

## NURS6630 Final Exam: Walden University

### QUESTION 1

What will the PMHNP most likely prescribe to a patient with psychotic aggression who needs to manage the top-down cortical control and the excessive drive from striatal hyperactivity?

- A. Stimulants
- B. Antidepressants
- C. **Antipsychotics**
- D. SSRIs

### QUESTION 2

The PMHNP is selecting a medication treatment option for a patient who is exhibiting psychotic behaviors with poor impulse control and aggression. Of the available treatments, which can help temper some of the adverse effects or symptoms that are normally caused by D2 antagonism?

- A. First-generation, conventional antipsychotics
- B. First-generation, atypical antipsychotics
- C. Second-generation, conventional antipsychotics
- D. Second-generation, atypical antipsychotics**

### QUESTION 3

The PMHNP is discussing dopamine D2 receptor occupancy and its association with aggressive behaviors in patients with the student. Why does the PMHNP prescribe a standard dose of atypical antipsychotics?

- A. The doses are based on achieving 100% D2 receptor occupancy.
- B. The doses are based on achieving a minimum of 80% D2 receptor occupancy.
- C. The doses are based on achieving 60% D2 receptor occupancy.**
- D. None of the above.

#### QUESTION 4

Why does the PMHNP avoid prescribing clozapine (Clozaril) as a first-line treatment to the patient with psychosis and aggression?

- A. **There is too high a risk of serious adverse side effects.** B. It can exaggerate the psychotic symptoms. C. Clozapine (Clozaril) should not be used as high-dose monotherapy. D. There is no documentation that clozapine (Clozaril) is effective for patients who are violent.

#### QUESTION 5

The PMHNP is caring for a patient on risperidone (Risperdal). Which action made by the PMHNP exhibits proper care for this patient?

- A. Explaining to the patient that there are no risks of EPS B. Prescribing the patient 12 mg/dail  
**C. Titrating the dose by increasing it every 5–7 days** D. Writing a prescription for a higher dose of oral risperidone (Risperdal) to achieve high D2 receptor occupancy

#### QUESTION 6

The PMHNP wants to prescribe Mr. Barber a mood stabilizer that will target aggressive and impulsive symptoms by decreasing dopaminergic neurotransmission. Which mood stabilizer will the PMHNP select? **A. Lithium (Lithane)** B. Phenytoin (Dilantin) C. Valproate (Depakote) D. Topiramate (Topamax)

## QUESTION 7

The parents of a 7-year-old patient with ADHD are concerned about the effects of stimulants on their child. The parents prefer to start pharmacological treatment with a non-stimulant. Which medication will the PMHNP will most likely prescribe?

- A. Strattera** B. Concerta C. Daytrana D. Adderall

## QUESTION 8

8 The PMHNP understands that slow-dose extended release stimulants are most appropriate for which patient with ADHD?

- A. 8-year-old patient** B. 24-year-old patient C. 55-year-old patient D. 82-year-old patient

## QUESTION 9

A patient is prescribed D-methylphenidate, 10-mg extended-release capsules. What should the PMHNP include when discussing the side effects with the patient?

- A. The formulation can have delayed actions when taken with food. B. Sedation can be a common side effect of the drug. **C. The medication can affect your blood pressure.** D. This drug does not cause any dependency.

## QUESTION 10

The PMHNP is teaching parents about their child's new prescription for Ritalin. What will the PMHNP include in the teaching?

**A. The second dose should be taken at lunch.** B. There are no risks for insomnia. C. There is only one daily dose, to be taken in the morning. D. There will be continued effects into the evening.

#### QUESTION 11

A young patient is prescribed Vyvanse. During the follow-up appointment, which comment made by the patient makes the PMHNP think that the dosing is being done incorrectly?

A. “I take my pill at breakfast.” **B. “I am unable to fall asleep at night.”** C. “I feel okay all day long.” D. “I am not taking my pill at lunch.”

#### QUESTION 12

A 14-year-old patient is prescribed Strattera and asks when the medicine should be taken. What does the PMHNP understand regarding the drug’s dosing profile?

A. The patient should take the medication at lunch. **B. The patient will have one or two doses a day.** C. The patient will take a pill every 17 hours. D. The dosing should be done in the morning and at night.

#### QUESTION 13

The PMHNP is meeting with the parents of an 8-year-old patient who is receiving an initial prescription for D-amphetamine. The PMHNP demonstrates appropriate prescribing practices when she prescribes the following dose:

A. The child will be prescribed 2.5 mg. B. The child will be prescribed a 10-mg tablet. C. The child’s dose will increase by 2.5 mg every other week. **D. The child will take 10–40 mg, daily.**

#### QUESTION 14

A patient is being prescribed bupropion and is concerned about the side effects. What will the PMHNP tell the patient regarding bupropion?

- A. Weight gain is not unusual.
- B. Sedation may be common.
- C. It can cause cardiac arrhythmias.
- D. It may amplify fatigue.

#### QUESTION 15

Which patient will receive a lower dose of guanfacine?

- A. Patient who has congestive heart failure
- B. Patient who has cerebrovascular disease
- C. Patient who is pregnant
- D. Patient with kidney disease

#### QUESTION 16

An 18-year-old female with a history of frequent headaches and a mood disorder is prescribed topiramate (Topamax), 25 mg by mouth daily. The PMHNP understands that this medication is effective in treating which condition(s) in this patient?

- A. Migraines
- B. Bipolar disorder and depression
- C. Pregnancy-induced depression
- D. Upper back pain

#### QUESTION 17

The PMHNP is treating a patient for fibromyalgia and is considering prescribing milnacipran (Savella). When prescribing this medication, which action is the PMHNP likely to choose?

A. Monitor liver function every 6 months for a year and then yearly thereafter. B. Monitor monthly weight. **C. Split the daily dose into two doses after the first day.** D. Monitor for occult blood in the stool.

#### QUESTION 18

The PMHNP is assessing a patient she has been treating with the diagnosis of chronic pain. During the assessment, the patient states that he has recently been having trouble getting to sleep and staying asleep. Based on this information, what action is the PMHNP most likely to take?

**A. Order hydroxyzine (Vistaril), 50 mg PRN or as needed** B. Order zolpidem (Ambien), 5mg at bedtime C. Order melatonin, 5mg at bedtime D. Order quetiapine (Seroquel), 150 mg at bedtime

#### QUESTION 19

The PMHNP is assessing a female patient who has been taking lamotrigine (Lamictal) for migraine prophylaxis. After discovering that the patient has reached the maximum dose of this medication, the PMHNP decides to change the patient's medication to zonisamide (Zonegran). In addition to evaluating this patient's day-to-day activities, what should the PMHNP ensure that this patient understands?

A. Monthly blood levels must be drawn. B. ECG monitoring must be done once every 3 months. C. White blood cell count must be monitored weekly. **D. This medication has unwanted side effects such as sedation, lack of coordination, and drowsiness.**

#### QUESTION 20

A patient recovering from shingles presents with tenderness and sensitivity to the upper back. He states it is bothersome to put a shirt on most days. This patient has end stage renal disease (ESRD) and is scheduled to have hemodialysis tomorrow but states that he does not know how he can lie in a recliner for 3 hours feeling this uncomfortable. What will be the PMHNP's priority?

- A. Order herpes simplex virus (HSV) antibody testing
- B. Order a blood urea nitrogen (BUN) and creatinine STAT
- C. Prescribe lidocaine 5%**
- D. Prescribe hydromorphone (Dilaudid) 2mg

#### QUESTION 21

The PMHNP prescribed a patient lamotrigine (Lamictal), 25 mg by mouth daily, for nerve pain 6 months ago. The patient suddenly presents to the office with the complaint that the medication is no longer working and complains of increased pain. What action will the PMHNP most likely take?

- A. Increase the dose of lamotrigine (Lamictal) to 25 mg twice daily.**
- B. Ask if the patient has been taking the medication as prescribed.
- C. Order gabapentin (Neurontin), 100 mg three times a day, because lamotrigine (Lamictal) is no longer working for this patient.
- D. Order a complete blood count (CBC) to assess for an infection.

#### QUESTION 22

An elderly woman with a history of Alzheimer's disease, coronary artery disease, and myocardial infarction had a fall at home 3 months ago that resulted in her receiving an open reduction internal fixation. While assessing this patient, the PMHNP is made aware that the patient continues to experience mild to moderate pain. What is the PMHNP most likely to do?

- A. Order an X-ray because it is possible that she dislocated her hip. **B. Order ibuprofen (Motrin) because she may need long-term treatment and chronic pain is not uncommon.** C. Order naproxen (Naprosyn) because she may have arthritis and chronic pain is not uncommon. D. Order Morphine and physical therapy.

#### QUESTION 23

The PMHNP is assessing a 49-year-old male with a history of depression, post-traumatic stress disorder (PTSD), alcoholism with malnutrition, diabetes mellitus type 2, and hypertension. His physical assessment is unremarkable with the exception of peripheral edema bilaterally to his lower extremities and a chief complaint of pain with numbness and tingling to each leg 5/10. The PMHNP starts this patient on a low dose of doxepin (Sinequan). What is the next action that must be taken by the PMHNP?

- A. Orders liver function tests.** B. Educate the patient on avoiding grapefruits when taking this medication. C. Encourage this patient to keep fluids to 1500 ml/day until the swelling subsides. D. Order a BUN/Creatinine test.

#### QUESTION 24

The PMHNP is evaluating a 30-year-old female patient who states that she notices pain and a drastic change in mood before the start of her menstrual cycle. The patient states that she has tried diet and lifestyle changes but nothing has worked. What will the PMHNP most likely do?

- A. Prescribe Estrin FE 24 birth control B. Prescribe ibuprofen (Motrin), 800 mg every 8 hours as needed for pain **C. Prescribe desvenlafaxine (Pristiq), 50 mg daily** D. Prescribe risperidone (Risperdal), 2 mg TID

## QUESTION 25

A patient with chronic back pain has been prescribed a serotonin-norepinephrine reuptake inhibitor (SNRI). How does the PMHNP describe the action of SNRIs on the inhibition of pain to the patient?

- A. “The SNRI can increase noradrenergic neurotransmission in the descending spinal pathway to the dorsal horn.”** B. “The SNRI can decrease noradrenergic neurotransmission in the descending spinal pathway to the dorsal horn.” C. “The SNRI can reduce brain atrophy by slowing the gray matter loss in the dorsolateral prefrontal cortex.” D. “The SNRI can increase neurotransmission to descending neurons.”

## QUESTION 26

A patient with fibromyalgia and major depression needs to be treated for symptoms of pain. Which is the PMHNP most likely to prescribe for this patient?

Venlafaxine (Effexor)

**Duloxetine (Cymbalta)**

Clozapine (Clozaril)

Phenytoin (Dilantin)

## QUESTION 27

The PMHNP prescribes gabapentin (Neurontin) for a patient’s chronic pain. How does the PMHNP anticipate the drug to work?

**A. It will bind to the alpha-2-delta ligand subunit of voltage-sensitive calcium channels.** B.

It will induce synaptic changes, including sprouting. C. It will act on the presynaptic neuron to trigger sodium influx. D. It will inhibit activity of dorsal horn neurons to suppress body input from reaching the brain.

#### QUESTION 28

Mrs. Rosen is a 49-year-old patient who is experiencing fibro-fog. What does the PMHNP prescribe for Mrs. Rosen to improve this condition? A. Venlafaxine (Effexor) B. Armodafinil (Nuvigil) C. Bupropion (Wellbutrin) **D. All of the above**

#### QUESTION 29

The PMHNP is caring for a patient with fibromyalgia. Which second-line treatment does the PMHNP select that may be effective for managing this patient's pain?

A. Methylphenidate (Ritalin) B. Viloxazine (Vivalan) **C. Imipramine (Tofranil)** D. Bupropion (Wellbutrin)

#### QUESTION 30

The PMHNP is attempting to treat a patient's chronic pain by having the agent bind the open channel conformation of VSCCs to block those channels with a "use-dependent" form of inhibition. Which agent will the PMHNP most likely select?

**A. Pregabalin (Lyrica)** B. Duloxetine (Cymbalta) C. Modafinil (Provigil) D. Atomoxetine (Strattera)

#### QUESTION 31

A patient with irritable bowel syndrome reports chronic stomach pain. The PMHNP wants to prescribe the patient an agent that will cause irrelevant nociceptive inputs from the pain to be ignored and no longer perceived as painful. Which drug will the PMHNP prescribe?

- A. Pregabalin (Lyrica) B. Gabapentin (Neurontin) **C. Duloxetine (Cymbalta)** D. B and C

#### QUESTION 32

The PMHNP wants to use a symptom-based approach to treating a patient with fibromyalgia. How does the PMHNP go about treating this patient?

- A. Prescribing the patient an agent that ignores the painful symptoms by initiating a reaction known as “fibro-fog” B. Targeting the patient’s symptoms with anticonvulsants that inhibit gray matter loss in the dorsolateral prefrontal cortex **C. Matching the patient’s symptoms with the malfunctioning brain circuits and neurotransmitters that might mediate those symptoms** D.

None of the above

#### QUESTION 33

The PMHNP is working with the student to care for a patient with diabetic peripheral neuropathic pain. The student asks the PMHNP why SSRIs are not consistently useful in treating this particular patient’s pain. What is the best response by the PMHNP?

- A. “SSRIs only increase norepinephrine levels.” **B. “SSRIs only increase serotonin levels.”** C. “SSRIs increase serotonin and norepinephrine levels.” D. “SSRIs do not increase serotonin or norepinephrine levels.”

#### QUESTION 34

A patient with gambling disorder and no other psychiatric comorbidities is being treated with pharmacological agents. Which drug is the PMHNP most likely to prescribe?

- A. Antipsychotics B. Lithium C. SSRI **D. Naltrexone**

#### QUESTION 35

Kevin is an adolescent who has been diagnosed with kleptomania. His parents are interested in seeking pharmacological treatment. What does the PMHNP tell the parents regarding his treatment options?

- A. “Naltrexone may be an appropriate option to discuss.”** B. “There are many medicine options that treat kleptomania.” C. “Kevin may need to be prescribed antipsychotics to treat this illness.” D. “Lithium has proven effective for treating kleptomania.”

#### QUESTION 36

Which statement best describes a pharmacological approach to treating patients for impulsive aggression?

- A. Anticonvulsant mood stabilizers can eradicate limbic irritability. B. Atypical antipsychotics can increase subcortical dopaminergic stimulation. C. Stimulants can be used to decrease frontal inhibition. **D. Opioid antagonists can be used to reduce drive.**

#### QUESTION 37

A patient with hypersexual disorder is being assessed for possible pharmacologic treatment. Why does the PMHNP prescribe an antiandrogen for this patient?

- A. It will prevent feelings of euphoria. B. It will amplify impulse control. **C. It will block testosterone.** D. It will redirect the patient to think about other things.

#### QUESTION 38

Mrs. Kenner is concerned that her teenage daughter spends too much time on the Internet. She inquires about possible treatments for her daughter's addiction. Which response by the PMHNP demonstrates understanding of pharmacologic approaches for compulsive disorders?

- A. "Compulsive Internet use can be treated similarly to how we treat people with substance use disorders." B. "Internet addiction is treated with drugs that help block the tension/arousal state your daughter experiences." C. "When it comes to Internet addiction, we prefer to treat patients with pharmaceuticals rather than psychosocial methods." **D. "There are no evidence-based treatments for Internet addiction, but there are behavioral therapies your daughter can try."**

#### QUESTION 39

Mr. Peterson is meeting with the PMHNP to discuss healthier dietary habits. With a BMI of 33, Mr. Peterson is obese and needs to modify his food intake. "Sometimes I think I'm addicted to food the way some people are addicted to drugs," he says. Which statement best describes the neurobiological parallels between food and drug addiction?

- A. There is decreased activation of the prefrontal cortex.** B. There is increased sensation of the reactive reward system. C. There is reduced activation of regions that process palatability. D. There are amplified reward circuits that activate upon consumption.

#### QUESTION 40

The PMHNP is caring for a patient who reports excessive arousal at nighttime. What could the PMHNP use for a time-limited duration to shift the patient's brain from a hyperactive state to a sleep state?

- A. Histamine 2 receptor antagonist
- B. Benzodiazepines**
- C. Stimulants
- D. Caffeine

#### QUESTION 41

The PMHNP is caring for a patient who experiences too much overstimulation and anxiety during daytime hours. The patient agrees to a pharmacological treatment but states, "I don't want to feel sedated or drowsy from the medicine." Which decision made by the PMHNP demonstrates proper knowledge of this patient's symptoms and appropriate treatment options?

- A. Avoiding prescribing the patient a drug that blocks H1 receptors**
- B. Prescribing the patient a drug that acts on H2 receptors
- C. Stopping the patient from taking medicine that unblocks H1 receptors
- D. None of the above

#### QUESTION 42

The PMHNP is performing a quality assurance peer review of the chart of another PMHNP. Upon review, the PMHNP reviews the chart of an older adult patient in long-term care facility who has chronic insomnia. The chart indicates that the patient has been receiving hypnotics on a nightly basis. What does the PMHNP find problematic about this documentation?

- A. Older adult patients are contraindicated to take hypnotics.
- B. Hypnotics have prolonged half-lives that can cause drug accumulation in the elderly.**
- C. Hypnotics have short half-lives

that render themselves ineffective for older adults. D. Hypnotics are not effective for “symptomatically masking” chronic insomnia in the elderly.

#### QUESTION 43

The PMHNP is caring for a patient with chronic insomnia who is worried about pharmacological treatment because the patient does not want to experience dependence. Which pharmacological treatment approach will the PMHNP likely select for this patient for a limited duration, while searching and correcting the underlying pathology associated with the insomnia?

- A. Serotonergic hypnotics
- B. Antihistamines
- C. Benzodiazepine hypnotics
- D. Non-benzodiazepine hypnotics**

#### QUESTION 44

The PMHNP is caring for a patient with chronic insomnia who would benefit from taking hypnotics. The PMHNP wants to prescribe the patient a drug with an ultra-short half-life (1–3 hours). Which drug will the PMHNP prescribe?

- A. Flurazepam (Dalmane)
- B. Estazolam (ProSom)
- C. Triazolam (Halcion)**
- D. Zolpidem CR (Ambien)

#### QUESTION 45

The PMHNP is attempting to treat a patient’s chronic insomnia and wishes to start with an initial prescription that has a half-life of approximately 1–2 hours. What is the most appropriate prescription for the PMHNP to make?

- A. **Triazolam (Halcion)** B. Quazepam (Doral) C. Temazepam (Restoril) D. Flurazepam (Dalmane)

QUESTION 46

A patient with chronic insomnia asks the PMHNP if they can first try an over-the-counter (OTC) medication before one that needs to be prescribed to help the patient sleep. Which is the best response by the PMHNP?

- A. “There are no over-the-counter medications that will help you sleep.” B. “You can choose from one of the five benzo hypnotics that are approved in the United States.” C. “You will need to ask the pharmacist for a non-benzodiazepine medicine.” **D. “You can get melatonin over the counter, which will help with sleep onset.”**

QUESTION 47

A patient with chronic insomnia and depression is taking trazodone (Oleptro) but complains of feeling drowsy during the day. What can the PMHNP do to reduce the drug’s daytime sedating effects?

- A. Prescribe the patient an antihistamine to reverse the sedating effects B. Increasing the patient’s dose and administer it first thing in the morning **C. Give the medicine at night and lower the dose** D. None of the above

QUESTION 48

The PMHNP is teaching a patient with a sleep disorder about taking diphenhydramine (Benadryl). The patient is concerned about the side effects of the drug. What can the PMHNP teach the patient about this treatment approach?

- A. "It can cause diarrhea." **B. "It can cause blurred vision."** C. "It can cause increased salivation." D. "It can cause heightened cognitive effects."

#### QUESTION 49

Parents of a 12-year-old boy want to consider attention deficit hyperactivity disorder (ADHD) medication for their son. Which medication would the PMHNP start?

Methylphenidate Amphetamine salts Atomoxetine **All of the above could potentially treat their son's symptoms.**

#### QUESTION 50

An adult patient presents with a history of alcohol addiction and attention deficit hyperactivity disorder (ADHD). Given these comorbidities, the PMHNP determines which of the following medications may be the best treatment option?

- A. Methylphenidate (Ritalin, Concerta) B. Amphetamine **C. Atomoxetine (Strattera)** D. Fluoxetine (Prozac)

#### QUESTION 51

An 8-year-old patient presents with severe hyperactivity, described as "ants in his pants." Based on self-report from the patient, his parents, and his teacher; attention deficit hyperactivity disorder (ADHD) is suspected. What medication is the PMNHP most likely to prescribe?

- A. Methylphenidate (Ritalin, Concerta)** B. Clonidine (Catapres) C. Bupropion (Wellbutrin) D. Desipramine (Norpramin)

#### QUESTION 52

A 9-year-old female patient presents with symptoms of both attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder. In evaluating her symptoms, the PMHNP determines that which of the following medications may be beneficial in augmenting stimulant medication?

- A. Bupropion (Wellbutrin)
- B. Methylphenidate (Ritalin, Concerta)
- C. Guanfacine ER (Intuniv)**
- D. Atomoxetine (Strattera)

#### QUESTION 53

A PMHNP supervisor is discussing with a nursing student how stimulants and noradrenergic agents assist with ADHD symptoms. What is the appropriate response?

- A. They both increase signal strength output dopamine (DA) and norepinephrine (NE).
- B. Dopamine (DA) and norepinephrine (NE) are increased in the prefrontal cortex.
- C. Noradrenergic agents correct reductions in dopamine (DA) in the reward pathway leading to increased ability to maintain attention to repetitive or boring tasks and resist distractions.
- D. All of the above.**

#### QUESTION 54

A 43-year-old male patient is seeking clarification about treating attention deficit hyperactivity disorder (ADHD) in adults and how it differs from treating children, since his son is on medication to treat ADHD. The PMHNP conveys a major difference is which of the following?

- A. Stimulant prescription is more common in adults.
- B. Comorbid conditions are more common in children, impacting the use of stimulants in children.
- C. Atomoxetine (Strattera) use is not

advised in children. **D. Comorbidities are more common in adults, impacting the prescription of additional agents.**

#### QUESTION 55

A 26-year-old female patient with nicotine dependence and a history of anxiety presents with symptoms of attention deficit hyperactivity disorder (ADHD). Based on the assessment, what does the PMHNP consider?

**A. ADHD is often not the focus of treatment in adults with comorbid conditions.** B. ADHD should always be treated first when comorbid conditions exist. C. Nicotine has no reported impact on ADHD symptoms. D. Symptoms are often easy to treat with stimulants, given the lack of comorbidity with other conditions.

#### QUESTION 56

Which of the following is a true statement regarding the use of stimulants to treat attention deficit hyperactivity disorder (ADHD)?

A. In adults with both ADHD and anxiety, treating the anxiety with selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), or benzodiazepines and the ADHD with stimulants is most effective in treating both conditions. **B. Signal strength output is increased by dialing up the release of dopamine (DA) and norepinephrine (NE).** C. In conditions where excessive DA activation is present, such as psychosis or mania, comorbid ADHD should never be treated with stimulants. D. High dose and pulsatile delivery of stimulants that are short acting are preferred to treat ADHD.

## QUESTION 57

The PMHNP is providing a workshop for pediatric nurses, and a question is posed about noradrenergic agents to treat ADHD. Which of the following noradrenergic agents have norepinephrine reuptake inhibitor (NRI) properties that can treat ADHD?

- A. Desipramine (Norpramin)
- B. Methylphenidate (Ritalin, Concerta)
- C. Atomoxetine (Strattera)
- D. Both “A” & “C”**
- E. “C” only

## QUESTION 58

A 71-year-old male patient comes to an appointment with his 65-year-old wife. They are both having concerns related to her memory and ability to recognize faces. The PMNHP is considering prescribing memantine (Namenda) based on the following symptoms:

- A. Amnesia, aphasia, apnea
- B. Aphasia, apraxia, diplopia
- C. Amnesia, apraxia, agnosia**
- D. Aphasia, agnosia, arthralgia

## QUESTION 59

The PMHNP evaluates a patient presenting with symptoms of dementia. Before the PMHNP considers treatment options, the patient must be assessed for other possible causes of dementia. Which of the following answers addresses both possible other causes of dementia and a rational treatment option for Dementia?

- A. Possible other causes: hypothyroidism, Cushing’s syndrome, multiple sclerosis
- Possible treatment option: memantine
- B. Possible other causes: hypothyroidism, adrenal insufficiency,

hyperparathyroidism Possible treatment option: donepezil C. Possible other causes: hypothyroidism, adrenal insufficiency, niacin deficiency Possible treatment option: risperidone

**D. Possible other causes: hypothyroidism, Cushing's syndrome, lupus erythematosus**

**Possible treatment option: donepezil**

#### QUESTION 60

A group of nursing students seeks further clarification from the PMHNP on how cholinesterase inhibitors are beneficial for Alzheimer's disease patients. What is the appropriate response?

A. Acetylcholine (ACh) destruction is inhibited by blocking the enzyme acetylcholinesterase. B. Effectiveness of these agents occurs in all stages of Alzheimer's disease. C. By increasing acetylcholine, the decline in some patients may be less rapid. **D. Both "A" & "C."**

#### QUESTION 61

The PMHNP is assessing a patient who presents with elevated levels of brain amyloid as noted by positron emission tomography (PET). What other factors will the PMHNP consider before prescribing medication for this patient, and what medication would the PMHNP want to avoid given these other factors?

A. ApoE4 genotype and avoid antihistamines if possible B. Type 2 diabetes and avoid olanzapine  
C. Anxiety and avoid methylphenidate **D. Both "A" & "B"**

#### QUESTION 62

A 72-year-old male patient is in the early stages of Alzheimer's disease. The PMHNP determines that improving memory is a key consideration in selecting a medication. Which of the following would be an appropriate choice?

- A. Rivastigmine (Exelon) B. Donepezil (Aricept) C. Galantamine (Razadyne) **D. All of the above**

#### QUESTION 63

A 63-year-old patient presents with the following symptoms. The PMHNP determines which set of symptoms warrant prescribing a medication? Select the answer that is matched with an appropriate treatment.

- A. Reduced ability to remember names is most problematic, and an appropriate treatment option is memantine. **B. Impairment in the ability to learn and retain new information is most problematic, and an appropriate treatment option would be donepezil.** C. Reduced ability to find the correct word is most problematic, and an appropriate treatment option would be memantine. D. Reduced ability to remember where objects are most problematic, and an appropriate treatment option would be donepezil.

#### QUESTION 64

A 75-year-old male patient diagnosed with Alzheimer's disease presents with agitation and aggressive behavior. The PMHNP determines which of the following to be the best treatment option?

- A. Immunotherapy B. Donepezil (Aricept) C. Haloperidol (Haldol) **D. Citalopram (Celexa) or Escitalopram (Lexapro)**

#### QUESTION 65

The PMHNP has been asked to provide an in-service training to include attention to the use of antipsychotics to treat Alzheimer's. What does the PMHNP convey to staff?

A. The use of antipsychotics may cause increased cardiovascular events and mortality. B. A good option in treating agitation and psychosis in Alzheimer's patients is haloperidol (Haldol). C. Antipsychotics are often used as "chemical straightjackets" to over-tranquilize patients. **D. Both "A" & "C."**

#### QUESTION 66

An 80-year-old female patient diagnosed with Stage II Alzheimer's has a history of irritable bowel syndrome. Which cholinergic drug may be the best choice for treatment given the patient's gastrointestinal problems?

**A. Donepezil (Aricept)** B. Rivastigmine (Exelon) C. Memantine (Namenda) D. All of the above

#### QUESTION 67

The PMHNP understands that bupropion (Wellbutrin) is an effective way to assist patients with smoking cessation. Why is this medication effective for these patients?

A. Bupropion (Wellbutrin) releases the dopamine that the patient would normally receive through smoking. B. Bupropion (Wellbutrin) assists patients with their cravings by changing the way that tobacco tastes. **C. Bupropion (Wellbutrin) blocks dopamine reuptake, enabling more availability of dopamine.** D. Bupropion (Wellbutrin) works on the mesolimbic neurons to increase the availability of dopamine.

#### QUESTION 68

Naltrexone (Revia), an opioid antagonist, is a medication that is used for which of the following conditions?

- A. Alcoholism B. Chronic pain C. Abuse of inhalants D. Mild to moderate heroin withdrawal

QUESTION 69

A patient addicted to heroin is receiving treatment for detoxification. He begins to experience tachycardia, tremors, and diaphoresis. What medication will the PMHNP prescribe for this patient?

- A. Phenobarbital (Luminal) B. Methadone (Dolophine) C. Naloxone (Narcan) **D. Clonidine (Catapres)**

QUESTION 70

A patient diagnosed with obsessive compulsive disorder has been taking a high-dose SSRI and is participating in therapy twice a week. He reports an inability to carry out responsibilities due to consistent interferences of his obsessions and compulsions. The PMHNP knows that the next step would be which of the following?

- A. Decrease his SSRI and add buspirone (Buspar).** B. Decrease his SSRI and add an MAOI. C. Decrease his SSRI steadily until it can be discontinued then try an antipsychotic to manage his symptoms. D. Keep his SSRI dosage the same and add a low-dose TCA.

QUESTION 71

The PMHNP is assessing a patient who will be receiving phentermine (Adipex-P)/topiramate (Topamax) (Qsymia). Which of the following conditions/diseases will require further evaluation before this medication can be prescribed?

- A. Kidney disease stage II B. Obesity **C. Cardiovascular disease** D. Diabetes type II

QUESTION 72

The PMHNP prescribes an obese patient phentermine (Adipex-p)/topiramate ER (Topamax) (Qsymia), Why is topiramate (Topamax) often prescribed with phentermine (Adipex-P)?

- A. Phentermine (Adipex-P) dose can be increased safely when taken with an anticonvulsant. **B. Phentermine (Adipex-P) works by suppressing appetite while topiramate (Topamax) acts by inhibiting appetite.** C. Topiramate (Topamax) potentiates appetite suppression achieved by phentermine (Adipex-P). D. Topiramate (Topamax) helps prevent the unwanted side effects of phentermine (Adipex-P).

QUESTION 73

The PMHNP is assessing a patient who has expressed suicidal intent and is now stating that he is hearing voices and sees people chasing him. The PMHNP identifies these symptoms to be associated with which of the following?

- A. Barbiturate intoxication B. Marijuana intoxication **C. “Bath salt” intoxication** D. Cocaine intoxication

QUESTION 74

The PMHNP is caring for a patient who openly admitted to drinking a quart of vodka daily. Prior to prescribing this patient disulfiram (Antabuse), it is important for the PMHNP to:

- A. Evaluate the patient’s willingness to abstain from alcohol** B. Counsel the patient on dietary restrictions C. Obtain liver function tests D. Assess for addiction to opioids

QUESTION 75 An opioid-naive patient is taking MS Contin (morphine sulfate) to treat his pain that is secondary to cancer. Under what circumstances would the PMHNP order naloxone (Narcan) IM/SQ?

- A. The patient's speech is slurred, and he is in and out of sleep.
  - B. The patient's appetite has decreased from eating 100% of his meal to 50% of his meal.
  - C. The patient complains of not having a bowel movement for 4 days.
- D. The patient's vital signs are 98.4F temp, 88 pulse, 104/62 blood pressure, and 8 respirations.**

QUESTION 76

When completing this exam, did you comply with Walden University's Code of Conduct including the expectations for academic integrity?

**Yes** No