

**NURS 6630**  
**PSYCHOPHARMACOLOGY**  
**MIDTERM EXAM**  
**2021**

- A noncompliant patient states, "Why do you want me to put this poison in my body?" Identify the best response made by the psychiatric-mental health nurse practitioner (PMHNP).

Selected C.

Answer: "Most medications that work in the brain will result in restoring an imbalance of one or more neurotransmitters that your body already produces helping to alleviate your symptoms ."

## Question 2

1 out of 1 points

Ms. Hill is currently being treated for schizophrenia but has stopped taking her medications due to some side effects she claims she was experiencing. She presents to the clinic today with worsening symptoms. She is experiencing anhedonia, agitation, attentional impairment, and affective blunting. Which one of the symptoms mentioned is considered a positive symptom of schizophrenia?

Selected B.

Answer: Agitation

## Question 3

0 out of 1 points

Which statement about neurotransmitters and medications is true?

Selected D.

Answer: An imbalance of serotonin has been directly linked to depression. Following the discovery of this neurotransmitter, pharmacologists were able to develop a well-known drug- Prozac as the first medication used to restore the balance of serotonin.

## Question 4

1 out of 1 points

When an unstable patient asks why it is necessary to add medications to his current regimen, the PMHNP's best response would be:

Selecte C.

d

Answer: "Many psychiatric illnesses involve several dys-functioning neurotransmitter systems in the brain. Often, a single medication may only effect one or two of the dys-functioning systems. The addition of another medication can work with the current medication in stabilizing multiple neurotransmitter systems and help to

alleviate your symptoms."

### • Question 5

1 out of 1 points

During gene expression, what must occur prior to a gene being expressed?

Selected

A.

Answers:

Transcription factor must bind to the regulatory region within the cell's nucleus.

### • Question 6

1 out of 1 points

While genes have potential to modify behavior, behavior can also modify genes. How do genes impact this process?

Selected

B.

Answer:

Changes made to proteins lead to changes in behavior.

### • Question 7

1 out of 1 points

Though medications have the ability to target neurotransmitter release into the synapse by the presynaptic neuron it is not always necessary. The PMHNP understands that this is because:

Selected

C.

Answer:

Neurotransmitters can spread by diffusion.

### • Question 8

1 out of 1 points

Why is the cytochrome P450 enzyme system of significance to the PMHNP?

Selected

B.

Answer:

The bioavailability of the medication after it passes through the stomach and liver can be altered.

### • Question 9

1 out of 1 points

It is important for the PMHNP to recognize differences in pharmacokinetics to safely prescribe and monitor medications. Which of the following statements does the competent PMHNP identify as true?

Selected

A.

Answer:

About 1 out of 5 Asians requires lower-than-normal doses of some antidepressants and antipsychotics.

## • Question 10

1 out of 1 points

As it relates to G-protein linked receptors, what does the PMHNP understand about medications that are used in practice?

Selected

A.

Answer:

Most medications that act on G-protein linked receptors have antagonistic traits.

## • Question 11

1 out of 1 points

The PMHNP is considering prescribing a 49-year-old male clozapine (Clozaril) to treat his schizophrenia and suicidal ideations. The PMHNP is aware that which factor may impact the dose needed to effectively treat his condition:

Selected

A.

Answer:

The patient smokes cigarettes.

## • Question 12

0 out of 1 points

A patient is diagnosed with bipolar disorder and is currently taking carbamazepine (Tegretol), aripiprazole (Abilify), and melatonin. The PMHNP has just written an order to discontinue the carbamazepine (Tegretol) for drug-induced thrombocytopenia. The PMHNP is aware that his next best action is to:

Selected

B.

Answer:

Write an order for a different mood stabilizer

## • Question 13

1 out of 1 points

A patient recently transferred following a suicide attempt has a history of schizophrenia, depression, and fibromyalgia. He is currently taking Amitriptyline (Elavil), Lisinopril, aspirin, and fluoxetine (Prozac). When assessing the psychiatric medications and the reason for admission, what would be the best course of action for the PMHNP with this client?

Selected

A.

Answer:

Review Amitriptyline (Elavil) level

## • Question 14

0 out of 1 points

A patient with schizophrenia is given an inverse agonist that acts on the receptor 5HT and neurotransmitter serotonin. What is the rationale for prescribing a medication such as this?

Selected Answer: D.  
To help decrease the amount of serotonin and dopamine

• **Question 15**

1 out of 1 points

The PMHNP is caring for four patients. Which patient statement indicates that benzodiazepines would be beneficial?

Selected Answer: D.  
“I feel nervous to go outside and be in large crowds.”

• **Question 16**

1 out of 1 points

Ms. Harlow is a 42-year-old patient who is prescribed a drug that acts on ionotropic receptors. She is curious about the effects of the drug and how it will act on her symptoms. Which statement made by the PMHNP demonstrates proper understanding of Ms. Harlow’s prescription?

Selected Answer: A.  
“The drug will have an almost immediate effect.”

• **Question 17**

1 out of 1 points

A patient is seeking pharmacological treatment for smoking cessation. Which drug class does the PMHNP prescribe to the patient?

Selected Answer: D.  
Varenicline (Chantix)

• **Question 18**

1 out of 1 points

The PMHNP is caring for a new patient who has been transferred from another office. When meeting with the new patient, the patient reports, “I feel like I am improving with the stabilizers.” The PMHNP immediately recognizes that the patient is describing which kind of drug?

Selected Answer: C.  
Partial agonists

• **Question 19**

1 out of 1 points

A patient presents with frequent episodes of mania. Which statement describes an

appropriate treatment approach for this patient?

Selected              B.  
Answer:              "The patient could benefit from an anticonvulsant."

• **Question 20**

1 out of 1 points

What characteristics do the nicotinic, cholinergic, serotonin 3, and glycine receptors all have in common?

Selected              A.  
Answer:              Ligand-gated ion channels with a pentameric structure

• **Question 21**

0 out of 1 points

Which statement made by the patient suggests the patient will need to be treated with antipsychotics that target paranoid psychosis?

Selected              D.  
Answer:              "I don't know that I even want to go to that meeting. It doesn't seem worth it anymore."

• **Question 22**

1 out of 1 points

Mr. McCullin is 64 years old with Parkinson's disease. The PMHNP caring for Mr. McCullin wants to start him on a dopamine agonist to help manage and treat his condition. The PHMNP selects this agent because of which action it has on patients like Mr. McCullin?

Selected              D.  
Answer:              D2 receptors are the primary binding site for dopamine agonists.

• **Question 23**

1 out of 1 points

Mrs. Trevor is a 44-year-old patient who does not have a diagnosis of schizophrenia but occasionally reports symptoms of psychosis, followed by severe fatigue. Mrs. Trevor inquires about the use of amphetamines to help with her energy levels. Which response made by the PMHNP is most appropriate?

Selected              C.  
Answer:              "Amphetamines can cause hallucinations, so I would advise against this type of prescription."

• **Question 24**

0 out of 1 points

The PMHNP is caring for a patient with schizophrenia and is considering a variety of treatment approaches. The PMHNP selects a viable treatment that is consistent with the “dopamine hypothesis of schizophrenia.” What action does the PMHNP anticipate this treatment having on the patient?

Selected

D.

Answer:

The neuroanatomy of dopamine neuronal pathways can explain symptoms of schizophrenia.

• **Question 25**

0 out of 1 points

A patient is diagnosed with schizophrenia. What increases the patient’s potential to mediate the cognitive symptoms of the disease?

Selected

B.

Answer:

Achieving overactivity of the mesocorticol projections to the ventromedial prefrontal cortex

• **Question 26**

1 out of 1 points

What is accurate about the clinical description of psychosis?

Selected

C.

Answer:

It is a syndrome that can be associated with a number of psychiatric disorders.

• **Question 27**

1 out of 1 points

The PMNHP is assessing a 29-year-old client who takes antipsychotics that block D2 receptors. This client has begun to develop a common side effect of this medication. What is this side effect?

Selected

D.

Answer:

Tardive dyskinesia

• **Question 28**

1 out of 1 points

The PMHNP is caring for a patient who is taking antipsychotics heard the psychiatrist tell the patient that the patient would be placed on a different antipsychotic agent called an atypical antipsychotic. What neurotransmitters will this new medication work on?

Selected

A.

Answer:

dopamine and serotonin

• **Question 29**

1 out of 1 points

Which statement made by the PMHNP exemplifies correct teaching of physiological

effects in the body?

Selected      D.

Answer:      D2 partial agonists are associated with increased efficacy in treating positive symptoms of schizophrenia.

• **Question 30**

1 out of 1 points

Mrs. Schwartzman is a 52-year-old patient with schizophrenia and no established history of depression. When meeting with the PMHNP, she presents with apathy and withdrawn social behavior, and she reports a loss of joy from enjoyable activities. What does the PMHNP infer from this encounter with the patient?

Selected      B.

Answer:      The recent change of a 2nd generation antipsychotic to a conventional one

• **Question 31**

1 out of 1 points

Mrs. Schwartzman is a 52-year-old client with schizophrenia and no established history of depression. When meeting with the PMHNP, she presents with apathy and withdrawn social behavior, and she reports a loss of joy from enjoyable activities since starting her new medication. What does the PMHNP infer from this encounter with the client?

Selected      C.

Answer:      The new medication is blocking D2 receptors in the mesolimbic system

• **Question 32**

0 out of 1 points

The student inquires about antipsychotic medications. Which response by the PMHNP describes the factors that contribute to reduced risk of extrapyramidal symptoms (EPS) for patients who take antipsychotics?

Selected      C.

Answer:      D2 receptors that are blocked in the nigrostriatal pathway

• **Question 33**

0 out of 1 points

Mr. Gordon is a middle-aged patient who is taking antipsychotics. When meeting with the PMHNP, he reports positive responses to the medication, stating, "I really feel as though the effects of my depression are going away." Which receptor action in antipsychotic medications is believed to be the most beneficial in producing the effects described by Mr. Gordon?

Selected      A.

5HT2

Answer: antagonism

• **Question 34**

0 out of 1 points

Mr. Gordon is a middle-aged client who was started on antidepressant monotherapy for depression. After beginning this medication, the PMHNP noticed that this client seemed to swing into a hypomanic episode. What can the PMHNP infer from this behavior change?

Selected D.  
Answer: A and C

• **Question 35**

1 out of 1 points

Ms. Ryerson is a 28-year-old patient with a mood disorder. She recently requested to transfer to a new PMHNP, after not getting along well with her previous provider. The new PMHNP is reviewing Ms. Ryerson's medical chart prior to their first appointment. Upon review, the PMHNP sees that the former provider last documented "patient had rapid poop out." What does the PMHNP infer about the patient's prescription based on this documentation?

Selected A.  
Answer: The patient has an unsustained response to antidepressants.

• **Question 36**

0 out of 1 points

The PMHNP recognizes that which patient would be contraindicated for antidepressant monotherapy?

Selected B.  
Answer: Patient with a bipolar II designation

• **Question 37**

1 out of 1 points

The PMHNP spends a session with a client and notices behaviors correlating with a potential manic episode. All of the following are possible manic symptoms the PMHNP could observe except:

Selected D.  
Answer: A low self esteem

• **Question 38**

1 out of 1 points

The PMHNP is caring for a patient with the s genotype of SERT. What does the PMHNP understand regarding this patient's response to selective serotonin reuptake inhibitor

(SSRI)/SNRI treatment?

Selected

D.

Answer:

The patient may be less responsive or tolerant to the treatment.

### • Question 39

1 out of 1 points

Ms. Boeckh is a 42-year-old patient with major depression. The PMHNP understands that which action of norepinephrine will affect Ms. Boeckh's serotonin levels?

Selected

B.

Answer:

Norepinephrine inhibits 5HT release through a2 receptors.

### • Question 40

1 out of 1 points

Ms. Boeckh is a 42-year-old client who is taking an antidepressant therapy. The PMHNP understands that this medication can have substantial food interactions that can cause Ms. Boeckh to develop a hypertensive crisis. Which antidepressant class is Ms. Boeckh's medication in?

Selected

B.

Answer:

MAO inhibitors

### • Question 41

1 out of 1 points

The PMHNP is assessing a patient in the psychiatric emergency room. The patient tells the PMHNP that he does not understand why his depression has not lifted after being on four different antidepressants over the course of a year. Which of the following symptoms can be residual symptoms for patients who do not achieve remission with major depressive disorder?

Selected

D.

Answer:

A and C

### • Question 42

1 out of 1 points

Fluoxetine (Prozac) has been prescribed for a patient. Which of the following statements is true regarding the action of this medication?

Selected

D.

Answer:

The action at the somatodendritic end of the serotonin neuron may best explain the therapeutic action of SSRIs.

### • Question 43

1 out of 1 points

Fluoxetine (Prozac) has been prescribed for a client with depression. Which of the following statements is true regarding the action of this medication?

Selected Answer: B.  
Fluoxetine inhibits the serotonin transporter (SERT).

• **Question 44**

1 out of 1 points

The nurse education knows that teaching was effective when one of the students compares fluvoxamine to sertraline and notes which of the following similarities?

Selected Answer: D.  
Both have actions at sigma receptors which contribute to both anxiolytic and antipsychotic effects.

• **Question 45**

1 out of 1 points

A 45 year old female client with allergic rhinitis and normal blood pressure has had no reduction in depressive symptoms after trying bupropion, paroxetine, and venlafaxine. What precautions are needed when considering phenelzine in treating her depression?

Selected Answer: B.  
The client will need to minimize dietary intake of foods that are high in tyramine.

• **Question 46**

1 out of 1 points

A 51-year-old female patient presents with symptoms of depression, including lack of motivation and difficulty sleeping. What risk factors would increase her vulnerability for a diagnosis of depression?

Selected Answer: D.  
A and C

• **Question 47**

1 out of 1 points

A nurse overhears that a patient has failed single therapy with an SSRI and SNRI. She also learns that the patient has been on dual SSRI/SNRI therapy without adequate symptom control. She approaches the PMHNP and asks what the next treatment option could be in this seemingly treatment-resistant patient. The PMHNP tells the nurse she will treat the patient with the following regimen:

Selected Answer: B.  
SSRI/SNRI plus NDRI

• **Question 48**

1 out of 1 points

A nurse overhears that a client has failed monotherapy with an SSRI and an SNRI. She also learns that the client has failed dual SSRI + SNRI therapy. The nurse approaches the PMHNP and asks what treatment options should be considered in this treatment resistant client. The PMHNP tells the nurse that she will treat the client with the following regimen.

Selected            B.  
Answer:            SSRI + NDRI

• **Question 49**

1 out of 1 points

A patient is prescribed fluoxetine but is concerned about the side effects. Which statement demonstrates accurate patient teaching when discussing the side effects associated with fluoxetine?

Selected            C.  
Answer:            Induction of mania is rare.

• **Question 50**

0 out of 1 points

A client is prescribed fluoxetine but is concerned about side effects. Which statement demonstrates accurate client teaching when discussing the side effects associated with fluoxetine?

Selected            C.  
Answer:            Sedation is unusual

• **Question 51**

1 out of 1 points

A 25-year-old female patient is being prescribed milnacipran to treat fibromyalgia, and expresses concern regarding “how she will feel and look” from taking the medicine. Which statement correctly describes the side effects as a result of taking this medication?

Selected            D.  
Answer:            Weight gain is unusual.

• **Question 52**

1 out of 1 points

Mr. Ruby is a 33-year-old single father who is requesting pharmacological intervention to treat his fibromyalgia. The PMHNP sees in the medical chart that he has a recent diagnosis of arrhythmia and a BMI of 29. During his assessment, the PMHNP learns that Mr. Ruby works 40-50 hours a week as a contractor and “manages his stress” by smoking 3-4 cigarettes a day and having 8-10 drinks of alcohol each week. Why would

duloxetine be contraindicated for Mr. Ruby?

Selected            C.  
Answer:            He uses  
                      alcohol.

• **Question 53**

1 out of 1 points

A patient is prescribed sertraline to treat panic disorder. Knowing that sertraline can initially cause anxiety or insomnia, what should the PMHNP do?

Selected            B.  
Answer:            Prescribe short-acting benzodiazepine for 2 weeks, then  
                      discontinue.

• **Question 54**

1 out of 1 points

A patient is prescribed 50 mg of desvenlafaxine to take every other day for major depressive disorder. What does the PMHNP understand about this patient?

Selected            C.  
Answer:            The patient has severe renal  
                      impairment.

• **Question 55**

1 out of 1 points

The PMHNP understands that which mechanism contributes to a worse tolerability profile for patients taking tricyclic antidepressants (TCAs)?

Selected            B.  
Answer:            Muscarinic M1 receptor blockade causes  
                      blurred vision.

• **Question 56**

1 out of 1 points

A patient who was prescribed an MAO inhibitor is learning about dietary modifications. Which statement made by the PMHNP demonstrates proper teaching of the food-drug interactions for MAO inhibitors?

Selected            A.  
Answer:            “You must avoid soy products, such  
                      as tofu.”

• **Question 57**

1 out of 1 points

A patient who is prescribed MAO inhibitors asks about whether he can continue taking pseudoephedrine to relieve his congestion. Which response by the PMHNP indicates

proper understanding of drug-drug interactions?

- Selected              D.  
Answer:              "Decongestants should be avoided due to risk of  
                          hypertensive crisis."

• **Question 58**

1 out of 1 points

Ms. Skidmore presents for a follow-up appointment after being prescribed phenelzine (Nardil), and reports "I take my 45 mg pill, three times a day, just like I'm supposed to." What does the PMHNP understand about this patient?

- Selected              C.  
Answer:              Ms. Skidmore is taking too much of the phenelzine (Nardil); she  
                          should be taking the 45 mg in three doses.

• **Question 59**

1 out of 1 points

The PMHNP is caring for several patients who present with various symptoms and health issues. For which patient does the PMHNP prescribe pregabalin (Lyrica)?

- Selected              B.  
Answer:              Patient with partial  
                          seizures

• **Question 60**

1 out of 1 points

Mr. Gutier is 72 years old with anxiety and depressive symptoms. His PMHNP is prescribing lorazepam (Ativan). What does the PMHNP understand regarding this prescription?

- Selected              A.  
Answer:              The PMHNP will prescribe less than 2-6 mg for Mr. Gutier to  
                          take daily.

• **Question 61**

1 out of 1 points

A patient is being prescribed a sedating antidepressant, but is concerned about weight gain. Which medication is most likely to be prescribed to addresses the patient's concerns?

- Selected              D.  
Answer:              trazadone  
                          (Oleptro)

• **Question 62**

1 out of 1 points

A patient who was diagnosed with bipolar disorder without mania, asks the PMHNP why he is being prescribed a mood stabilizer. What is the appropriate response?

Selected      C.

Answer:      Mood stabilizers can target mania and mania relapse and also reduce symptoms of bipolar depression and relapse of bipolar depression symptoms but no drug has been proven to target all four therapeutic actions

### • Question 63

1 out of 1 points

A client who was diagnosed with bipolar disorder without mania, asks the PMHNP why he is being prescribed a mood stabilizer. What is the appropriate response?

Selected      C.

Answer:      Mood stabilizers can treat either manic phases or depressive phases of bipolar disorder.

### • Question 64

1 out of 1 points

The PMHNP is assessing a client in the emergency room. The client shares that he has been on lithium for many years. What blood test does the PMHNP order?

Selected      A.

Answer:      Thyroid Stimulating Hormone

### • Question 65

1 out of 1 points

A nursing student is seeking clarification on the use of anticonvulsants to treat depression and is unclear about most effective outcomes. Which of the following agents does the PMHNP convey as having uncertain outcomes?

Selected      B.

Answer:      Gabapentin  
(Neurontin)

### • Question 66

1 out of 1 points

A nursing student is seeking clarification on the use of anticonvulsants to treat bipolar depression and is unclear about which anticonvulsants have the most effective outcomes in treating bipolar depression. Which of the following anticonvulsants is NOT used for treating bipolar depression?

Selected      B.

Gabapentin (Neurontin)

Answer:

• **Question 67**

0 out of 1 points

The PMHNP is meeting with a new mother who would like to begin taking medication again to treat her bipolar depression; she is breastfeeding her 2-month old daughter. The PMHNP recognizes that which of the following medications is contraindicated for this patient?

Selected            C.  
Answer:            Lithium  
                      (Lithobid)

• **Question 68**

1 out of 1 points

The PMHNP is meeting with a new mother who would like to begin taking medication again to treat her bipolar depression; she is breastfeeding her 2-month old daughter. The PMHNP recognizes that which of the following medications is contraindicated for this client?

Selected            C.  
Answer:            Lithium (Lithobid)

• **Question 69**

1 out of 1 points

A patient was diagnosed with GAD 4 weeks ago and was placed on Clonazepam (klonopin) twice a day and citalopram (citalopram (celexa)) once daily. When he asks the PMHNP why it is necessary to wean him off of the Clonazepam (klonopin) the best response is:

Selected            C.  
Answer:            Clonazepam (klonopin) was used as an aid to treat your condition while you were adjusting to citalopram (celexa)

• **Question 70**

0 out of 1 points

During assessment a patient states “Why are you asking me about my heart, I am here for my head”, the PMHNP’s best response is:

Selected            C.  
Answer:            “Chronic conditions such as Lupus can cause an area in your brain to malfunction, specifically your hippocampus.”

• **Question 71**

1 out of 1 points

There are a number of endocrine reactions that accompany fear. A quick boost of cortisol may enhance survival when encountering a real but short-term threat. However, chronic elevations in

cortisol can lead to increased medical comorbidities. Which of the following medical conditions may be related to these persistent cortisol elevations?

Selected              D.  
Answer:              All of the  
                          above

• **Question 72**

1 out of 1 points

The PMHNP understands that the potential of alcohol abuse in the anxious client is higher for the following reasons:

Selected              a.  
Answer:              Alcohol exerts an effect on GABA<sub>A</sub> receptors.

• **Question 73**

1 out of 1 points

After ordering flumazenil (Rumazicon) the PMHNP cautions the staff to monitor for which possible effect?

Selected              D.  
Answer:              All of the  
                          above

• **Question 74**

0 out of 1 points

The PMHNP evaluates the patient for “fear conditioning” when he asks:

Selected              D.  
Answer:              What makes your fear  
                          better?

• **Question 75**

1 out of 1 points

A patient diagnosed with PTSD is prescribed propranolol (Inderal) and the PMHNP understands that he was prescribed this medication for what purpose:

Selected              B.  
Answer:              Beta blockers are linked to  
                          reconsolidation.

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