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PRACTICE QUESTIONS

International Foundations of Medicine Exam Program (IFOM)

PSYCH

Psychiatry

EDITION

Original Demo

QUESTIONS

15

ISSUED

October 14, 2026

Before you begin

What this is

15 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

Original Mometrix demo. This free sample contains fewer questions than the full paid edition.

QUESTION 1

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 2

SINGLE CHOICE

A 35-year-old combat veteran experiences intrusive memories of a traumatic event, avoids reminders of the trauma, has negative alterations in mood and cognition, and demonstrates hyperarousal (exaggerated startle, sleep disturbance) lasting more than 1 month after the event. Which diagnosis best fits?

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

ANSWER B

WHY DSM-5-TR requires that PTSD symptoms last more than 1 month following exposure to a traumatic event, including intrusion, avoidance, negative alterations in cognition/mood, and alterations in arousal/reactivity. Acute stress disorder presents with similar symptoms but lasts from 3 days to 1 month after the trauma. Adjustment disorder involves emotional/behavioral symptoms in response to an identifiable stressor but does not require exposure to a traumatic event.

QUESTION 3

SINGLE CHOICE

A 38-year-old man has a long-standing pervasive pattern of social detachment, restricted emotional expression, and preference for solitary activities. He shows little interest in close relationships and demonstrates flattened affect with indifference to praise or criticism. According to DSM-5, in which personality disorder cluster is this disorder classified?

- ☒ **A** Cluster A (odd/eccentric)
- ☐ **B** Cluster B (dramatic/erratic)
- ☐ **C** Cluster C (anxious/fearful)
- ☐ **D** Cluster D (not a recognized DSM-5 cluster)

ANSWER A

WHY DSM-5 groups personality disorders into three clusters. Cluster A includes paranoid, schizoid, and schizotypal personality disorders-described as 'odd/eccentric.' The patient's social detachment, restricted emotional expression, and indifference to relationships are characteristic of schizoid personality disorder, which is classified in Cluster A. Cluster B includes antisocial, borderline, histrionic, and narcissistic disorders, while Cluster C includes avoidant, dependent, and obsessive-compulsive personality disorders.

QUESTION 4

SINGLE CHOICE

An 80-year-old man is admitted for a urinary tract infection and 48 hours later becomes acutely confused, disoriented to place and time, and visually hallucinating. He is alert and lucid during the morning but becomes confused again each evening. Which diagnosis best fits this presentation?

- ☐ A Alzheimer disease dementia
- ☒ B Delirium
- ☐ C Schizophrenia
- ☐ D Dissociative identity disorder

ANSWER B

WHY Delirium features acute onset, fluctuating course (often worse at night - 'sundowning'), inattention, and altered consciousness/awareness, typically precipitated by an acute medical condition such as infection. Alzheimer dementia has an insidious, slowly progressive course without diurnal fluctuation. Schizophrenia is chronic with psychotic symptoms but not acute confusion tied to a medical trigger. Dissociative identity disorder involves alternating personality states, not confusion.

QUESTION 5

SINGLE CHOICE

A 32-year-old woman presents with a persistent low mood, anhedonia, decreased appetite, insomnia, and feelings of worthlessness for the past 8 weeks. She denies any manic or hypomanic episodes. Which of the following best describes the minimum symptom duration required by DSM-5-TR to diagnose a major depressive episode?

- ☐ A At least 1 week
- ☒ B At least 2 weeks
- ☐ C At least 4 weeks
- ☐ D At least 6 months

ANSWER B

WHY DSM-5-TR requires symptoms to be present during the same 2-week period for a diagnosis of a major depressive episode, representing a change from previous functioning, with at least five of the specified symptoms and at least one of them being either depressed mood or loss of interest/pleasure.

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.

QUESTION 7

SINGLE CHOICE

A 55-year-old man with a long history of alcohol use disorder is brought to the emergency department 24 hours after his last drink. He reports severe anxiety, tremor, sweating, nausea, and headache. His blood pressure is 160/95 mm Hg and heart rate is 110 beats per minute. He is oriented to person, place, and time and has no hallucinations. Which of the following is the most appropriate initial pharmacologic treatment?

- ☐ A Naltrexone
- ☐ B Disulfiram
- ☒ C A long-acting benzodiazepine (e.g., diazepam or chlordiazepoxide)
- ☐ D Acamprosate

ANSWER C

WHY Moderate alcohol withdrawal with autonomic hyperactivity and tremor is best treated initially with a long-acting benzodiazepine (such as diazepam or chlordiazepoxide) using symptom-triggered or scheduled dosing. Naltrexone, disulfiram, and acamprosate are used for relapse prevention in alcohol use disorder after detoxification is complete, not for acute withdrawal management.

QUESTION 8

SINGLE CHOICE

A 30-year-old man has a long-standing pattern of detachment from social relationships, restricted emotional expression, and indifference to praise or criticism. He prefers solitary activities and shows little interest in close relationships. Which DSM-5 personality disorder best fits this presentation?

- ☒ **A** Schizoid personality disorder
- ☐ **B** Borderline personality disorder
- ☐ **C** Avoidant personality disorder
- ☐ **D** Antisocial personality disorder

ANSWER A

WHY Schizoid personality disorder is characterized by a pervasive pattern of detachment from social relationships and restricted emotional expression, with indifference to social relationships and limited emotional expression. Avoidant personality disorder features social inhibition due to fear of rejection and a desire for relationships. Borderline is cluster B, with unstable relationships and impulsivity. Antisocial is cluster B, with disregard for others and rule violation.

QUESTION 9

SINGLE CHOICE

A 32-year-old man with a long history of heroin use is brought to the emergency department after being found unconscious. He is breathing slowly, has pinpoint pupils, and a respiratory rate of 6 breaths per minute. Which of the following is the most appropriate initial pharmacologic treatment?

- ☐ A Methadone
- ☐ B Buprenorphine
- ☒ C Naloxone
- ☐ D Naltrexone

ANSWER C

WHY Acute opioid overdose presenting with respiratory depression, miosis, and decreased level of consciousness is a medical emergency treated with naloxone, a pure opioid antagonist that can be given intravenously, intramuscularly, or intranasally. Methadone and buprenorphine are used for opioid use disorder treatment and maintenance, not acute overdose. Naltrexone is an opioid antagonist used to prevent relapse after detoxification and would precipitate withdrawal if given to an opioid-dependent patient.

QUESTION 10

MULTIPLE CHOICE

Which of the following are DSM-5 Cluster A personality disorders? (Choose two.)

- ☒ A Paranoid personality disorder
- ☒ B Schizotypal personality disorder
- ☐ C Avoidant personality disorder
- ☐ D Dependent personality disorder

ANSWER A • B

WHY DSM-5 classifies personality disorders into three clusters based on descriptive similarities. Cluster A ('weird') includes paranoid, schizoid, and schizotypal personality disorders. These disorders share odd or eccentric behaviors and a genetic association with schizophrenia. Avoidant personality disorder is a Cluster C disorder ('anxious/fearful'), and dependent personality disorder is also Cluster C.

QUESTION 11

SINGLE CHOICE

A patient with chronic heavy alcohol use is admitted for elective surgery. Approximately 12-24 hours after his last drink, he develops tremulousness, anxiety, sweating, nausea, and insomnia. Which condition best describes this presentation?

- ☐ A Alcohol-induced psychotic disorder
- ☒ B Alcohol withdrawal
- ☐ C Wernicke encephalopathy
- ☐ D Delirium tremens

ANSWER B

WHY Uncomplicated alcohol withdrawal develops 6-24 hours after the last drink with autonomic hyperactivity, tremor, anxiety, GI upset, and insomnia. Wernicke encephalopathy presents with the triad of confusion, ophthalmoplegia, and ataxia due to thiamine deficiency. Delirium tremens typically begins 48-96 hours after the last drink with severe autonomic instability and altered sensorium. Alcohol-induced psychotic disorder is characterized by hallucinations or delusions in the absence of significant withdrawal.

QUESTION 12

SINGLE CHOICE

A 28-year-old woman presents with persistent low mood, anhedonia, insomnia, poor appetite, fatigue, and poor concentration for the past 3 weeks. She denies any thoughts of self-harm. Which of the following is required by DSM-5 criteria to diagnose a major depressive episode in this patient?

- ☐ A Symptoms must be present for at least 2 weeks and represent a change from previous functioning, with at least three of the listed symptoms including depressed mood
- ☒ B Symptoms must be present nearly every day for at least 2 weeks, with at least five of the listed symptoms, including either depressed mood or anhedonia
- ☐ C Symptoms must be present for at least 1 month and include either depressed mood or anhedonia, with no other symptoms required
- ☐ D Symptoms must be present most of the day, nearly every day, for at least 2 weeks, with at least five symptoms, none of which is mandatory

ANSWER B

WHY DSM-5 requires that, to diagnose a major depressive episode, the patient must have five or more symptoms present during the same 2-week period, nearly every day, and that these symptoms must represent a change from previous functioning. At least one of the symptoms must be either depressed mood or loss of interest/pleasure (anhedonia); the other symptoms can include appetite/weight change, sleep disturbance, psychomotor agitation or retardation, fatigue, feelings of worthlessness or guilt, diminished concentration, or recurrent thoughts of death or suicide. This patient meets the 2-week duration and has multiple symptoms including both depressed mood and anhedonia, consistent with a major depressive episode.

QUESTION 13

SINGLE CHOICE

A 24-year-old man is brought in by his family because, for 10 days, he has slept only 3-4 hours per night, has been excessively talkative at work, has spent the family's savings on a new business venture, and reports racing thoughts and inflated self-confidence. He denies depressive symptoms. Which DSM-5 diagnosis best fits this presentation?

- ☐ A Attention-deficit/hyperactivity disorder
- ☒ B Bipolar I disorder, current episode manic
- ☐ C Generalized anxiety disorder
- ☐ D Cyclothymic disorder

ANSWER B

WHY The presentation includes a distinct period of elevated/expansive mood with increased goal-directed activity lasting at least 1 week, plus DIG FAST symptoms (Distractibility, Impulsivity/risk-taking spending, Grandiosity, Flight of ideas, Activity increased, Sleep decreased, Talkativeness) - meeting DSM-5 criteria for a manic episode. A single manic episode establishes Bipolar I disorder. ADHD is pervasive and lifelong; GAD centers on excessive worry; cyclothymia requires ≥ 2 years of subthreshold mood symptoms.

QUESTION 14

SINGLE CHOICE

An 80-year-old man is admitted to the hospital for a urinary tract infection and becomes acutely confused, disoriented, and visually hallucinated. His level of attention fluctuates throughout the day, and he is unable to consistently identify his family members. He returns to his baseline mental status within a few days after the infection is treated. Which of the following is the most likely diagnosis?

- ☐ A Major neurocognitive disorder due to Alzheimer disease
- ☒ B Delirium
- ☐ C Psychotic disorder due to another medical condition
- ☐ D Lewy body dementia

ANSWER B

WHY The patient's acute onset of confusion, fluctuating level of attention, disorientation, visual hallucinations, and complete resolution after treatment of his underlying medical illness are characteristic of delirium, an acute syndrome of disturbed attention, awareness, and cognition that develops over hours to days and tends to fluctuate during the course of the day. Major neurocognitive disorder (dementia) implies a chronic, progressive decline and would not fully reverse with treatment of the underlying infection. Lewy body dementia would show progressive cognitive decline with persistent visual hallucinations and parkinsonism, and not just an acute, reversible course.

QUESTION 15

MULTIPLE CHOICE

Which of the following findings are characteristic of bulimia nervosa according to DSM-5? (Choose two.)

- ☒ **A** Recurrent episodes of binge eating
- ☐ **B** Body mass index (BMI) consistently below 17 kg/m²
- ☒ **C** Recurrent inappropriate compensatory behaviors to prevent weight gain (e.g., self-induced vomiting, laxative misuse)
- ☐ **D** Disturbance in the way one's body weight or shape is experienced, with undue influence on self-evaluation

ANSWER **A** - **C**

WHY DSM-5 criteria for bulimia nervosa include recurrent episodes of binge eating, recurrent inappropriate compensatory behaviors to prevent weight gain, and self-evaluation unduly influenced by body shape/weight, occurring at least once a week for 3 months. Significantly low body weight is a feature of anorexia nervosa, restricting type, not bulimia nervosa. While body image disturbance is part of bulimia nervosa, the option regarding "undue influence on self-evaluation" better characterizes anorexia nervosa in DSM-5 phrasing; the core bulimia criteria focus on binge eating and compensatory behaviors.