more sensitive to psych meds. What physiologic change occurs with aging?	DECREASED PHASE 1 OXIDATION
Agitated pt gets rapid tranquilization in ED. Using oral concentrate instead of IM or IV has what advantage?	DECREASED FEELINGS OF HELPLESSNESS
What herbal (phytomedicinal) is used as a hypnotic?	VALERIAN
The FDA requires that pharmaceutical companies demonstrate that a generic drug is not significantly different from the parent compound in which way?	BIOEQUIVALENCE

What is the underlying mechanism of action of sildenafil in erectile dysfunction?	ENHANCEMENT OF NITRIC OXIDE
What substance is associated with a risk of bleeding when taken with anti-platelet drugs or warfarin?	GINKGO BILOBA
Clonidine mechanism of action:	ALPHA-2 AGONIST
42 yo pt has primary insomnia. Pt complains of difficulty falling asleep, but then sleeps through the night. Which of the following would be the best medication to prescribe for this pt after addressing sleep issues:	ZALEPLON
Combined use of Lithium and SSRI is known to increase the risk of which of the following conditions?	SEIZURES
28 yo pt wants to stop smoking with the help of a nicotine replacement product. Pt plans to have orthodontia within the next 2 months; has psoriasis; and has multiple environmental allergies that often cause nasal stuffiness, sore throats, and itchy, watery eyes. Nicotine replacement best?	NICOTINE LOZENGES
Prepubertal children differ from adolescents and adults with regards to dosing of liver metabolized medication requiring?	HIGHER WEIGHT ADJUSTED DOSES OF MEDICATION
Effective for OCD:	PAROXETINE, PHENELZINE, FLUVOXAMINE, CLOMIPRAMINE (NOT BUPROPION)
This is an effective pharmacologic treatment for symptoms of OCD	CLOMIPRAMINE
What pharmacokinetic property remains most stable with age?	ABSORPTION
Irreversible effect of chronic anabolic steroid use:	HIRSUTISM
What does current evidence show regarding psychiatrists using pharmacogenomics testing in clinical practice?	RESEARCH SHOWS PROMISE FOR CLINICAL UTILITY, BUT REPLICATED EVIDENCE ABOUT OUTCOMES IS LACKING
Bipolar II patient w/ CDK, HTN, DMII, obesity has uncontrolled depressive episodes. Currently euthymic on mood stabilizer with significant SE. What med should be tried: Lithium, Quetiapine, Olanzapine, Lamotrigine, Divalproex?	LAMOTRIGINE
Medication caused syncopal episode with hyperthermia, headache, flushing, and tachycardia with hypotension requiring IV fluids in a patient who has a history of schizophrenia, GAD, and EtOH Use Disorder:	DISULFIRAM
9 year old with ADHD not responding to methylphenidate, next medication?	DEXTROAMPHETAMINE
Methadone patient gets pregnant. Best recommendation?	CONTINUE METHADONE MAINTENANCE
Marker of autonomic activity and biofeedback:	HEART RATE VARIABILITY
What medication can lead to serotonin syndrome if combined with fluoxetine	LINEZOLID

Which ADHD med has a black box warning for suicidal ideation in children and adolescents?	ATOMOXETINE
Mechanism of action of guanfacine:	ALPHA-2 ADRENERGIC AGONIST
FDA approved med for providing wakefulness in a patient with OSA:	MODAFINIL
Reason for IV atropine administration to patient prior to triggering the electrical stimulus during ECT:	PREVENT BRADYCARDIA AND ASYSTOLE
Which med class has paradoxical drug responses of dissociative-like states?	SEDATIVE-HYPNOTIC
Which Alzheimer's medication has alternative delivery (not PO)?	RIVASTIGMINE
Medication for aborting migraines:	RIZATRIPTAN
Impairment of what pharmacokinetic action will lead to an adverse drug-drug interaction between linezolid and an SSRI?	METABOLISM
Medication with best evidence for treating sleep maintenance insomnia in adults:	DOXEPIN
Valbenazine's mechanism of action?	VMAT2 INHIBITOR
Buprenorphine + Naloxone combination aims to reduce what:	ABUSE POTENTIAL
Which drug for alcohol use disorder hypothesized to reduce craving by modulating DA activity in NA and VTA?	NALTREXONE

Anticonvulsants

Clinically significant increase in lamotrigine concentration may occur if co-administered with: (9x)	VALPROIC ACID
Teratogenic effect of both VPA and carbamazepine: (3x)	NEURAL TUBE DEFECTS
Inducer and substrate of CYP3a4 (ie may require dose increase after several weeks to maintain steady state): (2x)	CARBAMAZEPINE
Carbamazepine should be D/C'ed if the absolute neutrophil count is below: (2x)	3,000
Pt w/ treatment-resistant mania and h/o rapid cycling is being treated w/ carbamazepine and thyroxine. After adding clozapine the pt is clinically stabilized. The pt's most recent WBC is below 3,000. Intervention? (2x)	D/C CARBAMAZEPINE
Which of the following anticonvulsants may be associated with kidney stones? (2x)	TOPIRAMATE
Pt with treatment resistant, rapid cycling bipolar disorder who recently started lamotrigine develops a rash on the face. Pt admits to a mild sore throat and thinks he may have a fever. Which of the following is the best recommendation for the psychiatrist to make to the pt? (2x)	DISCONTINUE LAMOTRIGINE AND COME TO THE APPROPRIATE ER

Which med decreases the efficacy of oral contraceptives? (2x)	OXCARBAZEPINE
Drug prophylactic for treatment of migraines: (2x)	VALPROATE AND TOPIRAMATE
Interaction between valproic acid and lamotrigine that causes severe derm reactions?	VALPROIC ACID INHIBITS GLUCURONIDATION
Associated with neural tube defect in first trimester of pregnancy:	VALPROATE
Which of the following meds is associated with benign maculopapular rash in approximately 10-15% of pt's within the first 3 weeks of treatment?	CARBAMAZEPINE
After the psychiatrist adds a new med, pt turns bright red w/ sunburn like rash, similar to SJS. Which med caused this?	LAMOTRIGINE
Side effect of carbamazepine that is more common in the Asian ethnicities:	STEVEN JOHNSON SYNDROME
Lancinating face pain, triggered by minor sensory stimuli, best treated initially with:	CARBAMAZEPINE
Which drug used in the treatment of patients with epilepsy is assoc w/ hyponatremia?	CARBAMAZEPINE
Coarsening of facial features and hirsutism are SE of what med?	VALPROATE
Acute onset of hematuria and lumbago? Side effect of which anticonvulsant?	TOPIRAMATE
Pt taking carbamazepine for BMD presents with weakness and pallor. The psychiatrist notes the presence of a non-blanching rash on the patient's arms. The most immediate lab test to order is:	CBC
Lamotrigine is effective treatment for what mood disorder?	BIPOLAR DEPRESSION
Fetal exposure to valproate during pregnancy increases risk of:	NEURAL TUBE DEFECTS
8 yo dx w/ Bipolar d/o is about to start valproic acid. What needs to be monitored frequently?	LIVER FUNCTION
Which antibiotic may significantly raise carbamazepine levels and precipitate heart block?	ERYTHROMYCIN
What justifies using valproate more commonly than lithium for BMD in pts > age 65?	CHANGES IN RENAL CLEARANCE MAKES LITHIUM DOSING PROBLEMATIC
Side effect more frequent in carbamazepine than lithium:	DIZZINESS
Hair loss + weight gain are SE of which anticonvulsant:	DIVALPROEX SODIUM
Which of the following baseline labs should be obtained for pt being treated with valproate?	LIVER FUNCTION TESTS
What CBC value is most important to follow when on Depakote?	PLATELETS

What is the most common reason pts discontinue valproate?	WEIGHT GAIN
Which medication can worsen low bone density?	VALPROATE
Adequate as a monotherapy for juvenile myoclonic epilepsy:	VALPROATE
Adequate for monotherapy generalized tonic clonic szs:	VALPROATE
Of these meds (topiramate, lamotrigine, valproic acid, levetiracetam, Oxcarbazepine), which is most likely to be free of any significant interaction with other antiepileptic medications?	LEVETIRACETAM
Valproate's epigenetic modifying properties due to effect on :____.	HISTONE DEACETYLASE
Genetic testing recommended when starting Asians on this med:	CARBAMAZEPINE
Which mood stabilizer is most likely to affect haloperidol:	CARBAMAZEPINE
Clinical trial data provides therapeutic blood level guidance for which medication in treatment of bipolar disorder?	VALPROIC ACID
Bipolar female stable on lithium and lamotrigine but recently started OCP. What potential issue could result?	THE OCP MAY NECESSITATE A DOSE INCREASE IN LAMOTRIGINE

Lithium

Treatment of choice for lithium intoxication who manifests impaired consciousness, neuromuscular irritability, and seizures is: (10x)	HEMODIALYSIS
Which med is thought to have a protective effect independent of its mood- stabilizing effect against suicide risk in pts w mood disorder? (4x)	LITHIUM
Psoriasis exacerbated by: (3x)	LITHIUM
32 yo F pt w/ BMD has been treated with lithium. Pt reveals to her psychiatrist that she is now pregnant. Attempts to dc lithium in the past have led to relapses of the pt's disorder, with severe associated morbidity. A trial of an antipsychotic in the past resulted in NMS, and pt has since refused to use them. Which of the following would be the best option for treatment during the pregnancy? (3x)	CONTINUE LITHIUM
A pt who was previously stable on Lithium presents with symptoms of toxicity after their PMD starts them on a HTN medicine. Which of the following is the most likely mechanism of interaction between the lithium and the HTN medication? (3x)	REDUCED RENAL CLEARANCE
What lab test should be conducted prior to initiation of lithium tx (3x)?	TSH
A 32 yo F comes to the ED with CC of 2 weeks of diarrhea. On exam she is anxious and tremulous and is not oriented to date or time of the day. She states she is taking "some drug" for Bipolar disorder and adds that she started doubling her dose a month ago because she "wasn't getting better fast enough." She denies use of drugs/ETOH. Which medication would most likely cause the symptoms described? (2x)	LITHIUM

62 yo F w bipolar d/o develops altered mental status, dysarthria, ataxia in hosp after meds are added in hospital to her lithium. What medication could cause this? (2x)	INDOMETHACIN COMPETES WITH LITHIUM FOR EXCRETION AND CAUSES LITHIUM TOXICITY SYMPTOMS
Lithium exposure in the first trimester of pregnancy increases risk of congenital abnormalities in which organ? (2x)	HEART
Lithium can be removed via hemodialysis because? (2x)	HAS NO METABOLITES
Stable, steady state Lithium levels are generally obtained within: (2x)	4-5 DAYS
Which of the following factors is a predictor of a poor response to lithium? (2x)	RAPID CYCLING
What factor is thought to predict a poor response to lithium treatment for pts with bipolar disorder? (2x)	MIXED MANIC/DEPRESSED EPISODE
Giving charcoal is an ineffective treatment for pt who OD'd on (2x):	LITHIUM
Which of the following medications was first used as a treatment for gout and later promoted by john cade for treatment of unstable mood? (2x)	LITHIUM
What can decrease Li levels?	CAFFEINE
Onset of action for lithium's antimanic properties:	1-3 WEEKS
Li induced polyuria tx with least effect on Li level?	AMILORIDE
Bipolar pt on lithium and Zoloft for 3 yrs. Level 0.8. More depressed and fatigued, low energy level. Increasing Zoloft ineffective. Next step:	OBTAIN TSH LEVEL
This cardiovascular disturbance is most common for Lithium:	BENIGN T WAVE CHANGES.
Medication most likely to cause cognitive side effects, even seizures, if taken at same time as ECT?	LITHIUM
A psychotropic with same pharmacokinetic properties in Asian Americans and White Americans:	LITHIUM
Lithium serum levels should be monitored by evaluating:	TRough LEVELS 12 HOURS AFTER LAST DOSE
Which med can decrease serum concentration of lithium:	AMINOPHYLLINE
BMD Tx with Li x 2 years develops rapid cycling. What lab test should be done?	THYROID FUNCTION TESTS
SE of toxic serum lithium levels:	ST DEPRESSION, QTc PROLONGATION, ATAXIA, TREMOR, DYSARTHRIA, NEPHROTOXIC SX, STATUS EPILEPTICUS
24 yo F in 2nd trimester now manic w/ no psychotic fx's. Hx of 1 episode of mania, diagnosed bipolar I. D/C lithium when she decided to have kids. Willing to begin Tx:	RESTART LITHIUM
The most common cause of severe polyuria with lithium is:	NEPHROGENIC DIABETES INSIPIDUS

While taking lithium patients should:	MAINTAIN SODIUM INTAKE
A CNS structure that is likely to suffer permanent damage following lithium toxicity:	CEREBELLUM
Interferes w/ clearance of lithium:	IBUPROFEN
Cardiac effects of lithium resemble what on EKG:	HYPOKALEMIA (LOW T WAVES)
Predictor of positive response to lithium prophylaxis:	HISTORY OF GOOD INTER-EPIISODE FUNCTION
In patients on lithium, what type of thyroid dysfunction can occur?	HIGH PREVALENCE OF THE PRODUCTION OF THYROID AUTOANTIBODIES
Intake of this increase lithium levels:	FLUOXETINE
Which of the following laboratory tests is essential prior to prescribing lithium?	BUN AND CREATININE
55 yo pt with guilt, anhedonia, insomnia, and sad mood has been treated for 10 wks with fluoxetine 60 mg qam. His mood and appetite have improved, though he still has difficulties with concentration, hopelessness, and tearfulness. He denies a h/o manic or psychotic symptoms. The medication most likely to augment the antidepressant effect of his current regimen would be:	LITHIUM
Pt on lithium and paxil. Lithium is ineffective despite a therapeutic level. What do you do?	DISCONTINUE PAXIL
Which nervous system structure is likely to suffer permanent damage from lithium OD?	CEREBELLUM
Lithium can raise what serum electrolyte?	CALCIUM
Tx of acute mania w/ lithium. What is the best adjunctive agent?	ECT
Characteristic that makes lithium readily dialyzable:	LOW MOLECULAR WEIGHT
When used at a therapeutic dose during pregnancy, the dose of which medicine should be reduced in the postpartum period to minimize ASE's: Lithium, Lamotrigine, Carbamazepine, Topiramate, Valproate?	LITHIUM
What is the pharmacological effect of lithium?	GLYCOGEN SYNTHASE KINASE-3 INHIBITION
An analgesic that raises lithium levels:	CELECOXIB (NSAIDS)
Best antidepressant augmenting agent (besides atypical antipsychotics):	LITHIUM
Therapeutic Modalities (General Psychotherapy)	
Most likely to be enhanced by the strategies of putting the pt at ease, finding the pt's pain and expressing compassion, evaluation pt's insight, and showing expertise: (5x)	RAPPORT

The factor most consistently associated with therapy outcome in psychotherapy research: (3x)	STRENGTH OF THERAPEUTIC ALLIANCE
Without evident distress, pt calmly reports to the psychiatrist, "Since I was last here, my significant other dumped me." The doctor responds by pointing out the discrepancy between the pt's affect and the content described. This response is an example of: (3x)	CONFRONTATION
A set of feelings that a patient reenacts in the therapeutic relationship are called: (2x)	TRANSFERENCE
Business executive hospitalized for bleeding ulcer repeatedly argues with a well-liked head nurse and threatens to leave AMA. Best action for C&L psychiatrist is: (2x)	LISTEN TO PT'S COMPLAINTS ACKNOWLEDGE HIS DISCOMFORT WITH THE PASSIVE POSITION THAT HE IS UNACCUSTOMED TO
Common theme in psychotherapy in the elderly: (2x)	LOSS
As opposed to long-term psychotherapy, time-limited therapy more likely to: (2x)	SELECT CENTRAL ISSUE AS FOCUS
For the treatment of pts with compulsive sexual behavior, the best results have been seen with which of the following approaches? (2x)	TWELVE STEP GROUPS
Two most powerful predictors of outcome in any form of psychotherapy are: (2x)	EMPATHY AND THERAPEUTIC ALLIANCE
The best response to a pt who reports a fixed false belief that his neighbor is poisoning his dog and sitting all day at the window monitoring is: (2x)	EMPATHIZE WITH THE PT, BUT AVOID DIRECT CONFRONTATION ABOUT THE DELUSION
Psychotherapy where pts realistically evaluate their interactions w others & therapist offers direct advice/helps pts make decisions/ignores transference issues. (2x)	INTERPERSONAL PSYCHOTHERAPY (IPT)
Most likely represents an acceptable boundary crossing by a therapist as opposed to a boundary violation: (2x)	RECEIVING COOKIES AS AN EXPRESSION OF GRATITUDE BY A PT NEAR TERMINATION
Therapeutic empathy is best described as the therapist's ability to: (2x)	GRASP PT'S INNER EXPERIENCE FROM PT'S PERSPECTIVE
Motivational interviewing often used as part of the treatment of which conditions? (2x)	SUBSTANCE ABUSE
Therapeutic technique where therapist instructs the patient to hold onto a symptom: (2x)	PARADOXICAL INTERVENTION
Psych resident dislikes alcoholic pts and avoids working with them. In discussing the problem, says that pts are hopeless and unmotivated and she can't empathize with them. Example of? (2x)	COUNTERTRANSFERENCE
Catharsis is: (2x)	VERBAL EXPRESSION OF SUPPRESSED TRAUMATIC EXPERIENCES AND FEELINGS
Technique for OCD treatment:	EXPOSURE AND RESPONSE
What is the best treatment for a 25-year-old woman with no past psychiatric history and family history of depression, presenting 3 days	PSYCHOEDUCATION

after giving birth with tearfulness, irritability, anxiety, insomnia, lack of energy, loss of appetite, and feeling overwhelmed?	
Patient terminates treatment early from psychodynamic therapy with a resident who is leaving in 2 months, how to interpret?	INTERPRET THAT THE PATIENT MAY BE TRYING TO LEAVE THERAPY BEFORE THE RESIDENT LEAVES
Part of low-intensity telemedicine mental health services provided is?	IN-PERSON, TELEPHONE, OR E-MAIL DOCTOR-TO-DOCTOR "CURBSIDE" CONSULTATION
How to create a safe, stigma free environment to prevent physician burnout?	OFFER PERSONAL COUNSELING AND FINANCIAL COUNSELING SERVICES AT THE SAME LOCATION TO REDUCE STIGMA
Kid with ADHD & ODD, what's the best psychotherapeutic approach?	"WE SHOULD FIND OUT WHAT YOUR CHILD ENJOYS AND CREATE A BEHAVIORAL REWARDS PROGRAM FOR YOUR CHILD AT HOME AND AT SCHOOL"
Which is a characteristic of assertive community treatment (ACT) to treat the severely mentally ill?	24-HOUR-A-DAY MENTAL HEALTHCARE COVERAGE
What is closely associated with decreased outpatient psychotherapy dropout rate?	GREATER THERAPIST EXPERIENCE
Which therapy modality is efficacious in treating trichotillomania?	HABIT REVERSAL
Difference between empathy and identification is that empathy ____?	RETAINS OBJECTIVITY IN A RELATIONSHIP
26 yo man with anger outbursts is forced to attend treatment by his boss or face termination. He states that he "just wants to get this over with". How should you respond to this patient?	CLARIFYING THE PURPOSE OF THE INTERVIEW AND DEFINING A MUTUAL AGENDA FOR THE VISIT
Barrier to widespread use of telepsychiatry:	PHYSICIAN DISSATISFACTION
Example of behavioral analysis strategy:	"AT WHAT POINT DURING THE DAY DID YOU FIRST NOTICE YOU WERE THINKING ABOUT CUTTING"
Pt BIB police to ED with disorganized behavior. Pt asks "are you a real psychiatrist?" Best response?	I'M A RESIDENT WHICH MEANS I AM A PHYSICIAN WHO IS RECEIVING SPECIALTY TRAINING IN PSYCHIATRY
Recent meta-analyses have suggested what with regard to the use of psychotherapy to treat depression?	OTHER PSYCHOTHERAPIES HAVE EFFICACY COMPARABLE TO CBT
Psychiatrist's mind wanders during sessions, what should the psychiatrist do?	EXAMINE INNER THOUGHTS AND FEELINGS
What theory is the basis of mentalization-based therapy?	BOWLBY'S ATTACHMENT THEORY
During the initial psych interview, pt tearfully discusses the painful ending of romantic relationship. What should Dr. say to establish a therapeutic alliance?	IT SOUNDS LIKE THIS HAS BEEN VERY DIFFICULT FOR YOU. HOW ARE YOU COPING?
Psychiatrist behavior of raising eyebrows, leaning towards pt, saying "Uh-huh":	FACILITATION
Redirecting discussion by talking about irrelevant stuff:	RESISTANCE
During a clinical interview, the physician recapitulates what the pt has said so far and says to the pt "I just want to make sure that I've got everything right up to this point". This is an example of:	SUMMATION

When the psychiatrist asks about mania, pt responds, "that sounds exactly like my cousin," and proceeds to tell a long story about the cousin but doesn't answer the psychiatrist's request. This is an example of:	TANGENTIALITY
In the initial psych interview, pt frustrated that his last psychiatrist had brief visits & "just gave me another pill every time." Interviewing psychiatrist responds "so you would like your psychiatrist to listen & understand you before adjusting your meds."	CLARIFICATION
Pt who had a difficult childhood calls the therapist mother's name and quickly corrects error. What is this an example of?	PARAPRAXIS
Pt w/ BMD who has been making progress in long-term psychodynamic psychotherapy enters the session obviously distraught. After listening to scattered seemingly unimportant details of recent daily life, the therapist asks if pt is avoiding something too uncomfortable to talk about. Pt responds with intense anger/distress. "I just heard you are getting a divorce, I am sick about it. Here I am counting on you to help me sort out my chaotic life and messed-up relationships, and you can't even keep your own marriage together! What are you, some kind of hypocrite? I think I should leave and find someone who knows what they're doing!" Best response for the therapist to make?	"I AM GOING TO NEED A MOMENT TO THINK ABOUT WHAT YOU'VE SAID AND ARE FEELING BEFORE I CAN RESPOND."
8 yo evaluated for asthma, found to have ADHD symptoms, put on stimulant, behavioral problems continue, sent to psychiatrist and psychologist, this is an example of what level of collaborative care?	SHARED (INTEGRATED) CARE
17 yo receiving counseling for school truancy. The student understands that truancy is not a desirable behavior and discusses ways to improve school attendance. What stage of change is the student in?	PREPARATION
College student in therapy, the Dean calls the therapist requesting info about the student's therapy due to recent reports from a dorm supervisor. Therapist should:	REFUSE THE DEAN'S REQUEST FOR INFORMATION
An important counter-transference issue in an interethnic psychotherapeutic relationship is:	DENIAL OF DIFFERENCES
Abstinence compliance increases with random UDS. This is ex of:	PARTIAL REINFORCEMENT
A new pt asks the therapist, "are you Christian?" What is the best response?	"ARE YOU CONCERNED THAT IF WE ARE NOT OF THE SAME RELIGION, I WON'T BE ABLE TO TREAT YOU PROPERLY?"
Exchange during initial interview after pt's former therapist closed his practice: pt expresses concern about new therapist being too young/inexperienced, states she doubts new therapist can provide any new insights. Best response to further goal of getting to know pt, establish whether therapy w new therapist would be appropriate:	"IT CAN BE VERY HARD TO START OVER WITH A NEW THERAPIST. HOW HAVE YOU BEEN FEELING ABOUT HAVING TO END YOUR TREATMENT WITH DR. BROWN?"
A patient repeatedly becomes distressed after what seems, even to the pt, to be minor disappointments. The patient also seems to suffer from extreme narcissistic vulnerability. A therapist utilizing self-psychology would be most likely to interpret this due to which of the following factors?	A LACK OF DEVELOPMENTALLY APPROPRIATE EMPATHY FROM CAREGIVERS

Treating a much older pt who asks about the therapist's age. Best response:	"MAYBE YOU'RE CONCERNED ABOUT WHETHER I AM EXPERIENCED ENOUGH TO TREAT YOU?"
Pt seeing new psychotherapist weekly x3 wks hesitantly complained about being able to overhear much of what pt in the preceding session was saying. Pt assured the therapist that he had tried not to listen and had left the waiting room to wait outside until the other pt had left. Which is the best response?	APOLOGIZE FOR THE LACK OF PRIVACY AND INDICATE THAT FURTHER MEASURES, SUCH AS MUSIC SYSTEM IN THE WAITING ROOM, WILL BE UTILIZED
MD sees psychiatrist w increasing sense of dislike for a blaming, externalizing pt who pits family members against the MD. What should the psychiatrist discuss w MD?	COUNTERTRANSFERENCE
A pt with h/o lifelong depression & failed relationships complains (very angry) (after several weeks of therapy) that she is expected to trust the Dr. without even knowing anything about him (credentials or personally) what should the Dr say?	EMPATHIZE WITH THE PT'S FEARS OF TRUST AND FEELING OF BEING AT A DISADVANTAGE
Psychotherapy technique for children with Tourette's syndrome:	HABIT REVERSAL
62 yo with lung cancer, weight loss, fatigue, and persistent cough. Pt refuses to accept Dx of cancer and states will "get over this infection." Pt refuses all further testing and asks for antibiotics to "recover in peace." C&L psychiatrist's role is:	EVALUATE PT'S COPING STYLE AND HELP THE MEDICAL TEAM SEE THE PT'S RESPONSES IN THE CONTEXT OF HER UNIQUE PERSONALITY AND LIFE CIRCUMSTANCES
Young female starting cognitive therapy with a female resident asks for a hug. Resident should first:	EXPLAIN WHY PHYSICAL CONTACT IS AVOIDED
C&L psychiatrist uses all therapeutic approaches except:	EXPLORATORY PSYCHODYNAMIC
Psychiatrist is treating an older pt who is a successful executive. Pt feels grateful for the help w/ his depression and offers some tips on investing to the psychiatrist. What is the most appropriate action at this point from the psychiatrist?	EXPLORE PT'S MEANINGS AND FEELINGS ABOUT THE OFFER
Female psych resident says pt saw resident in town over the weekend. Followed her around. Thought she could later shop at the same stores and eat at same restaurants as her greatly admired therapist. Nothing wrong in pt's bx or material suggesting she is dangerous. Pt apologizes convincingly, says will not do again. Hope the therapist will not fire her. What is the next best step?	INTERPRET PT'S LONGING TO IDENTIFY W THE PSYCHIATRIST
What if pt asks whether you're still in training during the intake interview?	INFORM THE LEVEL OF TRAINING
Midway through the psychotherapy session, a psychiatrist's mind wanders despite repeated refocus. Best immediate action:	EXAMINE OWN INNER FEELINGS ABOUT THE PATIENT
Pt sees therapist and makes threats and becomes agitated. Therapist feels uneasy, the next step is to:	INTERRUPT INTERVIEW TO GET HELP
Which behavioral technique used to de-escalate agitated patient?	ACKNOWLEDGE THE PATIENT'S FRUSTRATIONS
Young pt in therapy returns to school, announces to therapist that he can pass classes, and will graduate. Best response:	OFFERING CONGRATULATIONS

Beginning therapist feels great empathy for depressed pt fails to maintain sufficient distance to observe self-destructive patterns. To avoid this pay attention to:	OVERIDENTIFICATION WITH PATIENT
Social skills training for those with persistent mental illness is an essential part of:	PSYCHIATRIC REHABILITATION
Therapist is working with a schizophrenic. Strategies include informing about illness, social support, management guidelines. Therapist encourages a calm problem solving approach/facilitates stress and stigma reduction when possible. Which model is the therapist using?	PSYCHOEDUCATIONAL
Biofeedback usually helps pts with which medical syndrome?	RAYNAUD'S SYNDROME
What interventions are consistent with the theoretical assumptions of crisis tx?	REASSURANCE, BRIEF HOSPITALIZATION, PSYCHODYNAMIC INSIGHT, TREATMENT WITH PSYCHOTROPIC MEDICATIONS (NOT FOCUSING ON PAST RELATIONSHIPS)
During the last session of successful psychodynamic psychotherapy, pt warmly expresses gratitude for everything, saying that the help the therapist has given has made a big difference. Appropriate response?	RESPOND BY SAYING YOU TOO HAVE ENJOYED THE WORK
What is an example of a boundary violation?	INVESTING IN A PT'S BUSINESS
After attending several sessions of individual psychotherapy for anxiety and depression, 24 yo M revealed his homosexuality to his heterosexual male psychiatrist. Therapist realizes he is uncomfortable when pt expresses longings for a male. Therapist also tends to overemphasize any material that might represent pt's heterosexual wishes. The next best step for the psychiatrist would be to:	SEEK CONSULTATION TO DISCUSS COUNTERTRANSFERENCE ISSUES
Pt w/ mild MR in a program designed to develop new behaviors by modeling/reinforcement, then practice them:	SOCIAL SKILLS TRAINING
Therapist preoccupied w/ patient. Acknowledges this but unable to shake feeling:	TALK TO SUPERVISOR
15 yo male bib parents, does not want to speak with psych:	THANK HIM FOR COMING IN AND ASK HIM IF HE'D LIKE TO BE SEEN ALONE OR WITH HIS PARENTS
Which of the following variables is associated with improved psychotherapy outcomes in multiple evidence-based studies: positive therapeutic alliance, personality disorder diagnosis, high levels of initial impairment, lower regard for psychotherapy, similar age of gender and therapist of patient?	POSITIVE THERAPEUTIC ALLIANCE
What was the most important factor in determining tx outcomes in National Institute of Mental Health Treatment of Depression Collaborative Research Program (1996)?	THERAPEUTIC ALLIANCE
While assessing for DV, the examiner says to pt/spouse, "The tension that builds up between you must be incredibly stressful. It's not unusual that people who are stressed out can have trouble controlling themselves or can do things they didn't intend, like screaming at or even hitting their partner. Has anything like that happened to you?" Which technique is this?	NORMALIZATION

Pt repeatedly redirecting discussion by talking about irrelevant topics is example of:	RESISTANCE
Core principle of motivational interviewing that is used to treat addictive behaviors:	DEVELOP DISCREPANCY
Individual psychotherapy for alcoholics most effective when it focuses on:	INTERACTIONS WITH PEOPLE
Programmed practice, or exposure therapy, is an indicated treatment for what disorder?	AGORAPHOBIA
Pt with multiple social fears is terrified of public speaking. As the next step in treatment, the therapist arranges for the pt to give 15 minutes talk to clinical staff. This is an example of:	FLOODING
Exposure and flooding together with response prevention are techniques of behavioral therapy aimed at which of the following?	HASTENING THE EXTINCTION OF A CONDITIONED FEAR OR ANXIETY RESPONSE
Elements common to both CBT and eye movement desensitization and reprocessing in the treatment of patients with PTSD include:	CONTROLLED EXPOSURE TO TRAUMA RELATED TRIGGERS
Pt w fear of heights. Pt instructed to visualize crossing a bridge. What is the therapeutic technique?	IMAGINAL EXPOSURE
Meta-analysis suggests which of the following for psychotherapy to treat depression?	OTHER PSYCHOTHERAPIES HAVE EFFICACY COMPARABLE TO CBT
During an initial office evaluation, the pt tells the psychiatrist, "My spouse told me I had to be evaluated." Which of the following would be the most empathic response?	"HOW DO YOU FEEL ABOUT THAT?"
The concept of the identified patient in therapy refers to:	ONE FAMILY MEMBER WHO HAS BEEN LABELED THE PROBLEM BY THE FAMILY
Psychosocial therapy that has shown efficacy in some studies in improver cancer survival rates:	GROUP THERAPY WITH OTHER CANCER PATIENTS
Comprehensively researched therapy for mood d/o's:	INTERPERSONAL PSYCHOTHERAPY
Therapeutic focus on the on pt's current social functioning is most characteristic of:	INTERPERSONAL PSYCHOTHERAPY
26 yo pt with depressed mood and dissatisfaction with life, feeling isolated and having few friends who is not under undue stress and historically copes well with personal problems would benefit from what type of psychotherapy?	INTERPERSONAL THERAPY
Which psychotherapy would a therapist be inclined to gratify pts' dependency needs?	SUPPORTIVE
Pt enters psychotherapy because of problems in his relationship with his wife. During the sessions, pt talks about his family of origin, his boss, and his problems at work, but never discusses details about his wife. This is an example of which of the following?	RESISTANCE

Principle of confrontation:	"I THINK YOU'D RATHER TALK ABOUT YOUR JOB THAN FACE THE SADNESS YOU FELT IN OUR LAST SESSION"
Example of empathic comment:	"YOU MUST FEEL TERRIBLE RIGHT NOW."
Recovering addict in relapse prevention therapy and has many risk factors. Rather than developing a coping strategy for each risk factor, do what?	FOCUS ON SKILL TRAINING, COGNITIVE REFRAMING, AND LIFESTYLE INTERVENTIONS
In psychotherapy a pt states that he still feels devaluated by criticism of father. Therapist comment: it must hurt when you are treated that way. This is example of:	EMPATHIC VALIDATION
Therapy technique of prescribing a pre-existing sx behavior in relationship therapy:	PARADOXICAL INTENT
The doctor and patient relationship is described as fiduciary relation is:	BASED ON TRUST
"When you mentioned your sibling's problem, your voice cracked and, for a moment, I thought I heard anger in your voice." Which interviewing technique does the psychiatrist use here?	FACILITATION, REFLECTION
The purpose of reflective statements during patient interview is for:	IS TO ENSURE WHAT THE PATIENT SAID IS UNDERSTOOD
What characteristic is associated with better adaptation in individuals >65?	UNCRITICAL ACCEPTANCE OF IDEAS
Which tx modalities provides care for seriously mental ill pts in community via a multidisciplinary Tx team:	ASSERTIVE COMMUNITY TREATMENT
Which controlling for health status, which of the following best describes the relationship between retirement and subsequent mortality risk?	NO INCREASE IN MORTALITY RISK
Pt in long term psychodynamic psychotherapy attacks therapists for being controlling and uncaring. This is an example of what?	TRANSFERENCE
Motivational interviewing for adolescents with substance use disorders engages treatment through what technique:	STRONG THERAPEUTIC ALLIANCE
Therapist encourages, helps find solutions, praises patient for taking medications. What model of psychotherapy?	SUPPORTIVE PSYCHOTHERAPY
Patient wants to stop smoking, fearful after unsuccessful attempts in the past, best statement to patient?	QUITTING SMOKING CAN BE VERY HARD. WHAT DO YOU THINK IS THE HARDEST PART OF QUITTING
Interpersonal psychotherapy of adults with depression begins with assessment of patient's adjustment to stressful life events, role transitions and disputes, and what?	QUALITY OF SOCIAL CONNECTIONS
Therapy for depression that focuses on increased socialization, weekly pleasurable tasks, and sharing progress/challenges:	BEHAVIORAL ACTIVATION

CBT	
An important technique or goal of cognitive therapy is? (2x)	ELICITING AND TESTING AUTOMATIC THOUGHTS
CBT for pts with OCD involves gradually exposing the pt to a feared stimulus and preventing the ritualized response. Over time, this results in decreased anxiety to the stimulus demonstrating which of the following An important technique or goal of cognitive therapy is: (2x)	HABITUATION ELICITING AND TESTING AUTOMATIC THOUGHTS
19 yo pt expresses the belief that she failed a recent midterm exam despite studying a great deal for the test. The patient is convinced that this means she will lose scholarship money and will need to drop out of college. The patient is an excellent student who is prone to excessive worrying. Her belief that she is going to have to drop out of college because she did poorly on the midterm exam is an example of which of the following types of distortion? (2x)	CATASTROPHIC THINKING
During psychotherapy, the patient describes a situation where a roommate left the apartment after receiving a call. Patient recalls "I'm being left out again". This is an example of what? (2x)	AUTOMATIC THOUGHTS
Most commonly used cognitive therapy technique to uncover & modify automatic negative thoughts: (2x)	SOCRATIC QUESTIONING
Main goal of group CBT in chronic pain treatment: (2x)	IMPROVE PATIENT FUNCTIONING DESPITE PRESENCE OF PAIN
42 M becomes depressed after discovering his wife is having an affair. Pt describes anger at his wife, avoids talking to her. Admits to feeling that the wife's actions are his fault, that he is a failure as a husband. The pt notes that he has begun to dwell on his past failed relationships, as well as the divorce of his parents. Pt begins CBT for depression. Most appropriate target for this type of therapy in this pt?	ASSUMPTIONS OF PERSONAL FAILURE RESULTING FROM THIS CRISIS
Treatment with best long term outcome for insomnia:	CBT
Define habituation:	PROCESS OF REPEATED STIMULATION LEADING TO DECREASED REACTION
"Could leave more time for questions during class"="I'm a terrible professor I just talk the whole time":	SELECTIVE ABSTRACTION
Which of the following is a principal goal of CBT for panic d/o?	USING RESTRUCTURED INTERPRETATION OF DISTURBING SENSATIONS
Goal of CBT for chronic pain tx is:	IMPROVE FUNCTIONING DESPITE PAIN
Identifying new routes home from work for alcoholic patient is an example of which type of therapy?	CBT
During treatment of alcohol dependence, the psychiatrist works with a patient on planning for emergencies and drink refusal skills. This is using what therapeutic mentality?	CBT
Which of the following is characteristic of both interpersonal psychotherapy, CBT?	HAS A HERE AND NOW FOCUS
Most appropriate rationale for using humor in CBT:	HELPING TO CREATE A NEW PERSPECTIVE ON OTHERWISE DISTORTED COGNITIONS

College student tells a psychiatrist "I had an exam today and I'm sure I failed it. Now I will never graduate from college". Which response is consistent with CBT?	"LET'S MAKE LISTS OF THE EVIDENCE FOR AND AGAINST YOU FAILING OUT OF COLLEGE"
From a cognitive-behavioral perspective, which is most responsible for major depression?	FEELINGS OF DEVALUATION
In CBT, ask patients to keep a log for each hour and rate sense of mastery and pleasure experienced. What is this called?	ACTIVITY MONITORING
Primary focus of a cognitive therapy approach to suicidal behavior:	ADDRESSING ALL OR NOTHING BELIEFS AND HELPING PT LEARN PROBLEM SOLVING
Pt with depression being treated with CBT tells the psychiatrist about waking up and being worried about work. Pt has a big project that is due in two weeks and is half done, but pt is sure work will not be finished on time. Example of which cognitive error?	CATASTROPHIZING
Pt has severe stress and conflict at work, therapist identifies the problem of maladaptive responses based on rigid thought schemas and decides to target automatic negative thoughts through reality checking and guided association. What type of therapy is this?	CBT
Flooding, graded exposure, and participant modeling are examples of:	CONFRONTATION OF ANXIETY-PROVOKING EXPERIENCES
The LEAST utilized approach used in cognitive therapy in pt w/ substance dependence:	INTERPRETATION OF INTERACTIONAL PROCESS
A CBT therapist works with a therapist, amongst other things, to identify and correct:	OVERGENERALIZATION
What type of variable is modified when perceived depression is improved by decreasing anxiety with CBT?	MEDIATOR
In cognitive therapy, "selective abstraction" is what?	PATIENT'S FOCUS ON A DETAIL TAKEN OUT OF CONTEXT AND CONCEPTUALIZES A EXPERIENCE BASED ON THIS ELEMENT
When asked about his day, pt replies, "I was late for work b/c I misplaced my keys" then, "I didn't speak up in the staff mtg." This is an example of a cognitive error called:	SELECTIVE ABSTRACTION
The cognitive error of arbitrary inference is based on:	DRAWING A CONCLUSION DESPITE THE ABSENCE OF EVIDENCE OR DESPITE EVIDENCE TO THE CONTRARY
42 yo pt b/c depressed after discovering his wife is having an affair. Pt describes anger at his wife and avoids talking to her. He admits to feeling his wife's actions are his fault and that he is a failure as a husband. Pt notes he has begun to dwell on past failed relationships and the divorce of his parents. He begins CBT. The most appropriate target for this type of therapy would be the pt's:	ASSUMPTIONS OF PERSONAL FAILURE RESULTING FROM THIS CRISIS
The behavioral therapy technique in which a pt is exposed to progressively greater fear inducing situations is referred to as:	SYSTEMATIC DESENSITIZATION
Behavioral therapy w relaxation training/hierarchy construction/visual imagery?	SYSTEMATIC DESENSITIZATION
What kind of pt with PTSD will have the most favorable prognosis in CBT involving exposure therapy:	VICTIM OF A RANDOM VIOLENT ASSAULT

"I always have to work harder than everyone else to succeed" is an example of what kind of statement in cognitive theory	A SCHEMA
Professional dancer getting psychotherapy focuses on minor misstep despite acclaim for her performance, example of which cognitive error?	SELECTIVE ABSTRACTION
Core feature of practicing mindfulness?	EXPERIENCING INTERNAL AND EXTERNAL STIMULI NON-JUDGMENTALLY
Treatment of schizophrenia that focuses on social awareness and basic mental processes to help patients understand intellectual capacity, strength, and limitations?	META-COGNITIVE THERAPY
Psychosocial treatment modality most relevant and effective for positive symptoms in schizophrenia?	COGNITIVE BEHAVIOR THERAPY
Patient with depressed mood, describes feeling incompetent, states "I am worthless" In CBT, this statement is an example of what?	CORE BELIEF
Psychoeducation in CBT for adolescents often utilizes what strategy?	SELF MONITORING OF EMOTIONAL STATES WITH DAILY DIARIES
Most important issue to assess in evaluation of general competence?	AWARENESS OF THEIR SITUATION
Recommended psychotherapeutic treatment for sex offenders and those with paraphilic disorders:	CBT
Term for when a therapist discusses how pt's thoughts, feelings, and behaviors are connected:	PSYCHOEDUCATION
Therapy technique that involves breaking a difficult task down into smaller, more manageable steps:	GRADED TASK ASSIGNMENT
An example of the cognitive error of personalization:	UNABLE TO GET SAME-DAY APPOINTMENT, FEELS DOCTOR MUST HAVE BEEN OFFENDED BY SOMETHING SAID LAST TIME

DBT

Which is a target of DBT in older adults that is not otherwise included in the standard DBT protocol? (3x)	EMOTIONAL CONSTRICTION
When DBT is used to treat patients with borderline, the word dialectical refers to treatment strategies that focus on: (2x)	SEARCHING FOR A SYNTHESIS BETWEEN SEEMINGLY CONTRADICTORY IDEAS
This type of therapy focuses on providing psychoeducation, validating the patient's emotional vulnerability, and encouraging change.	DIALECTICAL BEHAVIOR THERAPY
23 yo borderline with > 20 SAs seen for DBT. Therapist asks the patient to not self harm for 1 yr. Pt replies " oh sure, that won't be a problem, believe me" best response?	DRAW PATIENT'S ATTENTION TO THE FACT THAT THIS COMMITMENT WILL BE EXTREMELY HARD TO ABIDE BY
Dialectical behavior therapy is utilized for:	BORDERLINE PERSONALITY D/O
DBT patient arrives late with recent relapse on drugs and cutting after marital fight. Highest priority of the session should focus on what?	SELF INJURIOUS BEHAVIOR
According to DBT theory, which skill should be taught to pts first & regularly practiced in order to facilitate learning of other skills?	MINDFULNESS

Which type of therapy has individual sessions to analyze self-destructive cognitions/feelings/actions, and group sessions with skills training to improve relationships and decrease impulsivity?	DIALECTICAL BEHAVIORAL THERAPY
Purpose of DBT to diminish what?	PARASUICIDAL THOUGHTS
In the individual component of DBT, a therapist spend time in:	NURTURING THE PT AND REQUIRING PT TO HELP HERSELF
DBT is unique among commonly employed psychotherapies in that it encourages judicious use of what kind of interview?	TELEPHONE CONSULTATION
Eating disorder improves with what model of therapy?	DIALECTICAL BEHAVIORAL THERAPY
Patient reports feelings of rejection and wants to withdraw after disagreeing with friends. The next time this happens, he instead spends more time with them instead. Which DBT skill is this?	OPPOSITE ACTION
Group Therapy	
What is a major therapeutic goal of self-help groups? (3x)	OVERCOMING MALADAPTIVE BEHAVIORS
Major task of a group therapy during initial engagement phase is: (2x)	DETERMINING LIMITS OF EMOTIONAL SAFETY
The therapist's initial tasks in starting supportive group therapy are deciding the logistics of organizing planned meetings and selecting patients who can participate in group work. Which of the following would be the appropriate action for the therapist to take next? (2x)	CREATE AND MAINTAIN A THERAPEUTIC ENVIRONMENT KEEPING IN MIND THE CULTURE OF THE GROUP
Which factor most likely impedes cohesion in daily group therapy on locked adult general psychiatry units? (2x)	PATIENT TURNOVER
What is foundational for successful abstinence in patients going to alcoholics anonymous?	RECOGNIZING THEIR ADDICTION
What is the most appropriate treatment for a patient with schizoaffective disorder and long history of treatment non-compliance, with family estrangement due to impulsive violent behavior?	ASSERTIVE COMMUNITY TREATMENT
What type of group therapy is based on the unit functioning to maintain its own homeostasis of interacting?	FAMILY GROUP THERAPY
Which characteristics of self-help groups distinguishes them from traditional psychotherapy groups?	GOALS/OBJECTIVES DON'T ADDRESS INTRAGROUP DYNAMICS
In a group who has met for 6 therapy sessions, one pt has spoken at significant length for past 4 sessions about irrelevant issues & group members have rallied against him. What therapeutic mechanism in group psychotx is being undermined?	COHESIVENESS
Which stage of group development has been met when members are less afraid of revealing individual differences so they can participate in experiential learning?	NORMING
The group therapist notices that participants in a psychotherapy group experience self-disclosure. Which stage of group development does this demonstrate?	STORMING

A therapist plans to create a new outpt psychotherapy group should be excluded from group participation pt w/?	ANTISOCIAL PERSONALITY DISORDER
Psychiatrist who uses network therapy to treat patients with addictive disorders is functioning as:	A TEAM LEADER
Pt with schizoid personality disorder has elaborate fantasy relationships but has no real friends. Most helpful therapy to assist pt in forming satisfying interpersonal relationships?	GROUP THERAPY
In terms of group dynamics, the confirmation of reality by comparing one's own conceptualizations with those of other group members and thereby correcting interpersonal distortions is known as what?	CONSENSUAL VALIDATION
Stage of group development where members testing norms, competing w/ each other, seeking autonomy:	DIFFERENTIATION
Exclude a patient from a weekly outpatient group treatment group if they have a:	TENDENCY TO ASSUME DEVIANT ROLE
Differentiation stage of group development is best characterized by what dynamic:	TESTING AND COMPETITION
What is the therapeutic factor of treating bulimics in group therapy to openly disclose personal attitudes toward body image and give detailed experiences with binging/purging?	UNIVERSALITY
Therapeutic factor of group therapy for individuals to develop awareness that "they are not alone":	UNIVERSALIZATION
Pt in group therapy calls another patient at home to object to something said in session, this is called:	ACTING OUT
During a group therapy session female pt describes past experiences of sexual abuse by her father. Pt states that at times she feels depressed and hopeless and has intense thoughts of killing herself. Another pt in the groups states, "I feel the same way, and I've felt like this for a long time." Second pt's admission is reflective of which of the following therapeutic factors in group therapy?	CONTAGION

Hypnosis

Which of the following diagnoses is associated with high ability to be hypnotized? (2x)	DISSOCIATIVE DISORDER
Degree of being able to be hypnotized is most strongly predicted by:	CAPACITY FOR IMAGINATION
Which of the following hypnotic techniques is used for most pts?	ENCOURAGING THE PT TO USE INNER RESOURCES FOR ADAPTIVE COPING STRATEGIES
Ability to get so caught up in an experience that one loses awareness of surroundings is called:	HYPNOTIZABILITY
Fact about hypnosis:	HYPNOTIZABILITY IS A MEASURABLE TRAIT
When used as a tx following a traumatic event, hypnosis has been found to:	SAFELY DECREASE PAIN AND STRESS IN THOSE WHO ARE HYPNOTIZABLE

Absorption, dissociation, and suggestibility converge during:	HYPNOTIC CONCENTRATION
Hypnosis would be contraindicated in the treatment of patients with:	PARANOIA
32 yo pt is considering a course of hypnosis to help quit smoking, but voices concerns. Pt expresses worry about potential harm of hypnosis if not done properly. What would be the best initial response for the psych MD to make to pt regarding this concern?	A TRANCE PROCEDURE IS BENIGN AND REVERSIBLE BY CALM REASSURANCE
During a hypnosis session a pt reports reduced awareness of sounds and other distractions in the therapist's office. The pt's report is reflective of what component of hypnotic concentration?	ABSORPTION
What is most important guideline re: hypnosis?	RECORD ON VIDEOTAPE
Common experience of becoming so caught up in a movie that one ignores the environment is an example of what component of the hypnotic process?	ABSORPTION
Which of the following is the best use of hypnosis in a patient with chronic PTSD with severe dissociative symptoms due to childhood abuse?	LEARNING TO GAIN VOLITIONAL CONTROL OVER DISSOCIATION

Interpersonal Therapy

In the middle phase of interpersonal psychotherapy (IPT), the therapist focuses on the patient's: (4x)	CURRENT RELATIONSHIPS
In pt with MDD and social phobia the IPT targets social isolation by (2x):	WORKING WITH THE PT TO HELP INCREASE SOCIAL CONTACTS, STRENGTHEN THE CURRENT RELATIONSHIPS.
During the initial phase of interpersonal psychotherapy (ITP), what problem is the therapist most likely to identify for therapeutic focus with the patient? (2x)	ROLE TRANSITION
Per the Center for Medicare and Medicaid's care of mental, physical, and substance use syndromes program (COMPASS) what was the largest challenge in collaborative patient care in patients with depression and comorbid medical conditions?	PATIENT'S NOT BEING MOTIVATED AND LACK OF ADHERENCE
F psychiatrist has been treating a 32 yo married F pt w weekly psychotherapy for depressive sx, ambivalence about marriage. Therapy progressing well. Pt just learned she is pregnant, explores conflicted feelings about terminating pregnancy and her fears that unplanned pregnancy would trap her in marriage. Uncharacteristically, the psychiatrist speaks strongly to pt about reasons not to make such a choice. Pt responds by saying "you are not going to make me feel guilty about this!" What statement would be most appropriate for the therapist to make in response?	"YOU FELT I WAS IMPOSING A MORAL JUDGMENT ONTO YOU, AND, APPROPRIATELY, YOU OBJECTED."
Which interview technique is illustrated by validating a patient's inappropriate ED visit (eg. superficial wrist laceration) but also transitioning to their emotional needs?	CONFRONTATION
Interpersonal social rhythm therapy in bipolar focuses on what?	LIFESTYLE REGULARITY
IPT of adults w/ depression begins w/assessment of pt's adjustment to stressful life events, role transitions and disputes, and:	QUALITY OF SOCIAL CONNECTIONS

Name a treatment modality that explicitly emphasizes giving pts a formal psych Dx and assigning them sick role:	INTERPERSONAL THERAPY
75 yo pt has begun to experience insomnia and fatigue after the death of her husband. She describes feeling "down in the dumps". She was previously active with many friends and social outlets. Psych MD decides that treatment should focus on pt's grief as the primary problem in order to aid mourning and facilitate pt's reintroduction into outside activities and relationships. What therapy is best?	INTERPERSONAL THERAPY
Intentionally assigning the sick role to a pt which serves to give the pt the permission and responsibility in order to recover is a tenet of which form of psychotherapy?	INTERPERSONAL THERAPY
How can interpersonal therapy help someone with grief and isolation?	BETTER UTILIZING THEIR EXTENDED SOCIAL SUPPORT NETWORK

Marriage and Family Therapy

Which Tx is contraindicated in initial treatment of pt experiencing domestic violence? (4x)	CONJOINT MARITAL THERAPY
Which psychosocial therapies for pts w/ schizophrenia has been shown to reduce relapse rates? (4x)	FAMILY PSYCHOEDUCATIONAL THERAPY
What best illustrates a double bind in a family? (3x)	BETTY'S PARENTS ENCOURAGE COLLEGE, BUT COMPLAIN THAT EXPENSES WILL BE A HARDSHIP FOR THE FAMILY
When conducting marital therapy with a couple who begins to talk about divorce, what should the psychiatrist's stance be? (2x)	FOCUS ON THE COUPLE'S RESPONSIBILITY TO DECIDE THE FUTURE OF THEIR RELATIONSHIP
Exercise to explore a partner's bodies except for breast and genital areas is which technique? (2x)	SENSATE FOCUSING
Structural family therapy has significant literature supporting treatment for?	ANOREXIA NERVOSA
What response is consistent with supportive therapy when a patient tells you their marital conflicts have resolved thanks to you the therapist?	"IM HAPPY TO HEAR THAT THINGS ARE GOING WELL AT HOME AND THAT OUR WORK TOGETHER HAS BEEN HELPFUL"
Wrap around process for youth:	AN INDIVIDUALIZED, FAMILY-DRIVEN AND YOUTH-GUIDED TEAM PLANNING PROCESS
On initial psych eval, pt tells dr about recent infidelity, wants to make amends with spouse, what response would get additional info from pt?	TELL ME MORE ABOUT HOW THIS STARTED
Which of the following statements best describes the current conceptualization of family that informs family system theories and treatment approaches?	FUNCTIONING FAMILIES TEND TO HAVE CERTAIN SHARED CHARACTERISTIC ATTRIBUTES RATHER THAN COMMON STRUCTURES
Dysfunctional process in systemic therapy illustrated by mother telling 15 yo son to confront his father about his excessive drinking:	TRIANGULATION
Which of the following approaches is likely to obtain the most accurate information on the factors influencing a family's level of functioning?	FAMILY COPING STRATEGIES IN RESPONSE TO PAST STRESSORS

During the initial interview of a couple presenting for therapy it is helpful to point out that the focus of therapy is primarily on the:	RELATIONSHIP PROBLEM
Typical phase of life problem in middle adulthood?	CARING FOR BOTH ONE'S CHILDREN AND PARENTS
9 yo female bib-parents for outpatient evaluation due to behavior difficulties at home. Port daughter "explodes" when she doesn't get her way. Bossy with friends. In the interview, the child is calm, cooperative and interactive, denies SI/HI and states "sometimes I just get mad." What is the most appropriate level of care?	SEND THE PT HOME WITH PARENTS
9 yo w/ bib-parents for outpatient evaluation due to behavior difficulties at home. Port daughter "explodes" when she doesn't get her way. Bossy with friends. In the interview, the child is calm, cooperative and interactive, denies SI/HI and states "sometimes I just get mad." At a follow up interview the physician learns the outbursts are related to parental disputes. What is the next treatment step?	EXPLORE REASONS FOR PARENTAL DIFFERENCES
9 yo female bib-parents for outpatient evaluation due to behavior difficulties at home. Reports daughter "explodes" when she doesn't get her way. Bossy with friends. In the interview, the child is calm, cooperative and interactive, denies SI/HI and states, "sometimes I just get mad." Which is the most appropriate initial diagnostic step?	OBTAIN A TEACHER REPORT
Developmental, typical scenario for midlife?	A REAPPRAISAL OF ONE'S MARRIAGE AND COMMITTED RELATIONSHIPS
Which of the following principles is most commonly endorsed in parent management training programs for treatment of oppositional defiant disorder?	PARENTAL ATTENTION FOR PROSOCIAL BEHAVIOR
Beginning phase of therapy w child who was incest victim should first focus on what?	DEALING WITH PRIOR BETRAYAL AND ESTABLISHING TRUST WITH THE THERAPIST
5 yo enact a fight between two dolls. What should the therapist do?	DESCRIBE THE DOLL'S AFFECT WITHOUT ATTRIBUTING ANGER TO THE CHILD
Couple has sought couples' therapy due to chronic episodic fighting. Solution focused therapist might make which intervention?	BETWEEN NOW & NEXT TIME, I WANT EACH OF YOU TO THINK ABOUT WHAT THE TWO OF YOU ARE DOING DIFFERENTLY IN TIMES OF NOT ARGUING
Interview w/ a pt w/ schizophrenia evokes feelings of confusion and frustration in the interviewer when the pt becomes silent. What response by the therapist would be the best approach to establishing rapport?	ACKNOWLEDGING THE INTERVIEWER'S FRUSTRATION AND INQUIRING IF THE PT FEELS SIMILARLY
In cases of recovered memory, the role of the therapist is to:	DEMONSTRATE EMPATHY FOR THE PATIENT WITHOUT ENDORSEMENT OF THE MEMORY
Psychotherapy research shows which of the following practices in a therapeutic relationship is most supportive for improving outcomes?	COLLECTING FEEDBACK FROM THE PT ABOUT THE TREATMENT
Pt is often tardy. Supervisor warns not to be late. Pt has anxiety about losing job. When father dies he leaves town w/o telling the supervisor. Again given warning. Next day a train causes him to be late. In therapy, the overlapping of multiple potential causes for tardiness is an example of what?	OVERDETERMINATION
Woman is unable to achieve orgasm with her partner. Treatment = directed masturbation + ?	COPLES THERAPY

The basis for self-psychological strategy in marital therapy is best indicated by what?	DEMONSTRATING CONFLICTS ARISING FROM EACH SPOUSE'S NEED TO HAVE HIS/HER NEEDS MET BY OTHER
Couples therapy: what is the goal of acceptance work?	EACH PARTNER TAUGHT TO UNDERSTAND OTHER'S POSITION & RELEASE STRUGGLE TO CHANGE HIM OR HER
During initial eval of an individual for couple's therapy, it is most critical to ask about:	DOMESTIC VIOLENCE
28 yo homosexual M reports being victim of domestic violence and has not reported. What is the best response for the psychiatrist to make?	LISTEN TO PT'S CONCERNS AND EXPLORE THEM
A new psychotherapy patient arrives for a first appointment, accompanied by the spouse. The pt asks if the spouse can be present during the interview. Which of the following is the most appropriate immediate response by the psychiatrist?	"CERTAINLY, IF THAT IS YOUR WISH, BUT I'D ALSO LIKE TO SPEAK WITH YOUR PRIVATELY AT SOME POINT."
Couples dissatisfied with each other and progressing toward divorce has which of the following?	EXPRESSION OF CONTEMPT AND STONEWALLING DURING INTERACTIONS
Couples therapy is contraindicated in which of the following situations?	UNEQUAL MOTIVATION
Family psychoeducation programs for psychotic disorders reduce symptom severity and relapse risk by reversing what?	FAMILY MEMBERS EXPRESS CRITICISM, HOSTILITY AND BLAME TOWARDS THE PATIENT
What is "expressed emotion" in therapy?	THE LEVEL OF CRITICISM AND HOSTILITY IN A FAMILY
This best describes the technique of reframing in family therapy:	NEGATIVELY EXPRESSED FEELING OR BEHAVIORS ARE EXPRESSED IN POSITIVE TERMS
Structural model of family therapy characterizes family as:	COMPLEX SYSTEM COMPRISED OF ALLIANCES AND RIVALRIES
According to strategic and structural family therapies – underlying basis for analysis of symptoms in children, parents, and families:	OBSERVABLE AND REPORTED FAMILY BEHAVIOR SEQUENCES
What is an important technique of structural family therapy?	OBSERVING THE RELATIVE INFLUENCE OF EACH FAMILY MEMBER ON THE OUTCOME OF AN ACTIVITY
What is a foundational principle of general systems theory in family therapy?	ACTIONS THAT AFFECT ONE PART OF THE FAMILY AFFECT THE WHOLE
Which practice is common to all couple and family therapies and contributes to a therapeutic outcome?	CONCEPTUALIZING DIFFICULTIES IN RELATIONAL TERMS
Therapist validates family's strengths/resources in dealing w pt's schizophrenia at bi-weekly family meetings. What stage of family psychoeducational model is this?	ENGAGEMENT
According to both strategic and structural family therapies, which of the following is the underlying basis for analysis of symptoms and dysfunction in children, parents, and families?	OBSERVABLE AND REPORTED FAMILY BEHAVIOR SEQUENCES
12 yo arguing with his single parent mother. Mother threatens consequences and child runs to grandmother who then scolds mother for being too harsh. Family dynamic is reflective of?	TRIANGULATION
What type of family therapy uses paradoxical directives, such as prescribing the symptom or behavioral sequence?	STRATEGIC

In what type of family therapy are the concepts of family hierarchies, boundaries, coalitions, and alliances seen as core concepts?	STRUCTURAL
Contraindication to family therapy:	STRONG RELIGIOUS OR CULTURE BELIEFS AGAINST OUTSIDE INTERVENTION
In family therapy, a previously distant couple begins to communicate more frequently and intimately. After this happened the daughter who used to be close to mom and has become less so as a consequence of above therapy changes, is more hostile to father. This behavior is called:	TRIANGULATION
Pt w/ schizophrenia has recently been discharged from the hospital after a first psychotic episode. Family-oriented therapy goals should include?	EDUCATING THE FAMILY ABOUT THE PATIENT'S ILLNESS AND PROVIDING SUPPORT FOR IMMEDIATE PROBLEMS
During a family meeting for 75yo pt admitted for MI, how to address family unwilling to participate in discussion?	IDENTIFY THE INABILITY OR UNWILLINGNESS TO DISCUSS AS ONE OF THE FAMILY'S PROBLEMS
According to structural family therapy, what is the indicator of normal family functioning?	WELL DEFINED BOUNDARY BETWEEN PARENTS AND CHILDREN THAT PERSEVERES AUTHORITY AND FACILITATES OPEN COMMUNICATION
In the structural model of family therapy, the family is viewed as a:	SINGLE, INTERRELATED SYSTEM WITH AN EMPHASIS ON BOUNDARIES BETWEEN THE GENERATIONS.
A couple in therapy for relationship difficulties that are related in part to one partner's frequent nagging of the other. The therapist recommends that the nagging partner intentionally nag the other partner three times a day, regardless of whether there is an urge to do so or not. This technique of prescribing the symptom is an example of:	PARADOXICAL INTENT
A married couple seeking therapy has mutual resentment. The wife asks her personal therapist to conduct couples therapy as well. What is the best response?	A COUPLES THERAPIST NEEDS TO BE IMPARTIAL, AND I ALREADY HAVE A RELATIONSHIP WITH YOU

Psychodynamic/Psychoanalytic Therapy

In split treatment, the role of the prescribing psychiatrist is? (6x)	EVALUATE THE PT'S NEEDS FOR MEDICATIONS WHILE MAINTAINING REGULAR CONTACT WITH THE THERAPIST
This treatment goal is most specific to psychoanalytic psychotherapy: (3x)	BRINGING UNCONSCIOUS CONFLICT INTO AWARENESS
25 yo single African-American man, who is a first year law student at an ivy league school, seeks psychotherapy for what he calls "academic paralysis." He is falling behind as he spends more time brooding about the racial and socioeconomic differences between himself and his classmates. He feels comfortable with his African American psychiatrist and speaks openly about her racial slights that he experiences every day. The most important goal of dynamic psychotherapy with this pt is to: (2x)	USE THE SHARED ETHNIC BACKGROUND TO OFFER INSIGHT TO EXPLAIN HOW THE PT'S ALIENATION MAY BE ROOTED IN SOMETHING MORE THAN HIS CURRENT SITUATION
A highly motivated patient in psychodynamic psychotherapy finds that he has nothing to say, which is an example of: (2x)	RESISTANCE
What is the primary mechanism of change for patients in psychoanalytic psychotherapy?	INTEGRATION OF INSIGHT
What would be the best initial approach in response to a patient with end stage breast cancer, who expresses hopelessness about the future, stating, "What's the point? I'm going to die soon anyway, but I	VALIDATE THE PATIENT AS HAVING A NORMAL REACTION TO AN OVERWHELMING SITUATION

would rather God just took me and didn't draw this out", in response to hearing that only palliative care is recommended following failure of treatment protocol?	
College student with good grades needs repeated reassurance. What core belief might the student have?	I CANNOT BE TRUSTED TO MAKE A GOOD DECISION
A 3 yo child has been expressing angry feelings about the arrival of a new sibling. The child has a secure attachment to parents as well as grandparents who visit frequently. During one such visit, during which the grandparents spend time holding the new baby, the child begins to bang the head rhythmically against a table. According to psychoanalytic theory, this behavior is understood as which of the following?	TURNING AGAINST THE SELF AS A DEFENSE AGAINST INTOLERABLE ANGER.
What best describes current psychoanalytic thinking about the source of countertransference phenomena in the therapist?	THE THERAPISTS TOTAL EMOTIONAL REACTION TO THE PATIENT
36 yo pt is beginning psychodynamic psychotherapy for tx of long-standing problems of inability to establish satisfying ongoing relationships. Pt expresses much skepticism that "talking about my past" will help. The most appropriate response of therapist is:	EXPLORE THE PROCESS DURING THE SESSION THAT MIGHT BE INTERFERING WITH THE ESTABLISHMENT OF THE THERAPEUTIC ALLIANCE
Which psychotherapy uses transference interpretations and clarification to develop insight and resolve conflict?	PSYCHODYNAMIC PSYCHOTHERAPY
In the context of the psychodynamic psychotherapy, the term "frame" refers to which of the following aspects of therapy?	HOW IT IS ORGANIZED IN TERMS OF BOUNDARIES AND CONSISTENT DEFINING RULES
Intensive, short-term dynamic psychotherapy is contraindicated for what condition?	ACUTE EXACERBATION OF CHRONIC SCHIZOPHRENIA
Use of meds with psychodynamic psychotherapy optimal when:	MEANINGS AND EFFECTS OF MEDS INTEGRATED INTO PT'S UNDERSTANDING
Psychotherapy research shows which of the following practices in a therapeutic relationship is most supportive for improving outcomes?	COLLECTING FEEDBACK FROM THE PT ABOUT THE TREATMENT
Pt receiving weekly brief psychodynamic psych treatment. 2 months into tx pt acknowledges being aware of maladaptive behaviors, reports now being able to remove himself from situations that frustrate him. The pt's account is reflective of which of the following elements of brief psychodynamic psychotherapy?	DISCREPANCY
When practicing Davanloo's short-term dynamic psycho tx, one must consistently:	CLARIFY AND RELENTLESSLY CONFRONT THE PT'S DEFENSES
25 yo F never on a date after 6 mo of psychodynamic psychotherapy. Began to struggle w/ positive feelings about M therapist that she finds hard to accept. At the same time she starts to date. Therapist believes it is transference. Therapist said nothing, he believed an interpretation might interfere w/ positive learning experience. This is example of:	A PRACTICAL/SUPPORTIVE APPROACH
Which of the following characteristics is common to all brief dynamic psychotherapies?	PRACTICAL WORKING THROUGH OF CONFLICT BY TRANSFERENCE INTERPRETATION
Determines if pt has ego strength for therapy:	ASSESSMENT OF QUALITY OF RELATIONSHIPS

Goals of brief psychodynamic psychotherapy compared to long-term psychodynamic psychotherapy differ how?	DISCUSSION OF TRANSFERENCE IN THE LATTER
Primary intervention in highly expressive psychotherapy:	INTERPRETATION
Psychiatrist tells pt "You told me your feelings are hurt when your spouse doesn't pay attention to you. I think you may also be saying ``I hurt your feelings during the last session when I didn't let you finish before ending the session." What interview technique is this?	INTERPRETATION
38 yo pt in dynamic psychotherapy for depression says she is lesbian and is dissatisfied with her otherwise good relationship with her partner of 7 yrs b/c she wants a child and her partner does not. She thinks about leaving the relationship but this makes her feel sadness and a sense of loss. What is the best intervention?	SUGGEST THAT CONJOINT THERAPY WITH THE PATIENT AND HER PARTNER MIGHT BE A PRODUCTIVE WAY TO EXPLORE THIS COMPLICATED ISSUE
32 yo F, divorced 3 times, sees a male psychiatrist, saying she needs therapy because she is paralyzed about choosing a career. Pt has started and stopped college twice, held several waitress and clerk jobs. She hoped the therapist could tell her what job to pursue. In the initial interview she asks the therapist to send bills directly to her father, who manages her money because she has difficulty managing bills and credit cards. She explained she has to live at home to save money, but hates this because she frequently fights bitterly w her father who always wants to control her. Transference issue that therapist should expect to be central theme in therapy is:	TRY TO GET ADVICE BUT THEN BE ANGRY AT THE THERAPIST FOR GIVING IT
Patient gets angry when therapist coughs and states, "If you disagree with me, just tell me, but don't be a passive aggressive jerk!". Therapist shares interpretation that the patient is consistently treating the therapist like aggressor. Which modality of therapy classifies this therapy session?	TRANSFERENCE-FOCUSED PSYCHOTHERAPY
"Deficit model" of psychological illness in psychodynamic psychotherapy define psychopathology as:	WEAKENED OR ABSENT PSYCHIC STRUCTURES
In psychodynamic tx, interpretation of transference & resistance until insight fully integrated is called:	WORKING THROUGH
33 yo pt in long term psychodynamic psychotherapy for several months is chronically late for sessions. Therapist suggests that this may be resistance. The pt says "oh, don't take it personally, I am this way with everyone". This response can be best understood as:	AN UNINTENDED CONFIRMATION OF THE PROBABLE CORE SIGNIFICANCE OF THIS BEHAVIOR
Studies show that short-term psychodynamic (STPP) psychotherapy is superior to supportive therapy in the treatment of complicated grief for certain pts. Which of the following pt characteristics predicts a better response to STPP than supportive therapy?	MATURE OBJECT RELATIONS
Young female in psychodynamic psychotic admitted to seeing the resident downtown last weekend, followed him around, thinking she could later shop at the same stores and eat at the same places as her greatly admired therapist. Pt not dangerous, convincingly apologized, stated that she would never repeat this behavior and hoped the therapist would not "fire" her. Next step the therapist should take?	INTERPRET PATIENT'S LONGING TO IDENTIFY WITH THE THERAPIST
Pt in psychodynamic psychotherapy repeatedly asks the therapist personal questions. The therapist consistently explores the reasons for the patient's asking, and sometimes these explorations are	"I KNOW THIS CAN SEEM VERY FRUSTRATING, BUT THE FOCUS OF THE THERAPY SHOULD BE ON YOU"

fruitful. Regardless, the pt persists in pressing for “real answers”. The therapist’s response at this point is what?	
In the context of psychodynamic psychosis, “frame” refers to what aspect of therapy?	HOW IT IS ORGANIZED IN TERMS OF BOUNDARIES AND CONSISTENT DEFINING RULES
60 yo successful businessman has started psychodynamic psychotherapy with a young male therapist in one early session, the pt begins by saying, “before we get started, I want to let you know about a potentially lucrative investment opportunity.” This statement is best represents:	AN ATTEMPT BY PT, PROBABLY UNCONSCIOUSLY, TO SEDUCE AND TEST THERAPIST
“I understand why that felt ___” is an example of which type of psychodynamic psychotherapy intervention?	EMPATHIC VALIDATION
Developmental stage in psychodynamic group therapy characterized by intimacy:	WORKING GROUP
When a patient tells the clinical “I feel so lucky to have found such a wise and loving doctor” how should the physician respond?	UTILIZE THE TRANSFERENCE TO STRENGTHEN THE THERAPEUTIC ALLIANCE
The following diagnostic assessment is administered with a clinical interview rather than self report:	BRIEF PSYCHIATRIC RATING SCALE
A focus of object relations-based therapy:	INTERNALIZED REPRESENTATIONS OF RELATIONSHIPS WITH OTHERS

Supportive Therapy

32 yo F w mixed anxiety/depression working well in supportive-expressive psychotherapy once weekly for the past 3 months. Focus on issues related to childhood neglect/abuse she experienced, how these impact current relationships. In one session, silent/tearful. With encouragement from the therapist, reports her 18-month-old daughter hospitalized with meningitis; she is upset, worried. Therapist listens silently. Pt leaves session early, misses next session. Following time, she is angry, accuses the therapist of being uncaring/insensitive for not expressing concern about her child/empathizing with her distress. Therapist’s immediate response should be? (2x)	APOLOGIZE AND ACKNOWLEDGE THAT THE SILENCE HAD FELT HURTFUL TO THE PATIENT
Which best defines goals of supportive psychotherapy? (2x)	STABILIZE PT’S FUNCTIONING, STRENGTHEN PT DEFENSES
Which therapy focuses on self-esteem and full sense of self and improving interpersonal relationships? (2x)	SUPPORTIVE
Name the 4 processes of motivational interviewing:	ENGAGING, FOCUSING, PLANNING, EVOKING
Patient cursed at daughter, therapist feels angry, next step:	EXPRESS APPRECIATION, LOOK TO UNDERSTAND ACTION, LOOK FOR OPPORTUNITIES
Role of therapist in motivational interviewing:	POINTS OUT DISCREPANCY BETWEEN BEHAVIORAL AND PERSONAL GOALS TO MOTIVATE CHANGE
What would best help a child facilitate the mourning process when a loved one dies?	A CHANGE TO EXPRESS FEELINGS OR LOSS
Pt with addiction and social anxiety talks about painful anxiety experiences at AA. Statement consistent with 12 step therapy?	YOU DID THE MOST IMPORTANT THING, YOU WENT TO THE MEETING. IT WILL GET EASIER

New pt says " you're going to be just like the others - no doctors listen." Best response?	"I'M SORRY YOU FELT UNHEARD IN THE PAST. CAN YOU DESCRIBE YOUR EXPERIENCE?"
Several months of weekly individual psychotx—woman w MDD, panic d/o describes repressed memories of sexual abuse by stepfather. Therapist neutral, explores pt's experience. Pt reports increasing conviction despite her sister insisting it was impossible. Plans to get a lawyer if parents do not admit & apologize. Which is the best approach?	DOCUMENT CAREFULLY THE UNFOLDING PROCESS AND OBTAIN SUPERVISION
Intervention with the most evidence for schizophrenic patients in the recovery or chronic phase: Cognitive remediation, metacognitive training, mindfulness meditation, psychodynamic theory, acceptance and commitment therapy?	COGNITIVE REMEDIATION
50 yo M hospitalized for depression and melancholia. First few therapy session should focus on:	EDUCATE PATIENT ON NATURE OF ILLNESS AND TREATMENT
Which best defines goals of supportive psychotherapy?	IMPROVEMENT OF REALITY TESTING AND REESTABLISHMENT OF THE USUAL LEVEL OF FUNCTIONING
After mild MI 70 yo seen by a psychiatrist for depression. Seen for psychotherapy, given SSRI. Describes fear of imminent death. Psychiatrist tells him the cardiologist is excellent, he is receiving the best care. What illustrates supportive therapy:	REASSURANCE
Supportive therapy differs from psychoanalytic therapy in that the therapist who is conducting supportive therapy does what?	REINFORCES EGO DEFENSES
On the expressive-support spectrum of therapeutic interventions, which is considered the most supportive therapy intervention:	ADVISING
An important technique in supportive therapy is:	WORKING PRIMARILY IN THE PRESENT
Elderly patient begins to ask about sex, becomes hesitant. Appropriate response?	"YOU'RE DOING FINE, GO ON."
Form of psychotherapy that would describe therapeutic goal as "improving ego functioning and self-esteem:"	SUPPORTIVE PSYCHOTHERAPY
Patient in treatment wants to use a phone app to manage bipolar disorder. Most appropriate response?	"I WOULD LIKE TO REVIEW THE APP MYSELF. THEN WE CAN FURTHER DISCUSS THE IDEA."
Patient presents with paranoia in the ED, he is hypervigilant and pacing, what technique would be most important to establish rapport?	ACKNOWLEDGE THE PATIENT'S FEAR
An example of "change talk" elicited in motivational interviewing:	"IF I DIDN'T SMOKE, I COULD USE THE MONEY FOR MUSIC"
How would a supportive psychotherapy practitioner deal with splitting?	IMPROVE THE THERAPEUTIC ALLIANCE
What factor produces good outcomes for a BPD patient undergoing DBT?	THERAPEUTIC ALLIANCE

Pediatric Psychiatry

Attachment

A preschooler misses his long-term nanny who has recently moved away. To help this child, the parents should: (2x)	SHOW THE CHILD PICTURES OF THE NANNY
4 yo raised in multiple foster homes, minimally smiles, does not seek comfort, unexplained irritability and sadness. What dx? (2x)	REACTIVE ATTACHMENT DISORDER
10 month old child distressed when parents leave him with the babysitter. The parents say goodbye and leave quickly without display of affection. What is most likely to be observed later in life? (2x)	INCREASED CLINGING AND AVOIDANT BEHAVIOR TOWARDS PARENTS
An adopted child, emotionally withdrawn, minimal comfort seeking. History would most likely also show:	NEGLECT
Infants with this attachment style pay little attention to parent's presence:	AVOIDANT
_____, which is communicated by mirroring, is a mother's capacity to understand her infant's internal states.	HOLDING
Newly married college graduate now needing more parental support with decisions:	PHASE OF LIFE PROBLEM
Adopted kid, shy and clings to mother, difficulty at school. Dx?	REACTIVE ATTACHMENT DISORDER
Secure attachment in an infant is associated with which of the following outcomes?	EMOTIONAL AND SOCIAL COMPETENCE
14 m.o. with mom in playroom, stranger comes. Mom leaves and comes back. Both mom and stranger leave. Mom comes back. What would child demonstrate with secure attachment?	UPSET WHEN THE MOTHER LEAVES, AND CALMS WITH HER RETURN
2 yo M has been preoccupied with a small blanket for several months, carries it w/ him everywhere and becomes upset if anyone tries to take it away. He refused to stay w/ a baby-sitter until it was retrieved. The psychiatrist should:	EXPLAIN THIS IS NORMAL AND CHILD WILL EVENTUALLY GIVE IT UP ON HIS OWN
Adult's patterns of interacting with others predicted by what according to object relations and attachment theory?	CAPACITY TO PERCEIVE AND THINK ABOUT THE INTENTIONS OF OTHERS
Infants are more likely to have insecure attachment with poor child care if primary caretakers are also:	UNRESPONSIVE TO THEIR INFANT'S NEEDS
Hormone shown to be critical to the development of maternal-infant bonding in animals:	OXYTOCIN
In contrast to attachment, "bonding" is associated with:	THE NATURE OF A PARENT'S RELATIONSHIP TO AN INFANT
Key characteristic of preschoolers who are securely attached:	TRUST AND RECIPROCITY

What has been found regarding infants' attachment to their parents?	STRENGTH OF INFANT'S ATTACHMENT IS A FUNCTION ONLY OF THE AMT OF INTERACTION WITH THE PRIMARY PARENT
5 yo child with behavioral problems in school, in and out of foster care for the first 2 years of life. Friendly and affectionate with others even with strangers. Parents don't feel "close" to the child and don't seem to have enduring friendships. Diagnosis?	REACTIVE ATTACHMENT DISORDER
Toddler soothed at night by inner memory of a secure relationship with mother. Called what (in attachment theory):	OBJECT CONSTANCY
18 month old shows a marked awareness of vulnerability to separation and seems to be constantly concerned about the mother's actual location is exhibiting Mahler's stage of:	OBJECT CONSTANCY
5 yo adopted at age 4 now hugging strangers, age appropriate vocabulary, doesn't respond well to limits, easily frustrated. Dx?	REACTIVE ATTACHMENT D/O
3 yo with diminished appetite, slow speech development, poor social interactions; parents are detached from him. After 2 weeks in the hospital he is improving and friendly with staff members. Dx?	REACTIVE ATTACHMENT D/O
20-month-old child repeatedly returns to her mom when playing w/ other 2-yo children. This is:	RAPPROCHEMENT
The term rapprochement in Mahler's developmental theory refers to the:	RECONCILIATION FOLLOWING A BRIEF ATTACHMENT RUPTURE BETWEEN TODDLERS AND PARENTS
Final phase of Mahler's separation — ability to maintain positive emotional attachment in face of frustration:	OBJECT CONSTANCY
Following a brief separation from the parents, a securely attached toddler is most likely to do which of the following:	SEEK CONTACT EAGERLY
Student has difficulty separating from caregivers prior to school. Recommendation:	PLAN FOR ENGAGING ACTIVITY BASED ON THE STUDENT'S INTEREST AT THE START OF EACH DAY
Child not distressed with caregiver leaves. Little interest when caregiver returns. Attachment style?	AVOIDANT
Anxious child allowed to stay home from school when anxious. Name parenting style:	PERMISSIVE
Conditioning	
According to operant conditioning, behavior decreases in frequency if: (5x)	INCOMPATIBLE WITH A POSITIVELY REINFORCED BEHAVIOR
Pt with cocaine addiction experiences cravings for cocaine whenever passing by a "crack house." This reaction exemplifies: (3x)	CLASSICAL CONDITIONING
A form of learned fear in which a person or an experimental animal learns to respond strongly not only to a harmful stimulus, but also to a subthreshold stimulus, refers to: (3x)	SENSITIZATION

Pt undergoing chemotherapy. Commonly becomes nauseated and vomits in the waiting room prior to the treatment. Reaction is ex of? (3x)	CLASSICAL CONDITIONING
Most important protective factor determining preschool child's reaction to disaster: (2x)	PARENTAL FUNCTIONING
Risk factor influencing psychological outcome of child following death of parent: (2x)	PRIOR CONFLICTUAL RELATIONSHIP BETWEEN CHILD AND DECEASED PARENT
Behavioral frequency altered by application of positive and negative consequences: (2x)	OPERANT CONDITIONING
An operant conditioning reinforcement schedule that is used in casino slot machines and may play a role in the development of pathological gambling: (2x)	VARIABLE-RATIO
A 79 yr old man seeks therapy following stress due to uncontrolled online shopping. The patient begins to understand how each purchase improved mood and improved loneliness, this best explains what learning theory? (2x)	OPERANT CONDITIONING
In operant conditioning, praising end result is considered:	POSITIVE REINFORCER
Enuresis alarm is a form of	CLASSICAL CONDITIONING
Man in line for the roller coaster repeatedly hears the same song. He rides the roller coaster, feels sick, vomits. Now when he hears the song he gets really nauseous. This feeling elicited by the song is what learning element?	CONDITIONED RESPONSE
Pt works near a train and soon doesn't notice the noise anymore. What's this called?	HABITUATION
Effect of prompts for tobacco use on provider behaviors:	BEHAVIORS INCREASE
In behavioral psychology, extinction is defined as:	WEAKENING OF CONDITIONED RESPONSE DUE TO WITHDRAWAL OF STIMULUS
A 10-yo child is afraid of dogs and has exposure therapy to the point where he can tolerate a small dog. A week later, he encounters a large dog. What is his response?	GIVEN THE NON-CLINICAL SETTING, THE REACTION IS IMPOSSIBLE TO PREDICT
Child is shown a rat and does not react. Then shows child rat w a loud noise. After several pairings of the rat and noise, the child then becomes fearful when just the rat is presented. In Pavlovian conditioning, what is the conditioned stimulus in this case?	THE RAT
In biofeedback, the autonomic nervous system can come under voluntary control through which of the following mechanisms?	OPERANT CONDITIONING
Repeated presentation of a conditioned stimulus without being paired with its unconditioned stimulus will result in what?	PARTIAL REINFORCEMENT
Pt who was in frightening MVA, consults psychiatrist for fears of driving, made car travel impossible. Behavior intervention is planned: psychiatrist will ride in traffic with pt and remain with pt until physical signs of fear diminished. What learning tx?	CLASSICAL CONDITIONING

In operant conditioning, a partial or intermittent reinforcement schedule results in:	MAINTAINING A BEHAVIOR THAT IS RESISTANT TO EXTINCTION
What type of reinforcement is most effective for maintaining behavior that is resistant to extinction?	PARTIAL
If a response inhibitory to anxiety occurs in the presence of anxiety-evoking stimuli, it weakens the connection between the stimuli and the anxiety. This is called:	RECIPROCAL INHIBITION
As result of a MVA a pt feeling panic before having to drive and has begun to avoid it. Example of mechanism of fear development:	DIRECT CONDITIONING
Pt ate meat loaf then had a severe GI virus; develops a strong aversion to meat loaf. Example of:	CLASSICAL CONDITIONING
IV heroin user upon seeing the needle during a blood draw develops intense craving is an example of:	CLASSICAL CONDITIONING
Systematic desensitization is derived from:	CLASSICAL CONDITIONING THEORY
Which of the following terms was developed by Rene Spitz to describe a common outcome following sudden or prolonged separation of otherwise normally attached infants?	ANACLITIC DEPRESSION
18 m/o is vulnerable to separation and constantly concerned about mother's actual location. This is representative of Mahler's stage of:	RAPPROCHEMENT
2 yo does not want to let go of wool blanket and resists going anywhere without it. Attachment type is:	TRANSITIONAL OBJECT
What is true regarding infant attachments when comparing the strength of bond with each parent?	INFANTS CAN FORM MULTIPLE ATTACHMENTS, BUT THE STRENGTH OF THOSE ATTACHMENTS MAY DIFFER
Child anxious about getting on the bus and irrationally fears it will crash. Explanation for child's anxiety from operant conditioning model?	"HOW DO YOUR PARENTS RESPOND WHEN YOU ARE AFRAID OF THE BUS?"
Important protective factor in building resilience in children:	QUALITY OF PARENTING
A person afraid of loud noises has a panic attack in a grocery store after the shelving unit hits the floor, person takes lorazepam after hearing a loud noise, person then avoids grocery store. According to classical conditioning, what is the conditioned stimulus?	GROCERY STORE

Development

Core gender identity is typically established by what age? (5x)	3 YEARS
7 yo with temper tantrums, refuses to go to school. Stomachaches and headaches on school days. Nightmares about being kidnapped, fears parents will die. Dx? (4x)	SEPARATION ANXIETY D/O
An example of parallel play: (4x)	A 2 YO CHILD SITS NEAR ANOTHER TODDLER WITH A TRUCK AND PICK UP A CAR

An infant who engages in an interactive game of peek-a-boo most closely demonstrates the concept of which cognitive ability? (4x)	OBJECT PERMANENCE
Children demonstrate a preference for the human voice and speech over other sounds at what age? (3x)	BIRTH
3 ½ yo girl has become increasingly interested in dressing up in her mother's clothes and shoes, with increased remarks about being a girl. It would be most consistent with a social learning theory explanation of psychosexual development to say that her behavior is: (3x)	BASED ON MATERNAL MODELING AND BEHAVIOR
The "strange situation" in child development is used to assess the infant's in attachment theory: (2x)	SECURITY OF ATTACHMENT
Which ages of children are interested in secrets, collecting, and participating in organized games? (2x)	ELEMENTARY SCHOOL
Parents report 3 yo has not begun to talk. Since birth a child has been distractible. Also reports child seems to have problems empathizing with siblings. What question should the Psych MD ask first? (2x)	"HAS YOUR CHILD'S HEARING BEEN TESTED?"
2 yo clings to mother when introduced to a new child, refusing to join in play during 1st visit. On the 2nd visit, child plays behind the mother, and on the 3rd visit, she seems to continue her usual activities while warily eyeing the new child. What temperamental traits or constellations best describes this child's behavior? (2x)	SLOW-TO-WARM-UP
A 5 year old child whose mother was in a minor car accident believes he is responsible for causing the accident because he yelled "I hate you" in protest when his mother left him with a babysitter an hour earlier. This belief represents which of the following? (2x)	AGE APPROPRIATE EGOCENTRIC THINKING
Integration of clinical and experimental observations in early childhood development supports what statement about infant/parent interactions? (2x)	INFANTS ARE BORN WITH SOPHISTICATED PERCEPTUAL ABILITIES THAT FACILITATE ATTACHMENT
The father of a 3 ½ year old boy who attends preschool reports that on several occasions the boy has come into the bathroom while the father is in the shower interested in observing his father's genitals asking once "why is it so fat?" This behavior most likely is an indication of? (2x)	NORMAL PRESCHOOL AGE SEXUAL INTEREST
A 10 yo child remains sad and angry about his parent's divorce but no longer believes that he caused the separation. This cognitive change is an example of what mechanism? (2x)	DECENTRATION
The age at which children typically first use sentences of 2 or more words is: (2x)	24 MONTHS
12 mo child sees stranger then looks at mom who smiles, infant laughs and smiles at stranger; what is this behavior? (2x)	SOCIAL REFERENCING
Ability of preschool children to regulate emotions is most strongly enhanced by the development of: (2x)	LANGUAGE
In combo w growth hormone (GH), what is required to initiate adolescent growth spurt? (2x)	GONADAL HORMONES

Which of the following parent behaviors is most important to toddlers' language development? (2x)	ENGAGING IN FREQUENT CONVERSATION AND THINKING ALOUD
Which of the following parental tasks becomes important during toddlerhood? (2x)	LIMIT SETTING
2 year old development language: (2x)	TWO-WORD OR LONGER PHRASES
According to Vygotsky , objects and interactional experiences should be within the infant's ...: (2x)	ZONE OF PROXIMAL DEVELOPMENT
Surge in which hormone initiates pubertal development in adolescents?	GONADOTROPIN-RELEASING HORMONE
Development stage peer group important for mediating aggression?	LATE SCHOOL AGE (10 YEARS OLD)
Milestones at 15 months:	UNDERSTAND THAT OTHERS HAVE MINDS DIFFERENT FROM THEIR OWN
Appropriate motor skills at 3:	PEDALING A TRICYCLE
Language milestone at 18 months:	USES WORD COMBINATIONS
Which of the following parental factors is most important for healthy child development?	EMOTIONAL ATTUNEMENT
How does a 10 yo understand a pet's death? Is it permanent? Will the pet return?	DEATH IS PERMANENT, PET WILL NOT RETURN
What technique can be used to help a 5 year old attend the funeral of their mother?	HAVE A FAMILIAR PERSON WITH CHILD AT THE FUNERAL
What aspect of life increases with age despite physical decline?	SENSE OF WELL-BEING
Factor for greatest vulnerability for developmental problems in children?	MATERNAL MENTAL ILLNESS DIAGNOSED BEFORE CHILD'S BIRTH
What factor is most important for successful aging?	COGNITIVE PRESERVATION
Patient with gender dysphoria; question to ask parents during interview?	WHAT PRONOUN DO YOU WANT ME TO USE WHEN REFERRING TO YOUR CHILD?
Which developmental stage is associated with widening concern for the larger social system and differentiation of one's own social, political, and historical system from others?	YOUNG ADULTHOOD TO MIDDLE ADULTHOOD
Which term describes the relevance of understanding temperament in working with parent-child relational problems?	GOODNESS OF FIT
By age 4 most kids have language skilled for:	STORYTELLING USING WORDS
After 5 yo enters kindergarten, parents notice he's more emotionally reactive at home, displaying some regressive behavior, more demanding of parental attention. The Teacher doesn't notice any behavioral or academic issues. This factor most likely accounts for the child's change:	NORMATIVE RESPONSE TO STRESS ASSOCIATED WITH SCHOOL TRANSITION

What typifies regression in normal child development?	THE TRANSIENT RETURN TO EARLIER BEHAVIORS DESPITE OVERALL MATURATION
According to Winnicott's theory of the development of infants' assertiveness and sense of competence, what is the critical function of the "holding environment?"	ENCOURAGES SPONTANEITY WHILE PROTECTING THE CHILD FROM HARM
Behavior problems in 16 yo (expelled for fighting, stealing from teacher, bullying, bringing knife); will most likely ____ over next decade.	DECREASE
A typically developing child has started playing with friends without parents, can sometimes show empathy, but sometimes impulsively says unkind things. What age group are they in?	ELEMENTARY SCHOOL-AGE
Which cognitive capacity arises with the stage of formal operations?	ABSTRACTION
At what age does concern for others and learning to share typically develop?	4 YEARS OLD
School aged boy, plays ball and w/ boys, not w/ girls. What Freud's psychosexual stage is he in?	LATENCY
2-3 y.o. Capacity to tolerate frustration influenced by:	ABILITY TO INTERNALIZE SOCIAL NORMS
Difficulty with which physical task is most concerning in an elementary school aged kid?	JUMPING AND HOPPING
Innate feelings:	MOST STRONGLY INFLUENCE GENDER ID
Four yo meeting all milestones. What on PE will raise concern about development?	WALKING ON TOES
Developmental period with highest level of response to rewards in nucleus accumbens:	ADOLESCENCE
Developmental stage w/ max. number of axons and synapses?	INFANCY
Piaget's major contribution to development theory explains:	HOW INDIVIDUALS LEARN ABOUT AND UNDERSTAND THE WORLD
Identity diffusion describes:	LACK OF CONTINUITY IN HOW THE SELF IS EXPERIENCED IN RELATIONSHIPS OVER TIME
Piaget's model limitations include:	DOES NOT INCLUDE EMOTIONAL FACTORS RELEVANT TO LEARNING
"Will there be clowns in the parade like the circus?" This is an example of:	USE OF PREVIOUS EXPERIENCES TO THINK CATEGORICALLY
Stage of development with peak of DA-R in striatum, increased reward response:	ADOLESCENCE
Stage of development of maximal pruning of cortical synapses:	ADOLESCENCE
Flavor preference determined by:	COGNITIVE ASSOCIATION
Developmental concept of mother responding to baby seeking attention:	ATTACHMENT

Child enjoys opposite gender stuff. If patient gets symptoms of gender dysphoria what's the course?	RESOLVES SPONTANEOUSLY BY ADULTHOOD
Developmental task of school-age stage:	BEGIN TO ESTABLISH PEER RELATIONSHIPS AND PURSUE GROUP ACTIVITIES
Adolescent M aroused by other males, but attracted to F:	THESE FEELINGS ARE COMMON AND HIS SEXUAL PREFERENCE WILL CONTINUE TO SOLIDIFY
What is the likely course for a child's development after their parents divorce?	CHILDREN DO WELL IN ONE PARENT HOMES PROVIDED STABLE PARENTAL FUNCTIONING AND FINANCIAL SECURITY
Which is a basic emotion, learned directly or inferred by infants in 1st year of life?	FEAR
First marker of impending puberty in females?	ACCELERATION OF LINEAR GROWTH
When do cortisol levels peak in healthy children?	MORNING
Two 4-yr olds playing, one makes loud noises, the other does not want to play any more. Why?	PLAY PRODUCED EXCESSIVE ANXIETY FOR CHILD
Pretend play, based on ability to symbolize, typically appears at which of the following stages of development?	TODDLERHOOD
Cognitive strategy of typically developing school-age children in response to their environment:	GRADUALLY INTEGRATING THESE NEW EXPERIENCES INTO PRE-EXISTING MENTAL CONSTRUCTS
Which of the following is characteristic of preadolescent children's physical growth?	THE GROWTH RATE FOR BOYS LAGS BEHIND THE GROWTH RATE FOR GIRLS
Stage of development associated w/ setting up clubs, making rules:	LATENCY
At what developmental stage do kids first exhibit the ability to recognize their thoughts and feelings are their own, and that others may think and feel differently?	PRESCHOOL AGE
Starting around age 3 years, children spontaneously use language in which of the following ways?	DESCRIBE PAST EVENTS
Compared to preschool-age children, a school-age child with normal language development will demonstrate what ability?	CONSTRUCTING SENTENCES WITH MULTIPLE CLAUSES
Preschool children with imaginary friends are:	FAIRLY NORMAL
The parents of a 3 yo child are concerned because she has not begun to speak intelligently. The child's hearing is normal. Doctor's response:	EXPRESS SOME CONCERN BC MOST CHILDREN THIS AGE CAN EFFECTIVELY MAKE THEMSELVES UNDERSTOOD.
Ability of an infant to utilize symbolic representation at age 18 months allows for:	USING LANGUAGE PROFICIENTLY
Child holds a toy telephone to face and speaks to Daddy. This behavior is called?	SYMBOLIC REPRESENTATION
2.5 yo observes mother take an apple from the refrigerator, mother briefly turns back to the child and begins eating, when mother turns toward the child he animatedly grabs for the apple and says, "my	AWARENESS OF BEING A SEPARATE SELF

apple, not Mommy's." This behavior is best described as which developmental achievements?	
Adolescent who was previously getting along with parents is now becoming more resistant to parental control and insistent about making his own decisions about daily life. Feeling irritated with parents and guilty after minor arguments. Feelings of guilt are likely explained by?	A WISH TO SEVER THE PARENT-CHILD RELATIONSHIP
A child with temper tantrums at home begins to have better control over her outbursts following which intervention by parents?	HAD NEGATIVE REINFORCEMENT OF THE TANTRUMS REMOVED
The parents of a toddler are concerned about a rent increase in the frequency, intensity and duration of the child's temper tantrums. The parents report that the toddler gets on the floor, kicks and screams when they set limits. The child's health and developmental history is unremarkable. FMHx is significant for mood disorders and ADHD and ODD. Which of the following would be most appropriate as the next step?	EXPLORE THE PARENTS' CONCERNS ABOUT SEEMINGLY NORMAL BEHAVIOR
In 8-11 yo kids, which moral skill is the 1st one to fully develop?	INTERNALIZATION OF PARENTAL VALUES
17 ½ yo pt mentions drinking "a few beers" at parties and smoking THC "sometimes with friends." The adol is doing well in school. Has close friends and has no significant conflicts at home. Adol's use of substance is best characterized as:	TYPICAL ADOLESCENT BEHAVIOR
When asked to describe why a same-age, same-sex peer is a "best friend," an 11-year-old child is most likely to cite which of the following as most important?	FEELING CARED ABOUT BY THE OTHER CHILD
Ask a child, "What makes a train go?" He replies, "The smoke makes it go." This is:	PRE-OPERATIONAL THINKING
Learning triangular relationships:	OEDIPAL STAGE
Following divorce, which behaviors in a non-residential father contributes most positively to a child's future mental health?	TRADITIONAL PARENTING SUCH AS HELPING WITH HOMEWORK OR CELEBRATING HOLIDAYS TOGETHER
4 ½ yo child insists there is a small monkey who shares the child's room. He talks to monkey, asks others to converse with the monkey and insists that the monkey have a seat at dinner table. Parents ask if they should be concerned, best response:	BEHAVIOR TYPICAL FOR PRESCHOOLERS
How would you categorize the speech of a 4 year old child playing alone at home with toys and making comments describing escaping a monster?	NORMATIVE ASPECT OF PRESCHOOL PLAY
A difficult child, according to Thomas and chess's categories of temperament, except what characteristics?	INTENSE EXPRESSION OF MOOD
According to neuroimaging studies of adol, the prefrontal cortex at this age:	PREFRONTAL CORTEX DEVELOPS LATER THAN OTHER AREAS OF BRAIN
Capacity to inhibit behavioral responses improves over course of adolescence most likely because of:	MATURATION OF PREFRONTAL CORTEX

Pretend play in preschool-age depends upon children's increasing ability in which skills?	USE OF ONE OBJECT TO REPRESENT ANOTHER
When toddler attributes a symbolic meaning to stuffed animal (e.g. teddy bear), imbuing it with the quality of being alive, this is referred to as:	ANIMISM
At what age do children begin to guide their actions in ambiguous situations using cues from the mother's facial expression or in her tone of voice?	12 MONTHS
Aggressive behavior in preschoolers w otherwise NML development usually due to:	LIMITED VERBAL ABILITIES
Vocabulary growth and pre-literacy language skills in preschoolers appear to be most associated with:	AMOUNT OF TALK DIRECTED TO THE CHILD
A child recently becomes adept at running and jumping, in using a pincer grasp, and knowing the day and year is most likely to be at what age?	6 YEARS OLD
Parents of a 16 yo boy discover he's been visiting adult sex sites, spending up to 1 hr every few wks looking at naked women and heterosexual sexual activities. Boy likes several female classmates but is shy and spends most of his time with a mixed gender group of friends. What is the explanation of his interest in these sites?	DEVELOPMENTALLY APPROPRIATE CURIOSITY
Long term emotional well being of a child following divorce depends most upon which post-divorce factor?	CESSATION OF CONFLICT BETWEEN PARENTS
Phase of child development (Melanie Klein) where they are able to integrate good & bad elements of caregiver into one unified 'object':	DEPRESSIVE POSITION
Child engaged in imaginative play with therapist, states dollhouse on fire, therapist pretends to call 911, child says it's not actually a fire it's just pretend, what transition in Piaget's model of cognitive development is this child demonstrating?	PREOPERATIONAL TO CONCRETE OPERATIONAL STAGE
A young girl says "I am going to stay a girl no matter what, even if I wear blue or have short hair". What capacity does this demonstrate?	GENDER CONSTANCY
What is typical to a 10 yo, not a 5 yo's development?	COMPREHENDING CONSERVATION OF VOLUME
Process by which children modify existing schemas to adapt to new experiences is:	ACCOMMODATION
Cognitive developmental tasks of adolescence include acquiring the capacity for:	MORE COMPLEX UNDERSTANDING OF CAUSALITY & MULTILEVEL REALITIES
Earliest age infant likes to look more at strongly patterned shapes like faces?	1 WK
What age can infants recognize mothers' faces as distinct from other faces?	1 MONTH
The primary psychological task of school-age children is achieving:	COMPETENCE

13 yo male tells psych MD "I'm tired of being the shortest boy in my class." Pt reports many of the girls are taller than he is. Both of the parents are tall. What is the most appropriate initial approach for the psychiatrist to take?	REVIEW WITH THE PT THE TYPICAL COURSE OF PUBERTY IN MALES
5 yo child experiences the death of a grandmother. Child asks, "When can I talk to Grandma again?" This reflects an incomplete understanding of what concept of death?	IRREVERSIBILITY
What characteristic present in a 2 yo is most likely to persist into adult life?	INHIBITION
3 yo boy wants to play with his mom, but she is tired and it is naptime. What explanation would he best understand?	"IT'S NAPTIME NOW."
Maturation of basal ganglia/cortical motor circuits is most closely assoc w development of:	SOCIAL SMILE
Father is concerned about his 6 yo son because the child is rubbing his genitals while in the bathtub. This has not occurred at school or in public. Explanation of behavior?	NORMAL BEHAVIOR
As children progress through school age development, they begin to:	RECOGNIZE ETHNIC AND RACIAL STEREOTYPES
In 8-11 yo kids, which moral skill is the 1st one to fully develop?	INTERNALIZATION OF PARENTAL VALUES
The formation of small peer groups who share values, speech patterns, and manners is first seen around what age?	8 YEARS
Which event precipitates a midlife crisis?	RECOGNITION OF UNATTAINABLE GOALS
What Freudian stage of development is characterized by an intensification of libidinal drive, separation from one's parents, and achievement of mature sense of self?	GENITAL
Fine motor task mastered last:	TYING SHOELACES
According to Erikson, the predominant emotional issue in school-age children is?	PERSONAL WORTH AND COMPETENCE
10 yo son is "girly boy," has female friends, prefers playing house and w/ dolls, no distress or impairment, what is dx?	NONCONFORMITY TO GENDER ROLE
The peak age of exhibiting typical sexual behaviors: 3,5,7,9,11?	FIVE YEARS
When does latent period of sexual development occur?	SCHOOL AGE
22-month old shows which type of play when moving a block back and forth on train tracks?	SYMBOLIC
Decreased late-life prevalence of ____ is due to typical psychosocial maturation.	PERSONALITY DISORDERS
What is the best example of a second stage or "self conscious" emotion believed to develop towards the end of 2 years old?	ENVY

In a normal full-term baby, by what age are adult-like circadian sleep rhythms generally established?	6 MONTHS
Parents of a two year old girl are concerned because she's playing with trucks, likes to wear boys clothes, and likes to play w/ boys. They've tried to change her but she has been resistant. When asked by a physician, the child insists she's a girl. What is the most likely diagnosis?	NORMAL DEVELOPMENT
Children understand the difference between inner life and outer reality (theory of mind) by what age?	FOUR YEARS
Freudian stage of latency is correlated with Erikson's stage of:	INDUSTRY VS INFERIORITY
Children older than six have more difficulty than younger children with what, due to slowed growth of neural language synapses?	LEARNING A NEW LANGUAGE
Most common fear amongst preschool children faced with terminal illness:	SEPARATION FROM CAREGIVER
Earliest age by which 90% of girls reach menarche:	14 YO
Parental loss due to external causes during childhood most increases risk for depression as a young adult when the loss occurs at what age?	EARLY CHILDHOOD
Impact on children raised by gay/lesbian parents?	ABSENCE OF ADVERSE PSYCHOLOGICAL CONSEQUENCES
What contributes to childhood resilience among at-risk children?	ACCEPTANCE OF AN INTERNAL LOCUS OF CONTROL
Caregiver sufficiently responsive to child needs, allows child to become aware of own drive?	GOOD-EENOUGH PARENT
Pretend play requires what skill:	USE OF ONE OBJECT TO REPRESENT ANOTHER
In testing young children, one doll hides a marble in front of a second doll, and then moves the marble while the second doll leaves the scene. The second doll re-enters the scene and the child is asked where the second doll believes the marble to be. This test is used to assess what?	THEORY OF MIND
Idealism and sense of invulnerability is common in which life phase?	ADOLESCENCE
Exposure to what hormone causes the female embryo to develop mal- looking external genitalia?	TESTOSTERONE
An adolescent hospitalized with newly diagnosed DM refuses insulin doses and eats more snacks. Is this a developmentally appropriate response?	YES
Infants with slow-to-warm-up and difficult temperaments have what in common?	SOCIAL INHIBITION
Key physical finding of males in Tanner stage 2:	ENLARGED TESTES AND SCROTUM
A young child blames self for events out of their control is an example of what stage in cognitive development:	EGOCENTRISM

Among school children what skill is associated with competent social functioning?	SELF-REGULATION
A 10-month old infant is playing with a ball. When ball is hidden under a blanket, the child moves the blanket and finds the ball. What aspect of cognitive development is reflected?	OBJECT PERMANENCE
Social ability that develops at age 4-5:	ACKNOWLEDGING OTHER MAY HAVE DIFFERENT PERSPECTIVES
Characteristics of Tanner stage 2 girl:	BREAST BUDS + SMALL MOUND; SPARSE PUBIC HAIR ALONG LABIA
Key element of concrete operational thinking in cognitive development theory:	CONSERVATION
Resolution of the process of separation/individuation in toddlers, by having an internal sense of a comforting parent, occurs with the development of what?	OBJECT CONSTANCY
During what Tanner stages can a girl become pregnant?	3-5
Early hormonal change in normally developing children:	INCREASED PRODUCTION AND RELEASE OF ANDROGENS FROM ADRENAL GLANDS
Shame and humiliation usually emerge around this age:	PRESCHOOL AGE
Child talks in detail about how peer got in trouble and how peer is always breaking the rules. Likely age group of the child:	SCHOOL AGE

Intellectual Disability

Fetal Alcohol Syndrome is associated with: (5x)	FACIAL DYSMORPHISMS, POSTNATAL GROWTH RETARDATION, INTRATERINE GROWTH RETARDATION AND LEARNING DIFFICULTIES.
17 yo pt with IQ 65 and commensurate deficiencies in activities of daily living, communication, and motor skills can be expected to function on which academic level? (2x)	SIXTH GRADE
Best predictor of functional outcomes in AFD:	VERBAL ABILITY AT AGE 5
Child w/ IQ of 68 will likely have adjustment issues and struggles with which developmental stage?	ADOLESCENCE
Most common genetic abnormality leading to intellectual disability:	DOWN'S SYNDROME
4 yo girl developed normally in the 1st 18 months of life, but afterwards developed decelerated head growth, loss of purposeful hand movements, midline upper extremity stereotypies (e.g. hand-wringing), severe psychomotor retardation and social withdrawal:	RETT DISORDER
Person w/ MR who achieves 1st grade education fits which diagnostic classification?	MODERATE MENTAL RETARDATION
6 yo child in 1st grade is doing very poorly. WISC-R IQ score is 60. Compared with other children his age he has sig. impairment in social skill, dressing, language, and feeding. What is dx?	MILD MENTAL RETARDATION

Medications for tx of aggression in an individual w/ MR:	LITHIUM, THIORIDAZINE, HALDOL, PROPRANOLOL (NOT CLONAZEPAM)
10 yo IQ 69. Findings that would confirm Dx of MR?	DEFICITS IN SELF-CARE AND SOCIAL SKILLS
The non-genetic cause of mental retardation in the US is:	FETAL ALCOHOL SYNDROME
A child with mod-sev mental retardation wakes frequently at night, claps at inappropriate times, and has bouts of paroxysmal laughter. Syndrome?	ANGELMAN'S SYNDROME
4 yo child is brought in for an evaluation. The child is demonstrating developmental delays, foraging for food, and having many temper tantrums. Which of the following is the most likely diagnosis?	PRADER-WILLI SYNDROME

Learning

10 yo child learned to clean his room without being asked. The parents achieved this by reinforcing this behavior with a one-dollar bill every third time the child cleaned the room without being asked. This type of reinforcement schedule is known as: (4x)	FIXED-RATIO
30 yo morbidly obese pt refuses to change eating and exercise habits, "I'll worry about my health when I am 65." One month later his father, also obese, dies of a myocardial infarction. The now obvious disparity between pt's current behavior and knowledge of the circumstances surrounding his father's death is an example of which learning theory process? (2x)	COGNITIVE DISSONANCE
Learning from consequences of one's actions: (2x)	OPERANT CONDITIONING
Example of learned helplessness is a child who stops all attempts to improve after being punished for failing or failing no matter how hard the child tries? (2x)	FAILING NO MATTER HOW HARD THE CHILD TRIES
22 yo experiences an earthquake (7.0) during a seminar. In the months that follow he develops a fearful reaction to sudden or loud noises. Pt avoids classes in the same building that the seminar was in. What is the mechanism of the behavior? (2x)	AVERSIVE CONDITIONING
Child who fears bike riding becomes less fearful after watching other children having fun while bike riding. Which learning principle? (3x)	IMPRINTING/MODELING
What learning pattern is demonstrated by a patient (w/ panic disorder a/w public places) leaving an area when panic attack begins, and experiencing cessation of sx? (2x)	NEGATIVE REINFORCEMENT
To be eligible for special ed, must have? (2x)	DOCUMENTED DISABILITY/ INTELLECTUAL DISABILITY WITHOUT ADEQUATE ACADEMIC PROGRESS
This is an accommodation that is part of the IEP but not 504?	EXEMPTION FROM COURSE REQUIREMENTS
Reinforcing behavior w reward every third time a behavior is done is called:	FIXED RATIO
Cognitive-behavioral explanation of trichotillomania suggests hair pulling reduces an uncomfortable tension that the child is experiencing. What is this an example of?	NEGATIVE REINFORCEMENT

The evolution of addiction from an impulsive to a compulsive act is characterized by the increasing importance of which of the following factors?	NEGATIVE REINFORCEMENT
To define learning disability, look for discrepancy between:	INTELLECTUAL POTENTIAL AND PERFORMANCE
Worsening temper tantrums in 3 yo. First occurred in a grocery store and the child was quieted with candy. The tantrums would occur at home and would escalate until given candy. Psychiatrist tells parents not to give candy during a tantrum under any circumstances. Outcome?	TANTRUMS WILL INCREASE THEN DECREASE
The most common learning disability found in school-age children:	READING DISORDER
In the Bucharest Early Intervention Project, a study where children were randomized into placements of state institutions vs foster homes, what factor was found to be the most influential on children's IQ?	TYPE OF PLACEMENT
What is the most common learning/communication D/O in kids receiving special ed?	READING DISORDER
A 4th grade child is falling behind peers. Child has an IQ of 92, but lower than expected scores on achievement tests and adaptive functioning. Teacher reports child voices' understanding of material, but struggles with homework, what is the child's diagnosis?	LEARNING DISABILITY
A medical student takes amphetamines to stay awake while studying for an exam. When she takes the exam without any medication, she finds that she has much greater difficulty than usual remembering the material. What is this an example of?	STATE-DEPENDENT LEARNING
Which of the following is an example of semantic memory in a child?	REMEMBERING THAT THE TOWN PARADE OCCURS EVERY JULY 4TH
Imitating one's valued mentor while performing psychotherapy is an example of what type of learning?	SOCIAL LEARNING
Form of learned fear in which a person or an animal learns to respond more strongly to an otherwise innocuous stimulus is:	SENSITIZATION
A child practices violin to prevent parents nagging, what does this describe?	NEGATIVE REINFORCEMENT
A mother gives an 8 yo a "time out" for five min in the bedroom because of his misbehavior. This is an example of what behavioral technique?	PUNISHMENT
The most common deficit underlying reading disorder in English-speaking children is deficit in:	PHONOLOGICAL FUNCTIONING
In learning theory, the presentation of an aversive stimulus that is contingent upon the occurrence of a particular response is known as:	PUNISHMENT
The operant procedure in which a desirable behavior pattern is learned by the successive reinforcement of approximations to that behavior is called:	SHAPING

Pt receives \$20 for a negative drug test, but locked out of reward after a positive test until 3 negative tests, this is an example of which behavioral technique?	CONTINGENCY MANAGEMENT
Which parent child interaction best represents contingent response that helps develop self-regulatory skills: Parent plays child's favorite song during tantrum, Parent frowns and speaks quietly when child cries, Parent tells child to calm down when excited, Teacher tells child to be grateful for life after grandparent dies, Caretaker encourages child when she becomes distressed by difficult task?	FROWNING AND SPEAKING QUIETLY WHEN CHILD IS DISTRESSED
Type of behavioral modification that involves confiscating something the person wants after bad behavior:	NEGATIVE PUNISHMENT

Pediatric Specific Questions

When compared to adol, 8-12 yo children with depression most often show which symptom? (3x)	SOMATIC COMPLAINTS
AACAP Diagnosis of Bipolar I in children requires? (3x)	A DISTINCT PERIOD OF ABNORMAL MOOD AND EPISODIC SYMPTOMS
Which of the following is the initial treatment of choice for mild anxiety disorders in children? (2x)	PSYCHOTHERAPY ALONE
Instead of depressed mood, children w MDD may primarily show: (2x)	IRRITABILITY
The treatment for adolescents with depression study recommended which of the following treatments for patients with moderate to severe depression? (2x)	FLUOXETINE AND CBT
16 yo boy was treated as an outpatient for Schizophrenia after recent inpatient first break. Parents concerned re: anhedonia, withdrawn. No psychosis. Goal of outpatient eval: (2x)	ADDRESS PT'S FEELINGS OF DEPRESSION AND SCREEN FOR SI
When compared with adult-onset schizophrenia, children with schizophrenia have: (2x)	SIMILAR DEFICITS IN ATTENTION, LEARNING AND ABSTRACTION
Longitudinal studies have shown that obesity in later childhood, adol and adulthood can be predicted most commonly by the presence of which psychiatric d/o in childhood and adol? (2x)	DEPRESSIVE
Primary advantage of treating childhood enuresis with behavioral methods vs desmopressin: (2x)	LOWER RATES OF RELAPSE
Which concerns are the most common reason for referral of children and adol (6-16 yo) to mental health professionals? (2x)	DISRUPTIVE BEHAVIOR
Most distinguishable aspect of childhood separation anxiety d/o when compared to other childhood anxiety disorders (2x)	FEAR THAT SOMETHING BAD WILL HAPPEN TO THEM OR THEIR PRIMARY CARETAKER
Most commonly reported SE of stimulants in kids (2x)	APPETITE SUPPRESSION AND SLEEP DISTURBANCES
An association has been reported in adol with BPD between serotonin dysregulation, suicidal behavior, aggression and...: (2x)	IMPULSIVITY

8 yo p/w "always worried" and fearing getting lost or being kidnapped, frequently insisting on sleeping in parents room (does well academically & interacts with circle of friends, but frequently c/o HA and visiting school nurse office to call parent). Dx? (2x)	SEPARATION ANXIETY DISORDER
7 yo child w/ emotional outbursts at school and stomachaches, reluctance, and complaining at school time, but well-behaved at home, without stressors. Next step? (2x)	PERMISSION TO SPEAK WITH TEACHER
Which of the following is the most significant risk factor for the development of primary enuresis: child bladder capacity, family history of enuresis, multiple adverse childhood experiences, ADHD diagnosis, abnormal circadian production of plasma arginine vasopressin? (2x)	FAMILY HISTORY OF ENURESIS
Which of the following infant and toddler temperamental styles has been shown to have the greatest association with the eventual onset of anxiety symptoms in childhood? (2x)	INHIBITED
School based psychiatrist is contacted for concerns for student with severe depression. Parents refused consent for interview w/ student. What should psychiatrist do?	OBSERVE STUDENT IN CLASSROOM AND DISCUSS WITH SCHOOL STAFF MEMBERS
9 yo with prior urinary continence at 4 years starts wetting bed at 6, he is difficult to arouse and has enuresis at different times, male relatives wet bed until 10 year old, clue to psychiatric comorbidity:	HAVING PREVIOUS PERIOD OF CONTINENCE
Dx for 9 yo boy w/ irritability and aggression, failing grades, and hearing a voice saying he is bad.	MDD
Schizophrenia with onset in childhood is different from adult-onset because....:	IT IS MORE LIKELY TO HAVE A GRADUAL ONSET
What are the characteristics of childhood-onset schizophrenia?	CHRONIC COURSE, UNFAVORABLE PROGNOSIS, HALLUCINATIONS, DELUSIONS
Not a likely characteristic of childhood-onset schizophrenia:	ACUTE ONSET
9 yo is evaluated for bedwetting several times a week. Child has never been completely dry. Which tx modality is likely to be most effective?	BELL AND PAD
Psychiatrist is evaluating a 5 yo child in kindergarten. Child does well with puzzles and other performance activities. Teacher reports that the child has a limited vocabulary and immature grammar in comparison to the other children. Child interacts well with other children. The child also seems to have some trouble understanding questions. Child's hearing and vision are normal. Explanation?	MIXED RECEPTIVE & EXPRESSIVE LANGUAGE D/O
12 yo F not attending school for fear her mom may die in an accident. Management?	RETURNING THE GIRL TO HER CURRENT CLASSROOM
7 yo referred for psych eval due to learning probs. Most helpful info would be family's approach to and hx:	READING WITH THE CHILD
Childhood-onset schizophrenia typically have a course described as:	CHRONIC AND UNREMITTING
In preschool-age children isolated hallucinations are common with:	ANXIETY
A preschooler presents to a psychiatrist after being placed on psychotropic med by a PCP. Parents note that since med was started,	DEXTROAMPHETAMINE

child has shown irritability, skin picking, decreased appetite, social withdrawal, insomnia. Which med is the child taking?	
10 yo child with 2-month h/o irritability, inattention, sleep disturbance, and withdrawal. Child attempted to run in front of a car. No family h/o psychiatric d/o. On examination, no eye contact and has psychomotor agitation. What med?	SSRI
First-line tx for 9 yo w/ depression:	SERTRALINE
First-line tx for adolescents w/ major depression:	FLUOXETINE
Child must have a depressed or irritable mood for what length of time in order to meet criteria for dysthymic do?	ONE YEAR
9 yo w/ increased irritability and aggression for 3 mons. Used to be easygoing. Grades dropping. No insomnia or poor appetite. AH of voice telling him he is bad. Most likely Dx:	MDD
What home-based community services demonstrated robust evidence in improving outcomes for juvenile offenders/youths with substance abuse at risk for out-of-home placement?	MULTISYSTEMIC THERAPY
What is the first line tx for PTSD in children and adolescents?	CBT
7 yo girl dislikes going to her friend's house, preferring her friends come to her home. She has recently had a stomach ache in the morning before attending school and sometimes cries uncontrollably if her mother insists she attends. Teachers report after her mom leaves she usually settles down and does academically well. Dx?	SEPARATION ANXIETY DISORDER
7 yo M w/ poor social skills, cognitive, but language wnl. Dx?	ASPERGER'S SYNDROME
Adopted children who have a biological parent with alcohol dependence are at increased risk of developing alcohol dependence when compared to their adoptive siblings. This is evidence for which of the following models of substance abuse?	DISEASE MODEL
14 yo pt with a long-standing h/o of perfectionism has recently developed a fear of talking in class after forgetting her lines in a school play. Pt says, "I don't like talking to other kids" and practices reading aloud over and over so "I remember what I am saying." Dx:	SOCIAL PHOBIA
The Child-Adolescent Anxiety Multimodal Study (CAMS) compared sertraline, CBT, and combination therapy in children/adolescents with moderate/severe GAD, SAD, and Social Phobia. Primary findings?	COMBINATION TREATMENT SUPERIOR TO MONOTHERAPY
6 yo child generally healthy throws a fit every time the family goes hiking. Exposure to snakes on one hike led the child to become loud, agitated. Now the child has intense distress when hiking, pleads to stay with parents at all times. Dx?	SPECIFIC PHOBIA
Diagnose a child who persistently refuses to attend school or sleep in bed alone, complaining of somatic symptoms with no physiological origin?	SEPARATION ANXIETY
Which of the following is a manifestation of unresolved grief in a school-age child who has experienced the loss of a sibling?	SEPARATION ANXIETY FROM PARENTS

Childhood disorder with greatest genetic association for adult onset panic attacks?	SEPARATION ANXIETY DISORDER
A child w/ selective mutism is most likely to have difficulties in which area?	AT SCHOOL
A 5 year-old bilingual child has progressive refusal to speak in public, being very talkative at home and refusing to speak throughout the day in his kindergarten class. He is diagnosed with selective mutism. What is the appropriate intervention?	BEHAVIORAL TREATMENT TO INCREASE THE CHILD'S TOLERANCE FOR SPEAKING IN PUBLIC
One controversy about pediatric bipolar disorder is whether severe irritability and emotional dysregulation are:	PREDICTIVE OF CLASSIC BIPOLAR DISORDER IN ADULTHOOD
What is considered to be the determining component underlying the sx of selective mutism?	AVOIDANT BEHAVIOR
Differential Dx in a 6 yo with daily fecal soiling includes:	ANAL STENOSIS, HYPOTHYROIDISM, HIRSCHSPRUNG'S DZ, SMOOTH MUSCLE DZ
Which med has FDA approval for tx of mania in children 12 years of age or older?	LITHIUM
Unlike adults with bipolar disorder, prepubertal children with bipolar disorder are believed to have:	PREDOMINANTLY CHRONIC MIXED MANIC STATES
Child OCD. Which comorbid diagnosis is associated with poor response to SSRI?	TIC DISORDER
Which of the following is the initial treatment of choice for children with OCD?	CBT ALONE
What infectious agent can exacerbate or cause initial manifestation of OCD in children?	GROUP A BETA-HEMOLYTIC STREPTOCOCCUS
Presence of what disorder puts a child at greatest risk for developing panic disorder as an adult?	SEPARATION ANXIETY DISORDER
10 yo is seen in outpt clinic w/ hx of extreme fear of using the bathroom at school. He states to be afraid that other children will laugh if they hear or smell him in the bathroom. Dx?	SOCIAL PHOBIA
The principal aim of treatment of child with school phobia is:	RETURN CHILD TO SCHOOL
9 yo child w apathy, decreased appetite, irritability, dizziness, confusion, ataxia, and HA. Recently moved to an older house in an industrial city. Which lab test is helpful for dx?	LEAD SERUM LEVELS
High socioeconomic status parents of a 16 year old who has met normal developmental milestones are worried that their child is using social media and texting to communicate with peers. They found text messages w/ romantic partners and visits to sexual health related websites. What is the most likely consequence of the adolescents reliance on electronic forms of communication?	CONTINUED SOCIALIZATION WITHIN THE CURRENT PEER GROUP
In pre-adolescence, which disorder is as common in females as males?	MAJOR DEPRESSIVE DISORDER

After a sore throat, a child develops an uncontrolled movement disorder; writhing movements of limbs and head turning, this condition is associated with what?	STREPTOCOCCUS
What chromosomal deletion with broad face, flat midface, progressively coarsening facial features, short broad hands, small toes, deep voice?	17P11.2
5 y/o w/ sickle cell w/ worsening abdominal pain in absence of vaso-occlusive crisis and lack of improvement with analgesics. Parents report child eats rocks, small toys, etc. What blood test should be ordered?	LEAD LEVEL
Autism Disorder	
Strong correlation between Asperger's and...: (7x)	NONVERBAL LEARNING DISABILITY
Which of the following is seen most frequently as a comorbid condition in children with autism? (7x)	MENTAL RETARDATION / INTELLECTUAL DISABILITY
What is most important when trying to differentiate between autism and Asperger's? (6x)	LANGUAGE DEVELOPMENT
Pharmacological treatment in autism spectrum disorder is most likely to have a positive effect on? (5x)	AGGRESSION
Decreased attention to social cues is most common among children with: (2x)	AUTISM
MC Speech/Language abnormality in autism spectrum disorder: (2x)	IMPAIRED PROSODY
Valid risk for autism:	ADVANCED PARENTAL AGE
Method to identify gene for autistic-like traits in multiple member family:	LINKAGE ANALYSIS
Superficial self harm, monotone speech, "too loud," socially awkward.	AUTISM SPECTRUM DISORDER
Most heritable mental disorder:	AUTISM
7 yo M w aggression was referred by school for eval after an IQ of 68 was discovered. Pt was temperamentally inhibited and avoidant as an infant, difficulty interacting w peers and preoccupation with trains at age 2. No stereotypes or tic. Which aspect of this presentation is most indicative of autism spectrum disorder?	SYMPTOMS PRESENT BEFORE AGE 3
Which is a symptom of autistic disorder but NOT of Asperger's?	DELAY OF SPOKEN LANGUAGE OR COMMUNICATIVE GESTURES
The long-term outcome in autism is most closely correlated with?	LANGUAGE DEVELOPMENT
8 yo boy has marked social delay, difficulty maintaining relationships d/t odd interpersonal style, preoccupied with small electronic devices, talks on and on about them, and excludes other age appropriate interests, has difficulty w/ transitioning from one activity to another, has poor eye contact, and oblivious to personal space. DX?	ASPERGER'S SYNDROME

Abnormality in what domains is the most important in establishing the Dx of autistic do?	INTERPERSONAL RELATIONS
3 yo not speaking intelligibly. Normal hearing. Parents worried about autism.	EXPRESS SOME CONCERN TO PARENTS
8 yo is evaluated due to problems at school. Child's vocabulary is normal and his conversation focuses on video games. He has social difficulties due to insisting on directing play w/ peers and being very controlling. He b/c agitated and disruptive when a substitute teacher is present and if there are even small changes in his daily routine. Dx?	PERVERSIVE DEVELOPMENTAL DISORDER NOS
Which of the following is a positive prognostic predictor of overall outcome for children with autism?	COMMUNICATIVE SPEECH BY AGE 5
Autism spectrum disorders in children and adolescents are most highly comorbid with which of the following types of disorder?	ANXIETY
Risk that a subsequent child will be autistic in a family with one autistic child is:	5%
10 yo boy primary nocturnal enuresis, is dry during day, no urgency, frequency, dysuria. Father had the same at age 12. No other issues, he wants to stop bed wetting to go to camp. What is the next step?	TRIAL OF DDAVP
Strategy best grounded in social psychological principles for scenario in which you are a psychiatrist dealing with anti vax parents who think that vaccines cause autism.	SHOW HOW VACCINATION CAN BE CONGRUENT WITH THE GROUP'S CORE VALUES
Which presentation has monozygotic twin concordance rates of 80-92%?	AUTISM
First-line genetic technique in assessing autism:	CHROMOSOMAL MICROARRAY

Behavioral Diagnosis

Child argues with mom, is angry and rude. Has no trouble at school and completes schoolwork. Dx? (3x)	OPPOSITIONAL DEFIANT DISORDER
14 yo from juvenile hall, getting aggressive. Long h/o behavior problems but no psych or medical hx. In addition to diagnosing behavior problems, what is the first step for a psychiatrist? (2x)	EVALUATE THE PATIENT FOR ADDITIONAL PSYCHOPATHOLOGY
What's true about ADHD in kids vs adults?	AS SIGNIFICANT NUMBER OF CHILDREN WITH ADHD WILL GO ON TO BE ADULTS WITH ADHD
What is a key feature of outbursts in IED?	TRIGGERED BY ANGER
Inappropriate display of sexual behavior in children likely associated with ____.	PREVIOUS SEXUAL ABUSE
What diagnosis describes a 10 yo with persistent refusal to do chores, annoys their friends, who is easily annoyed and talks back?	OPPOSITIONAL DEFIANT DISORDER
Diagnosis for child with; persistent irritability; 4 outbursts weekly for 2 years; alienating others; decreased functionality in classroom:	DISRUPTIVE MOOD DYSREGULATION DISORDER

Low birthweight strongly predicts which psychiatric illness?	ADHD
What is the higher rate of ADHD and OCD in 6-12 yo boys related to?	LOSS OF GRAY MATTER IN THE BASAL GANGLIA
What increases risk of conduct d/o?	PARENTAL CRIMINALITY
6 yo w/ breaking curfew, violating parental rules, on edge, inpatient, unkind to siblings.	OPPOSITIONAL DEFIANT
Psychiatric assessment of child or teen should always include:	PARENTAL INTERVIEWS
Which of the following is abnormal behavior for an adolescent: preferring to socialize with parents over peers, questioning family values and beliefs, arguing with parents, experiencing sexual fantasies, demonstrating emotional lability?	PREFERRING TO SOCIALIZE WITH PARENTS OVER PEERS
WHO indicated intervention (universal, selective, indicated):	PROVIDING PARENTING TRAINING FOR PARENTS OF CHILDREN WITH CONDUCT PROBLEMS
6 yo presents with a 3 yrs hx of disruptive behaviors at home and school. Parents report he has difficulty paying attention and completing tasks. Recently pt has b/c more oppositional and angry with adults and peers. He often states, "I am no good." What comorbid condition is the most likely explanation for the child's recent behaviors?	DEPRESSION
Diagnosis for child w/ behavioral inhibition:	SOCIAL PHOBIA
Sign of pyromania:	FEELING RELIEF ON SETTING A FIRE
Which of the following is the most effective evidence-based treatment of oppositional defiant disorder (ODD):	PARENT MANAGEMENT TRAINING
A 10 yo child presents with explosive outbursts at home when asked to complete tasks or when told no. These behaviors are not present while playing with siblings. Which of the following treatments has the largest body of evidence supporting its use to treat this condition?	PARENT MANAGEMENT TRAINING
Treatment of schizophrenia that focuses on social awareness and basic mental processes to help patients understand intellectual capacity, strength, and limitations:	SOCIAL (PRAGMATIC) COMMUNICATION DISORDER
For a child with tic disorder, what is a likely comorbid disease that can affect school performance?	ADHD
Irritable high schooler has a 1-year history of refusing parents' rules, has multiple detentions from school without legal problems or substance use. Patient says "the teachers just don't like me." Most likely diagnosis?	OPPOSITIONAL DEFIANT DISORDER
17 yo male has long-standing fascination with fire. Feels excited before starting fires and feels relief after. Likely diagnosis?	PYROMANIA

Assorted Pertinent Topics

Biostatistics

Which statistical method attempts to address the effects of participants dropping out of a study prior to completion? (7x)	LAST OBSERVATION CARRIED FORWARD
Test that measures what it is supposed to measure (7x)	VALIDITY
What research study examines a group studied over a prolonged time period? (6x)	COHORT
Groups of pts w/ MDD, dysthymic d/o, and adjustment d/o were given mood scales. In order to compare the means of scores of these three groups, most appropriate statistical methods is what (3x)	ANALYSIS OF VARIANCE
A case-control study would be appropriate in answering an epidemiological question when the (3x):	INCIDENCE OF THE DISEASE IS LOW
What most seriously threatens the external validity of a research study? (3x)	A STUDY POPULATION THAT IS NOT REPRESENTATIVE OF THE POPULATION TO BE TREATED
Which of the following is the major negative aspect of crossover designs for research studies? (3x)	RESIDUAL EFFECTS
Method for estimating sample size required to detect statistical effects of defined size for variables with well-known variances is referred to as which of the following types of analysis (3x)?	POWER
Which statistic measures the magnitude of difference between two intervention groups? (3x)	EFFECT SIZE
A rating instrument is said to have high reliability when which of the following properties is demonstrated: (3x)	RATINGS ARE SIMILAR AMONG DIFFERENT RATERS
Researcher is reviewing a questionnaire to screen for MDD, notices that the questionnaire has no Qs pertaining to depressed mood but has a few Qs pertaining to spending sprees. What form of validity is most affected? (2x)	CONTENT
What is used to report the deviation of a value from its group mean, expressed in standard deviation units? (2x)	Z SCORE
5 yo boy becomes restless, impulsive, and difficult to manage when not given sufficient exercise. Teacher gives him increased motor activity, and his behavior improves. This is an example of: (2x)	GOODNESS OF FIT
A group of researchers studied the temperament of a group of children at age 3 months, 2 years, 5 years, and 20 years to determine relationships between initial temperamental characteristics of children who eventually had psychiatric problems. This is an example of what type of study? (2x)	COHORT

Which of the following types of studies is best suited to determine prevalence? (2x)	CROSS SECTIONAL
The purpose of designing a study to use the double blind method is to (2x):	ELIMINATE BIAS DUE TO EXAMINER EXPECTATIONS
A test that detects 98% of the people who have a disease, but also provides a false positive result for many of the people without the disease, would have a: (2x)	HIGH SENSITIVITY AND LOW SPECIFICITY
Researcher wants to compare a new atypical antipsychotic to the already existing atypical antipsychotics. Researcher wants to conduct the study in routine clinical situations rather than using highly selected subjects. Which of the following study designs would be the most appropriate? (2x)	EFFECTIVENESS
What statistical measure should be used to determine how 2 independent variables affect the frequency of the occurrence rate of an event? (2x)	REGRESSION ANALYSIS
Study reports difference that turns out to be by chance, what error is this? (2x)	TYPE I ERROR
Examines the relationship between exposure and effect by comparing patients with effect to patients without effect, assessing for prior exposure. Type of study? (2x)	CASE-CONTROL
The extent to which an instrument represents the construct being measured is referred to as what type of validity? (2x)	CONTENT
Twin studies of patients with schizophrenia have consistently identified substantial proportions of monozygotic twin pairs that are discordant for the illness. The most likely explanation is: (2x)	A "TWO-HIT" MODEL OF PATHOGENESIS EXISTS IN WHICH PREDISPOSING ENVIRONMENTAL FACTORS COMBINE WITH GENETIC RISKS
The number of individuals with a d/o at a specific time (2x)	POINT PREVALENCE
An effectiveness study differs from an efficacy study by including what? (2x)	REAL WORLD CONDITIONS
What type of reduction strategy is needle exchange?	HARM
Method used to reduce false positives with a smaller P value	BONFERRONI CORRECTION
Main advantage of family-based genetic association studies over case-control association studies	LESS AFFECTED BY SYSTEMATIC POPULATION DIFFERENCES
Naturalistic investigations of a treatment's effects look at which factor?	EFFECTIVENESS
Observational study with healthy pregnant women vs pregnant women on antidepressants, what is the study weakness?	INAPPROPRIATE CONTROL GROUP
In an RCT which compares metformin addition to usual treatment in diabetes prevention, when 18% of patients in the metformin group develop diabetes vs 20% of patients in the usual treatment group develop diabetes, what is the NNT?	50

RCT where pt receives one med for 8 weeks, then 4 week break, then another med for 8 weeks. What kind of study?	CROSSOVER
New instrument for PTSD does not ask about traumatic events. Raises which concern about validity?	CONTENT
Which validity assumes theoretical model of condition being measured and explanation of how components are related?	CONSTRUCT VALIDITY
Difference between incidence rates	ATTRIBUTABLE RISKS
Study design that answers whether exposure to a drug increases risk of an adverse side effect	COHORT
Study type to measure if genetic test is accurate to make dx	CROSS-SECTIONAL
The concept of lifetime prevalence refers to the number of persons:	MEASURED AT A POINT IN TIME, WHO HAD A D/O AT SOME POINT DURING THEIR LIVES
Example of type II error	FINDING ANTIDEPRESSANT INEFFECTIVE WHEN IT IS ACTUALLY EFFECTIVE
What research design would be the most appropriate in establishing a causal relationship between childhood vaccination and onset of autism?	COHORT
Research into the complexity of healthcare systems and distribution of resources is best carried out in which fashion?	NATURALISTIC STUDY
Researchers wish to study a group of students who were exposed to a terrorist attack in which some of their classmates were killed and compare the students to other students who had not undergone such a trauma. For the study to be considered quasi-experimental, which of the following requirements must be met?	BASELINE DATA MUST HAVE BEEN COLLECTED BEFORE THE EVENT
Company X develops new medication for depression. Although the initial trials reveal only modest, statistically insignificant mood benefits, the research team decides to analyze the drug's effects in subgroups. By subgrouping the subject pool into 20 subgroups, the researchers find statistically significant mood benefits for men/women w/birthdays in the early fall. Conclusion that can be drawn from finding is that it is:	AN ARTIFACT OF MULTIPLE ANALYSES
In the analysis of results of the national comorbidity study (1994), a nonresponse adjustment weight was included. This inclusion was important for what reason?	NONRESPONDERS WERE FOUND TO HAVE HIGHER RATES OF ILLNESS
Research suggests that the frequency of alcoholism in lesbians as compared to heterosexual women was greater only in lesbians over 55 yo. Which of the following is considered to be the best explanation for this finding?	COHORT PHENOMENON RELATED TO SOCIOCULTURAL ISSUES
Examining relationship between exposure to psychotropic during pregnancy and Epstein's anomaly between women with Epstein's anomaly and a group of women who had babies w/o this anomaly is an example of	CASE CONTROL STUDY
Which study best addresses the relative influences of heritability and environment?	TWIN ADOPTION STUDIES

Why don't twin adoption studies have methodological limitations?	ADOPTEES ARE NOT A REPRESENTATIVE POPULATION SAMPLE
A characteristic of the placebo effect?	THE PLACEBO EFFECT IS GREATER WHEN THE PT KNOWS THE DOCTOR
This quality of a study indicates that the findings can be replicated	RELIABILITY
Results are combined from a number of studies of similar design. An overall estimate of the effect of a variable is made which incorporates the information provided by all the studies. The procedure is termed?	META-ANALYSIS
A psychiatrist employed by an institution wants to use pt data for research later. How can she get the progress notes?	KEEP HER OWN SEPARATE RECORDS
Small pilot study measures changes in MMSE scores to compare the efficacy of two meds for the treatment of Alzheimer's. Data says there's a difference between meds, but not statistically significant. What do you need to do to clarify?	ENROLL MORE SUBJECTS TO OBTAIN A LARGER SAMPLE SIZE
Clinical trial: 2 study meds in 8 hospitals. 20 receive drug 1 in hospitals A,B,C,D, while 20 receive drug 2 in hospitals E,F,G,H. Drug 1 is proven and indicated treatment. Which critical confounder biases the results?	DRUG ASSIGNMENT DEPENDS ON PARTICIPANT'S HOSPITAL
A clinical trial will assess the impact of two atypical antipsychotic meds on glucose intolerance. Half of the participants will start on drug 1 and then be treated with drug 2, while the other half will start on Drug 2 then drug 1. What type of experimental design?	CROSSOVER DESIGN
Power analysis is a statistical method used to:	ESTIMATE THE SAMPLE SIZE REQUIRED TO DETECT STATISTICAL EFFECT OF A DEFINED SIZE FOR TWO OR MORE PREDICTORS
A crossover design is a variation of what	DOUBLE-BLIND
Adoption research is one method to delineate genetic vs environmental influences on phenotype. Limitation of this approach?	ADOPTEES ARE NOT A REPRESENTATIVE SAMPLE AND ADOPTIVE AND BIOLOGICAL PARENTS MAY RESEMBLE ONE ANOTHER
Type of study design most likely to eliminate the bias of knowing what treatment is given to the pt	DOUBLE-BLIND
Type of study to determine relationship between risk factor and development of disease	COHORT STUDY
Best study design to evaluate incidence of depression in those that lose job vs those with jobs	COHORT
What research design best clarifies the role of environment in behavioral genetics?	ADOPTION STUDY
The reliability of an assessment instrument, such as diagnostic interview, refers to the ability of an instrument to:	YIELD CONSISTENT RESULTS WHEN USED BY DIFFERENT EXAMINERS OR AT DIFFERENT TIMES
What relies on statistical review/interpretation of multiple study results?	META-ANALYSIS
Method used to compute probability estimates to allow researchers to generalize from sample population to larger population from which samples were drawn?	CONFIDENCE INTERVALS
Ten pts are given daily doses of a single antidepressant until their mood becomes euthymic. Eight pts respond to 1 mg, one pt responds	MEDIAN

to 5 mg, and one pt responds to 10 mg. What best reflects the skewed distribution of effective dose in this group of pts?	
Which research or statistical methodologies were used to develop the DSM-IV-TR?	DATA RE-ANALYSES AND FIELD TRIALS
What terms best defines the degree of spread of scores about the mean?	STANDARD DEVIATION
Person estimating usefulness of tx study will use number needed to treat statistic to represent number of pts who need to be treated to produce one additional good outcome beyond that obtainable w control for comparison condition. NNT formula?	INVERSE OF THE ABSOLUTE RISK REDUCTION
Calculate number needed to treat with lithium to prevent 1 suicide: 1000 subjects recruited in study, 500 receive placebo, 500 randomized to lithium. After 1 year, 50 from placebo commit suicide, 25 from lithium group suicide.	20
A resident performs a research study utilizing all of the outpatients with any psychiatric disorder, who were treated during the first 2 months of the resident's outpatient experience. The resident discovers that of the 47 patients diagnosed with any psychiatric disorder, six meet the criteria for OCD. Which of the following statistic best defines this info?	THE POINT PREVALENCE OF OCD IS 6/47
A statistical term that refers to the proportion of pts with the condition in question that a test accurately detects	SENSITIVITY
A method for making a prediction based on observable data in order to assess the value of the one variable in relation to another is	REGRESSION ANALYSIS
Statistical concept of power is defined as the	PROBABILITY OF REJECTING NULL HYPOTHESIS WHEN IT SHOULD HAVE BEEN REJECTED
Assuming there is no significant difference between 2 random samples of population is:	NULL HYPOTHESIS
Measure of central tendency that might best be used to analyze an outcome measure with significantly skewed distribution of its values?	MEDIAN
In a skewed distribution this is a measure of central tendency and moves furthest away from the mode in the direction of skewness	MEAN
Specificity is what?	IDENTIFYING THE NUMBER OF PTS WITHOUT THE CONDITION WHO HAVE A NEGATIVE TEST RESULT
A new screening test correctly classifies early mild impairment in 75% and correctly classifies normal mentation in 85%. What does 85% refer to?	SPECIFICITY
Which is used to evaluate the relative frequencies or proportions of events in 2 populations that fall into well defined categories/two dichotomous variables	CHI - SQUARE
80 yo pt presents with sudden onset seizures, hallucinations and aggressive behavior. Preliminary CT scan of the head does not show abnormalities. The pt's family wants to know what is the likelihood that the pt has no changes in his brain given the CT scan. Which of the	NEGATIVE PREDICTIVE VALUE

following concepts would need to be used to respond to the family's concerns about the CT scan results?	
Residents are working on QI project to improve missed handoffs. Aware that this is a systemic problem. Next step?	DESIGN A PROTOCOL TO DETERMINE THE PREVALENCE OF MISSED HANDOFFS
Investigators wish to maximize the probability of correctly rejecting the null hypothesis. This probability is referred to as:	1 MINUS BETA
In a properly conducted randomized trial, why don't you include P-values in the baseline characteristics table?	ANY DIFFERENCES AT BASELINE MUST HAVE ARisen BY CHANCE GIVEN RANDOMIZATION
Dementia study with 2 groups, one with history of lorazepam use, and one without, type of study design?	PROSPECTIVE COHORT
A cross sectional study shows less depressive disorders in people who use a natural pill. They then observe people from the same population for a year and find that prevalence of depression is lower in those who regularly used the pill. They then recruit a sample from the same population and randomly assign people to pill or placebo for one year. This didn't show any difference. Assuming no major flaws in design or analysis, what is the most likely explanation for the discrepancies in results?	SOME UNKNOWN VARIABLE CONFOUNDED THE NON-RANDOM RESULTS
What measure should be maximized in a screening test to miss the fewest individuals with an illness	SENSITIVITY
PHQ-2 score cut off is 3. If cut off is lowered to 2, what would happen?	SENSITIVITY WOULD INCREASE
In a randomized controlled trial, one group got usual antipsychotic and benzos for rescue. The experimental group got new antipsychotic and NO rescue. Group responses equal. What threatens validity in this study?	CONFOUNDING VARIABLE
Study compares pregnant women taking antidepressants for depression with controls. Study reports association between antidepressant use in pregnancy and mental health diagnoses in offspring. Which statistical fallacy is this an example of?	CONFOUNDING
This measure of disease frequency is most appropriate for determining the rate of new cases of a disorder in a given time period	INCIDENCE
In psych testing, how is content validity shown?	ADEQUATE SAMPLE OF AREA OF INTEREST
What design measure is increased in a crossover study where study subjects serve as their own controls:	PRECISION
Which quality improvement tool used to identify possible causes for an effect or problem and sort ideas into useful categories?	FISHBONE DIAGRAM
Researchers trying to determine frequency of disease within population thought to have commonly inherited variants of relatively small effect. Most appropriate study?	ASSOCIATION ANALYSIS STUDY
Relative risk of 1 indicates what about risk of developing the disease of interest?	THE FACTOR HAS NO ASSOCIATION WITH RISK

What made STAR*D trial more applicable to general public?	IT INCORPORATED PATIENT CHOICE INTO THE RANDOMIZATION STRATEGY
Prevalence of a disease increases with either a slow or rapid course?	SLOW
Analytic method that best examines time to remission of symptoms:	SURVIVAL ANALYSIS
Odds ratio refers to what measure of association	RELATIVE RISK
"Reliability" of an assessment tool refers to what?	YIELD CONSISTENT RESULTS WHEN USED BY DIFFERENT EXAMINERS OR AT DIFFERENT TIMES
What statistic will assess what percentage of side effects will be prevented with a new medication vs old one	RELATIVE RISK REDUCTION
Study design where subjects are their own pharmacologic control	CROSSOVER
Research study: Daily cannabis use during adolescence in 200 adult participants with schizophrenia compared with use in 200 participants without a psychiatric diagnosis. Study type?	CASE CONTROL STUDY

Case Management/ C & L

Which of the following situational and environmental factors is most clearly associated w/ increased inpatient assaults? (6x)	CHANGE OF SHIFT
Best indication for residential treatment in substance abuse? (3x)	FAILURE TO MAINTAIN ABSTINENCE AFTER TREATMENT IN INPATIENT SETTINGS
29 yo schizophrenic, frequent ER visits and hospitalizations. Hallucinating, agitated, not violent or suicidal, cooperative. Ran out of meds a few days ago. Had been doing well on olanzapine for several months and was doing fairly well in a structured living environment. Denies command AH. Next intervention? (3x)	CONTACT CASE MANAGER TO VERIFY ENVIRONMENTAL SUPPORT
Patient with MDD; psychiatrist prescribes antidepressant, psychologist provides interpersonal therapy. Who is responsible & accountable for what? (2x)	PSYCHIATRIST IS RESPONSIBLE & ACCOUNTABLE FOR ALL TREATMENT; PSYCHOLOGIST JUST FOR PSYCHOTHERAPY
Describe the psychiatric assertive community treatment case management model (2x)	INTERDISCIPLINARY TEAM, SERVICES IN SITU, HIGH STAFF/PATIENT RATIO, AND INTENSIVE OUTPATIENT RESEARCH
29 yo M pt with hx of CPS 8x hospitalization in 14 months, stopped his meds and is unable to take care of himself, becomes paranoid and stays on the street, eating out of garbage cans and his family is unable to support him anymore. Most appropriate intervention to decrease this pt's risk of future hospitalizations (2x)	ASSERTIVE COMMUNITY TREATMENT
As part of a comprehensive pain management team for pt w/ hx of narcotic abuse, a consulting psychiatrist may appropriately be asked to do which of the following? (2x)	RESOLVE CONFLICTS BETWEEN THE PATIENT AND THE TREATMENT TEAM
Pt consults a psychiatrist b/c former psychiatrist has retired & pt wishes to continue antidepressants. Pt is seeing a counselor for weekly psychotherapy and plans to continue. The psychiatrist's eval confirms the Dx of MDD and the psychiatrist feels that continuing the pt's antidepressant is indicated. Next step? (2x)	ESTABLISH A CLEAR UNDERSTANDING OF THE DIVISION OF RESPONSIBILITIES BETWEEN PSYCHIATRIST AND COUNSELOR
Psychiatrist sees the family of a pt who is in vegetative state. All staff, except one nurse, & all of the family, except one adult child,	MEET SEPARATELY WITH FAMILY AND STAFF TO EXPRESS ISSUES OF POLARIZATION

believe it is “time to let go.” But nurse & adult child claim signs of recognizing & responding to them despite all of the evidence of cortical brain death. Most appropriate next step? (2x)	
Model to identify problem areas and workflow and eliminating potential waste (i.e. non-value added activities)? (2x)	LEAN METHODOLOGY
Largest contributor to waste in health care?	EXCESSIVE ADMINISTRATION
What intervention can a hospital system employ that would most optimally protect against EMR data breaches?	TRAIN EMPLOYEES ON HOW TO RECOGNIZE POTENTIAL THREATS
Which of the following is most often cited by the literature as a significant barrier to adopting an electronic health record (EHR)?	INITIAL COST OF INTRODUCING A SYSTEM
Which is a characteristic of assertive community treatment (ACT) to treat the severely mentally ill?	24-HOUR-A-DAY MENTAL HEALTHCARE COVERAGE
Psych unit staff wants initiative that decreases completed suicides inpatient. Which will have the greatest effect of decreased suicides while maintaining a therapeutic environment and minimizing staff burden?	REDESIGNING THE PHYSICAL SPACE TO ELIMINATE POTENTIAL ANCHOR POINTS FOR HANGING
Agitated patient in ED. When to escalate to physical restraints?	PHYSICAL VIOLENCE
Integrated setting with primary care and mental health, which would be population based techniques to provide collaborative care?	TRACKING CLINIC PATIENTS IN A REGISTRY
Existing mental health care programs that do not have the capacity to provide effective treatment to all patients in need would be a primary rationale for implementing what?	COLLABORATIVE CARE
Which is key component of Collaborative Care programs that integrate mental health services into primary care settings?	CARE MANAGEMENT
How to address people with physical and behavioral conditions in a collaborative approach?	PSYCHIATRIC CONSULTANT ADVISING THE PRIMARY CARE TEAM ON PATIENTS WHO ARE NOT SHOWING CLINICAL IMPROVEMENT
Most effective in reducing inpatient hospital use, increasing housing stability, controlling psychiatric sx, and improving quality of life for the severely mentally ill?	ASSERTIVE COMMUNITY CARE
What type of intervention is naloxone education and access in areas with high area of opioid use disorder?	HARM REDUCTION STRATEGY
If interviewing an agitated patient	BE AWARE OF BODY POSITION OF SELF AND PT
Evidence based treatment algorithm to maximize chances of successful consultation	PLAN A FOCUSED WORKSHOP FOLLOWED BY RETURN VISITS FOR FURTHER TRAINING AND PROBLEM-SOLVING SESSIONS
Pt called ED complaining of hallucinations that command the pt to kill others. Psychiatrist’s first action?	OBTAİN PHONE NUMBER, ADDRESS OF PATIENT
Major issue with maintaining severely mentally ill in community	INSUFFICIENT RESOURCES
Basic concept of community psychiatry	CONTINUITY OF CARE

Public mental health clinicians who follow patients through all phases of treatment	CASE MANAGERS
Managed care organization asks MD to d/c a pt who still requires hospitalization. MD should:	CONTINUE ADMISSION AS LONG AS MEDICALLY NECESSARY
Principal goal of wraparound services	PREVENT HOSPITALIZATION OR RESIDENTIAL PLACEMENTS
Essential element of wraparound treatment	FORMAL MENTAL HEALTH SERVICES AND INFORMAL COMMUNITY SUPPORT
31 yo postpartum F distressed by fantasies of smothering baby, tearfully describes feeling overwhelmed by the burden of the child care. She denies SI/HI, but describes feeling some evil external force taking her baby away. Requests output psych f/u & refuses voluntary admission, her husband says everything is fine. Next step?	INVOLUNTARY ADMISSION
How to manage phone conversation with a labile patient who ended a relationship with boyfriend and is having SI with plan, but is willing to stay with family and allows you to speak with family?	NEXT DAY OUTPATIENT FOLLOW UP WITH PSYCHIATRIST
50 yo pt divorced and laid off from work presents to ED with SI with plan to OD on tylenol, lacks social support and impulsive history. Disposition?	INPATIENT HOSPITALIZATION
What response would be based on a purely liaison model of psychosomatic medicine for a pt who may be depressed?	ADVISE THE TEAM ON HOW TO PROPERLY DIAGNOSE DEPRESSION
C&L psych sees 58 yo widowed pt medicine wants to discharge d/t neg workup for abd pain and nausea. Pt refuses to return home to adult kids because the food they prepare is making her sick and causing her sxs. MSE unremarkable and no past psych hx. Next step?	SCHEDULE MEETING WITH THE MEDICAL TEAM, PATIENT, AND FAMILY
Psych MD sees 62 yo pt who has been hospitalized after an acute MI because staff report that "the pt is driving us crazy." Nurses complain that pt is constantly requesting info about his condition and treatment, and will refuse tests and medications if he feels the explanations are not sufficient. On interview pt admits, "I am a perfectionist" but is proud of this fact, saying that it is "the secret of my success." Pt is aware of the staff's frustration, but feels his requests for information are reasonable. The best advice to the team?	ANSWER THE PT'S QUESTIONS AND ACTIVELY INVOLVE THE PT IN ALL PORTIONS OF HIS TREATMENT
Psych eval requested on management of 32 yo pt admitted by internal medicine for tx of severe gastrointestinal viral infection—dehydration, nausea, vomiting, fever. Pt has hx of schizoaffective disorder, controlled w stable doses of clozapine over the past year. Staff concerned that pt might be delusional/hallucinating, as pt has appeared somewhat confused/inattentive. On exam, pt is oriented to person, place but not time. Pt somewhat slow, appears visibly ill/tired. Pt complains of stiffness, there is some rigidity to movements. Psych recommendation?	DISCONTINUE CLOZAPINE
Which of the following is the principal service provided by the liaison component of consultation-liaison psychiatry?	TEACHING PSYCHOSOCIAL ASPECTS OF MEDICAL CARE TO OTHER HEALTHCARE WORKERS
An effective consultation-liaison psychiatry program in a medical hospital will result in which of the following?	IMPROVED TREATMENT COMPLIANCE

58 yo patient with breast cancer on the C&L service, recently put on palliative level and develops depression. She is hopeless but denies SI. What is the most appropriate response?	VALIDATE THE PATIENT'S FEELINGS
Consultant evaluates patient for capacity. Patient is refusing meds, procedures, yells at nurses, orders take out into hospital, threatens lawsuits if demands are not met. Patient accuses doctor of being abusive, screams at doctor, when asked for explanation of behavior "you're just another person here to abuse me!" Best response and advice for the medical team is?	"THE PATIENT IS A DIFFICULT PATIENT TO WORK WITH. LET'S TALK ABOUT WAYS TO MANAGE THE PATIENT'S BEHAVIOR."
An effective role of C&L psychiatrist consulting on a manipulative, entitled patient?	MODELING AN APPROACH OF APPEALING TO THE PATIENT'S ENTITLEMENT
27 yo angry, agitated pt is admitted to the ER. He is evaluated during the initial interview as non-psychotic and high risk for imminent violence. He refuses medication. What would be the most appropriate intervention at this time?	USE EXTERNAL RESTRAINT WITH CALM REASSURANCE
24 yo pt comes to ED with wrist cuts. Reports having no intention to die but wanted to feel things. Admits to other self-harm behaviors when stressed. Admission to psych hospital would be most supported by what in the patient's history?	RECENT ALCOHOL ABUSE
27 yo uninsured pt was hospitalized in an intensive care unit after a near lethal OD which followed the ending of a long-term relationship. Pt is medically ready for discharge, but is ambivalent about follow-up psych care, noncommittal when asked about regretful feelings for surviving. Best approach?	INPATIENT HOSPITALIZATION
What psychiatric symptom does not require pharmacologic treatment in the ER?	SUICIDALITY
There are 3 primary components of "meaningful use" of electronic medical records (EMR). These include certified EMR in a meaningful manner, use of certified EMR technology to submit clinical quality measures, and what?	ELECTRONIC EXCHANGE OF HEALTH INFORMATION TO IMPROVE QUALITY OF CARE
Intensive case management is a program with elements of the assertive community treatment model, assertive outreach model, and case management model with a caseload of up to 20 patients. When compared to usual care, research demonstrates which desirable effects of intensive case management?	REDUCED LENGTH OF HOSPITALIZATION
What is the strategy of the "Health Homes" established by the Affordable Care Act of 2010?	EMPLOYING A WHOLE-PERSON APPROACH WITH CONNECTIONS TO COMMUNITY CARE, AND SOCIAL AND FAMILY SERVICES
Purpose of prescription drug monitoring programs	PREVENT DIVERSION OF DISPENSED PRESCRIPTION MEDICATIONS
Frequency with which interdisciplinary team should evaluate cognition and affective functioning of nursing home pts	QUARTERLY
Patient with schizophrenia and afib admitted to inpatient unit. Overnight resident on call forgets to order patient's home warfarin, and patient gets a stroke. What is the next best step to perform a root cause analysis of this adverse event?	REVIEW OF THE PATIENT'S CLINICAL DOCUMENTATION
Benefit of embedding psychiatrists in collaborative care teams in homeless shelters	IMPROVEMENTS IN COMMUNITY FUNCTIONING

Key role for psychiatrist in collaborative care model in the primary care setting	PROVIDES MEDICATION OR OTHER TREATMENT RECOMMENDATIONS TO THE PRIMARY CARE CLINICIAN FOR PATIENTS WHO ARE NOT IMPROVING
Intervention that exemplifies a wraparound, in-home, community-based treatment for youths?	MULTISYSTEMIC THERAPY
A benefit to unrestricted access to mental health information in the EHR for all specialties	READMISSION RATES TEND TO BE LOWER IN HOSPITALS WITH UNRESTRICTED ACCESS TO THE EHR
Self-reporting tools used before assessment aid in what part of the initial psychiatric interview?	INCREASING THE EFFICIENCY OF THE OFFICE VISIT
A preventative program for patients who exhibit attenuated psychotic symptoms and recent decline in functioning is what type of prevention program?	INDICATED PRIMARY
Management of patient in denial immediately after MI	SUPPORTING THE PATIENT, UNLESS DENIAL INTERFERES WITH CARE
Core characteristic of the "system of care" movement in community mental health?	EMPOWERING FAMILIES TO PARTICIPATE IN TREATMENT PLAN DECISIONS

Culture

24 yo Colombian-American is concerned about how to maintain his parents' cultural heritage after he marries a Caucasian. Which type of acculturative stress is he dealing with? (4x)	INTEGRATION
How is ethnicity defined? (4x)	GROUP OF INDIVIDUALS SHARING SENSE OF COMMON IDENTITY, COMMON ANCESTRY, SHARED BELIEFS, & HISTORY
47 yo F w/ increased preoccupation with questioning her lifelong affiliation with her church and has been spending time visiting other churches. Concerned she is losing her faith, feels guilty and anxious. No SI, MSE normal, states would never act against her moral beliefs. Dx? (3x)	RELIGIOUS OR SPIRITUAL PROBLEM
14 yo Native American Indian girl brought to mental health center b/c she has visions of spirits. Tells psychiatrist spirits are elders who appear, give her advice. No hx of substance abuse/mental disorder. Interview w/ parents reveals they are traditional & feel daughter's visions are a gift. But they are worried about schoolwork, which has deteriorated b/c she has been preoccupied with spirits. Tx should focus on: (3x)	DEALING WITH HER SCHOOL PROBLEMS
Racial/ethnic group with highest rate of suicide? (3x)	NATIVE AMERICANS
20 yo western trained psychiatrist of northern European descent has been asked to treat a 40 yo Hindu patient who emigrated to the US 2 years ago. The patient presents with complaints of weakness, fatigue, headaches, insomnia, palpitations, and decreased appetite. The patient also reports a 5 lb weight loss over the last month, dysphoric mood with intermittent anxiety, and suicidal ideation. In addition to assessing the patient's level of suicidality, it would be appropriate for the psychiatrist to do which of the following when beginning treatment? (3x)	ASK THE PATIENT WHAT HE BELIEVES EXPLAINS THE SYMPTOMS
Social psychological study of the view of self in some western cultures has delineated differences from the definition of self in	POSITIVE CONTRIBUTIONS TO THE GROUP AND HARMONIOUS RELATIONS

many non-western cultures. What best describes the basis for positive self-esteem in those non-western cultures? (2x)	
Acculturation outcome associated with high risk for suicide, substance abuse, and alcoholism (2x)	LACKING STRONG ALLEGIANCE TO NATIVE CULTURE, AND NOT INCORPORATING HOST CULTURE
Puerto Rican and other Latin American pts are more likely than those from western culture to report their depression as what? (2x)	NERVOUSNESS
Best adaptational outcome for immigrant youth	THE FORMATION OF BICULTURAL IDENTITY
Appropriate response to immigrant patient with vague complaint	"HOW WOULD YOU DESCRIBE YOUR PROBLEM TO A FAMILY MEMBER OR FRIEND?"
Females of which ethnicity report highest rates of intimate partner violence?	NATIVE AMERICAN
Research shows dissociative symptoms most commonly represent what worldwide?	NORMAL PART OF RELIGIOUS/RITUAL EVENT
What DSM-IV diagnosis is likely for a 41 yo man with an increasing sense of conflict about changing his beliefs from work-oriented to faith-oriented. No past or present psych symptoms, stable vocational hx.	RELIGIOUS AND SPIRITUAL PROBLEM
48 yo with chronic sadness and no relationships since her husband died 12 years ago. Normal grieving, no DSM-IV criteria for d/o, has successful career and close friends. States having conversations with her dead husband and he talks to her. Believes in heaven. Likely classification of these experiences is:	PART OF A BELIEF SYSTEM ENDORSED BY HER RELIGION
According to the World Health Organization, what is the number one psychiatric cause of loss of years of healthy life as measured by disability-adjusted life years for individuals between ages of 15 and 40 years?	UNIPOLAR MAJOR DEPRESSION
Whenever the culture of western medicine has been a focus of inquiry by anthropologists, what diagnosis has been seen as a culture bound syndrome in North America?	DISSOCIATIVE IDENTITY DISORDER
Pt's family believes depression is due to santeria curse. During assessment, psych should focus on what	LEARNING FROM PT AND FAMILY WHAT THEY BELIEVE THE COURSE OF THIS ILLNESS IS EXPECTED TO BE
Immigrants to the US experience stress & demoralization most during which period?	DURING FIRST 1-3 YEARS IN THE COUNTRY
22 yo M pt complains of fatigue, abd pain, weight loss and believes it is caused by nocturnal emissions of semen. What is pt's ethnic background?	SOUTHEAST ASIAN
An accurate statement regarding assessment for cultural identity	INFLUENCED BY ONE'S DEGREE OF ACCULTURATION
30 yo MD who has emigrated from China to the US continues to take pride in family recipes, but has recently embraced American ballroom dancing. This represents what?	ACCUKTURATION
The Culturally and Linguistically Appropriate Services (CLAS) federal standards for healthcare organizations require the organizations to:	HAVE PT-RELATED MATERIALS AVAILABLE IN THE PT'S NATIVE LANGUAGES

A Japanese family who recently moved from Japan brings their 6 yo child for an evaluation. They express concerns that the child appears depressed, is reluctant to go to school, and is fearful that harm will befall the parents. During the evaluation it is noted that the child sleeps in the same room as the parents. Which of the following is the most likely explanation of this sleeping arrangement?	CULTURAL NORM
Psychiatrist evaluates recent immigrant with complaints of "altered nerves." Clinical interpreter from pt's cultural background explains that culturally the nervous system is believed to be altered by stressful life events. What cultural group does pt most likely belong to?	HISPANIC AMERICAN
What most accurately describes scientific understanding of the concept of race?	SOCIOPOLITICAL DESIGNATION ASSIGNING INDIVIDUALS TO A PARTICULAR GROUP THAT HAS MEANING DERIVED FROM PREVAILING SOCIETAL ATTITUDES
Difference between "race" and "ethnicity"	RACE IS BASED ON PHYSICAL CHARACTERISTICS WHEREAS ETHNICITY INCORPORATES MULTIPLE FACTORS
American psychiatrists over diagnose in African American patients what mood/psychotic sx?	SCHIZOPHRENIA
Which of the following is a component of the psychiatrist's formal cultural formulation of a pt's disorder	THE PT'S EXPLANATION OF THE ILLNESS
Name of culture-bound syndrome in Caribbean and states bordering Gulf of Mexico – anxiety, GI distress, weakness, fear of being poisoned, attributed to witchcraft	ROOTWORK
Which is the most significant disadvantage of using a family member as interpreter for a patient who does not speak the psychiatrist's language?	PT MAY CENSOR COMMENTS TO KEEP INFO FROM THE FAMILY
Most common complaint in Southeast Asians who are diagnosed w/ mental disorder	MULTIPLE SOMATIC SYMPTOMS
Culture bound in industrialized countries per DSM IV	BULIMIA
Diagnosis of culture-bound syndrome for a pt with insomnia, HAs, anorexia, fears, despair, diarrhea, & anger?	ATAQUE DE NERVIOS
Family response to a member with ataque de nervios would most likely be to do what?	RALLY TO SUPPORT RELATIVE BY REMOVING STRESSORS
In some Japanese and Korean cultures, rather than an intense fear of embarrassing oneself socially, social phobia symptoms may instead manifest with intense fear of what?	OFFENDING OTHERS
Neurasthenia associated with what culture-bound syndrome:	SHENJING SHUAIROU

Defense Mechanisms

Hand washing rituals are most related to what defense mechanism? (4x)	UNDOING
A defense mechanism characterized by a self or object representation that is disavowed by placing it into someone else,	PROJECTIVE IDENTIFICATION

and inducing the latter to unconsciously identify with the self/object representation (4x)	
Young man recounts how his father kicked his puppy to death, no emotion when telling the therapist this despite the therapist's upset response. Defense mech? (3x)	ISOLATION OF AFFECT
Semiconsciously diverting attention from a conflict in order to minimize discomfort is an example of what defense mechanism? (3x)	SUPPRESSION
According to psychoanalytic theory, feelings of persecution are most reflective of which of the following defense mechanisms? (3x)	PROJECTION
Which defense mechanism most relevant to etiology of delusional disorders (like paranoia) according to psychodynamic theory (2x)	PROJECTION
A parent who just learned that her child has been injured and taken to the hospital arranges for a neighbor to care for her other children and then rushed to the hospital. What defense mechanism did the parent use to handle her own fear? (2x)	SUPPRESSION
Name the defense mechanism: a transient return to earlier behaviors characteristic of earlier stage of development in response to stress/conflict, despite overall maturation (2x)	REGRESSION
In couples therapy, husband complains that MD wife works long hours, she says she stays late to make sure everything is "right" checking and rechecking her work. He notes that once in high school she wished her straight-A brother dead and later he died on a hunting trip. Her checking behavior is an example of what (2x)	UNDOING
Defense mechanism when med student blames bad performance on attending not liking him?	RATIONALIZATION
Psychodynamic defense mechanism where jealous kid becomes less jealous by focusing on another outlet	SUBLIMATION
Defense mechanism that involves internalizing the qualities of an object?	INTROJECTION
Patient with murderous impulses towards a neighbor gives the neighbor a bouquet of flowers. This is an example of what	REACTION FORMATION
Couple in therapy, review argument at a family reunion, the husband told his sister-in-law that his wife was superior to her in every way, the wife expressed disapproval, the husband became quiet and later fell down a flight of stairs. What defense mechanism is this?	TURNING AGAINST SELF
Per psychoanalytic theory, unacceptable affects and impulses are commonly gratified in socially acceptable ways through what	SUBLIMATION
30 yo in therapy struggles with feelings of ambivalence about mom. Mom now has metastatic breast cancer. If the patient uses anticipation as a defense mechanism, she might:	SET ASIDE A NIGHT OF THE WEEK TO HAVE DINNER WITH MOM TO DISCUSS MOM'S REACTION TO DIAGNOSIS
Major psychological defense mechanism that determines the form and quality of OC symptom is	REACTION FORMATION

One group member alternates between being the “scapegoat” for the group or the “spokesman” for the group. These events are a group version of what?	PROJECTIVE IDENTIFICATION
When asked about a coworker after a recent conflict, a patient states “I harbor no ill feelings toward him, but he truly hates me.” This is an example of which defense mechanism?	PROJECTION
Disassociation is what type of defense mechanism?	NEUROTIC DEFENSE
Pt is annoyed by the family's expression of concern for his condition, saying, “what they are saying is all in the talk.” What defense mechanism is this?	DEVALUING
7 yo states he knows dad died, but why didn't he come to the birthday party? Defense mechanism?	DENIAL
In Vaillant's model of lifespan development, what is classified as a mature defense mechanism	HUMOR
Pt's wife states he drinks almost every night. Pt states he never drinks to excess, never drinks outside the home, never needs an eye opener, and drinking does not affect his work performance. This is an example of which defense mechanism?	DENIAL
A child is jealous of the older sibling's accomplishment and becomes less jealous when he (the patient) accomplishes something. Which defense mechanism is this?	SUBLIMATION
In a session, a couple seems blissfully content when happy but enraged when frustrated by the other. They alternate between over-idealizing and devaluing the other. This is an example of?	SPLITTING
Obsessive-compulsive symptoms are characterized by which defense mechanism?	ISOLATION AND UNDOING
Sports fan furious with a spectator for interfering with a play that could have won the game. Denigrates the spectator on social media. Defense mechanism?	DISPLACEMENT
Patient with abandonment issues asks therapist “what are your plans after residency?” Therapist begins dreading appointments and takes sick days on the days patient is scheduled. What defense mechanism?	PROJECTIVE IDENTIFICATION
A bookkeeper who is embezzling money justifies behavior by noting company is still making a profit. Defense mechanism?	RATIONALIZATION

Epidemiology

Scientific development that made NIMH epidemiological catchments area studies possible (9x)	THE DEVELOPMENT OF OPERATIONALIZED DIAGNOSTIC CRITERIA AND STANDARDIZED INSTRUMENTS
According to NIMH Epidemiologic Catchment Area Program's reports on ethnicity & prevention of mental disorders, the lifetime rates of APD are: (5x)	EQUAL AMONG ASIANS, HISPANICS, AFRICAN-AMERICANS, AND WHITES

Which is listed on the President's New Freedom Commission on Mental Health (2003)? (2x)	ADDRESSING MENTAL HEALTH AS VIGOROUSLY AS PHYSICAL HEALTH
Which ethnic group in the US has the lowest 12 month prevalence of alcohol use disorder (2x)	ASIAN AMERICANS AND PACIFIC ISLANDERS
In the global burden of disease study series, which disorders have the highest measurement of disability adjusted life years (DALYs)? (2x)	DEPRESSIVE DISORDERS
Demographic feature associated with persistence of symptoms in adults with somatic symptom disorder?	LOWER EDUCATIONAL LEVEL
What finding in the CATIE-AD trial was demonstrated in subjects using antipsychotic medications for their behavioral disturbances by week 12?	DECREASED LEVEL OF SUSPICION
What element besides potential for discomfort, bruising, infection, compensation for injury, and information about alternative treatments is necessary to cover the risks of a blood draw in an observational study?	INFORMATION FOR WHO TO CONTACT FOR A RESEARCH RELATED INJURY
Female who drinks with fhx of etoh-associated cancer, wants to know if abstinence decreases risk of CA	LONG TERM ABSTINENCE WOULD REDUCE RISK SIGNIFICANTLY
Number of new events in proportion to the population at risk for the event?	CUMULATIVE INCIDENCE
Developmental stage that panic d/o presents?	LATE ADOLESCENCE
#1 preventable cause of death in USA	TOBACCO USE DISORDER
In a QI project which outcome indicator is feasible to measure and relevant to mental health	CHANGE IN DEPRESSION SCORE FROM ADMISSION TO DISCHARGE ON A RATING TOOL
Outcome of deinstitutionalization	HIGHER RATIO OF MENTALLY ILL PATIENTS IN PRISONS AS COMPARED TO HOSPITALS
What psychiatric illness is the leading cause of disability in persons 15-44 yo?	MDD
A significant risk factor independent of depression for postpartum depression is	C-SECTION DELIVERY
Pts with unipolar depression differ epidemiologically from pts with bipolar d/o in what way?	THE DISCREPANCY BETWEEN MALE AND FEMALE LIFETIME PREVALENCE RATES IS GREATER
Example of secondary prevention	SCREENING FOR DEPRESSION
Referring patients with schizophrenia to vocational rehabilitation program is what type of prevention	TERTIARY PREVENTION
Personality characteristic as predictor of successful aging: rigidity, resilience, dependency, perfectionism, emotional reactivity	RESILIENCE
In the Institute of Medicine classification system developed to clarify different aspects of prevention, the category of "indicated interventions" refers to which of the following?	INTERVENTIONS THAT FOCUS ON HIGH-RISK INDIVIDUALS TO ENHANCE RESILIENCE AND PREVENT ONSET OF THE ILLNESS

In community-dwelling older adults, greater spirituality is associated with higher: income, resilience, education, rates of alcohol use, rates of cognitive decline	RESILIENCE
Check fasting lipid panels before starting treatment before atypical antipsychotics. Which health quality is implemented according to the aims of the Institute of Medicine?	SAFETY
Which of the following probabilities most accurately describes the likelihood of patients with schizophrenia committing homicide compared with the general population?	EQUAL LIKELIHOOD
Which specialty has highest risk of suicide: Psychiatry, Ophthalmology, Family medicine, Emergency medicine, Cardiothoracic surgery	PSYCHIATRY
Which of the following is a risk factor for suicide in a schizophrenic patient: female gender, low personal expectations, unawareness of symptoms, multiple admissions, younger age of onset?	MULTIPLE HOSPITAL ADMISSIONS
Which of the following factors is most closely associated with child abuse and neglect?	HOUSEHOLD POVERTY
What is most associated with high risk behaviors in adolescence?	UPBRINGING IN DISADVANTAGED NEIGHBORHOODS
Which of the following is the most common method of completed suicide in female children and adolescents?	FIREARMS
In the US, what is the most common method of completed suicide?	SHOOTING ONESELF
A finding regarding epidemiology of nicotine use:	YOUNG ADULTS REPORT THE HIGHEST RATES OF SMOKING
Socioeconomic status is correlated to risk for mental illness, such as those who are disadvantaged by social class are more likely to develop a mental d/o. Research shows that this correlation is accounted for mainly by greater:	VULNERABILITY TO THE IMPACT OF STRESSFUL LIFE
Which population has the highest prevalence of schizophrenia?	MONOZYGOTIC TWIN OF SCHIZOPHRENIC PT
Which mental illness carries the highest economic burden of chronic disability relative to its incidence and prevalence?	SCHIZOPHRENIA
When compared to younger age groups, the prevalence estimates of MDD in persons older than 65 years are	LOWER IN BOTH MEN AND WOMAN
Prevalence of psychotic disorders after age 65 is	LOWER IN BOTH MEN & WOMEN
What somatoform d/o has male=female?	HYPOCHONDRIASIS
What distinguishes hypochondriasis from delusional d/o, somatic type?	INSIGHT
Leading cause of death for 15-24 yo African American males?	HOMICIDE
What best characterizes the current explanation for group differences in prevalence of psychiatric illness?	FACTORS THAT PROMOTE VULNERABILITY TO STRESS

Past years show that annual prevalence was much higher than annual incidence	DISEASE IS CHRONIC
According to WHO, the world's greatest cause of mortality, ill health and suffering is what?	DEPRESSION AND SUICIDE
The rate of illicit drug usage in high school is highest among which groups in the USA	CAUCASIAN AMERICANS
Psychiatric disorder with highest prevalence	ANXIETY DISORDERS
What is the prevalence of Alzheimer's in those > 85 yo?	16-25%
Lifetime prevalence rate for ETOH abuse and dependence	15%
Lifetime prevalence of schizophrenia	1%
Risk factor most predictive of a pt having emergent SI:	PERVASIVE INSOMNIA
Assessment instrument used in epidemiology study that relies solely on subjects' report	GENERAL HEALTH QUESTIONNAIRE
Intimate partner violence is most common in which demographic	LOW INCOME FAMILIES
According to the epidemiological Catchment Area Project, what condition is associated with higher rates of mood and anxiety symptoms compared to those with low back pain?	IRRITABLE BOWEL SYNDROME
Disorder carrying the greatest global burden of disease?	MDD
Factor causing decreased social networks in elderly:	PHYSICAL DISABILITY AND REDUCED MOBILITY
Best predictor of healthy aging in the elderly	REMAINING IN CONTACT WITH FRIENDS
Way sexual health changes in older individuals	REFRACTORY PERIOD FOR MEN INCREASES
According to the USPSTF, which demographic group has the highest prevalence of depression?	PREVIOUSLY MARRIED
What did the CATIE trial demonstrate about second generation antipsychotics for treatment of schizophrenia?	COMBINATIONS OF FIRST AND SECOND GENERATION ANTIPSYCHOTICS WERE VERY EFFECTIVE
The WHO has prioritized _____ to improve mental health services across the lifespan in low and middle income countries	TRAINING NON-SPECIALIST PROVIDERS TO IDENTIFY AND TREAT MENTAL ILLNESSES
Stage of disease prevention when a burned out caregiver attends a caregiver support group	TERtiARY
Per WHO, most common barrier to getting mental health treatment	LOW PERCEIVED NEED
What sexual behavior is most likely preserved in older patients?	SEXUAL TOUCHING
A preventative program for patients who exhibit attenuated psychotic symptoms and recent decline in functioning is what type of prevention program?	INDICATED PRIMARY

Ethics	
Routinely informing pts about confidentiality limits is an example of what ethical skill? (6x)	BUILDING ETHICAL SAFEGUARDS INTO WORK
What ethical principle provides the most appropriate basis for psychiatric intervention in a mentally incompetent patient? (6x)	BENEFICENCE
In ethics, beneficence is: (6x)	APPLYING ONE'S ABILITIES SOLELY FOR THE PATIENT'S WELL-BEING; PHYSICIAN ACTS PATERNALISTIC
Difference between a boundary violation and boundary crossing (5x)	BOUNDARY VIOLATIONS ARE CHARACTERISTICALLY EXPLOITATIVE
Female pt in twice-weekly psychodynamic psychotx w/ male therapist for the last year begins to discuss sexual fantasies about the therapist. The therapist feels flattered by the sexual interest of this patient and notes his own feelings of attraction to her. Most appropriate next step for therapist? (5x)	SEEK CONSULTATION WITH A COLLEAGUE
"First do no harm" refers to what ethics principle (4x)	NONMALEFICENCE
Suicidal 18 yo pt who lives with his parents is evaluated in the ED. Psychiatrist warns pt that if he does not sign in voluntarily for inpt tx, the psychiatrist will involuntarily hospitalize the pt. The pt consents to inpt care. The pt in this situation has not given valid informed consent because: (3x)	HE WAS COERCED INTO GIVING CONSENT
The three components of informed consent include: the presentation of information, the voluntariness of consent on the part of pt, and (3x):	MENTAL COMPETENCE
What reflects opinion of APA on practice of charging a pt for a missed appointment (3x)	SUPPORTS IT IF IT IS CONTRACTED WITH THE PATIENT
Psych MD wishes to charge pts for appointments that they do not keep. According to code of ethics of APA, such a policy is: (3x)	ETHICAL IF PT IS SPECIFICALLY NOTIFIED IN ADVANCE
Famous entertainer comments publicly about having problems cutting down on ETOH use despite knowing negative effects on family members. Well-known psychiatrist, never met the entertainer, goes on a news program and says that the entertainer is most likely experiencing ETOH abuse. What explains the ethics of the MD? (2x)	UNETHICAL BECAUSE THE PSYCHIATRIST HAS NOT EXAMINED THE ENTERTAINER
Watson's experiment with "Little Albert" demonstrated that an 11 yo child, who previously showed no phobic response to a stimulus, learned to fear the stimulus after it was repeatedly paired with a loud noise. This would be unethical b/o violation of: (2x)	NONMALEFICENCE
Paternalism can be justified by which of the following basic ethical principles (2x)	BENEFICENCE
Pt's spouse calls the patient's psychiatrist to ask about changes in the patient's medication. Which of the following would be an appropriate initial response for the psychiatrist to make? (2x)	INFORM THE SPOUSE THAT THE PATIENT'S CONSENT IS REQUIRED TO DISCUSS TREATMENT
Most appropriate time to discuss advance directives with a pt (2x)	WHEN THE PT IS COMPETENT

Involuntary outpatient commitment is most effective when	ASSERTIVE COMMUNITY TREATMENT IS INCLUDED
Best response when patient asks you to lie about results to family	TELL THE SPOUSE THAT THE PATIENT HAS NOT GIVEN PERMISSION TO DISCUSS PATIENT'S CARE
Which ethical principle supports a parents keeping a secured firearm in the house despite having a suicidal child?	AUTONOMY
In a patient with preexisting depression to a terminal illness, requesting euthanasia would bring what two ethical principles into opposition?	AUTONOMY AND NONMALEFICENCE
What is the proper response to an offered low monetary gift (cookie) from a schizotypal patient?	ACCEPT COOKIE AND THANK THE PATIENT
Resident is considering using an Internet search to gather information about a patient. In which of the following situations is this most appropriate?	DISTINGUISHING BETWEEN THE PATIENTS GRANDIOSE DELUSIONS AND REALITY
An MS patient is in a study to evaluate a novel MS treatment. If the patient's spouse is requested to participate as a control, what feature of informed consent is being violated?	VOLUNTARISM
29 yo F has worsening mania after stopping VPA. She wants to get pregnant, but her partner is not sure she's psychologically ready. The outpatient psychiatrist and pt haven't discussed her desire for pregnancy, and she has not asked about tx options during pregnancy. ED psychiatrist documents all the concerns. What ethical principle is the ED psychiatrist applying?	VERACITY
SI pt needs hospitalization but insurance thinks partial. What to do?	ADMIT PT TO HOSPITAL AND APPEAL INSURANCE
Pt's insurance refuses to pay for continued hospitalization for a depressed patient who is acutely suicidal. The psychiatrist remains concerned about SI and does not discharge the patient. This best illustrates the ethical principle in managed care of responsibility to: treat, appeal, disclose, respect autonomy, cooperate with utilization review	TREAT
Documents that first promoted first human subject consent in research	NUREMBERG CODE
Accepting flowers from a paranoid patient to make patient feel relaxed	BOUNDARY CROSSING
What would be a situation in which to report a colleague's behavior?	BEING AGGRESSIVE TOWARD PATIENTS ON THREE DIFFERENT OCCASIONS DURING SHIFTS IN THE ED
Ethics of pursuing inpatient psych for SI pt refusing tx?	BENEFICENCE
On-call resident evaluates a new patient with bad dementia. Resident realizes the patient was one of the resident's former professors and mentors. Resident is the only psychiatrist on the unit. Attending is called and tells the resident the hospital doesn't have a relevant policy. What's the optimal way to handle this?	FINISH THE EVALUATION AND PROVIDE ANY URGENT TREATMENT BUT INSIST ON A TRANSFER OF CARE AS SOON AS POSSIBLE
45 year old female with schizophrenia admitted for psychotic episode. Referring psychiatrist recommends that the resident give 100 mg of clozapine. The resident knows the starting dose should be lower and	DISCUSS THE PSYCHIATRIST'S RECOMMENDATION WITH THE SUPERVISING ATTENDING

questions the dose. But the psychiatrist strongly repeats the recommendation. Next step?	
Psych MD is approached at a social gathering by a neighbor who seeks advice about recent Sx of depression and anxiety that neighbor has experienced since being fired from work. Which action would constitute establishment of a doctor-pt relationship?	ADVISING NEIGHBOR TO START CBT WITH ONE OF SEVERAL PROVIDERS
Psychiatrist thinks patient under managed care plan will need combined psychopharm and psychotherapy for > 1yr. Knows that the health plan stops paying after 20 visits. Most thing ethical to tell patient	PATIENT MAY NEED MORE TX THAN INSURANCE COVERS
APA addressed ethics of sexual relationships between psychiatrists & pts by stating	NOT PERMISSIBLE TO HAVE A SEXUAL RELATIONSHIP WITH A CURRENT OR FORMER PATIENT
Ethical standards dictate that the psychiatrist should do what in child custody evals?	INTERVIEW ALL PARTIES TO THE LITIGATION
An internal medicine resident who is asked by the residency program to take a leave of absence due to erratic behavior must undergo a psychiatric assessment before returning to clinical duties. Which of the following statements best describes the obligation of the examining psychiatrist?	STATE CLEARLY TO PT PRIOR TO EVALUATION THE PURPOSE OF THE EVALUATION AND THAT THE INFORMATION MAY BE TRANSMITTED TO THE RESIDENCY PROGRAM
According to APA, it is unethical for a psychiatrist to	PARTICIPATE IN LEGALLY AUTHORIZED EXECUTION
Fact that participants did NOT receive available indicated treatment in the Tuskegee Syphilis study is an ethical violation of justice, beneficence or non-maleficence?	NON-MALEFICENCE
Research in ADHD kids to argue medications should be available to all children to improve function rests on which ethical principle?	JUSTICE
Psychiatrist warns 24 yo pt that if pt does not sign in to a hospital voluntarily, the patient will be involuntarily committed. This approach violates the spirit of what	INFORMED CONSENT
Psychiatrist determines that fully informing a pt of tx risks would negatively impact pt's health/welfare & documents rationale for tx the patient without informing the patient of all the risks. This psychiatrist is intending to use which of the following?	THERAPEUTIC PRIVILEGE
Forcing med on pt directly challenges which of the following?	AUTONOMY
Providing pts with an understanding of their disorders and options for treatment is honoring which of the following principles of ethics	AUTONOMY
Adolescent with recent SA is about to be discharged from hospital. The parents refuse a request to remove firearms from the house, stating, "I need firearms to protect my family and I will make sure they are secured." Which ethical principle CONFLICTS with the psychiatrist making a CPS report?	AUTONOMY
16 yo says she thinks she may be pregnant but does not want to involve her parents. What should guide the psychiatrist's actions?	THE PATIENT'S ABILITY TO GIVE CONSENT WILL VARY FROM STATE TO STATE TO STATE
Failing to obtain informed consent defies which principle of ethics?	AUTONOMY

Pt who is poor but talented asks if he can barter for services. You like the pt's product. What describes the nature of this proposal to accept goods in lieu of fees	IT IS NOT RECOMMENDED AS IT MAY COMPROMISE TREATMENT BOUNDARIES
Pt qualifies for ECT, but does not want his doc to tell him the risks. He is a "chronic worrier" and fears hearing the risks will make him anxious, perhaps to the point of refusing treatment, which he believes he needs. What is the best response?	DOCUMENT THE PT'S KNOWING AND VOLUNTARY WAIVER AND PROCEED WITH TREATMENT
Insurance company tells the psychiatrist to switch to a generic drug. You know alternatives may be good too. What do you do?	CONTACT INSURANCE AND ASK FOR NON-FORMULARY APPROVAL
Psychiatrist calls pt at home; wife asks how pt is doing. What principle governs response?	CONFIDENTIALITY
How should a psychiatrist handle an interview about the misbehavior of a prominent government employee?	COMMENT ON HUMAN BEHAVIOR GENERALLY, BUT REFUSE TO OFFER OPINIONS ABOUT THE SPECIFIC PERSON
Son of 70 yo pt calls psych MD to report his mom has become depressed in the last 6 months, but pt denies being sad and refuses to see psych MD. Son mentions that he will bring mother to the appointment under the pretense of having her back pain checked. Most appropriate response from psych MD would what	TRY TO DISSUADE THE SON FROM USING DECEPTION
Gag-rule clauses in some managed care plans may prohibit docs enrolled in their plans from taking which action?	ADVISING PTS ABOUT TREATMENTS NOT COVERED BY HMO
The psych MD who released medical records and audiotapes of the treatment of the poet Anne Sexton to the author who was writing a biography after her death could have been criticized for violating what principle?	CONFIDENTIALITY
Psych MD is treating a child whose parents are divorced. Under what circumstance is it ethically acceptable for the psychiatrist to have a romantic relationship with the child's parent?	UNDER NO CIRCUMSTANCES
Pt suffers as a result of the pt's psychiatrist going on vacation w/o providing coverage. The psychiatrist's problematic behavior violates which of the following ethical principles?	FIDELITY
The efforts of psychiatrists to achieve "parity" legislation for mental illness can best be seen as illustrating which of the following moral principles?	JUSTICE
If a third party is supervising a therapy case, the resident should inform the patient about what	THAT HIS CASE WILL BE DISCUSSED
A psychiatrist and spouse are attending a concert. During intermission, the psychiatrist sees that they will cross paths in the lobby with one of the psychiatrist's patients. Which of the following would be the most appropriate conduct for the psychiatrist in this situation?	WALK BY WITHOUT INDICATING KNOWING THE PATIENT, UNLESS THE PATIENT INITIATES CONTACT
Pt with a history of bipolar disorder hospitalized 2 weeks ago for mania and SI. Improved but 2 days before being allowed home visit, patient stops all meds. Doctor states that if patient refuses meds, cannot go home for visit. Patient relents and accepts meds after hearing this. From ethical standpoint, response from doctor can be considered as what	COERCIVE BUT ACCEPTABLE IF THE DOCTOR BELIEVED NON-ADHERENCE WOULD CAUSE SIGNIFICANT HARM

Most significant barrier to accessing mental health services in school-based health centers	CONCERNS ABOUT CONFIDENTIALITY
Example of a boundary violation:	INVESTING IN A PATIENT'S BUSINESS
The Belmont Report states that the underlying principle of informed consent is	RESPECT FOR PERSONS
Central principle of Goldwater Rule	IT IS UNETHICAL FOR PSYCHIATRISTS TO OFFER PROFESSIONAL OPINIONS ON PUBLIC FIGURES WITHOUT A FACE-TO-FACE EVALUATION
A patient has refractory depression. The psychiatrist isn't sure what to try next and consults a supervisor. What ethical principle is illustrated by the consult?	NONMALEFICENCE
27 yo schizoprenic pregnant women at 23 weeks in ED reports cramping, refuses pelvic exam, ED doc says decisional capacity intact. Which ethical principle is being applied to her decision?	AUTONOMY
Conducting a session after hours in a local coffee bar is an example of what	BOUNDARY VIOLATION
Spouse of new patient wants to speak with psychiatrist before the appointment. Most appropriate response?	STATE POLITELY AND FIRMLY THAT USUAL PRACTICE IS TO START BY MEETING PATIENT INDIVIDUALLY
"Substituted judgment" standard is based on this	WHAT THE DECISION MAKER BELIEVES THE PT WOULD PREFER
Example of boundary crossing by a psychiatrist rather than a boundary violation:	ACCEPTING A COOKIE FROM A GUARDED, PARANOID PATIENT
How to maintain professionalism with social media account?	CHECK THE ONLINE PROFILE REGULARLY FOR ACCURACY
Recommended use of "copy forward" in a progress note?	DATA COPIED FORWARD SHOULD BE ESSENTIAL AND PERTINENT TO THE CURRENT ENCOUNTER
Involuntarily hospitalized pt refuses meds after physician explains risks, benefits, and alternatives to treatment. Pt reports understanding. Physician then tells patient he will advocate for speedy discharge if pt takes meds. What feature of informed consent is missing?	VOLUNTARINESS

History of Psychiatry

Cognitive therapy was developed by who (2x)	AARON BECK
What likely caused increased incarceration rates in the US between 1980 and 2010? (2x)	MANDATORY MINIMUM SENTENCES FOR DRUG RELATED OFFENSES
Piaget's contribution to development was a theory explaining what phenomenon (2x)	HOW INDIVIDUALS LEARN AND UNDERSTAND THE WORLD
Reason lithium was hard to approve in US	PHARMACEUTICAL COMPANIES WERE RELUCTANT TO PRODUCE A DRUG THAT THEY COULDN'T PATENT
Multiaxial system was introduced in what edition of DSM	DSM III

Otto Kernberg's model for tx of patients with narcissistic personality disorder differs from that of Kohut in that in Kernberg's model, the goals of psychotherapy include what	INTEGRATING IDEALIZATION AND TRUST WITH RAGE AND CONTEMPT
According to Aaron Beck, the primary defect in depression involves what	COGNITIVE DISTORTION
Piaget was interested in what	HOW A CHILD ARRIVES AT ANSWERS
First edition of the DSM to exclude homosexuality as a diagnosis	DSM-III-R (1987)
The case of "Little Hans" led Freud to develop a psychological theory of the formation of which of the following symptoms?	PHOBIA
In terms of the normal functioning of the personality, Anna Freud's contributions were in the realm of	DEFENSE MECHANISMS
Theorist that introduced the concepts of introversion and extroversion	CARL JUNG
Kohut's theory of personality is based on?	THE INDIVIDUAL'S NEED FOR EMPATHIC INTERACTION WITH SELF-OBJECTS
Cartesian dualism from the theories of René Descartes refers to	POTENTIAL OF HUMAN NATURE FOR BOTH GOOD AND EVIL
Normal autism, symbiosis, differentiation, and practicing are among the developmental subphases of separation and individuation proposed by what theorist?	MARGARET MAHLER
Melanie Klein differed from Freud in her emphasis on what factor?	EARLY OBJECT RELATIONS
According to Holmes & Rahe, what life event is associated with highest stress/disruption	DEATH OF A SPOUSE
Main contributor to object relations theory	MELANIE KLEIN
First psychiatrist to introduce term schizophrenia and describe primary/secondary symptoms?	EUGEN BLEULER

Law

Mental competency of an elderly patient is determined by (8x)	JUDICIAL HEARING
Testamentary capacity refers to person's ability to (5x)	MAKE A WILL
What is primary role of psychiatric expert witness (4x)	RENDER OPINION BASED ON SCIENTIFIC KNOWLEDGE
Child custody determinations in most jurisdictions are made using what principle? (4x)	THE BEST INTEREST OF THE CHILD
Sufficient to establish that a person is incompetent to stand trial (3x)	FAILURE TO UNDERSTAND THE CHARGES ONE IS FACING
A lawsuit charges that a psychiatric facility prematurely discharged a patient who was not approved for further stay by the managed care company. The final legal responsibility generally falls to who (3x)	PSYCHIATRIST

Constitutional and common law dictate that mental health care provided to prisoners be at or above the level of services that should be available to them if they were in the community. The "necessaries" doctrine is justified by what principle? (3x)	TREATMENT MUST BE PROVIDED TO THOSE WHO ARE PREVENTED FROM SEEKING THEIR OWN MEDICAL CARE
Most common allegation in malpractice suits against psychiatrist (3x)	INCORRECT TREATMENT
First step when determining whether or not a criminal defendant is not guilty by reason of insanity (2x)	DETERMINE THE LEGAL INSANITY STANDARD TO BE USED
When evaluating for competence to proceed in a criminal matter, the psychiatric evaluator should focus on what aspect of the defendant? (2x)	CURRENT MENTAL FUNCTIONING
What is most important to evaluate "competence"? (2x)	"WHAT DO YOU THINK WILL HAPPEN IF YOU DON'T UNDERTAKE THIS TREATMENT?"
Medication can be administered without a patient's consent under which of the following circumstances? (2x)	AN EMERGENCY SITUATION EXISTS AND CAN BE DOCUMENTED
What is the legal process that asks the court to immediately evaluate if a pt has been hospitalized w/o due process of law? (2x)	WRIT OF HABEAS CORPUS
What documentation will legally protect a psychiatrist if pt dies by suicide? (2x)	DETERMINE THE LEGAL INSANITY STANDARD TO BE USED
Most common factor in cases of termination of parental right (2x)	NEGLECT BY THE PARENT
75 yo pt with AD started on quetiapine 12.5 mg bid for agitation. According to Omnibus Budget Reconciliation Act, the MD must (2x)	ATTEMPT TO DECREASE OR STOP THE MED DOSE AT LEAST EVERY 3 MONTHS.
What is an unethical fee arrangement for a forensic psychiatrist? (2x)	PERCENTAGE OF PLAINTIFFS AWARD
At the beginning of a radio talk show a psychiatrist states he is not entering into a doctor-patient relationship with any of the callers. Hereby he does not have _____ towards a patient in case of a malpractice suit (2x)	DUTY
What is the appropriate reaction to an HIV patient refusing to disclose their diagnosis to a sexual partner? (2x)	CONSULT STATE LAWS WHICH ADDRESS THIS ISSUE
What distinguishes forensic from general psych evaluation? (2x)	MAINTENANCE OF CONFIDENTIALITY
In forensic psychiatry, the term "standard of care" refers to the use of treatments that are (2x)	USED BY AVERAGE REASONABLE PRACTITIONERS
What is the main concept of the Mental Health Parity and Addiction Equity Act of 2008? (2x)	MENTAL HEALTH INSURANCE BENEFITS CANNOT BE LESS FAVORABLE THAN MEDICAL OR SURGICAL INSURANCE BENEFITS
Dementia patient falls and refuses recommended intervention. First step? (2x)	ASSESS PATIENT'S CAPACITY TO REFUSE
Best defense against medical malpractice? (2x)	PATIENT DID NOT SUFFER A BAD OUTCOME
Which is part of ABPN board maintenance & certification program: Completing patient safety activity, Completing 15 CME, Treating	COMPLETING PATIENT SAFETY ACTIVITY

minimum of 25 patients/year for 10yrs, Having active medical staff privileges (2x)	
Psychiatrist prescribes medication to a psychotherapy pt of another mental health professional. What is his liability in this treatment arrangement? (2x)	PSYCHIATRIST RETAINS FULL RESPONSIBILITY FOR PATIENT'S CARE
Pt's dementia progressed to the point that the pt's driving is affected. In addition to talking to pt, the MD should do what (2x)	CONSULT STATE LAW ABOUT OBLIGATIONS FOR REPORTING THE PT'S CONDITION
Regarding informed consent "therapeutic misconception" means	ASSUMPTION BY RESEARCH PARTICIPANTS THAT DECISIONS ABOUT THEIR CARE ARE BEING MADE SOLELY WITH THEIR BENEFITS IN MIND
Term when a physician fails to exercise the standard of care	NEGLIGENCE
What condition has a higher condition of confidentiality by federal law?	SUBSTANCE USE DISORDERS
Name the agency that inspects hospitals, sets standards of care and performance to prevent medical errors?	JOINT COMMISSION
Which entity mandates public schools to provide educational services to children with disabilities?	FEDERAL GOVERNMENT
What protects a psychiatrist from not reporting a regretful mother accompanied by her visibly injured child hurt from child abuse?	NOTHING, LEGAL ACTIONS MAY FOLLOW
Which application of competency requires the highest level of legal threshold?	MAKING FINANCIAL DECISIONS
Fitness for duty evaluations done by administrative psychiatrists are not bound by the usual standards of confidentiality (true or false)?	TRUE
Medicare system part B is an optional purchasable benefit for senior citizens; true or false?	TRUE
Minimum age to meet Appelbaum criteria for decision making capacity is approximately	12 YEARS
What is the legal term for the minimal degree / level of certainty needed for placement of an involuntary hold?	CLEAR AND CONVINCING EVIDENCE
Type of payment involves insurance companies paying physicians a single standardized sum for patient care during a one-year period?	CAPITATION
Which legal mechanism best conveys a dying patient's instructions regarding medical intervention when unable to make decisions?	ADVANCE DIRECTIVES
Mental Health Parity and Addiction Equity Act of 2008 made which guidelines for substance use treatment	EQUALIZED VISIT LIMITS FOR BEHAVIORAL HEALTH AND MEDICAL CONDITIONS IN A SIMILAR CATEGORY OF COVERAGE
Which is a mandate of the Affordable Care Act designed to increase mental health service access?	PROHIBITION ON PRE-EXISTING CONDITION DENIALS DUE TO HISTORY OF MENTAL DISORDER
Capacity eval component for referral to mental health court	UNDERSTAND THAT THE CHOICE OF THE OPTION INVOLVES WAIVING CERTAIN CONSTITUTIONAL RIGHTS
HIPAA allows PCP and psychiatrist to discuss what	CAN DISCUSS THE CASES THAT PCP IS INVOLVED WITH

Pt seen psychiatrist once, then psychiatrist only calls to follow-up, but doesn't take on pt care	PATIENT ABANDONMENT
Situations where patients can be forced antipsychotics include emergencies, treating symptoms threatening others' or self's safety and what	RESTORING A CRIMINAL DEFENDANT TO STAND TRIAL
Licensing requirements in telepsychiatry	ONLY IN THE STATE WHERE PATIENT IS LOCATED
APA positions on gun possession in psych patients	INDIVIDUALS WHO PRESENT AN INCREASED RISK OF VIOLENCE SHOULD BE BANNED FROM OWNING GUNS
Psychiatrist wants to talk to another physician and patient provides verbal consent but not written. What does HIPAA say	MAY DISCUSS THE CASE TO ADVANCE TREATMENT DECISION
Most ethical action when psychiatrist receives subpoena for records pertaining to patient arrested for selling marijuana	OPPOSE SUBPOENA DUE TO LACK OF PT CONSENT
Dementia pt with a durable power of attorney, decisions need to be made by?	ASSIGNED DECISION MAKER
Psychiatrist to eval pt with bipolar who is exhibiting threatening behavior while inpt on CCU for cardiac ischemia. Pt was incarcerated for assaulting an officer, disturbing the peace, and firearms violations. Pt verbally threatens to track down his ex-girlfriend and "teach her a lesson she'll never forget." Psychiatrist has legal responsibility to do what	INFORM POLICE THAT PT IS IN POTENTIAL DANGER
After a pt assaults a roommate on a psych inpt unit the tx team decides to have pt arrested and transferred to jail. Decision is based on what	DUTY TO OTHER HOSPITALIZED PTS
Individual with schizophrenia arrested after breaking into grocery store would be found incompetent to stand trial if s/he	BELIEVES ALL LAWYERS ARE DEMONS AND REFUSES TO SPEAK TO THEM
Pt arrested for possession of cocaine, spends 2 days in jail, after missing appointments with substance abuse counselor. Intervention is referred to as what	DRUG COURT
Rogers v. Commissioner (1983) is a legal case that addressed the right to refuse antipsychotic meds in non-emergency situations. Based on this ruling, pts previously adjudicated as incompetent may not refuse meds in which situation?	THERE IS A COURT-APPROVED SUBSTITUTED JUDGMENT TREATMENT PLAN
In order to be judged competent to stand trial, a defendant must be able to consult with the lawyer with a reasonable degree of rational understanding and possess what?	A FACTUAL AND RATIONAL UNDERSTANDING OF PROCEEDINGS AGAINST HIM/HER
Patient threatens criminal behavior toward property of another. Legal obligation of psychiatrist?	NONE
What situation requires the psychiatrist to step out of the usual treatment relationship to protect the pt or others from harm?	CHILD ABUSE
Pt attempted suicide during a crisis which was worsened by pt's feelings about being unable to reach vacationing psychiatrist who did not provide coverage. What is the psychiatrist's vulnerability?	ABANDONMENT

When documenting suicide risk assessment, key strategy is to discuss what	WHY THE PSYCHIATRIST REJECTED ALTERNATIVE WAYS OF RESPONDING
Psychiatrist provides psychotherapy to 22 yo pt who lives w/ parents and dx w/ anxiety and depression. Pt reports the father threw 13 yo sibling across the room. Sibling was not injured. Multiple similar episodes. What is the appropriate response for the psychiatrist?	TELL PT THAT THE PSYCHIATRIST MUST REPORT THE ABUSE TO CHILD PROTECTIVE SERVICES
Appropriate substance abuse treatment in the clinical setting has been addressed in landmark legal cases. What is the consensus?	IT IS AMONG THE RIGHTS GRANTED AS IT IS CONSIDERED A PSYCHIATRIC DISORDER
What can be used when a person wishes to assign a surrogate to make healthcare decisions during future periods of mental incapacity?	ADVANCE DIRECTIVE
Pt has psychotherapist. Pt referred to psychiatrist who prescribes medication. Psychiatrist's responsibility to pt	TO FOLLOW UP BY SEEING PT AT APPROPRIATE SCHEDULED INTERVALS AND BY COMMUNICATING REGULARLY WITH PSYCHOLOGIST ABOUT PT'S CLINICAL STATUS AND TREATMENT PLAN
80 yo pt was admitted to a nursing home, an employee of the facility notified the pt about the state's laws on advance directives. During that session, the patient most likely received information about what issue	THE LIVING WILL
29 yo severely depressed with SI. Threatens to kill his wife and daughter to "take them with me." Legal responsibility is what	NOTIFY THE WIFE
Pt who suffers from a serious mental d/o is a defendant in a criminal matter. Even if pt understands the nature and objectives of court proceedings, pt may be found not competent to stand trial under	BEING UNABLE TO ASSIST ATTORNEY IN THE DEFENSES
Most accurately describes the primary function of a mental health court	DIRECTS MENTALLY ILL DEFENDANTS TO TREATMENT RATHER THAN PUNISHMENT
What characterizes the defendant's competency to stand trial in criminal proceedings?	IS PRESUMED UNLESS THE ISSUE IS RAISED
Initial step when child is referred for evaluation	CONSENT FOR EVALUATION FROM GUARDIAN
Pt is admitted to ICU. Pt can communicate but is deemed incompetent. Which of the following advance directives should be used to inform the hospital staff of pt wishes?	LIVING WILL
48 year old with metastatic breast cancer hospitalized for AMS, struggling to stay awake or attend to conversations. Medical team is concerned for brain mets. When asked to consent for MRI, the patient says "don't know, don't know." Psychiatry does capacity assessment and determines that she is delirious and does not have capacity to make decisions. What should the psychiatrist tell the team?	CHECK TO SEE IF PATIENT HAS AN ADVANCE HEALTH CARE DIRECTIVE
24 yo homeless with SI requests hospitalization. This is 3 rd visit in the span of 2 weeks. Pt is organized, coherent. When asked what would be different with this hospitalization, attacks the doctor. Best next step of action?	CALL LAW ENFORCEMENT
Which should raise psych MD's index of suspicion for malingering in cases of litigation in which financial compensation is at issue?	VAGUELY DEFINED SYMPTOMS
Criterion for a covered disability under Americans with Disabilities Act	SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES

What determines disability?	IMPAIRMENT AFFECTS ABILITY TO MEET PERSONAL, SOCIAL, OR OCCUPATIONAL NEEDS
Pt getting psych exam to determine suitability for a job must be informed what	EXAM IS NOT CONFIDENTIAL
In determining the disclosure of psychiatric treatment information in court, which individual is considered to hold privilege	PATIENT
Pt has intractable OCD with profound morbidity and considers brain surgery. The surgeon must disclose this in order to obtain a valid informed consent	THE INFORMATION MOST PATIENTS WOULD WANT TO KNOW
A psych consultation is requested for a patient whom the medical team believes is manufacturing symptoms of an illness. Which of the following factors would be most consistent with a diagnosis of malingering?	FINANCIAL INCENTIVE FOR ILLNESS
Which of the following patients would automatically be considered as lacking the capacity to give informed consent for medical procedures?	A PATIENT WITH ALZHEIMER'S DEMENTIA WHO HAS A STATE DESIGNATED GUARDIAN
Patient refusing IV antibiotics, what is a reason he would not have capacity to do this?	DOES NOT UNDERSTAND CONSEQUENCES OF REFUSING TREATMENT
Most important finding for a psychiatrist to consider in disability determination	DEGREE OF FUNCTIONAL IMPAIRMENT
A resident is discharging a patient and notes a significant omission in the resident's last, handwritten progress note. Which of the following is the best course of action?	WRITE AN ADDENDUM TO THE PROGRESS NOTE WITH THE CURRENT DATE
In evaluating a patient's competence to consent to a medical treatment, the degree of strictness with which the examining psychiatrist considers the question is most affected by which of the following factors?	THE RISK-BENEFIT RATIO OF THE TREATMENT
Informed consent is NOT required in what forensic evaluation	COMPETENCY TO STAND TRIAL
What documentation will legally protect a psychiatrist, if pt dies by suicide?	A SUICIDE RISK ASSESSMENT AND PROTECTIVE FACTORS
Several states established that the verdict guilty but mentally ill to be an option when a defendant pleads not guilty by reason of insanity because	WHEN COMPARED TO GUILTY, GUILTY BUT MENTALLY ILL IS INTENDED TO ENSURE ACCESS TO TREATMENT BUT IS ESSENTIALLY SIMILAR
The rule that finds people not guilty by reason of insanity due to mental illness that impaired their knowledge of the nature, quality, and consequences of their actions or they were incapable of realizing that these acts were wrong is called what?	M'NAGHTEN RULE
The criminal defendant tells the psychiatrist doing a forensic eval "I know that killing my father was illegal." However, the defendant delusionally believed that the father was being tortured by demons and killing him was the moral thing to do. The defendant is unable to do what?	APPRECIATE THE WRONGFULNESS OF HIS CONDUCT
A patient requests an alternative tx for depression. His psychiatrist does not practice this tx himself but refers the pt to one who does. In 6 months the pt has complications from the tx and sues the 1st	DUTY

psychiatrist for malpractice. Which element of malpractice is missing in this case?	
Best protection against malpractice lawsuit	MAINTAINING GOOD DOCTOR-PATIENT RELATIONSHIP
Pt who recently delivered a baby brought to ER. Pt is agitated, labile, and demanding to leave because she said her baby is being poisoned. This condition is considered a psych emergency because of its association with what	INFANTICIDE
Lawsuits against psychiatrists most frequently arise from issues concerning	SUICIDE ATTEMPTS
The four basic elements that must be proven in order to sustain a claim of malpractice against a physician include a duty of care owed to the patient, negligence, causation, and what?	HARM TO THE PATIENT
Patient's confidentiality after death	USUALLY MUST BE MAINTAINED
Medical resident consults psychiatry because a 38 yo F pt refused dialysis secondary to "antisocial personality" and the resident wants you to convince her to stay for treatment. Your answer?	WILL ASSESS PT'S COMPETENCY TO MAKE ONE'S OWN MEDICAL DECISION
The most relevant issue for a geriatric or forensic psychiatrist in cases where the finances of an elderly are in dispute between partner and children is	WHETHER THE ELDERLY HAS A MENTAL DISORDER AND WHETHER IT IS ADEQUATELY TREATED
When should a schizophrenic admitted to a medical hospital for evaluation of chest pain have a formal assessment of decision-making capacity?	WHEN THERE IS REASON TO BELIEVE THAT THE PATIENT LACKS THE ABILITY TO UNDERSTAND, APPRECIATE, OR REASON LOGICALLY WITH THE INFO RELEVANT TO HEALTHCARE DECISIONS
The most appropriate time to discuss advance directive	AT THE TIME OF ADMISSION TO THE HOSPITAL
If pt is incompetent to make decision and has durable power of attorney, treatment recommendations will have to be approved by	ASSIGNED DECISION MAKER
78 yo w/ deteriorating personal hygiene, significant weight loss. Signs voluntary admission form but later forgets doing this. Potentially resectable masses in the lung and brain requiring further consent for surgical and oncological treatment. Consents but cannot explain the reason for surgery. Legally, psychiatrist should:	URGENTLY REQUEST PROBATE COURT APPOINTED GUARDIAN WITH POWER TO MAKE TREATMENT DECISIONS
Guardian of a pt with intellectual disability with medication-refractory epilepsy insists that the pt should have epilepsy surgery. Neurosurgeon believes the seizure focus can be resected, but there's a >50% chance of RUE paralysis which outweighs potential benefit from freedom from seizures. Guardian insists on surgery. Which describes physician responsibility in this case?	SHOULD PERFORM THE SURGERY ONLY UNDER COURT ORDER
What characterizes the majority of defendants with psychiatric disorders who are found unfit to stand trial?	THEY CAN REGAIN FITNESS IN LESS THAN 90 DAYS
An attorney requests psychiatric consultation when his defendant wants the worst possible outcome from the trial because he feels he deserves the worst punishment possible. What direction should you take for this case?	PROBABLY MEETS CRITERIA FOR FINDING OF INCOMPETENCE TO PROCEED
16 yo caught for shoplifting jeans. No hx of stealing, jeans not her size. Pt frightened, remorseful, insomnia, failing grades, avoiding friends.	A CRY FOR HELP

Raped 2 months earlier, the family insisted she not tell anyone. Understand stealing as:	
US Supreme Court Decision Washington v Harper 1990, the right to refuse treatment is limited for prison inmates because	PRISON SECURITY CONCERNS OUTWEIGH INDIVIDUAL AUTONOMY INTERESTS
Pt w/ severe GI disease requests a surgical procedure with questionable efficacy and a relatively high risk of negative effects. Level of competency a psychiatrist would require finding pt competent to make treatment decision?	RATIONAL CONSIDERATION OF ALTERNATIVES
Pts who are committed to psychiatric treatment institutions in most states are presumed to	BE COMPETENT TO MAKE THEIR OWN DECISIONS
Both <i>mens rea</i> and <i>actus reus</i> are required for which of the following?	CONVICTION OF A CRIME
During an evaluation for competency to stand trial, a defendant tells the court- appointed forensic psychiatrist about being involved in an unsolved crime. The psychiatrist should do what?	AVOID A DETAILED DESCRIPTION OF THE DEFENDANT'S PAST OFFENSE HISTORY
Pt consumed a large amount of alcohol and discharged a firearm, wounding a neighbor. Pt remembers nothing of the incident. What is true about the pt's criminal responsibility per the insanity defense?	VOLUNTARY INTOXICATION DOES NOT EXCUSE THE CRIMINAL BEHAVIOR
What risk management strategy for dealing with a pt with SI is most likely to be rejected as invalid in a subsequent malpractice lawsuit?	A "NO-HARM" OR SUICIDE PREVENTION CONTRACT BETWEEN THE PT AND THE THERAPIST
Pt w/ severe depression is interviewed for enrollment in an experimental trial. Pt has failed multiple medications and several courses of ECT. The pt is competent but clearly distressed at the time of consent for treatment. Next step?	PRESENT INFORMATION SEVERAL TIMES USING DIFFERENT METHODS AND FEEDBACK TESTING
In murder trial, defendant states "I think murder is wrong but killing a spy from Mars who is trying to steal the secret of life is right." This poses a problem for what type of evaluation of criminal responsibility?	M'NAUGHTEN RULE
The National Practitioner Data Bank contains reports about which of the following types of physician problems?	MALPRACTICE SETTLEMENTS WHERE NO WRONG WAS ADMITTED
To prove medical malpractice, the plaintiff must establish duty, dereliction, damages and direct causation by what part of proof	PREPONDERANCE OF EVIDENCE
Which statement demonstrates that a patient is incompetent to stand trial?	"I AM A WIZARD AND THEREFORE HAVE DIPLOMATIC IMMUNITY"
Mother of 8 yo wants ADHD eval, kids' parents are divorced, mom reports she has primary custody, will not sign ROI for child's dad, what is the next step?	REQUEST MOM PROVIDE COPY OF DIVORCE DECREE TO CONFIRM CUSTODY STATUS
In evaluating the sanity of a criminal defendant, the forensic psychiatrist should focus on current state of mind, or state of mind at time of offense?	STATE OF MIND AT TIME OF OFFENSE
A psychiatrist working in a primary care clinic is contacted by the PCP for informal "curbside" consultation and provides recs without evaluating the pt. What is recommended to minimize liability?	CARE OF THE PATIENT REMAINS UNDER THE DIRECTION OF THE PCP WHO ALSO REMAINS IN CHARGE OF ORDERING MEDICATIONS OR ADDITIONAL SERVICES

What reduces risk of liability in collaborative care?	LIMIT PRACTICE TO FORMAL CONSULTATIONS AND REFRAIN FROM CURBSIDE CARE
Primary purpose of mental health courts	DIVERT OFFENDERS WITH MENTAL ILLNESS AWAY FROM INCARCERATION
To whom is specific consent needed to share individually identifiable health information under HIPAA?	AN INVESTIGATOR FOR THE PURPOSE OF CONDUCTING EPIDEMIOLOGICAL RESEARCH
HIPPA limits disclosure of patient health information without patient's consent except for what	PAYMENT
Type of information patients cannot access even under HIPAA:	PSYCHOTHERAPY NOTES KEPT OUT OF THE GENERAL MEDICAL RECORD
Radio listener sues psychiatrist after he sustains a fall and concussion after using a friend's alprazolam following a broadcast where psychiatrist mentions alprazolam is often prescribed for insomnia	PSYCHIATRIST WILL WIN BECAUSE A DOCTOR-PATIENT RELATIONSHIP WAS NOT ESTABLISHED
21 yo hospitalized for first psychotic episode. Parents want to be involved in care but pt does not want the team to speak to his parents due to his delusions. According to HIPAA, how much information can be shared?	PROVIDE INFORMATION GIVEN THE LACK OF CAPACITY AND LIKELY BENEFIT
HIPAA regulations guiding use of email in patient-doctor communications	ENCRYPTION IS NOT REQUIRED BUT AMOUNT AND TYPE OF INFORMATION DISCLOSED IN EMAIL SHOULD BE LIMITED
Physician involvement prohibited in which aspect of the death penalty without a commutation order	RESTORATION OF COMPETENCE TO BE EXECUTED
What is the most prominent lobbying and support organization for families of people with severe psychiatric disorders?	NATIONAL ALLIANCE FOR THE MENTALLY ILL
A neighbor asked a psychiatrist that lives next to him about increasing his prozac to 20 mg because of increased depression. This establishes what between the neighbor and psychiatrist?	PATIENT-PHYSICIAN RELATIONSHIP
Most common triggering factor for malpractice claims in psychiatric care	SUICIDE
A patient w/ hx of psychosis is arrested for shoplifting and must be evaluated for "competency to stand trial." What is relevant: ability to waive Miranda rights, intent at time of crime, understanding of illegality of behavior, working effectively with counsel, or decision making if actively psychotic	CAN THE PERSON WORK EFFECTIVELY WITH COUNSEL?
Best reported outcome of mental health courts	QUICKER ACCESS TO COMMUNITY TREATMENT
What is associated with a better transition of care at end of life?	PRESENCE OF IDENTIFIED CARE PERSON
This must be established in medical malpractice for plaintiff to prevail	BREACH OF DUTY CAUSING HARM
Absent of gross negligence, dereliction of duty in a malpractice trial is typically established by which of the following?	TESTIMONY OF EXPERT WITNESS
Physicians can ask and counsel patients about guns based on what physician right?	FREEDOM OF SPEECH
Resident duty hour reforms have what consequences?	IMPROVED RESIDENT COGNITIVE PERFORMANCE

HIPAA requires physicians to do what regarding privacy rights for patients:	GIVE WRITTEN NOTICE OF PATIENT'S PRIVACY RIGHTS
Mental health courts increase what outcome:	ENGAGEMENT IN COMMUNITY TREATMENT
Clinical studies have found out what about telepsychiatry when used for psychiatric patients	CLINICAL ASSESSMENTS ARE AS ACCURATE AS IN-PERSON ASSESSMENTS
Legal responsibility to reach out to potential victim of pt's homicidal urges is called	DUTY TO PROTECT
An elderly patient with advanced dementia refuses nursing home placement. Recommended guardianship?	GUARDIAN OF PERSON
A required component of decisional capacity	EXPRESSED PREFERENCE
What limit to confidentiality exists for incarcerated patients?	IMMINENT PLANS TO ESCAPE OR CREATE DISORDER
Legal expectation of psychiatrist in the evaluation of a patient with suicidality	PERFORM AND DOCUMENT COMPETENT SUICIDE RISK ASSESSMENT
Does the law presume a person is competent or incompetent before other information is known?	COMPETENT
The ABPN maintenance of certification program requires all psychiatrists to have what?	MEDICAL KNOWLEDGE
Assisted outpatient treatment (AOT) is what	A CIVIL COMMITMENT VIA COURT ORDER
The Civil Rights of Institutionalized Persons Act of 1980 created a process for which party to intervene on behalf of institutionalized persons to address a grievance or complaint?	THE US DEPARTMENT OF JUSTICE
504 plans ensure what for students with disabilities?	ACCOMMODATIONS NECESSARY TO MEET EDUCATIONAL NEEDS
Recommendation in the guidelines published by the AMA in regard to social media use?	DOCUMENTATION OF ALL ELECTRONIC PATIENT COMMUNICATION IN THE MEDICAL RECORD
One of the six core competencies per ACGME	PROFESSIONALISM

Psychological Theory

According to Erikson, person >65 yo with sense of satisfaction that life was productive/worthwhile has successfully managed psychosocial task of developing what (4x)	INTEGRITY
According to Erikson, a child who strives to be competent by learning new skills, taking pride in results is which stage? (Also correlated with the Freudian stage of latency) (4x)	INDUSTRY VS INFERIORITY
Erikson theorized that a successful developmental task in the 40-60 yo group is to? (4x)	FEEL USEFUL TO SOCIETY THROUGH BEHAVIORS THAT PROTECT FUTURE GENERATIONS
According to Erikson, the predominant emotional issue in normal, school-aged children (3x)	PERSONAL WORTH AND COMPETENCE

<p>11 yo boy has frequent episodes of ulcerative colitis requiring frequent hospitalization. While in the hospital, mother never leaves his side and responds to questions for him, often referring to disease as "our disease." According to Minuchin's theory of family interactions, this is: (3x)</p>	ENMESHED
<p>A child with autism is placed in a therapeutic foster home where a consistent response is made to a given action with the goal of improving the child's functioning. This technique derives from which of the following learning theories? (2x)</p>	BEHAVIORISM
<p>Erikson's psychosocial stage in which a person invests energy into establishing, caring for, and guiding in the next generation? (2x)</p>	GENERATIVITY VS STAGNATION
<p>10 yo pt reports he collects baseball cards. Child is excited because he is only one in his peer group who owns several cards. According to Erickson, what developmental tasks are most relevant for this child? (2x)</p>	INDUSTRY VS INFERIORITY
<p>Learned helplessness is a model for what disorder (2x)</p>	DEPRESSION
<p>Freud's psychological theory of development (2x)</p>	DRIVE THEORY
<p>Psychic determinism is (2x)</p>	BEHAVIORS RESULT FROM UNCONSCIOUS MIX OF DRIVES, DEFENSES, OBJECT RELATIONSHIPS, SELF-DISTURBANCES
<p>8 yo boy sees 2 bottles with same amount of liquid. The content of one is poured in shorter wider glass and the other to a longer narrow glass. When asked which has more liquid he says it's the same. According to Piaget he is exhibiting (2x)</p>	CONSERVATION
<p>Pt in individual psychotx describes hatred for a "mean, unfair" boss. This time pt adds, "but actually, I have heard my boss talking to others in the office, and he seems pretty much ok – even his voice sounds so different from the way I hear him in my head!" According to Fonagy, pt is demonstrating which mental activity? (2x)</p>	MENTALIZATION
<p>Winnicott defined his concept of holding environment as (2x)</p>	SAFE CONTEXT PROVIDED BY CONSISTENT AND RELIABLE PARENTING
<p>A female child performs a dance for her mother and basks in the gleam of her mother's eyes. According to self-psychology, the child is having an experience of (2x)</p>	MIRRORING
<p>According to psychoanalytic theory, the term primary process thinking refers to mental activity exemplified by (2x)</p>	UNCONSCIOUS THOUGHTS THAT DO NOT MAINTAIN LOGICAL CONNECTIONS
<p>A 23 yo pt began psychotherapy due to feelings of inadequacy and depression in the context of working in a coffee shop since graduating from college and deferring medical school acceptance. The pt has been having conflicts with parents over his ambivalence in becoming a physician. Which of the following is the most likely developmental task with which the pt is struggling? (2x)</p>	IDENTITY
<p>Animistic thinking is characteristic of which of Piaget's stages of cognitive development? (2x)</p>	PREOPERATIONAL THOUGHT
<p>According to Freud, which psychosexual stage is associated with a primary erotic focus on the genital area and unconscious fantasies of sexual involvement with the opposite-sex parent? (2x)</p>	PHALLIC

This model divides the mind into conscious, preconscious, and unconscious? (2x)	TOPOGRAPHICAL
How should the physician respond to a frustrated caregiver who is thinking of separating from her support system (church group)?	"IT IS IMPORTANT THAT YOU CONTINUE GOING TO YOUR CHURCH GROUP"
Psychodynamic therapy was derived from which school of psychoanalytic theory?	SELF-PSYCHOLOGY
What is a pre-contemplative stage statement for tobacco cessation?	"HAVE YOU HEARD ABOUT THE HEALTH BENEFITS OF QUITTING?"
In Heinz Kohut's theories of self-psychology, what is meant by the term "self-objects"?	OTHER PEOPLE IN THE ENVIRONMENT WHO PERFORM PARTICULAR FUNCTIONS FOR THE SELF
Recently a retired woman with recent life transitions has regrets about job and daughter. Wants meaningful last few decades. What developmental stage?	EGO INTEGRITY VS DESPAIR
According to the theory of self-psychology, a major cause of mental illness is	ABSENCE OF AGE-SPECIFIC MIRRORING RESPONSES
Biological consequences of psychological stress are documented to affect what	ALTERATION OF NEURO-IMMUNO-ENDOCRINE FUNCTION
Psychological function of a medication	ACTS AS A CONTAINER FOR THE PATIENT'S PROJECTED ANXIETIES ABOUT BEING DEFECTIVE
According to sociobiologic theory, what term describes behaviors at the level of the individual that maximize fitness at the level of the gene?	ALTRUISM
As conceptualized by self-psychology, which of the following is the most problematic reaction a patient can have when attempting to fulfill a self-object need?	SHAME
Kohut's theory of personality is based on	THE INDIVIDUAL'S NEED FOR EMPATHIC INTERACTIONS WITH SELF-OBJECTS
According to Kohut, which trait is normal in children and is a significant aspect of healthy personality development?	NARCISSISM
Gender is best understood as referring to	WAYS IN WHICH CULTURES DIFFERENTIATE ROLES BASED ON SEX
According to Winnicott's theory of the development of an infant's assertiveness and sense of competence, what best describes the critical function of the holding environment?	ENCOURAGES SPONTANEITY WHILE PROTECTING THE CHILD FROM HARM
According to Thomas & Chess' categories of temperament, the difficult child shows what characteristics?	INTENSE EXPRESSIONS OF MOOD
According to classical psychoanalytic theory, what factor primarily accounts for the polarization of same sex peer groups?	UTILIZATION OF DEFENSE MECHANISMS TO AVOID SEXUAL IMPULSES
Which of the following describes core narcissistic character pathology according to Kernberg's model?	A FUSION OF THE IDEAL SELF, THE IDEAL OBJECT, AND THE REAL SELF RESULTING IN THE DEVALUATION OF OTHERS
3 yo girl hurts self with a tricycle. Then she hit the tricycle and asks, "Why did you hurt me?" Which thought process does this behavior exemplify?	ANIMISM

Experimental subjects were asked to make a judgment but gave a wrong answer in spite of knowing the right one because they didn't want to disagree with responses of other participants. This phenomenon is:	CONFORMITY
Resilient individuals who do well in developmental course through life despite being at high risk for negative outcomes are thought to be protected in adulthood most by	HAVING THE ABILITY TO FIND, USE, AND INTERNALIZE SOCIAL SUPPORTS
According to theories of infant socialization, successful attachment most likely promotes survival through which of the following?	CREATING A BOND SO THAT THE ADULT WILL PROTECT THE INFANT FROM DANGER
According to C.G. Jung, anima refers to	MAN'S UNDERDEVELOPED FEMININITY
29 yo complains about mistreatment from boyfriend. Proud of generous nature but complains how little she gets back. Therapist finds it hard to make her self-reflective about her role in this, gets frustrated and fatigued. Patient displays	MASOCHISM
Early behaviorist theory promoted what	OBJECTIVE PSYCHOLOGICAL RESEARCH
What term describes the role that others perform for the individual in regard to mirroring, idealizing, and twinship needs?	SELF-OBJECT
The fundamental developmental need of all persons for mirroring, validation, and affirmation is central to which psychoanalytic theory?	SELF PSYCHOLOGY
Activity level, regularity, approach-withdrawal to new situations, adaptability, persistence are examples of what	TEMPERAMENTAL VARIABLES
Studies in which monkeys are raised in varying degrees of isolation have been important in contributing to what theories of human development?	THE SIGNIFICANCE OF ATTACHMENT
Which of following statements identifies what both traditional healing and modern psychotherapeutic practices may have in common	THE THERAPIST HELPS THE PATIENT EXPERIENCE AN EMERGING SENSE OF LEARNING AND MASTERY OVER THE PROBLEM
What is achieved in Piaget's stage of concrete operations?	CONSERVATION
4 yo child upset when ice cream melts. 10 yo puts it in the freezer and tells him it will be ok. 4 yo insists it is ruined. Piaget's concept of this is:	CONSERVATION (ALSO REVERSIBILITY)
According to Kohlberg, moral judgments made by older school-age children are based largely on what	PLEASING THOSE IN AUTHORITY
Masturbation in adults as viewed by contemporary psychiatry is best described as	PSYCHOPATHOLOGICAL ONLY IF IT IS COMPULSIVE
Therapy intervention most frequently associated with Kohut's self-psychology	EMPATHIC VALIDATION
According to Kohlberg, the highest level of moral reasoning is based on consideration of	UNIVERSAL ETHICAL PRINCIPLES
Winnicott's notion of capacity to be alone in presence of another person pertains to	MAINTENANCE OF ONE'S IDENTITY AMONGST OTHERS

Per Piaget, conservation is the ability to do what?	UNDERSTAND THAT OBJECTS OR QUANTITIES REMAIN THE SAME DESPITE A CHANGE IN PHYSICAL APPEARANCE
With respect to Rotter's social learning theory, which of the following statements best describes having an internal locus of control?	BEHAVIOR IS SHAPED BY AN INDIVIDUAL'S EXPECTATION THAT IT WILL REALIZE A VALUED GOAL
According to Freud, which of the following is considered to be the most salient feature of normal psychosexual development in children between 1-3 years of age?	CHILD-PARENT STRUGGLES ABOUT THE NEED TO DELAY GRATIFICATION OF DESIRES
According to Winnicott, which is an essential component of parenting infants?	BEING SENSITIVE TO THE CHILD'S INSTINCT FOR EXPLORATION AND GROWTH
According to psychoanalytic theory, the term primary process thinking refers to mental activity exemplified by which of the following?	UNCONSCIOUS THOUGHTS THAT DO NOT MAINTAIN LOGICAL CONNECTIONS
Which is a first rank symptom according to Kurt Schneider?	VOICES ARGUING
During therapy, therapist coughs while patient is speaking. Pt angrily states, If you disagree with me just tell me, but don't be a passive aggressive jerk!" Therapist interprets that pt is consistently treating the therapist like an aggressor. Which best describes this therapy modality?	TRANSFERENCE FOCUSED PSYCHOTHERAPY
Achieving sense of self-control and free will, struggling between cooperation and willfulness (Erikson)	AUTONOMY VS SHAME AND DOUBT
Compulsions & obsessions are related to development disturbance during which of Erikson's psychosocial stages?	AUTONOMY VS SHAME AND DOUBT
Eriksonian phase corresponding with Freud's anal phase	AUTONOMY VS SHAME AND DOUBT
In what developmental period does a child see that he/she is a child of his/her parents & that parents have a relationship to each other not solely related to their roles as parents?	PHALLIC
According to Freud, what is a dream that is remembered on awakening	MANIFEST DREAM
Classical psychoanalytic theory says pleasure an adult might take in controlling others/making order of chaos relates to which psychosexual stage of development?	ANAL RETENTIVE
According to contemporary psychoanalytic theory, from birth to 18 months, children experience an emerging "self" as a result of what event?	BIOLOGICAL PROCESSES AND BODILY SENSATIONS COME TO HAVE A PSYCHOLOGICAL MEANING
What is the combination of several unconscious impulses, wishes, or feelings that are attached to a single dream image?	CONDENSATION
Freud says depression is anger turned inward against self due to	IDENTIFICATION WITH THE LOST OBJECT
Freud says that boys resolve oedipal complex by	IDENTIFYING WITH FATHERS
Which ego defense is seen when an adolescent belittles parents in order to defend against regressive pull toward childhood?	REVERSAL OF AFFECT

Pt able to recall his address after being prompted to do so. According to Sigmund Freud, this information is stored at what level of the topographic model?	PRECONSCIOUS
Exploration of transference needed for reparative emotional experience, what is this psychotherapeutic treatment called?	PSYCHOANALYTIC PSYCHOTHERAPY
Tendency for groups to arrive at more extreme decisions than for individual group members alone	GROUP POLARIZATION
Father is dying. Pt is not a drinker, but went from bar to bar drinking dad's favorite drink. Bars are similar to those dad used to go to. Best interpretation of this behavior	IDENTIFICATION WITH OR INCORPORATION OF PATIENT'S FATHER
What represents major goal of psychotherapy as conceptualized by self-psychology?	IMPROVING THE ABILITY TO USE THE APPROPRIATE AFFIRMING RESPONSES FROM OTHERS
24 yo pt with tetraplegia after MVA showing no signs of grief or acknowledgement of poor prognosis, no significant depressive/anxious Sx. What psych intervention preferred?	SUPPORT BUT DO NOT CONFRONT THE PT ABOUT THE MEDICAL REALITIES
What psychotherapeutic school of thought emphasizes how a pt has managed feelings of envy/rage with particular emphasis on defense mechanisms?	EGO PSYCHOLOGY
Pt w/ hx of EtOH dependence BIB wife, who states that pt's long term use of ETOH has resulted in marital separation and persistent unemployment. Pr refuses to stop drinking. Psych MD asks pt about his perspective regarding his use of ETOH, pt responds, "It may be a problem." Psych MD suggests Tx and pt says,"I will think about it." According to the stages of change model, which stage?	PRECONTEMPLATION
Pt sadly reports receiving a college rejection letter, and then disparagingly predicts that all the other colleges applied to will reject him as well. This is an example of	OVERGENERALIZATION AND ALL-OR-NONE THINKING
Primary process thinking is characterized as	MENTATION FOCUSED ON DRIVES AND WISH FULFILLMENT
Pt with depression recounts to the psychiatrist events of the last week and describes many unpleasant experiences, concerns about the sadness of some friends, and a reluctance to read the newspaper because "all the news is bad." In cognitive psychology, which of the following formulations best accounts for this patient's presentation?	SELECTIVE ATTENTION BIAS
Replaced use of hypnosis by Freud	FREE ASSOCIATION
Attribution processes are defined primarily as individual	CAUSAL EXPLANATIONS OF EVENTS AND PERSONAL EXPERIENCES
Menninger's triangle of insight provides a framework for identifying links between the patient's current interpersonal relationships, early-life interactions with family members or other important caregivers, and the transferential relationship with the therapist. What is this process?	WORKING THROUGH
Theory of kindling of depressive episodes is supported by what phenomena in some?	RECURRENT WITHOUT A STRESSOR

40 yo with recurrent panic attacks in public places, what type of learning pattern is demonstrated when they leave areas where the panic attack begins then the panic attack stops?	NEGATIVE REINFORCEMENT
Learned helplessness is based on principles of	CLASSICAL CONDITIONING
Shrill noise reminds soldier of missile. What is the role of missile in classical conditioning?	UNCONDITIONED STIMULUS
Which are the dimensions of the Five Factor Model of Personality?	NEUROTICISM, EXTRAVERSION, OPENNESS, AGREEABLENESS, CONSCIENTIOUSNESS
22 yo pt presents to psych for treatment of "internet addiction." Pt noticed a pattern of increasing time spent on the internet, need for better computer equipment, and feelings of anger and dysphoria when unable to access the internet. Explain concepts of tolerance and withdrawal in this syndrome?	BOTH TOLERANCE AND WITHDRAWAL TO INTERNET USE CAN DEVELOP
Way to consider "learning styles" in which developing curriculum is best supported by literature	USE SUPPLEMENTAL MATERIAL DESIGNED TO ADDRESS THE NEEDS OF ALL TYPES OF LEARNERS
Ainsworth's strange situation experiment evaluated what?	ATTACHMENT BETWEEN PARENT AND CHILD
Which psychodynamic theory emphasizes individuals ability to understand their own and others' internal states as explanation for behavior?	MENTALIZATION THEORY
Which psychodynamic theorists posited that development occurs in sequential clearly defined stages and that each stage must be resolved for development to proceed smoothly?	ERIC ERIKSON
In which stage of Piaget's theory of cognitive development do children first understand conservation of volume?	CONCRETE OPERATIONAL
According to Winnicott, if mother can't provide "holding" environment for infant, infant will develop what defensive process?	FALSE SELF
According to Melanie Klein, a child who perceives the mother as an integrated person who is responsible for both good and bad experiences at the same time is said to be	IN THE DEPRESSIVE POSITION
What describes the implicit memory system?	CONSISTS OF MENTAL MODELS THAT SUMMATE MULTIPLE EXPERIENCES
Who suggested that normal learning, learning of neurotic behavioral patterns, and unlearning of these behaviors through psychotherapy involves long-term functional and structural changes in brain through altered gene expression?	ERIC KANDEL
Post stroke, patient believes wife is a double who is impersonating her. Pt feels no emotional connection to wife. From learning theory, which processing error causes the delusional conviction?	PREDICTION
Nausea to apple juice after vomiting from apple-flavored liquor in the past. What aspect of learned behavior?	CONDITIONED STIMULUS
Patient presents for initial evaluation of OCD, started after sibling hospitalized for severe infection and now they are worried about	NEGATIVE REINFORCEMENT

contracting an infection and compulsively washes hands to eliminate the fear. From learning theory perspective what does the hand washing represent?	
Example of mature defense mechanism in classical psychoanalytic theory:	ANTICIPATION