

Practice Quiz Pack 05

Somatic & Feeding-Eating (Ch 9-10)

Printable practice set. Questions first, full answer key at the end of each chapter.

Chapter 9 — Somatic Symptom & Related Disorders

Practice Questions

The chapter's reframing and shared features

1. Which change best describes the DSM-5 approach to diagnosing somatic symptom disorder compared with the previous somatoform framework?
 - A. It requires proof that symptoms are medically unexplained
 - B. It uses positive criteria: distressing or disruptive somatic symptoms together with excessive related thoughts, feelings, or behaviors
 - C. It requires psychosis
 - D. It abolishes the category
2. A person with a diagnosed medical illness can still qualify for somatic symptom disorder. True / False
3. In most somatic symptom and related disorders, the symptoms are:
 - A. Deliberately faked
 - B. Always imaginary
 - C. Genuine and not consciously produced
 - D. Always caused by medication
4. Which two entities involve deliberate, conscious production of symptoms?
 - A. SSD and illness anxiety disorder
 - B. Conversion disorder and SSD
 - C. Illness anxiety disorder and conversion disorder
 - D. Factitious disorder and malingering
5. Which former DSM-IV diagnoses were largely replaced by somatic symptom disorder and illness anxiety disorder?
 - A. Schizophrenia and bipolar disorder
 - B. Somatization disorder, hypochondriasis, pain disorder, and undifferentiated somatoform disorder
 - C. ADHD and autism
 - D. PTSD and acute stress disorder
6. In DSM-5, which alternative term was added in parentheses after conversion disorder?
 - A. Functional neurological symptom disorder
 - B. Somatic symptom disorder
 - C. Illness anxiety disorder
 - D. Factitious disorder
7. Malingering is classified as a mental disorder in DSM-5-TR. True / False
8. DSM-5 does not require the somatic symptoms of somatic symptom disorder to be medically _____.

Somatic Symptom Disorder

9. Somatic symptom disorder requires one or more distressing somatic symptoms PLUS:
 - A. A psychotic belief
 - B. Excessive thoughts, feelings, or behaviors related to the symptoms
 - C. A manic episode
 - D. A neurological deficit
10. Which is one of the 'excessive' features in SSD?
 - A. Grandiosity
 - B. Flashbacks
 - C. Disproportionate and persistent thoughts about the seriousness of symptoms
 - D. Hair-pulling
11. The typical duration for the symptomatic state in SSD is:
 - A. 3 days
 - B. 1 month
 - C. At least 2 years
 - D. More than 6 months (though any single symptom may vary)
12. Which SSD specifier applies when pain is the dominant symptom?
 - A. With predominant pain
 - B. Care-seeking
 - C. With bizarre content
 - D. With catatonia

- 13.** A specific somatic symptom must be continuously present to diagnose SSD. True / False
- 14.** A 45-year-old with persistent, painful acid reflux that substantially disrupts meals and sleep spends hours daily researching stomach cancer, repeatedly seeks tests, and cannot be reassured, for the past year. Best diagnosis?
- A. Normal health concern
 - B. Somatic symptom disorder
 - C. Schizophrenia
 - D. Factitious disorder
- 15.** SSD severity is rated as:
- A. Levels 1 to 3
 - B. Acute or chronic only
 - C. Mild, moderate, or severe
 - D. Care-seeking or care-avoidant
- 16.** The somatic symptoms in SSD are deliberately produced for attention. True / False
- 17.** Which best distinguishes SSD from an expectable reaction to illness?
- A. Having any symptom at all
 - B. Seeing a doctor once
 - C. Taking prescribed medication
 - D. The thoughts, feelings, and behaviors are disproportionate, persistent, and impairing
- 18.** A patient with known coronary disease devotes nearly all waking energy to monitoring his heart, with constant catastrophic worry well beyond his cardiologist's assessment. This illustrates that SSD:
- A. Can accompany a genuine medical condition when the response is excessive
 - B. Cannot be diagnosed when real disease exists
 - C. Requires no symptoms
 - D. Is the same as malingering
- 19.** The SSD specifier for a long-lasting course with severe symptoms and marked impairment is _____.
- 20.** Which is NOT required for SSD?
- A. One or more distressing somatic symptoms
 - B. Proof that the symptoms are medically unexplained
 - C. Excessive thoughts, feelings, or behaviors
 - D. A persistent symptomatic state

Illness Anxiety Disorder

- 21.** Illness anxiety disorder centers on:
- A. Distressing somatic symptoms
 - B. Neurological weakness
 - C. Preoccupation with having or acquiring a serious illness, with few or no somatic symptoms
 - D. Deliberate deception
- 22.** In illness anxiety disorder, somatic symptoms are:
- A. Severe and numerous
 - B. Always neurological
 - C. Deliberately produced
 - D. Absent or only mild
- 23.** The two specifiers for illness anxiety disorder are:
- A. Care-seeking and care-avoidant
 - B. Mild and severe
 - C. Imposed on self and imposed on another
 - D. With and without pain
- 24.** The minimum duration for illness anxiety disorder is:
- A. 1 month
 - B. 6 months
 - C. 3 months
 - D. 2 years
- 25.** A 38-year-old with no significant symptoms is convinced he has a brain tumor, checks his body constantly, researches symptoms daily for a year, and repeatedly seeks medical consultations and reassurance; scans are normal, and he can acknowledge he may be mistaken despite persistent fear. Best diagnosis?
- A. Somatic symptom disorder
 - B. Delusional disorder
 - C. Illness anxiety disorder, care-seeking type
 - D. Factitious disorder
- 26.** A patient so fears having cancer that he refuses all medical appointments and screening. This is:

- A. Somatic symptom disorder
 - B. Malingering
 - C. Conversion disorder
 - D. Illness anxiety disorder, care-avoidant type
- 27.** Historically, many people once labeled 'hypochondriac' would now meet criteria for either SSD or IAD, depending on whether somatic symptoms are prominent. True / False
- 28.** Which feature is shared by both SSD and IAD?
- A. Excessive health-related thoughts or behaviors and a persistent course
 - B. Prominent somatic symptoms
 - C. Deliberate deception
 - D. Neurological incompatibility findings
- 29.** In illness anxiety disorder, reassurance from normal test results usually resolves the preoccupation durably. True / False
- 30.** When a patient with illness anxiety disorder avoids doctors and hospitals, the specifier is _____.

Functional Neurological Symptom Disorder (Conversion Disorder)

- 31.** Functional neurological symptom disorder involves:
- A. Preoccupation with illness
 - B. Symptoms of altered voluntary motor or sensory function
 - C. Deliberate faking for money
 - D. Excessive acquisition of possessions
- 32.** The key diagnostic requirement for conversion disorder is:
- A. A normal MRI
 - B. A psychological stressor
 - C. Clinical findings of incompatibility between the symptom and recognized neurological disease
 - D. An external reward
- 33.** DSM-5 requires that a psychological stressor be identified to diagnose conversion disorder. True / False
- 34.** Hoover's sign, which demonstrates inconsistent leg weakness, is an example of:
- A. A psychotic symptom
 - B. A tic
 - C. A compulsion
 - D. A finding of incompatibility supporting conversion disorder
- 35.** Attacks resembling seizures, with positive clinical or video-EEG evidence supporting a functional origin and no better physiological explanation, are an example of:
- A. A conversion (functional neurological) symptom
 - B. Malingering by definition
 - C. A somatic delusion
 - D. A compulsion
- 36.** The symptoms of conversion disorder are deliberately produced. True / False
- 37.** A 22-year-old suddenly cannot move her right arm; examination shows give-way weakness that is inconsistent on distraction, and imaging is normal. There is no evidence of deliberate faking. Best diagnosis?
- A. Malingering
 - B. Functional neurological symptom disorder (conversion disorder)
 - C. Somatic symptom disorder
 - D. Illness anxiety disorder
- 38.** 'La belle indifference' (a relative lack of concern about a deficit) is:
- A. A required criterion for conversion disorder
 - B. A historically associated feature, but not diagnostic
 - C. Proof of malingering
 - D. A psychotic symptom
- 39.** Which symptom type is consistent with conversion disorder?
- A. Fixed delusions
 - B. Hoarding
 - C. Abnormal limb movements or tremor
 - D. Hair-pulling
- 40.** A normal scan alone is sufficient to diagnose conversion disorder. True / False
- 41.** Conversion disorder specifiers include:
- A. Care-seeking or care-avoidant
 - B. Imposed on self or another

- C. With predominant pain
- D. With or without a psychological stressor

42. Conversion disorder requires clinical evidence of _____ between the symptom and recognized neurological disease.

Factitious Disorder and the malingering differential

43. Factitious disorder is defined by:

- A. Falsification or induction of signs or symptoms with identified deception, without obvious external rewards
- B. Genuine, unproduced symptoms
- C. Deception for money or to avoid work
- D. A neurological deficit

44. The key feature separating factitious disorder from malingering is:

- A. The age of the patient
- B. The presence of an external reward
- C. The type of symptom
- D. The duration

45. Malingering is diagnosed as a mental disorder when an external reward is present. True / False

46. In factitious disorder imposed on another, the diagnosis is given to:

- A. The victim
- B. Both equally
- C. The person who perpetrates the deception
- D. No one

47. A nurse repeatedly injects herself with insulin to induce hypoglycemia and be hospitalized, with no financial or legal gain apparent. Best diagnosis?

- A. Malingering
- B. Somatic symptom disorder
- C. Illness anxiety disorder
- D. Factitious disorder imposed on self

48. A man fakes back pain to obtain opioid prescriptions and a disability payout. This is best described as:

- A. Malingering (not a mental disorder)
- B. Factitious disorder
- C. Somatic symptom disorder
- D. Conversion disorder

49. A mother secretly contaminates her child's feeding line to keep the child hospitalized. The diagnosis for the mother is:

- A. Somatic symptom disorder
- B. Factitious disorder imposed on another
- C. Illness anxiety disorder
- D. Malingering

50. Factitious disorder requires that the deceptive behavior be evident even without obvious external incentives. True / False

51. Which possible goal is commonly associated with factitious disorder, although establishing this motive is not required for diagnosis?

- A. An external payoff
- B. A genuine, unproduced illness
- C. An internal need to assume the sick role
- D. A neurological lesion

52. Factitious disorder and malingering both involve conscious, deliberate production of symptoms. True / False

53. Which of these is a mental disorder?

- A. Malingering
- B. Factitious disorder
- C. Neither
- D. Both

54. Deliberate feigning of symptoms for an external reward such as money or avoiding work is called _____.

Psychological Factors Affecting Other Medical Conditions, and differentials

55. Psychological factors affecting other medical conditions requires:

- A. No medical condition
- B. Deliberate deception

- C. A neurological deficit incompatible with disease
- D. A present, diagnosed medical condition that is adversely affected by psychological or behavioral factors
- 56.** A man with asthma repeatedly skips his inhaler because of denial and anxiety, worsening his attacks. Best diagnosis?
 - A. Psychological factors affecting other medical conditions
 - B. Somatic symptom disorder
 - C. Illness anxiety disorder
 - D. Factitious disorder
- 57.** Which distinguishes psychological factors affecting other medical conditions from SSD?
 - A. The former centers on a real medical condition being worsened; SSD centers on an excessive response to somatic symptoms
 - B. They are identical
 - C. The former requires deception
 - D. SSD requires no symptoms
- 58.** Which best separates somatic symptom disorder from illness anxiety disorder?
 - A. The age of onset
 - B. The presence or absence of prominent somatic symptoms
 - C. Whether deception is present
 - D. The need for a stressor
- 59.** Which distinguishes conversion disorder from factitious disorder?
 - A. Both are deliberate
 - B. Conversion requires an external reward
 - C. Conversion symptoms are genuine and not consciously produced; factitious symptoms are deliberately falsified
 - D. Factitious requires incompatibility findings
- 60.** A patient can have both a genuine medical illness and a somatic symptom disorder at the same time. True / False
- 61.** Which statement about these disorders and medical settings is most accurate?
 - A. They are rare in primary care
 - B. They only occur in psychiatric hospitals
 - C. They never cause impairment
 - D. They are common in primary care and general medical settings
- 62.** A patient with chronic widespread pain and disproportionate, persistent health worry and behavior, lasting a year, is best diagnosed as:
 - A. Somatic symptom disorder, with predominant pain
 - B. Malingering
 - C. Conversion disorder
 - D. Factitious disorder
- 63.** Distinguishing factitious disorder from genuine illness can be clinically difficult and often requires evidence of deception. True / False
- 64.** Match each diagnosis (left) to its key feature (right).

1. Somatic symptom disorder 2. Illness anxiety disorder 3. Conversion disorder 4. Factitious disorder	A. Neurological symptoms incompatible with disease B. Deliberate falsification without external reward C. Distressing somatic symptoms plus excessive response D. Illness preoccupation with few or no symptoms
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Integration and history

- 65.** Which change belongs to DSM-5 (2013) rather than the 2022 Text Revision?
 - A. Adding suicidal behavior codes
 - B. Replacing the somatoform disorders with SSD and IAD and dropping 'medically unexplained'
 - C. Refreshing prevalence text
 - D. Updating culture-related text
- 66.** Which approach does DSM-5 take to a patient whose symptoms have a partial medical explanation?
 - A. SSD is automatically excluded
 - B. The patient is presumed to be malingering
 - C. SSD can still be diagnosed if the thoughts, feelings, and behaviors are excessive
 - D. Only conversion disorder may apply
- 67.** In the care-seeking type of illness anxiety disorder, the person frequently uses medical care and seeks reassurance. True / False
- 68.** Which is the most accurate contrast between SSD and malingering?
 - A. Both are deliberate

- B. SSD requires an external reward
 - C. They are the same
 - D. SSD symptoms are genuine and distressing; malingering is deliberate feigning for external gain
- 69.** A patient with functional limb weakness improves when distracted and worsens when attended to, with normal imaging and no deception. This pattern reflects:
- A. Internal inconsistency supporting conversion disorder
 - B. Malingering
 - C. A structural lesion
 - D. Factitious disorder
- 70.** Which disorder would best fit a person with no symptoms who is persistently terrified of developing ALS and repeatedly checks for muscle twitches?
- A. Somatic symptom disorder
 - B. Illness anxiety disorder
 - C. Conversion disorder
 - D. Factitious disorder
- 71.** Somatic symptom disorder is more commonly diagnosed in females than males. True / False
- 72.** In a patient with established intentional falsification of symptoms, which finding most helps distinguish malingering from factitious disorder?
- A. How old is the patient?
 - B. Is the symptom neurological?
 - C. Is there an identifiable external reward driving the behavior?
 - D. How long have symptoms lasted?
- 73.** A patient insists on repeated invasive tests for vague symptoms and travels between hospitals, with fabricated histories and no external incentive. Best diagnosis?
- A. Somatic symptom disorder
 - B. Illness anxiety disorder
 - C. Malingering
 - D. Factitious disorder imposed on self
- 74.** DSM-5 added the alternative term _____ neurological symptom disorder in parentheses after conversion disorder.

Answer Key

- **1: B.** Positive criteria, not medically unexplained.
- **2: True.** Real disease does not exclude SSD.
- **3: C.** Genuine, not consciously produced.
- **4: D.** Factitious disorder and malingering.
- **5: B.** Somatization, hypochondriasis, pain, undifferentiated somatoform.
- **6: A.** Functional neurological symptom disorder.
- **7: False.** Malingering is not a mental disorder.
- **8: unexplained.**
- **9: B.** Excessive thoughts, feelings, or behaviors.
- **10: C.** Disproportionate persistent thoughts about seriousness.
- **11: D.** More than 6 months.
- **12: A.** With predominant pain.
- **13: False.** The state persists; a single symptom may vary.
- **14: B.** Somatic symptom disorder.
- **15: C.** Mild, moderate, severe.
- **16: False.** Symptoms are genuine, not produced.
- **17: D.** Disproportionate, persistent, impairing response.
- **18: A.** SSD can accompany real disease.
- **19: persistent.**
- **20: B.** 'Medically unexplained' is not required.
- **21: C.** Illness preoccupation with few/no symptoms.
- **22: D.** Absent or only mild.
- **23: A.** Care-seeking and care-avoidant.
- **24: B.** 6 months.
- **25: C.** Illness anxiety disorder, care-seeking.
- **26: D.** IAD, care-avoidant type.
- **27: True.** Former hypochondriasis splits into SSD and IAD.
- **28: A.** High health anxiety, about 6 months.
- **29: False.** Reassurance relieves only briefly.

- **30: care-avoidant.**
- **31: B.** Altered voluntary motor or sensory function.
- **32: C.** Incompatibility findings.
- **33: False.** A stressor is not required.
- **34: D.** Incompatibility finding.
- **35: A.** A conversion (functional) symptom.
- **36: False.** Not consciously produced.
- **37: B.** Functional neurological symptom disorder.
- **38: B.** Associated, not diagnostic.
- **39: C.** Abnormal movements/tremor.
- **40: False.** A normal scan alone is insufficient.
- **41: D.** With or without a psychological stressor.
- **42: incompatibility.**
- **43: A.** Falsification with deception, no external reward.
- **44: B.** External reward separates them.
- **45: False.** Malingering is not a mental disorder.
- **46: C.** The perpetrator.
- **47: D.** Factitious disorder imposed on self.
- **48: A.** Malingering.
- **49: B.** Factitious disorder imposed on another.
- **50: True.** No obvious external incentive.
- **51: C.** Internal need for the sick role.
- **52: True.** Both deliberate; differ in motive.
- **53: B.** Factitious disorder is a mental disorder.
- **54: malingering.**
- **55: D.** A real condition worsened by psychological factors.
- **56: A.** Psychological factors affecting other medical conditions.
- **57: A.** Worsening a real condition versus excessive response.
- **58: B.** Prominent somatic symptoms or not.
- **59: C.** Genuine versus deliberately falsified.
- **60: True.** SSD can coexist with real illness.
- **61: D.** Common in primary care.
- **62: A.** SSD, with predominant pain.
- **63: True.** Deception can be hard to establish.
- **64: 1-C, 2-D, 3-A, 4-B.**
- **65: B.** Reconceptualization into SSD/IAD was DSM-5.
- **66: C.** SSD if the response is excessive.
- **67: True.** Care-seeking uses care frequently.
- **68: D.** Genuine distress versus feigning for gain.
- **69: A.** Internal inconsistency supports conversion.
- **70: B.** Illness anxiety disorder.
- **71: True.** More common in females.
- **72: C.** Is there an external reward?
- **73: D.** Factitious disorder imposed on self.
- **74: functional.**

Chapter 10 — Feeding & Eating Disorders

Practice Questions

Chapter overview and history

1. DSM-5 combined which two older groupings into this single chapter?
 - A. The childhood feeding disorders and the eating disorders
 - B. Mood and anxiety disorders
 - C. Psychotic and dissociative disorders
 - D. Sleep and sexual disorders
2. Which disorder was promoted from a DSM-IV appendix to a full diagnosis in DSM-5?
 - A. Anorexia nervosa
 - B. Binge-eating disorder
 - C. Bulimia nervosa
 - D. Pica
3. DSM-5 removed the amenorrhea (loss of menstruation) requirement from anorexia nervosa. True / False
4. Which disorder was newly created in DSM-5 and applies across all ages?
 - A. Bulimia nervosa
 - B. Anorexia nervosa
 - C. Avoidant/restrictive food intake disorder
 - D. Rumination disorder
5. DSM-5 changed the bulimia nervosa frequency requirement to:
 - A. Twice a week
 - B. Daily
 - C. Once a month
 - D. Once a week for three months
6. The three sorting questions for this chapter are best summarized as:
 - A. What is the behavior, is weight significantly low, and is body image involved
 - B. Age, sex, and ethnicity
 - C. Which medication, which dose, how long
 - D. Which gene is affected
7. The amenorrhea criterion is still required for a diagnosis of anorexia nervosa in DSM-5-TR. True / False
8. Recurrent binge eating without regular compensatory behavior defines _____ - _____ disorder.

Anorexia Nervosa

9. The first criterion of anorexia nervosa is:
 - A. Recurrent binge eating
 - B. Restriction of energy intake leading to significantly low body weight
 - C. Eating non-food substances
 - D. Regurgitation of food
10. Besides low weight, anorexia nervosa requires:
 - A. A manic episode
 - B. Hallucinations
 - C. An intense fear of weight gain, or persistent behavior interfering with weight gain
 - D. A medical cause of low weight
11. The third criterion of anorexia nervosa concerns:
 - A. Purging frequency
 - B. Age of onset
 - C. Non-food cravings
 - D. Body-image disturbance, undue influence of weight on self-worth, or failure to recognize the seriousness of low weight
12. The two subtypes of anorexia nervosa are:
 - A. Restricting type and binge-eating/purging type
 - B. Acute and chronic
 - C. Mild and severe
 - D. Care-seeking and care-avoidant
13. Anorexia nervosa severity in adults is based on:

- A. Number of binges
 - B. Body mass index (BMI)
 - C. Age
 - D. Duration of illness
- 14.** An adult with full anorexia nervosa criteria and a current BMI of 14 would receive at least which severity rating?
- A. Mild
 - B. Moderate
 - C. Extreme
 - D. Severe
- 15.** A 19-year-old at a dangerously low weight restricts food, fears becoming fat, sees herself as overweight despite being emaciated, and also binges and vomits at times. Best diagnosis?
- A. Bulimia nervosa
 - B. Binge-eating disorder
 - C. ARFID
 - D. Anorexia nervosa, binge-eating/purging type
- 16.** A person can be diagnosed with anorexia nervosa even if they never explicitly state a fear of gaining weight, provided they show persistent behavior that interferes with weight gain. True / False
- 17.** Which finding is characteristic of anorexia nervosa?
- A. A body image that overestimates one's size and drives restriction
 - B. Eating non-food substances
 - C. Regurgitation of food
 - D. Normal concern about weight
- 18.** Anorexia nervosa is diagnosed only in females. True / False
- 19.** Which medical complication is associated with severe anorexia nervosa?
- A. Increased muscle mass
 - B. Bradycardia and electrolyte disturbance from starvation
 - C. Hyperthyroidism
 - D. Improved bone density
- 20.** Anorexia nervosa is subtyped as restricting or binge-eating/_____ type.
- 21.** Which best distinguishes anorexia nervosa from ARFID?
- A. ARFID involves a disturbance of body image; anorexia does not
 - B. They are identical
 - C. Anorexia is associated with pathological weight or shape concerns, or behavior that interferes with weight gain, plus the Criterion C disturbance or lack of recognition; ARFID restriction is not driven by these concerns
 - D. ARFID requires bingeing
- 22.** Among the eating disorders, anorexia nervosa is notable for:
- A. Never causing medical harm
 - B. Resolving without treatment in all cases
 - C. Being limited to childhood
 - D. Having one of the highest mortality rates of any mental disorder

Bulimia Nervosa

- 23.** A binge, as defined in bulimia nervosa, requires:
- A. Eating an unusually large amount in a discrete period with a sense of loss of control
 - B. Eating a small amount slowly
 - C. Eating only non-food items
 - D. Skipping meals
- 24.** Which is an inappropriate compensatory behavior in bulimia nervosa?
- A. Normal exercise
 - B. Self-induced vomiting
 - C. Balanced meals
 - D. Adequate sleep
- 25.** The frequency and duration requirement for bulimia nervosa is:
- A. Twice a week for six months
 - B. Once a month for a year
 - C. On average at least once a week for three months
 - D. Daily for one month
- 26.** A patient of normal weight binges and vomits several times a week and judges herself almost entirely by her shape. Best diagnosis?
- A. Anorexia nervosa

- B. Binge-eating disorder
 - C. Pica
 - D. Bulimia nervosa
- 27.** Bulimia nervosa can be diagnosed when the behaviors occur exclusively during episodes of anorexia nervosa. True / False
- 28.** Self-induced vomiting in bulimia can lead to which physical sign?
- A. Dental erosion and salivary gland enlargement
 - B. Increased bone density
 - C. Weight gain only
 - D. Improved dentition
- 29.** Bulimia nervosa severity is based on:
- A. BMI
 - B. The average number of compensatory episodes per week
 - C. Age
 - D. Family history
- 30.** In bulimia nervosa, self-evaluation is unduly influenced by body shape and weight. True / False
- 31.** Which electrolyte disturbance is a dangerous consequence of frequent purging?
- A. Hyponatremia only
 - B. Hypercalcemia
 - C. Hypokalemia (low potassium)
 - D. No disturbance
- 32.** The key difference between bulimia nervosa and binge-eating disorder is:
- A. Binge-eating disorder has recurrent inappropriate compensatory behavior
 - B. They are identical
 - C. Bulimia requires low weight
 - D. Bulimia nervosa has recurrent inappropriate compensatory behavior; binge-eating disorder does not
- 33.** A person with bulimia nervosa is typically at normal or above-normal weight. True / False
- 34.** Bulimia nervosa requires binges and compensation on average at least once a _____ for three months.

Binge-Eating Disorder

- 35.** Binge-eating disorder is defined by recurrent binge eating:
- A. Without regular compensatory behavior, with marked distress
 - B. With regular compensatory behavior
 - C. Only at low weight
 - D. With regurgitation
- 36.** BED requires the binges to be associated with at least how many of five features?
- A. One
 - B. Three
 - C. Two
 - D. Five
- 37.** Which is one of the five associated features of a binge in BED?
- A. Self-induced vomiting
 - B. Fasting
 - C. Eating until uncomfortably full
 - D. Excessive exercise
- 38.** The frequency and duration for binge-eating disorder is:
- A. Twice a week for six months
 - B. Daily for a month
 - C. Once a month
 - D. At least once a week for three months
- 39.** A 40-year-old binges large amounts several evenings a week, eats until painfully full and alone from shame, feels disgusted afterward, and does not vomit, fast, or over-exercise. Best diagnosis?
- A. Binge-eating disorder
 - B. Bulimia nervosa
 - C. Anorexia nervosa
 - D. Pica
- 40.** Binge-eating disorder is the most common eating disorder. True / False
- 41.** BED severity is based on:
- A. BMI
 - B. Number of binge-eating episodes per week

- C. Age of onset
- D. Number of purges
- 42. Occasional overeating at a holiday meal meets criteria for binge-eating disorder. True / False
- 43. Which feature, if present, would move a binge-eating picture toward bulimia nervosa instead?
 - A. Eating rapidly
 - B. Eating alone
 - C. Regular self-induced vomiting or other compensation
 - D. Feeling guilty
- 44. Binge-eating disorder requires marked _____ regarding the binge eating.

Avoidant/Restrictive Food Intake Disorder (ARFID)

- 45. ARFID involves avoidance or restriction of food that leads to:
 - A. Recurrent bingeing
 - B. Regurgitation
 - C. Eating non-food substances
 - D. Weight loss, nutritional deficiency, dependence on supplements, or marked psychosocial impairment
- 46. The feature that separates ARFID from anorexia nervosa is that ARFID:
 - A. Has no disturbance of body image or fear of weight gain
 - B. Requires low weight
 - C. Requires bingeing
 - D. Requires purging
- 47. Which is a typical reason for restriction in ARFID?
 - A. Fear of becoming fat
 - B. Sensory aversion to food, lack of interest in eating, or fear of an aversive consequence such as choking
 - C. A desire to lose weight
 - D. Cultural fasting
- 48. ARFID can only be diagnosed in young children. True / False
- 49. A 7-year-old eats only a few bland foods due to texture aversion, has faltering growth and a nutritional deficiency, and has no concern about body shape. Best diagnosis?
 - A. Anorexia nervosa
 - B. Bulimia nervosa
 - C. Avoidant/restrictive food intake disorder
 - D. Pica
- 50. ARFID is diagnosed when the food restriction is explained by lack of available food or a culturally sanctioned practice. True / False
- 51. A 30-year-old avoids solid foods after a choking episode, loses significant weight, and depends on nutritional shakes, with no fear of weight gain. Best diagnosis?
 - A. Anorexia nervosa
 - B. Bulimia nervosa
 - C. Specific phobia only
 - D. ARFID
- 52. ARFID must not be better explained by another medical or mental disorder, or occur only during anorexia or bulimia. True / False
- 53. Which of these is NOT characteristic of ARFID?
 - A. Intense fear of gaining weight
 - B. Lack of interest in food
 - C. Sensory aversion
 - D. Nutritional deficiency
- 54. The feature absent in ARFID but central to anorexia nervosa is a disturbance of _____ image.

Pica and Rumination Disorder

- 55. Pica is the persistent eating of:
 - A. Large amounts of food
 - B. Non-nutritive, non-food substances
 - C. Only low-calorie foods
 - D. Regurgitated food
- 56. The minimum duration for pica is:
 - A. 1 week
 - B. 3 months

- C. 1 month
 - D. 6 months
- 57.** Pica is not diagnosed when the behavior is:
- A. Persistent
 - B. Harmful
 - C. In an adult
 - D. Developmentally appropriate or culturally sanctioned
- 58.** Rumination disorder is defined by:
- A. Repeated regurgitation of food
 - B. Eating non-food substances
 - C. Binge eating
 - D. Restriction of intake
- 59.** Rumination disorder requires that the regurgitation is NOT due to:
- A. Stress
 - B. A gastrointestinal or other medical condition
 - C. Hunger
 - D. Habit
- 60.** Pica can co-occur with other mental disorders, and is diagnosed separately when severe enough to warrant clinical attention. True / False
- 61.** The minimum duration for rumination disorder is:
- A. 1 week
 - B. 3 months
 - C. 1 month
 - D. 1 year
- 62.** Eating non-nutritive, non-food substances for at least a month is _____.

Differentials, OSFED, and epidemiology

- 63.** A patient meets all anorexia criteria except that, despite major weight loss, her weight is within the normal range. Best classification?
- A. Anorexia nervosa
 - B. Bulimia nervosa
 - C. No disorder
 - D. Other specified feeding or eating disorder (atypical anorexia nervosa)
- 64.** In the differential diagnosis of anorexia nervosa, binge-eating/purging type, and bulimia nervosa, which feature is most useful among the following?
- A. Whether body weight is significantly low
 - B. The frequency of binges
 - C. The age of the patient
 - D. The type of purge
- 65.** Which diagnosis requires no disturbance in the way body weight or shape is experienced?
- A. Anorexia nervosa
 - B. ARFID
 - C. Bulimia nervosa
 - D. Binge-eating disorder (shape concern not required, but body-image overvaluation is common)
- 66.** Binge-eating disorder requires overvaluation of body shape and weight as a diagnostic criterion. True / False
- 67.** Which statement about eating disorder epidemiology is most accurate?
- A. All eating disorders affect only females
 - B. They are equally rare
 - C. Anorexia and bulimia are more common in females; binge-eating disorder has a more balanced sex distribution
 - D. They occur only in adolescence
- 68.** Russell's sign (calluses on the knuckles) suggests:
- A. Pica
 - B. ARFID
 - C. Rumination
 - D. Self-induced vomiting
- 69.** Which change belongs to DSM-5 (2013) rather than the 2022 Text Revision?
- A. Creating binge-eating disorder and ARFID and removing amenorrhea from anorexia
 - B. Adding suicidal behavior codes
 - C. Refreshing prevalence text
 - D. Clarifying wording

70. A normal-weight patient binges weekly for four months with loss of control and marked distress, and never compensates; the binges involve rapid eating, eating until uncomfortably full, and eating alone because of embarrassment, with no exclusionary condition. Best diagnosis?

- A. Bulimia nervosa
- B. Binge-eating disorder
- C. Anorexia nervosa
- D. ARFID

71. Atypical anorexia nervosa cannot be medically dangerous because weight is in the normal range. True / False

72. Match each disorder (left) to its key feature (right).

- | | |
|--------------------------|---|
| 1. Anorexia nervosa | A. Binge eating plus compensation, normal weight |
| 2. Bulimia nervosa | B. Restriction without body-image concern |
| 3. Binge-eating disorder | C. Significantly low weight with fear of fatness |
| 4. ARFID | D. Binge eating without compensation, marked distress |

73. A patient who has never previously met full criteria for bulimia nervosa has objective binge-eating episodes followed by compensatory vomiting twice per month for 6 months. All bulimia nervosa criteria other than the weekly frequency requirement are met, and the presentation causes clinically significant distress. Which classification is most appropriate?

- A. Bulimia nervosa
- B. Binge-eating disorder
- C. Other specified feeding or eating disorder: bulimia nervosa-like disorder (of low frequency and/or limited duration)
- D. No disorder

74. When full anorexia nervosa criteria are met and recurrent binge eating or purging has occurred during the past 3 months, the subtype is _____-eating/purging type.

Answer Key

- **1: A.** Feeding and eating chapters merged.
- **2: B.** Binge-eating disorder became a full diagnosis.
- **3: True.** Amenorrhea removed.
- **4: C.** ARFID, created in DSM-5, all ages.
- **5: D.** Once a week for three months.
- **6: A.** Behavior, weight, body image.
- **7: False.** Amenorrhea is no longer required.
- **8: binge-eating.**
- **9: B.** Restriction to significantly low weight.
- **10: C.** Fear of weight gain or weight-gain-interfering behavior.
- **11: D.** Body-image disturbance or lack of recognition.
- **12: A.** Restricting and binge-eating/purging.
- **13: B.** BMI.
- **14: C.** BMI below 15 is extreme.
- **15: D.** Anorexia nervosa, binge-eating/purging type.
- **16: True.** Behavior can substitute for stated fear.
- **17: A.** Distorted body image drives restriction.
- **18: False.** It occurs in males too.
- **19: B.** Bradycardia and electrolyte disturbance.
- **20: purging.**
- **21: C.** Anorexia has body-image concern; ARFID does not.
- **22: D.** Among the highest mortality rates.
- **23: A.** Large amount with loss of control.
- **24: B.** Self-induced vomiting.
- **25: C.** Weekly for three months.
- **26: D.** Bulimia nervosa.
- **27: False.** Not if only during anorexia.
- **28: A.** Dental erosion and gland enlargement.
- **29: B.** Compensatory episodes per week.
- **30: True.** Shape and weight overvalued.
- **31: C.** Hypokalemia.
- **32: D.** Bulimia has compensation; BED does not.
- **33: True.** Normal or above-normal weight.
- **34: week.**
- **35: A.** Bingeing without compensation, with distress.
- **36: B.** Three of five.

- **37: C.** Eating until uncomfortably full.
- **38: D.** Weekly for three months.
- **39: A.** Binge-eating disorder.
- **40: True.** The most common eating disorder.
- **41: B.** Binge episodes per week.
- **42: False.** Isolated overeating is not BED.
- **43: C.** Regular compensation points to bulimia.
- **44: distress.**
- **45: D.** Nutritional/weight consequences or impairment.
- **46: A.** No body-image disturbance.
- **47: B.** Sensory aversion, low interest, or fear of choking.
- **48: False.** All ages.
- **49: C.** ARFID.
- **50: False.** Lack of food or cultural practice is excluded.
- **51: D.** ARFID (fear of choking, no body-image concern).
- **52: True.** Must not be better explained elsewhere.
- **53: A.** Fear of weight gain is not part of ARFID.
- **54: body.**
- **55: B.** Non-nutritive, non-food substances.
- **56: C.** One month.
- **57: D.** Developmentally appropriate or cultural.
- **58: A.** Repeated regurgitation.
- **59: B.** Not due to a GI or medical condition.
- **60: True.** Diagnosed separately when severe.
- **61: C.** One month.
- **62: pica.**
- **63: D.** Atypical anorexia nervosa (OSFED).
- **64: A.** Whether weight is significantly low.
- **65: B.** ARFID lacks body-image disturbance.
- **66: False.** BED does not require shape overvaluation.
- **67: C.** AN/BN more female; BED more balanced.
- **68: D.** Self-induced vomiting (Russell's sign).
- **69: A.** BED, ARFID, amenorrhea removal were DSM-5.
- **70: B.** Binge-eating disorder.
- **71: False.** Atypical anorexia can be dangerous.
- **72: 1-C, 2-A, 3-D, 4-B.**
- **73: C.** OSFED (low-frequency bulimia-like disorder).
- **74: binge.**