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36	A	B	C	D	E
37	A	B	C	D	E
38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

SCFHS Remote

PSYCH

Psychiatry Exam

EDITION

Original Demo

QUESTIONS

15

ISSUED

October 14, 2026

Before you begin

What this is

15 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

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

QUESTION 1

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 2

SINGLE CHOICE

A 26-year-old woman has a long-standing pattern of unstable relationships, frantic efforts to avoid real or imagined abandonment, identity disturbance, impulsivity, recurrent self-harm, and chronic feelings of emptiness. What is the most likely diagnosis?

- ☐ A Antisocial personality disorder
- ☒ B Borderline personality disorder
- ☐ C Histrionic personality disorder
- ☐ D Narcissistic personality disorder
- ☐ E Dependent personality disorder

ANSWER B

WHY Borderline personality disorder is defined by a pervasive pattern of instability in interpersonal relationships, self-image, and affect, with marked impulsivity, beginning by early adulthood and present in a variety of contexts. The classic features - fear of abandonment, identity disturbance, impulsivity, self-harm, and chronic emptiness - fit this diagnosis. The other listed personality disorders do not encompass this combination of features.

QUESTION 3

SINGLE CHOICE

A patient treated with haloperidol develops high fever, severe muscle rigidity, altered consciousness, and autonomic instability. What is the most appropriate immediate treatment?

- ☐ A Administer levothyroxine
- ☒ B Administer dantrolene or bromocriptine and stop haloperidol
- ☐ C Increase the haloperidol dose
- ☐ D Administer lithium

ANSWER B

WHY The presentation is consistent with neuroleptic malignant syndrome, a potentially life-threatening complication of dopamine antagonist exposure. Immediate management includes stopping the causative antipsychotic and providing supportive care; dantrolene or bromocriptine may be used.

QUESTION 4

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.

QUESTION 5

SINGLE CHOICE

A 30-year-old woman avoids driving because she is terrified of having a panic attack while in traffic. She has not driven in 3 months and is distressed by this. She does not have spontaneous panic attacks outside driving. Which diagnosis best fits her presentation?

- ☐ A Panic disorder
- ☐ B Agoraphobia
- ☒ C Specific phobia (driving)
- ☐ D Generalized anxiety disorder

ANSWER C

WHY Fear is limited to a specific situation (driving) and is not related to a broader set of situations where escape might be difficult, fitting specific phobia. Panic disorder requires recurrent unexpected panic attacks. Agoraphobia involves fear across multiple situations (public transport, open spaces, crowds). GAD involves pervasive worry across many domains.

QUESTION 6

SINGLE CHOICE

A 48-year-old man with chronic alcohol use disorder is brought to the emergency department 6 hours after his last drink. He is anxious, tremulous, sweating, and reports nausea and insomnia but has no confusion or hallucinations. Which of the following is the most appropriate initial pharmacotherapy?

- ☒ **A** Oral chlordiazepoxide using a symptom-triggered or front-loaded protocol
- ☐ **B** Intravenous naloxone 0.4 mg repeated every 2-3 minutes
- ☐ **C** Oral disulfiram 250 mg daily initiated immediately
- ☐ **D** High-potency parenteral antipsychotic (haloperidol) alone

ANSWER A

WHY Early alcohol withdrawal (6-24 hours) is best managed with a long-acting benzodiazepine such as chlordiazepoxide or diazepam, which provides a smooth self-tapering effect and prevents progression to seizures or delirium tremens. Naloxone is for opioid overdose. Disulfiram is for maintenance of abstinence and is contraindicated during acute intoxication because of the disulfiram-ethanol reaction. Haloperidol monotherapy is inappropriate; it lowers the seizure threshold and does not address the underlying GABAergic withdrawal state.

QUESTION 7

SINGLE CHOICE

A patient with schizophrenia develops high fever, severe generalized muscle rigidity, altered consciousness, and markedly elevated creatine kinase (CK) within days of starting haloperidol. Which of the following is the most appropriate immediate management?

- ☐ **A** Add an anticholinergic agent such as benztropine and continue haloperidol
- ☒ **B** Stop haloperidol immediately, transfer to a monitored setting, and give supportive care including dantrolene and/or bromocriptine
- ☐ **C** Switch to oral olanzapine while continuing haloperidol by intramuscular route
- ☐ **D** Administer propranolol for the muscle rigidity

ANSWER B

WHY This presentation is neuroleptic malignant syndrome (NMS), a life-threatening reaction to dopamine blockade. Management requires immediate discontinuation of the offending dopamine antagonist, supportive care (cooling, IV fluids, electrolyte correction), and specific therapy such as dantrolene (a direct-acting muscle relaxant), bromocriptine or amantadine (dopamine agonists). Continuing haloperidol, adding anticholinergics, or merely switching route/switching class while the precipitant continues would be dangerous. Propranolol treats antipsychotic-induced akathisia, not NMS.

QUESTION 8

MULTIPLE CHOICE

According to DSM-5, which of the following symptom clusters are required for the diagnosis of post-traumatic stress disorder (PTSD)? (Choose two.)

- ☐ A Intrusion symptoms (e.g., intrusive memories, nightmares, dissociative reactions)
- ☒ B Persistent negative alterations in cognition and mood associated with the traumatic event
- ☐ C A major depressive episode lasting at least 2 weeks
- ☒ D Avoidance of stimuli associated with the trauma

ANSWER B • D

WHY DSM-5 PTSD requires exposure to actual or threatened death/serious injury, plus symptoms from four clusters: (1) intrusion, (2) avoidance, (3) negative alterations in cognition and mood, and (4) alterations in arousal and reactivity, lasting more than 1 month. Option A is one of the four clusters but is paired with options that include another cluster (negative cognitions/mood) and avoidance as the two correct answers. A major depressive episode is not required for PTSD diagnosis. (Note: A is a real cluster but only two answers are correct here.)

QUESTION 9

SINGLE CHOICE

A patient has auditory hallucinations, paranoid delusions, disorganized speech, and disorganized behavior for more than 6 months. Mood symptoms are brief and do not meet the criteria for a full mood episode. Which diagnosis is most likely?

- ☐ A Schizophreniform disorder
- ☐ B Schizoaffective disorder
- ☒ C Schizophrenia
- ☐ D Delusional disorder

ANSWER C

WHY Schizophrenia requires continuous signs of disturbance for at least 6 months, including at least 1 month of active symptoms such as delusions, hallucinations, or disorganized speech, with significant functional impairment. The absence of a predominantly full mood episode favors schizophrenia over schizoaffective disorder.

QUESTION 10

SINGLE CHOICE

A patient with bipolar I disorder has been maintained on lithium carbonate 600 mg twice daily for 6 months with stable serum levels. He now presents with coarse tremor, persistent nausea and diarrhea, ataxia, and confusion. Which of the following is the most appropriate immediate next step?

- ☐ A Add a benzodiazepine to control the tremor and continue the current lithium dose
- ☒ B Check a serum lithium level and assess renal function before adjusting the dose
- ☐ C Switch immediately to valproate without further evaluation
- ☐ D Reassure the patient that these are expected side effects and continue unchanged

ANSWER B

WHY Coarse tremor, ataxia, vomiting, diarrhea, and confusion are classic features of lithium toxicity, which can occur even at previously tolerated doses due to dehydration, drug interactions (NSAIDs, ACE inhibitors, thiazides), or declining renal clearance. A serum lithium level (target 0.6-1.0 mEq/L maintenance, up to 1.2 in acute mania) and assessment of renal function and electrolytes must guide management. Continuing the dose or simply adding a benzodiazepine risks progression to seizures, coma, and arrhythmias.

QUESTION 11

MULTIPLE CHOICE

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

- ☒ A Acute dystonia
- ☒ B Akathisia
- ☒ C Tardive dyskinesia
- ☐ D QT prolongation unrelated to movement

ANSWER A - B - C

WHY First-generation antipsychotics block dopamine D2 receptors in the nigrostriatal pathway, producing a spectrum of extrapyramidal symptoms including acute dystonia, akathisia, parkinsonism, and tardive dyskinesia. QT prolongation is a cardiac electrophysiologic side effect of some antipsychotics (including typicals like haloperidol and thioridazine), but it is not classified as an extrapyramidal side effect. The four classic extrapyramidal symptoms of typical antipsychotics are: acute dystonia, akathisia, drug-induced parkinsonism, and tardive dyskinesia.

QUESTION 12

SINGLE CHOICE

A patient has a pervasive pattern of unstable relationships, an unstable self-image, marked impulsivity, recurrent suicidal gestures, and intense affective instability. What is the most likely diagnosis?

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

ANSWER C

WHY Borderline personality disorder is defined by a pervasive pattern of instability in interpersonal relationships, self-image, affect, and impulse control, together with marked efforts to avoid abandonment and recurrent self-harm or suicidal behavior.

QUESTION 13

SINGLE CHOICE

A 28-year-old man describes recurrent, unexpected episodes of intense fear lasting 10 minutes, accompanied by chest tightness, palpitations, shortness of breath, and a fear of dying. Between episodes he worries constantly about having another one. What is the most likely diagnosis?

- ☐ A Generalized anxiety disorder
- ☒ B Panic disorder
- ☐ C Agoraphobia without panic disorder
- ☐ D Social anxiety disorder
- ☐ E Specific phobia

ANSWER B

WHY Panic disorder is characterized by recurrent, unexpected panic attacks followed by at least one month of persistent concern about additional attacks, worry about their implications, or significant behavioral change related to the attacks. The recurrent, discrete episodes with autonomic symptoms and inter-episode anticipatory anxiety fit panic disorder rather than the persistent excessive worry of generalized anxiety disorder or the fear of specific situations seen in specific or social phobia.

QUESTION 14

SINGLE CHOICE

An 80-year-old man has a gradual 3-year decline in memory, gets lost in familiar places, and can no longer manage his finances. He remains alert and oriented to person and place but cannot recall recent events or learn new information. Which of the following is the most likely diagnosis?

- ☐ A Delirium
- ☒ B Major neurocognitive disorder due to Alzheimer's disease
- ☐ C Vascular neurocognitive disorder
- ☐ D Normal age-related cognitive decline

ANSWER B

WHY The clinical picture—a gradual, insidious onset over years with prominent episodic memory impairment and decline in independent functioning (managing finances, spatial disorientation) in an elderly patient—is classic for major neurocognitive disorder due to Alzheimer's disease. Delirium has acute onset, fluctuating course, and impaired attention/consciousness. Vascular neurocognitive disorder typically shows stepwise decline with focal neurological signs. Normal aging does not produce this magnitude of functional impairment.

QUESTION 15

SINGLE CHOICE

A patient has depressed mood and loss of interest for most of the day, nearly every day, for 2 weeks, accompanied by insomnia, fatigue, poor concentration, and recurrent thoughts of death. Which diagnosis is most likely?

- ☐ A Persistent depressive disorder
- ☒ B Major depressive disorder
- ☐ C Bipolar II disorder
- ☐ D Adjustment disorder with depressed mood

ANSWER B

WHY A major depressive episode requires at least 2 weeks of depressed mood or loss of interest or pleasure, plus at least four additional symptoms, including cognitive and neurovegetative symptoms, and clinically significant distress or impairment. No manic or hypomanic episode is described.