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39	A	B	C	D	E

PRACTICE QUESTIONS

International Foundations of Medicine Exam Program (IFOM)

PSYCH

Psychiatry

Uploaded by Community A

EDITION

Original Demo

QUESTIONS

6

ISSUED

October 14, 2026

Before you begin

What this is

6 practice questions for International Foundations of Medicine Exam Program (IFOM) PSYCH , each with its answer key and an explanation. Answer a question before you read its key - the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, PSYCH
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

Licence

Free Mometrix practice demo. The complete question bank is available through a paid account.

QUESTION 1

SINGLE CHOICE

An 82-year-old hospitalized patient becomes acutely confused and disoriented 48 hours after surgery. He has fluctuating attention and consciousness, and he picks at the bedsheets. His symptoms developed over hours. Which condition best fits this presentation?

- ☐ A Alzheimer's dementia
- ☒ B Delirium
- ☐ C Vascular dementia
- ☐ D Major depressive disorder with psychotic features

ANSWER B

WHY Delirium is characterized by an acute onset (hours to days), fluctuating course, and disturbance of attention and awareness, with an additional disturbance in cognition. It typically results from a physiological consequence of a medical condition, intoxication, or withdrawal. Dementia has a chronic, insidious course (months to years) without acute fluctuating attention, except when superimposed by delirium.

QUESTION 2

SINGLE CHOICE

A patient with schizophrenia is started on haloperidol for acute psychosis. Three days later, he develops severe muscle rigidity, hyperthermia, altered mental status, and autonomic instability with elevated creatine kinase. Which of the following is the most appropriate immediate management?

- ☐ A Administer benztropine
- ☒ B Administer dantrolene and bromocriptine
- ☐ C Administer flumazenil
- ☐ D Administer propranolol

ANSWER B

WHY The presentation of severe muscle rigidity, hyperthermia, autonomic instability, altered mental status, and elevated CK in a patient recently started on a high-potency typical antipsychotic is consistent with neuroleptic malignant syndrome (NMS). Treatment includes immediate discontinuation of the offending agent, supportive care, and pharmacologic management with dantrolene (a direct skeletal muscle relaxant), bromocriptine or amantadine (dopamine agonists). Benztropine is used for acute dystonia and other extrapyramidal symptoms but is not sufficient for NMS. Flumazenil is a benzodiazepine antagonist and propranolol is used for akathisia.

QUESTION 3

SINGLE CHOICE

A 19-year-old college student describes recurrent, unexpected episodes of intense fear that peak within minutes, during which she experiences chest tightness, palpitations, shortness of breath, dizziness, and a fear of dying. She avoids places where she cannot quickly get help. Between episodes she worries constantly about having another one. What is the most likely diagnosis?

- ☐ A Generalized anxiety disorder
- ☒ B Panic disorder with agoraphobia
- ☐ C Social anxiety disorder
- ☐ D Specific phobia

ANSWER B

WHY Recurrent, unexpected panic attacks followed by ≥ 1 month of persistent concern about additional attacks, implications of the attack, or significant behavioral change (such as avoidance) is diagnostic of panic disorder. When avoidance of situations because escape might be difficult or help unavailable is also present, agoraphobia is diagnosed and specified. GAD involves persistent excessive worry about multiple domains, not discrete attacks. Social anxiety is triggered by social scrutiny; specific phobia is triggered by a specific object/situation.

QUESTION 4

SINGLE CHOICE

A 30-year-old woman is brought in by her family because for the past 10 days she has needed only 2-3 hours of sleep, has been spending excessively on shopping sprees, talking rapidly, and becoming easily distracted. She has had similar episodes in the past, each lasting about 2 weeks, separated by months of normal mood. She denies substance use. What is the most likely diagnosis?

- ☐ A Major depressive disorder with mixed features
- ☐ B Bipolar II disorder
- ☒ C Bipolar I disorder
- ☐ D Cyclothymic disorder

ANSWER C

WHY Bipolar I disorder requires at least one manic episode (a distinct period of abnormally elevated/irritable mood and increased activity/energy lasting ≥ 1 week, present most of the day nearly every day, plus ≥ 3 associated symptoms such as decreased need for sleep, grandiosity, pressured speech, etc.). Mania can occur with or without psychosis and does not require a depressive episode for diagnosis. Bipolar II requires hypomania (≥ 4 days) plus major depressive episodes. Cyclothymic disorder requires ≥ 2 years of fluctuating subthreshold mood symptoms.

QUESTION 5

SINGLE CHOICE

Which of the following patient populations is at the highest baseline risk for completed suicide in the United States?

- ☐ A Adolescent females aged 15-19
- ☐ B Middle-aged adults aged 45-64
- ☒ C Older adult Caucasian males aged 75 and above
- ☐ D Young adult males aged 18-24

ANSWER C

WHY In the United States, completed suicide rates rise with age and are highest among older adult males, particularly non-Hispanic White men aged 75 years and older, who historically have had the highest suicide rate of any demographic group. Although adolescent and young adult suicide attempts are common, completed suicide rates are substantially lower in those groups. The 45-64 age group also has elevated rates but not as high as the oldest age stratum.

QUESTION 6

SINGLE CHOICE

A patient with chronic heavy alcohol use is brought to the emergency department approximately 72 hours after his last drink. He is confused, has elevated blood pressure, tachycardia, and low-grade fever, and he reports that he 'sees bugs' on the walls. Which of the following is the most likely diagnosis?

- ☐ A Alcohol intoxication
- ☐ B Alcohol-induced psychotic disorder
- ☒ C Alcohol withdrawal delirium (delirium tremens)
- ☐ D Wernicke encephalopathy

ANSWER C

WHY Delirium tremens typically develops 48-96 hours after the last drink and is characterized by confusion, autonomic hyperactivity (tachycardia, hypertension, fever), and visual hallucinations such as seeing insects. Alcohol intoxication would occur during use, not 72 hours after cessation, and Wernicke encephalopathy presents with the classic triad of ophthalmoplegia, ataxia, and confusion rather than prominent autonomic features.