Clinical Consult to Psychiatric Mental Health Management for Nurse Practitioners 3rd edition Rhoads Test Bank

SKU: 9780826191281-TEST-BANK

SPRINGER PUBLISHING

TEST BANK TO ACCOMPANY

Clinical Consult to Psychiatric Mental Health Management for Nurse Practitioners

Third Edition

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Editor

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Springer Publishing Company, LLC

902 Carnegie Center/Suite 140, Princeton, NJ 08540

www.springerpub.com

connect.springerpub.com

ISBN: 978-0-8261-5699-0

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Chapter 8

Substance-Related and Addictive Disorders

1. Which institution describes the effective treatment principles of substance use disorders?

   A. Anti-Drug Abuse Committee

   B. Narcotics Control Bureau (NCB)

   C. National Centre for Drug Abuse (NCD)

   ***D. The National Institute on Drug Abuse (NIDA)**

   Answer: D) The National Institute on Drug Abuse (NIDA)

   Rationale: The National Institute on Drug Abuse (NIDA) outlines effective treatment principles as NIDA's mission is to advance the science of drug use and addiction and to apply that knowledge to improve individual and public health.

2. What percentage of the risk for developing a substance use disorder (SUD) with nicotine and opioids is associated with heritability?

   A. 10%

   B. 20%

   ***C. 50%**

   D. 45%

   Answer: C) 50%

   Rationale: Heritability accounts for approximately 50% of the risk for developing a SUD with nicotine and opioids showing the most substance-specific genetic factors. The genome-wide association studies identified multiple candidate genes associated with SUDs; however, these carry a small risk.

3. SUDs are determined by how many criteria?

   A. 1

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B. 1

C. 4

***D. 3**

Answer: D) 3

Rationale: SUDs exist on a continuum, ranging from mild to severe. The severity of the disorder is determined by the number of criteria met for the SUD. (Mild is 2–3 criteria, moderate is 4–5 criteria, and severe is 6 or more criteria.)

4. What is the percentage of global deaths that are attributable to people ages 20 to 39 for alcohol use?

A. 12%

B. 11%

***C. 13.5 %**

D. 21%

Answer: C) 13.5%

Rationale: Approximately 13.5% of global deaths, aged 20 to 39, were attributable to alcohol use.

5. Which imaging technique is used to diagnose neurological disorders in alcohol intoxication?

A. X-Ray

***B. CT and MRI**

C. Ultrasonography

D. All of the above

Answer: B) CT and MRI

Rationale: CT scan may be performed for signs of head trauma, TBI, altered consciousness, bleeding, structural abnormalities, or neurological deficits. MRI of the brain may be ordered if the head CT is inconclusive or for suspicion of neurological disorders.

6. What is alcohol intoxication?

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***A. Alcohol intoxication, or alcohol poisoning, refers to the physiological and psychological state that occurs shortly after heavy alcohol use. Intoxication may develop within minutes to hours after consumption and often lasts several hours**.

B. Alcohol intoxication is an acute and reversible state that occurs when prolonged use is abruptly discontinued or significantly reduced.

C. Alcohol intoxication, or alcohol poisoning, refers to the physiological and psychological state that occurs shortly after heavy alcohol use. Intoxication may develop within minutes to hours after consumption and often short lasting.

D. Alcohol intoxication, or alcohol poisoning, refers to the neurological state that occurs shortly after heavy alcohol use. Intoxication may develop within minutes to hours after consumption and often lasts several hours.

Answer: A) Alcohol intoxication, or alcohol poisoning, refers to the physiological and psychological state that occurs shortly after heavy alcohol use. Intoxication may develop within minutes to hours after consumption and often lasts several hours.

Rationale: Alcohol intoxication, or alcohol poisoning, refers to the physiological and psychological state that occurs shortly after heavy alcohol use. Intoxication may develop within minutes to hours after consumption and often lasts several hours. Common signs and symptoms of alcohol intoxication include slurred speech, altered concentration, impaired judgment, confusion, memory impairment, unsteady gait, nystagmus, mood changes, dysautonomia, and poor coordination.

7. Which gene variants are responsible for encoding alcohol-metabolizing enzymes in Alcohol Withdrawal?

A. *ADH1B* and *ALDH2

B. GABA receptors

C. Cinnamyl alcohol dehydrogenase (CAD)

D. All of the above

Answer: A) *ADH1B* and *ALDH2*

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Rationale: Gene variants responsible for encoding alcohol-metabolizing enzymes, *ADH1B* and *ALDH2* have been linked to susceptibility to alcohol dependence and withdrawal.

8. Which Vitamin deficiency can lead to a degenerative brain disorder in alcohol dependent individuals?

***A. Vitamin B1**

B. Vitamin A

C. Vitamin K

D. Vitamin D

Answer: A) Vitamin B1

Rationale: Vitamin B1 deficiency, also known as thiamine deficiency, can lead to a degenerative brain disorder called WE and has been observed in up to 80% of alcohol-dependent individuals.

9. Caffeine stimulates which system?

A. Gastrointestinal

B. Respiratory.

C. Cardiovascular

***D. Central Nervous System**

Answer: D) Central Nervous System

Rationale: Caffeine is a mild CNS stimulant; therefore, in moderate doses, it is not associated with negative health outcomes and may offer protective benefits in some cases. At higher doses, caffeine may contribute to negative physiological and psychological outcomes, lead to tolerance and withdrawal, and influence psychiatric disorders.

10. Caffeine related disorders are treated by which of the following?

A. Substitutes of non-caffeinated beverages

B. Analgesics

C. Behavioral Modifications

***D. All of the above**

Answer: D) All of the Above

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Rationale: Headaches may be controlled by analgesics such as acetaminophen or aspirin. For behavioral modifications for reduction of caffeine use, typically by slow taper, determine the amount used per day to obtain the average amount. Decreasing caffeine consumption by 10% every few days is reasonable. Substituting non-caffeinated beverages for caffeinated ones reduces caffeine-related disorders.

11. What is secondary to sustained and heavy alcohol use?

    A. Rash

    B. Pain

    C. Behavioral Modifications

    ***D. CNS neuroadaptation, or homeostatic response**

    Answer: D) CNS neuroadaptation, or homeostatic response

    Rationale: CNS neuroadaptation, or homeostatic response, is often secondary to sustained and heavy use of alcohol. Neuroadaptation affects the balance between glutamate and GABA through inhibition of glutamate and upregulation of GABA receptors. When alcohol use is discontinued or decreased, GABA availability is diminished, resulting in an excitatory overload.

12. What is the duration of Delirium Tremens in alcohol withdrawal?

    A. 0–1 day

    B. 0–2 days

    C. 7–8 days

    ***D. 1–5 Days**

    Answer: D) 1–5 Days

    Rationale: The duration of Delirium Tremens in alcohol withdrawal lasts for 1–5 days.

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Chapter 9

Psychotic Disorders

1. What precipitates brief psychotic disorder?

   ***A. Stress**

   B. Happiness

   C. Delirium

   D. Seizures

   Answer: A) Stress

   Rationale: Brief psychotic disorder is often precipitated by extremely stressful life events.

2. What is the age group at which brief psychotic disorder occurs?

   A. 50s and 60s

   B. Between 13 and 16 years

   ***C. 20s and 30s**

   D. Between 10 and 15 years

   Answer: C) 20s and 30s

   Rationale: Generally, it first occurs in early adulthood (20s and 30s).

3. What is the prevalence of delusion disorders in United States?

   A. 0.010% to 0.02%

   B. 0.015% to 0.03%

   C. 0.020% to 0.03%

   ***D. 0.025% to 0.03%**

   Answer: D) 0.025% to 0.03%

   Rationale: The prevalence in the United States is estimated to be 0.025% to 0.03%.

4. What is the annual count of new cases of delusion disorders per 100,000?

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A. Two to four cases

B. Five to six cases

***C. One to three cases**

D. Ten to twelve cases

Answer: C) One to three cases

Rationale: Annually, new cases account for one to three cases per 100,000 people.

5. Which part of the brain is involved when cerebral cortical function is present in delusion disorders?

A. Pons

***B. Limbic system or basal ganglia**

C. Frontal lobe

D. Parietal lobe

Answer: B) Limbic system or basal ganglia

Rationale: Delusional disorder may involve the limbic system or basal ganglia when intact cerebral cortical function is present.

6. Which disorder is midway between the diagnosis of schizophrenia and bipolar I disorder?

***A. Schizoaffective disorder**

B. Dependent personality disorder

C. Obsessive compulsive disorder

D. Delerium.

Answer: A) Schizoaffective disorder

Rationale: A diagnosis midway between the diagnosis of schizophrenia and bipolar I disorder is schizoaffective disorder.

7. What is the percentage of schizophrenia occurrence in the general population?

***A. 1%**

B. 2%

C. 7%

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