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38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

SCFHS Remote

PSYCH

Psychiatry Exam

Uploaded by Community B

EDITION

Original Demo

QUESTIONS

8

ISSUED

October 14, 2026

Before you begin

What this is

8 practice questions for SCFHS Remote **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

A 42-year-old man is brought to the emergency department with confusion, ataxia, nystagmus, and a smell of alcohol on his breath. His serum glucose is normal. Which substance is most likely responsible for this presentation?

- ☐ A Methanol
- ☒ B Ethanol
- ☐ C Ethylene glycol
- ☐ D Isopropanol

ANSWER B

WHY The combination of confusion, ataxia, nystagmus, and an alcohol odor with normal glucose is the classic intoxication picture of ethanol. Methanol and ethylene glycol typically produce high anion gap metabolic acidosis with visual or renal symptoms. Isopropanol causes ketosis without acidosis.

QUESTION 2

MULTIPLE CHOICE

Which findings support a diagnosis of anorexia nervosa? (Choose two.)

- ☒ A Restriction of energy intake leading to significantly low body weight
- ☒ B Intense fear of gaining weight or persistent behavior that interferes with weight gain
- ☐ C Recurrent episodes of binge eating with compensatory vomiting only
- ☐ D Preoccupation with calorie counting and food rituals, regardless of weight

ANSWER A • B

WHY Anorexia nervosa requires restriction of energy intake relative to requirements, resulting in significantly low body weight, together with intense fear of gaining weight or persistent behavior that interferes with weight gain. The other findings are not sufficient by themselves to establish the diagnosis.

QUESTION 3

SINGLE CHOICE

A 40-year-old man with major depressive disorder is started on phenelzine. Two weeks later he attends a social gathering and develops severe occipital headache, sweating, stiff neck, and a blood pressure of 210/120 mmHg after eating aged cheese. What is the most likely mechanism of this reaction?

- ☐ A Excessive serotonergic stimulation of central 5-HT₂ receptors
- ☒ B Potentiation of tyramine-induced norepinephrine release from presynaptic vesicles
- ☐ C Direct alpha-adrenergic receptor blockade
- ☐ D Cholinergic crisis due to inhibited acetylcholinesterase

ANSWER B

WHY Phenelzine is a monoamine oxidase inhibitor (MAOI). Dietary tyramine, present in aged cheese, cured meats, and fermented foods, is normally degraded by intestinal and hepatic MAO. When MAO is inhibited, ingested tyramine enters the systemic circulation, is taken up by sympathetic nerve terminals, and displaces large amounts of stored norepinephrine into the synapse, producing a hypertensive crisis. The clinical picture (occipital headache, severe hypertension, sweating) is classic for this 'cheese reaction.'

QUESTION 4

MULTIPLE CHOICE

Which of the following are recognized side effects of typical (first-generation) antipsychotics? (Choose two.)

- ☒ A Extrapyramidal symptoms including acute dystonia
- ☒ B Tardive dyskinesia with long-term use
- ☐ C Serotonin syndrome when combined with SSRIs
- ☐ D Galactorrhea due to hyperprolactinemia

ANSWER A - B

WHY First-generation antipsychotics block dopamine D₂ receptors strongly, producing extrapyramidal effects (acute dystonia, parkinsonism, akathisia) and, with prolonged use, tardive dyskinesia. Hyperprolactinemia is also a recognized effect, but serotonin syndrome is associated with serotonergic agents, not antipsychotics.

QUESTION 5

MULTIPLE CHOICE

A 19-year-old university student presents with a 2-week history of decreased sleep, racing thoughts, grandiosity, increased goal-directed activity, and pressured speech. He has had one prior similar episode 2 years ago that lasted 3 weeks and resolved without treatment. Which of the following best describes this longitudinal course? (Choose two.)

- ☐ A Bipolar II disorder
- ☒ B Bipolar I disorder
- ☒ C At least two manic episodes
- ☐ D A pattern of cyclothymia
- ☐ E Unipolar mania
- ☐ F Schizoaffective disorder, bipolar type

ANSWER B • C

WHY A discrete episode of mania lasting at least 1 week (or any duration if hospitalization is required), even without a depressive episode, satisfies DSM-5 criteria for a manic episode and therefore Bipolar I disorder. A prior similar episode confirms the recurrent pattern of mania. Bipolar II requires hypomanic (not manic) episodes plus major depressive episodes, which is not the case here. Cyclothymia requires numerous periods of subthreshold hypomanic and depressive symptoms for at least 2 years. The diagnosis of mania alone, without psychosis independent of mood symptoms, does not meet schizoaffective criteria.

QUESTION 6

SINGLE CHOICE

A 72-year-old patient has a gradual decline in memory and language over 3 years. The patient remains alert, has intact consciousness, and has no acute focal neurologic deficits. Which diagnosis is most likely?

- ☐ A Major depressive disorder with pseudodementia
- ☒ B Major neurocognitive disorder due to Alzheimer disease
- ☐ C Delirium
- ☐ D Lewy body disease with fluctuating consciousness

ANSWER B

WHY Major neurocognitive disorder due to Alzheimer disease typically presents with an insidious, progressive decline in one or more cognitive domains, relatively clear consciousness, and no sudden acute onset. Delirium is characterized by acute disturbance in attention and awareness, while Lewy body disease commonly includes visual hallucinations, parkinsonism, and fluctuations.

QUESTION 7

SINGLE CHOICE

A 28-year-old woman with borderline personality disorder engages in repeated self-harm when emotionally distressed. Which psychotherapeutic approach has the strongest evidence base for reducing self-harm and suicidal behavior in this population?

- ☐ A Psychoanalytic psychotherapy
- ☒ B Dialectical behavior therapy (DBT)
- ☐ C Supportive psychotherapy alone
- ☐ D Exposure therapy for social anxiety

ANSWER B

WHY Dialectical behavior therapy, developed by Marsha Linehan, is the psychotherapy with the strongest evidence base for reducing self-harm, suicidal behavior, and borderline symptomatology. It combines skills training (mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness) with individual therapy and phone coaching.

QUESTION 8

SINGLE CHOICE

A patient with major depressive disorder is started on fluoxetine. Which mechanism of action best explains its antidepressant effect?

- ☐ A Inhibition of monoamine oxidase type A
- ☒ B Selective inhibition of serotonin reuptake at the presynaptic neuron
- ☐ C Blockade of postsynaptic dopamine D2 receptors
- ☐ D Antagonism of NMDA glutamate receptors
- ☐ E Direct agonism of GABA-A receptors

ANSWER B

WHY Fluoxetine is a selective serotonin reuptake inhibitor (SSRI) that blocks the serotonin transporter on the presynaptic neuron, increasing synaptic serotonin availability. MAO-A inhibition describes MAOIs; D2 blockade describes antipsychotics; NMDA antagonism describes ketamine; and GABA-A agonism describes benzodiazepines.