

Practice Quiz Pack 08

Substance & Neurocognitive (Ch 15-16)

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

Chapter 15 — Substance-Related & Addictive Disorders

Practice Questions

The chapter's structure

1. DSM-5 replaced the old categories of substance 'abuse' and 'dependence' with:
 - A. Two separate disorders
 - B. Only substance dependence
 - C. A single substance use disorder, graded by severity
 - D. Gambling disorder
2. Which was ADDED as a substance use disorder criterion in DSM-5?
 - A. Recurrent legal problems
 - B. Tolerance
 - C. Withdrawal
 - D. Craving
3. Which criterion was REMOVED from substance use disorders in DSM-5?
 - A. Recurrent legal problems
 - B. Craving
 - C. Tolerance
 - D. Hazardous use
4. Which disorder is the first behavioral (non-substance) addiction in the manual?
 - A. Internet gaming disorder
 - B. Gambling disorder
 - C. Compulsive buying
 - D. Exercise addiction
5. Internet gaming disorder is a fully recognized DSM-5-TR diagnosis in this chapter. True / False
6. The substance-induced conditions include:
 - A. Only use disorders
 - B. Only gambling
 - C. Intoxication, withdrawal, and substance-induced mental disorders
 - D. Only tolerance
7. How many substance classes does the chapter cover?
 - A. Three
 - B. Six
 - C. Twenty
 - D. Ten
8. Needing more of a substance to get the same effect is called _____.

Substance Use Disorder: criteria and severity

9. How many criteria does a substance use disorder have in total?
 - A. Eleven
 - B. Seven
 - C. Nine
 - D. Four
10. The minimum number of criteria needed to diagnose a substance use disorder is:
 - A. One
 - B. Two
 - C. Four
 - D. Six
11. A count of 6 or more criteria indicates which severity?
 - A. Mild
 - B. Moderate
 - C. Severe
 - D. In remission
12. The four clusters of substance use disorder criteria are:
 - A. Mood, anxiety, psychosis, and cognition
 - B. Intoxication, withdrawal, tolerance, and craving
 - C. Mild, moderate, severe, and extreme

- D. Impaired control, social impairment, risky use, and pharmacological
- 13.** Which is an 'impaired control' criterion?
- Using more or for longer than intended
 - Tolerance
 - Hazardous use
 - Failing role obligations
- 14.** Continuing to use despite recurrent interpersonal problems caused by the substance is which cluster?
- Impaired control
 - Social impairment
 - Risky use
 - Pharmacological
- 15.** Using a substance in physically hazardous situations (for example, driving) is which cluster?
- Impaired control
 - Pharmacological
 - Risky use
 - Social impairment
- 16.** A patient meets 3 of the 11 criteria for alcohol use disorder. The severity is:
- Moderate
 - Severe
 - None (does not qualify)
 - Mild
- 17.** Tolerance and withdrawal that arise during appropriate medically supervised opioid treatment, by themselves, establish an opioid use disorder. True / False
- 18.** Spending a great deal of time obtaining, using, or recovering from a substance is which cluster?
- Impaired control
 - Risky use
 - Pharmacological
 - Social impairment
- 19.** Craving is one of the eleven substance use disorder criteria. True / False
- 20.** A patient meets 5 criteria for stimulant use disorder. The severity is:
- Mild
 - Moderate
 - Severe
 - Does not qualify
- 21.** Giving up or reducing important social, occupational, or recreational activities because of use is which cluster?
- Risky use
 - Pharmacological
 - Social impairment
 - Impaired control
- 22.** The two pharmacological criteria are:
- Craving and hazardous use
 - Lying and chasing losses
 - Preoccupation and relapse
 - Tolerance and withdrawal
- 23.** Substance use disorders are diagnosed separately for each substance class for which the full criteria are met. True / False
- 24.** A severe substance use disorder is indicated by meeting _____ or more criteria.

Intoxication, withdrawal, and alcohol

- 25.** Substance intoxication is best defined as:
- A reversible, substance-specific syndrome from recent use
 - A chronic pattern of use
 - A syndrome from stopping use
 - A behavioral addiction
- 26.** Substance withdrawal is a syndrome that follows:
- Recent heavy use
 - Stopping or reducing heavy, prolonged use
 - A single first use
 - Gambling
- 27.** Which withdrawal syndrome can be life-threatening?

- A. Cannabis
 - B. Caffeine
 - C. Alcohol (seizures, delirium tremens)
 - D. Tobacco
- 28.** Delirium tremens, a dangerous withdrawal state, is associated with:
- A. Opioids
 - B. Cannabis
 - C. Hallucinogens
 - D. Alcohol
- 29.** Signs of alcohol intoxication include:
- A. Slurred speech, incoordination, unsteady gait, and impaired attention
 - B. Pinpoint pupils and slowed breathing
 - C. Dilated pupils and hypertension
 - D. Red eyes and increased appetite
- 30.** Signs of alcohol withdrawal include:
- A. Miosis and sedation
 - B. Autonomic hyperactivity, tremor, insomnia, anxiety, and possibly seizures
 - C. Euphoria and grandiosity
 - D. Increased appetite and red eyes
- 31.** Opioid withdrawal is usually life-threatening. True / False
- 32.** A chronic heavy drinker stops abruptly and, two days later, becomes confused, tremulous, feverish, and has a seizure. Best explanation?
- A. Alcohol intoxication
 - B. Opioid withdrawal
 - C. Alcohol withdrawal with delirium tremens
 - D. Cannabis intoxication
- 33.** Which substance class shares alcohol's dangerous withdrawal profile?
- A. Opioids
 - B. Stimulants
 - C. Hallucinogens
 - D. Sedatives, hypnotics, and anxiolytics
- 34.** Intoxication and withdrawal are always caused by the same substances having the same effects. True / False
- 35.** Which class has intoxication and withdrawal syndromes but no formal use disorder in DSM-5-TR?
- A. Caffeine
 - B. Alcohol
 - C. Opioids
 - D. Cannabis
- 36.** Severe, potentially fatal alcohol withdrawal with confusion and autonomic instability is called delirium

Opioids and sedatives

- 37.** The pupillary sign of opioid intoxication is:
- A. Dilated pupils (mydriasis)
 - B. Pinpoint pupils (miosis)
 - C. Unequal pupils
 - D. No change
- 38.** The most dangerous feature of opioid intoxication (overdose) is:
- A. Hypertension
 - B. Seizures
 - C. Respiratory depression
 - D. Dilated pupils
- 39.** Opioid withdrawal is characterized by:
- A. Pinpoint pupils and sedation
 - B. Red eyes and increased appetite
 - C. Euphoria and grandiosity
 - D. Dilated pupils, lacrimation, rhinorrhea, gooseflesh, and diarrhea
- 40.** A patient is found drowsy with pinpoint pupils and shallow, slow breathing. Most likely:
- A. Opioid intoxication (overdose)
 - B. Stimulant intoxication
 - C. Alcohol withdrawal

D. Cannabis intoxication

41. A patient has dilated pupils, a runny nose, watery eyes, gooseflesh, and diarrhea after stopping heroin. Best explanation?

- A. Opioid intoxication
- B. Opioid withdrawal
- C. Stimulant intoxication
- D. Alcohol withdrawal

42. Sedative, hypnotic, and anxiolytic intoxication resembles alcohol intoxication (sedation and incoordination). True / False

43. Which withdrawal would most urgently require medical monitoring for seizures?

- A. Cannabis
- B. Tobacco
- C. Benzodiazepines (sedatives)
- D. Caffeine

44. Pinpoint pupils suggest stimulant intoxication. True / False

45. Which pairing is correct?

- A. Opioid intoxication - dilated pupils
- B. Opioid withdrawal - respiratory depression
- C. Opioid intoxication - gooseflesh
- D. Opioid withdrawal - dilated pupils

46. The pinpoint pupils of opioid intoxication are called _____.

Stimulants, cannabis, caffeine, tobacco, and hallucinogens

47. Stimulant (cocaine or amphetamine) intoxication typically causes:

- A. Dilated pupils, tachycardia, hypertension, and euphoria or agitation
- B. Pinpoint pupils and sedation
- C. Red eyes and increased appetite
- D. Slurred speech and ataxia

48. Stimulant withdrawal (the 'crash') is characterized by:

- A. Seizures and delirium
- B. Dysphoria, fatigue, increased appetite, and sleep disturbance
- C. Pinpoint pupils
- D. Gooseflesh and diarrhea

49. Which can occur in severe stimulant intoxication?

- A. Sedation and miosis
- B. Red eyes and hunger
- C. Paranoia and agitation resembling a psychotic state
- D. Rhinorrhea

50. Cannabis intoxication typically causes:

- A. Pinpoint pupils and slowed breathing
- B. Seizures
- C. Hypertension and dilated pupils with euphoria
- D. Conjunctival injection (red eyes), increased appetite, dry mouth, and tachycardia

51. Cannabis withdrawal was newly recognized in DSM-5. True / False

52. Caffeine withdrawal commonly causes:

- A. Headache, fatigue, and dysphoric mood
- B. Seizures
- C. Pinpoint pupils
- D. Red eyes

53. Tobacco withdrawal is characterized by:

- A. Seizures and delirium
- B. Irritability, anxiety, difficulty concentrating, and increased appetite
- C. Pinpoint pupils
- D. Euphoria

54. Hallucinogen use is associated with which later phenomenon?

- A. Delirium tremens
- B. Miosis
- C. Hallucinogen persisting perception disorder (flashbacks)
- D. Gooseflesh

55. Vertical and horizontal nystagmus, with violence and reduced pain sensitivity, suggests intoxication with:

- A. Alcohol
 - B. Cannabis
 - C. Caffeine
 - D. Phencyclidine (PCP)
- 56.** Hallucinogens and inhalants have a well-defined, dangerous withdrawal syndrome. True / False
- 57.** A college student is agitated and paranoid with dilated pupils, a racing heart, and very high blood pressure after a party. Most likely:
- A. Stimulant intoxication
 - B. Opioid intoxication
 - C. Alcohol withdrawal
 - D. Cannabis withdrawal
- 58.** Red eyes, increased appetite, dry mouth, and giggly, slowed perception suggest:
- A. Opioid withdrawal
 - B. Cannabis intoxication
 - C. Stimulant intoxication
 - D. Alcohol withdrawal
- 59.** Stimulant withdrawal is typically life-threatening. True / False
- 60.** Inhalant intoxication typically includes:
- A. Pinpoint pupils
 - B. Red eyes and hunger
 - C. Dizziness, slurred speech, incoordination, and lethargy
 - D. Seizures on withdrawal
- 61.** Match each substance (left) to a key intoxication sign (right).
- | | |
|---------------|--|
| 1. Opioids | A. Dilated pupils, tachycardia, hypertension |
| 2. Stimulants | B. Red eyes, increased appetite |
| 3. Cannabis | C. Pinpoint pupils, respiratory depression |
| 4. Alcohol | D. Slurred speech, incoordination, nystagmus |
- 62.** Re-experiencing perceptual symptoms long after hallucinogen use is hallucinogen persisting _____ disorder.

Gambling Disorder

- 63.** Gambling disorder requires at least how many of nine criteria over 12 months?
- A. Two
 - B. Three
 - C. Six
 - D. Four
- 64.** Which is a gambling disorder criterion?
- A. Chasing losses (returning another day to get even)
 - B. Pinpoint pupils
 - C. Tolerance to alcohol
 - D. Red eyes
- 65.** Gambling disorder is classified as:
- A. An impulse-control disorder only
 - B. A behavioral (non-substance) addiction within this chapter
 - C. A mood disorder
 - D. A somatic disorder
- 66.** ‘Needing to gamble with increasing amounts of money to achieve the desired excitement’ parallels which substance concept?
- A. Withdrawal
 - B. Intoxication
 - C. Tolerance
 - D. Craving only
- 67.** Restlessness or irritability when trying to cut down gambling parallels withdrawal. True / False
- 68.** A person gambles preoccupiedly, bets ever-larger sums, lies to hide it, has jeopardized his job, and keeps chasing losses for over a year. Best diagnosis?
- A. Stimulant use disorder
 - B. Bipolar disorder
 - C. No disorder
 - D. Gambling disorder

69. Gambling disorder severity (mild, moderate, severe) is based on:

- A. The number of criteria met
- B. The amount of money lost
- C. The type of game
- D. Age

70. Before diagnosing gambling disorder, which should be excluded?

- A. That the person has ever gambled
- B. That the gambling is better explained by a manic episode
- C. That the person drinks coffee
- D. That the person is over 18

Differentials, danger, and history

71. Which withdrawal states are the dangerous, potentially fatal ones?

- A. Cannabis and caffeine
- B. Tobacco and stimulants
- C. Alcohol and sedatives
- D. Hallucinogens and inhalants

72. A patient has new paranoia and hallucinations only during and shortly after heavy stimulant use, clearing afterward. Best diagnosis?

- A. Schizophrenia
- B. Delusional disorder
- C. Gambling disorder
- D. Stimulant-induced psychotic disorder

73. Which change belongs to DSM-5 (2013) rather than the 2022 Text Revision?

- A. Merging abuse and dependence, adding craving, and moving gambling into the chapter
- B. Adding suicidal behavior codes
- C. Refreshing prevalence text
- D. Clarifying culture-related text

74. A patient meets only 1 criterion for alcohol use disorder. The correct conclusion is:

- A. Mild alcohol use disorder
- B. No alcohol use disorder (at least two criteria are required)
- C. Severe alcohol use disorder
- D. Alcohol withdrawal

75. A person can simultaneously have a substance use disorder and be acutely intoxicated or in withdrawal. True / False

76. Which is the best single discriminator of opioid intoxication from opioid withdrawal?

- A. Age of the patient
- B. The time of day
- C. Pupil size (constricted in intoxication, dilated in withdrawal)
- D. Blood pressure only

77. Match each diagnosis type (left) to its description (right).

- | | |
|---------------------------|---|
| 1. Substance use disorder | A. Reversible syndrome from recent use |
| 2. Substance intoxication | B. Behavioral addiction, 4+ of 9 over 12 months |
| 3. Substance withdrawal | C. Chronic pattern, 2+ of 11 criteria |
| 4. Gambling disorder | D. Syndrome on stopping heavy use |

78. Gambling disorder is the only _____ addiction included as a diagnosis in DSM-5-TR.

Answer Key

- **1: C.** One graded use disorder.
- **2: D.** Craving was added.
- **3: A.** Legal-problems criterion removed.
- **4: B.** Gambling disorder.
- **5: False.** Internet gaming is for further study.
- **6: C.** Intoxication, withdrawal, induced disorders.
- **7: D.** Ten classes.
- **8: tolerance.**
- **9: A.** Eleven criteria.
- **10: B.** At least two.
- **11: C.** Severe.
- **12: D.** Impaired control, social, risky, pharmacological.
- **13: A.** Using more or longer than intended.
- **14: B.** Social impairment.

- **15: C.** Risky use.
- **16: D.** Mild (2 to 3).
- **17: False.** Prescribed-use tolerance/withdrawal do not count alone.
- **18: A.** Great time spent (impaired control).
- **19: True.** Craving is a criterion.
- **20: B.** Moderate (4 to 5).
- **21: C.** Giving up activities (social impairment).
- **22: D.** Tolerance and withdrawal.
- **23: True.** Diagnosed by class.
- **24: six.**
- **25: A.** Reversible syndrome from recent use.
- **26: B.** Stopping or reducing heavy use.
- **27: C.** Alcohol withdrawal.
- **28: D.** Alcohol.
- **29: A.** Slurred speech, incoordination, impaired attention.
- **30: B.** Autonomic hyperactivity, tremor, seizures.
- **31: False.** Opioid withdrawal is rarely fatal.
- **32: C.** Alcohol withdrawal with delirium tremens.
- **33: D.** Sedatives, hypnotics, anxiolytics.
- **34: False.** Each class differs; some lack withdrawal.
- **35: A.** Caffeine.
- **36: tremens.**
- **37: B.** Pinpoint pupils (miosis).
- **38: C.** Respiratory depression.
- **39: D.** Dilated pupils, lacrimation, gooseflesh, diarrhea.
- **40: A.** Opioid intoxication (overdose).
- **41: B.** Opioid withdrawal.
- **42: True.** Resembles alcohol intoxication.
- **43: C.** Benzodiazepine (sedative) withdrawal.
- **44: False.** Pinpoint pupils suggest opioids.
- **45: D.** Opioid withdrawal - dilated pupils.
- **46: miosis.**
- **47: A.** Dilated pupils, tachycardia, hypertension, euphoria.
- **48: B.** Dysphoria, fatigue, increased appetite.
- **49: C.** Paranoia and agitation.
- **50: D.** Red eyes, appetite, dry mouth, tachycardia.
- **51: True.** Cannabis withdrawal added in DSM-5.
- **52: A.** Headache, fatigue, dysphoria.
- **53: B.** Irritability, anxiety, poor concentration, appetite.
- **54: C.** Hallucinogen persisting perception disorder.
- **55: D.** Phencyclidine (PCP).
- **56: False.** No defined withdrawal for those.
- **57: A.** Stimulant intoxication.
- **58: B.** Cannabis intoxication.
- **59: False.** The crash is not usually dangerous.
- **60: C.** Dizziness, slurred speech, incoordination.
- **61: 1-C, 2-A, 3-B, 4-D.**
- **62: perception.**
- **63: D.** Four of nine.
- **64: A.** Chasing losses.
- **65: B.** Behavioral addiction.
- **66: C.** Tolerance.
- **67: True.** Withdrawal-like restlessness.
- **68: D.** Gambling disorder.
- **69: A.** Number of criteria met.
- **70: B.** Not better explained by a manic episode.
- **71: C.** Alcohol and sedatives.
- **72: D.** Stimulant-induced psychotic disorder.
- **73: A.** Merging abuse/dependence, craving, gambling moved in.
- **74: B.** No use disorder (need two).
- **75: True.** Chronic and acute states can co-occur.
- **76: C.** Pupil size.
- **77: 1-C, 2-A, 3-D, 4-B.**

- **78: behavioral.**

Chapter 16 — Neurocognitive Disorders

Practice Questions

Chapter overview

1. Neurocognitive disorders are characterized by:
 - A. A failure to attain cognitive milestones in childhood
 - B. Psychosis lasting six months
 - C. A manic episode
 - D. An acquired decline from a previously attained level of cognition
2. How many cognitive domains does DSM-5 define for the neurocognitive disorders?
 - A. Six
 - B. Three
 - C. Nine
 - D. Eleven
3. Which is one of the six cognitive domains?
 - A. Mood
 - B. Executive function
 - C. Appetite
 - D. Sleep
4. DSM-5 replaced the single term 'dementia' with:
 - A. Delirium
 - B. Mild cognitive impairment
 - C. Major neurocognitive disorder
 - D. Amnesic disorder
5. Which diagnosis was newly introduced in DSM-5 to capture an earlier, milder stage of decline?
 - A. Delirium
 - B. Major neurocognitive disorder
 - C. Alzheimer's disease
 - D. Mild neurocognitive disorder
6. Major and mild neurocognitive disorder require both a concern about cognitive decline and objective evidence, preferably from standardized neuropsychological testing or, if unavailable, another quantified clinical assessment.
True / False
7. The axis that distinguishes major from mild neurocognitive disorder is:
 - A. Whether independence in everyday activities is lost
 - B. The patient's age
 - C. The presence of hallucinations
 - D. The cause
8. Social cognition, as a cognitive domain, refers to:
 - A. The ability to walk
 - B. Recognizing emotions and understanding social situations and others' states of mind
 - C. Long-term memory only
 - D. Visual acuity
9. Neurocognitive disorders are organized in DSM-5 primarily by etiology (cause). True / False
10. A substantial cognitive decline that interferes with independence is a _____ neurocognitive disorder.

Delirium

11. The core disturbance in delirium is in:
 - A. Long-term memory only
 - B. Mood
 - C. Attention and awareness
 - D. Motor coordination
12. Delirium characteristically develops over:
 - A. Several years
 - B. A single instant, then stable
 - C. Months, steadily
 - D. Hours to days, with fluctuation

- 13.** Delirium requires evidence that it is caused by:
 - A. A medical condition, substance intoxication or withdrawal, a medication, or a toxin
 - B. A traumatic memory
 - C. A personality trait
 - D. A learned behavior
- 14.** Delirium is often reversible when the underlying cause is identified and treated. True / False
- 15.** The three motor subtypes of delirium are:
 - A. Mild, moderate, and severe
 - B. Hyperactive, hypoactive, and mixed
 - C. Acute, subacute, and chronic
 - D. Cortical and subcortical
- 16.** Which delirium subtype is most often missed?
 - A. Hyperactive
 - B. Mixed
 - C. Hypoactive (quiet)
 - D. None are missed
- 17.** An 80-year-old becomes acutely confused and inattentive over one day after starting an infection, with waxing and waning alertness. Best diagnosis?
 - A. Major neurocognitive disorder
 - B. Mild neurocognitive disorder
 - C. Depression
 - D. Delirium
- 18.** In delirium, attention and awareness are typically preserved until the very late stages. True / False
- 19.** Which feature best separates delirium from a major neurocognitive disorder?
 - A. Acute onset and a fluctuating course with impaired attention
 - B. Memory loss
 - C. Older age
 - D. A family history
- 20.** Delirium can be superimposed on a pre-existing neurocognitive disorder. True / False
- 21.** Which is a common precipitant of delirium in older hospitalized patients?
 - A. Normal sleep
 - B. Infection, medications, metabolic disturbance, or surgery
 - C. A balanced diet
 - D. Routine exercise
- 22.** Delirium should NOT be diagnosed when the disturbance occurs in the context of:
 - A. An infection
 - B. Old age
 - C. A severely reduced level of arousal such as coma
 - D. Surgery
- 23.** A new, acute, fluctuating change in alertness and attention from baseline supports delirium rather than a stable chronic neurocognitive disorder alone. True / False
- 24.** Delirium develops acutely and _____ throughout the day.

Major and mild neurocognitive disorder

- 25.** Major neurocognitive disorder requires a decline that:
 - A. Does not affect daily life
 - B. Lasts only hours
 - C. Is present from birth
 - D. Interferes with independence in everyday activities
- 26.** Mild neurocognitive disorder is defined by a decline that:
 - A. Is modest and does NOT interfere with independence, though more effort is needed
 - B. Removes all independence
 - C. Is acute and fluctuating
 - D. Is congenital
- 27.** A person who needs help managing medications and finances because of cognitive decline likely has a major, not mild, neurocognitive disorder. True / False
- 28.** Both major and mild NCD can be specified:
 - A. Care-seeking or care-avoidant
 - B. With or without behavioral disturbance
 - C. Imposed on self or another

D. With predominant pain

29. An older adult has objective memory decline on testing but still lives independently with extra effort and reminders.

Best diagnosis?

- A. Major neurocognitive disorder
- B. Delirium
- C. Mild neurocognitive disorder
- D. No disorder

30. Major neurocognitive disorder can be rated as mild, moderate, or severe based on the degree of dependence. True / False

31. Which domain, when declining early, most suggests Alzheimer's disease?

- A. Social cognition
- B. Perceptual-motor
- C. Language only
- D. Learning and memory

32. Which domain covers planning, organizing, and mental flexibility?

- A. Executive function
- B. Language
- C. Perceptual-motor
- D. Learning and memory

33. The same etiology (for example, Alzheimer's disease) can present as either a mild or a major neurocognitive disorder. True / False

34. Which is NOT one of the six cognitive domains?

- A. Complex attention
- B. Motivation
- C. Language
- D. Perceptual-motor

35. A decline in the ability to recognize faces or manipulate objects reflects which domain?

- A. Language
- B. Learning and memory
- C. Perceptual-motor
- D. Complex attention

36. Mild neurocognitive disorder, unlike major, preserves _____ in everyday activities.

Alzheimer's disease

37. The typical onset and course of Alzheimer's disease are:

- A. Acute onset and fluctuating course
- B. Stepwise decline
- C. Rapid decline with myoclonus
- D. Insidious onset and gradual, progressive decline

38. Alzheimer's disease is:

- A. The most common cause of major neurocognitive disorder
- B. A rare cause
- C. Always reversible
- D. Caused by strokes

39. The earliest prominent cognitive deficit in typical Alzheimer's disease is in:

- A. Motor coordination
- B. Learning and memory
- C. Language fluency only
- D. Social disinhibition

40. In major neurocognitive disorder, the distinction between 'probable' and 'possible' Alzheimer's disease depends on:

- A. The patient's age
- B. The presence of hallucinations
- C. Evidence of a causative genetic mutation, or a progressive decline in learning and memory plus one other domain, with steady progression and no mixed etiology
- D. The number of strokes

41. A sudden, stepwise cognitive decline is typical of Alzheimer's disease. True / False

42. A 72-year-old has 3 years of slowly worsening memory loss, getting lost and forgetting recent events, with gradual decline and no strokes or hallucinations. Most likely:

- A. Vascular NCD

- B. Delirium
- C. Frontotemporal NCD
- D. Alzheimer's disease neurocognitive disorder

43. Alzheimer's disease can be diagnosed at the mild neurocognitive disorder stage. True / False

44. Which feature argues against typical Alzheimer's disease as the cause?

- A. Prominent early behavioral disinhibition with spared memory
- B. Gradual memory decline
- C. Insidious onset
- D. Progressive course

45. Prevalence of Alzheimer's disease with age:

- A. Falls with age
- B. Rises steeply with advancing age
- C. Is unrelated to age
- D. Peaks in childhood

46. Alzheimer's disease typically affects _____ and memory earliest.

Vascular, Lewy body, and frontotemporal

47. Vascular neurocognitive disorder is suggested by:

- A. Insidious memory loss with no strokes
- B. Recurrent visual hallucinations
- C. A stepwise decline or onset temporally related to cerebrovascular events
- D. Early behavioral disinhibition

48. The core features of Lewy body neurocognitive disorder include:

- A. Stepwise decline after strokes
- B. Early language loss only
- C. Acute delirium with fever
- D. Fluctuating cognition, recurrent visual hallucinations, and spontaneous parkinsonism

49. A suggestive feature of Lewy body disease is:

- A. REM sleep behavior disorder and marked sensitivity to antipsychotics
- B. Resolution with antibiotics
- C. A single stroke
- D. Early memory sparing with disinhibition

50. Frontotemporal neurocognitive disorder, behavioral variant, presents with:

- A. Early memory loss
- B. Early personality change, disinhibition, apathy, and loss of empathy, with memory relatively spared
- C. Recurrent strokes
- D. Fluctuating attention with hallucinations

51. Compared with Alzheimer's disease, frontotemporal disease typically has:

- A. An older age of onset
- B. The same memory-first pattern
- C. A relatively younger age of onset
- D. An acute, fluctuating course

52. A 60-year-old develops striking social disinhibition, apathy, and loss of empathy over two years, with relatively preserved memory early on. Most likely:

- A. Alzheimer's disease
- B. Vascular NCD
- C. Delirium
- D. Frontotemporal neurocognitive disorder

53. A 75-year-old has cognition that varies hour to hour, sees detailed figures that are not there, and has developed a shuffling gait and rigidity. Most likely:

- A. Lewy body neurocognitive disorder
- B. Alzheimer's disease
- C. Vascular NCD
- D. Delirium from infection

54. Giving antipsychotics to a patient with Lewy body disease can cause severe adverse reactions. True / False

55. What usual one-year timing convention distinguishes dementia with Lewy bodies from Parkinson's disease neurocognitive disorder?

- A. They are identical
- B. Dementia beginning before or within 1 year of parkinsonism favors dementia with Lewy bodies; dementia beginning after more than 1 year of established Parkinson's disease favors Parkinson's disease dementia

- C. Parkinson's NCD has no motor symptoms
 - D. Lewy body disease never has hallucinations
- 56.** A patient had Parkinson's disease with tremor and rigidity for six years, then developed cognitive decline. Best diagnosis?
- A. Lewy body NCD
 - B. Alzheimer's disease
 - C. Neurocognitive disorder due to Parkinson's disease
 - D. Delirium
- 57.** Vascular neurocognitive disorder often spares processing speed and executive function. True / False
- 58.** Neuroimaging evidence of significant cerebrovascular disease supports which diagnosis?
- A. Frontotemporal NCD
 - B. Alzheimer's disease
 - C. Delirium
 - D. Vascular neurocognitive disorder
- 59.** Which presentation suggests the language variant of frontotemporal disease?
- A. Progressive nonfluent or agrammatic speech, or loss of word and object meaning, with other domains relatively spared early
 - B. Fluctuating hallucinations
 - C. Stepwise strokes
 - D. Acute inattention
- 60.** A patient with multiple strokes shows decline mainly in planning and processing speed, in a stepwise pattern. Most likely:
- A. Alzheimer's disease
 - B. Vascular neurocognitive disorder
 - C. Lewy body NCD
 - D. Frontotemporal NCD
- 61.** Match each cause (left) to its signature feature (right).
- | | |
|------------------------|---|
| 1. Alzheimer's disease | A. Fluctuating cognition, visual hallucinations, parkinsonism |
| 2. Vascular | B. Early behavior or language change, memory spared |
| 3. Lewy body | C. Insidious, gradual memory loss |
| 4. Frontotemporal | D. Stepwise decline tied to strokes |
- 62.** Recurrent, well-formed _____ hallucinations are a core feature of Lewy body disease.

Other etiologies and differentials

- 63.** A rapidly progressive neurocognitive disorder over weeks to months, with myoclonus and ataxia, suggests:
- A. Alzheimer's disease
 - B. Vascular NCD
 - C. Prion disease (for example, Creutzfeldt-Jakob)
 - D. Mild NCD
- 64.** Chorea (involuntary dance-like movements) accompanying cognitive and behavioral decline, with a dominant family history, suggests:
- A. Alzheimer's disease
 - B. Delirium
 - C. Vascular NCD
 - D. Huntington's disease
- 65.** A neurocognitive disorder that persists well beyond intoxication and withdrawal, caused by heavy long-term substance use, is:
- A. Substance/medication-induced neurocognitive disorder
 - B. Delirium
 - C. Mild cognitive impairment from aging
 - D. Alzheimer's disease
- 66.** Cognitive decline following a significant head injury, with onset linked to the trauma, is:
- A. Delirium
 - B. Neurocognitive disorder due to traumatic brain injury
 - C. Alzheimer's disease
 - D. Frontotemporal NCD
- 67.** Which reversible condition can mimic a neurocognitive disorder in older adults ('pseudodementia')?
- A. Prion disease

- B. Huntington's disease
C. Depression
D. Alzheimer's disease
- 68.** Distinguishing depression from a neurocognitive disorder matters because the cognitive effects of depression may be reversible. True / False
- 69.** Which finding would most strongly favor delirium rather than a stable chronic major neurocognitive disorder alone?
A. A two-year gradual memory decline
B. Early behavioral change
C. A dominant family history
D. Acute onset with a fluctuating course and impaired attention
- 70.** A 78-year-old with known Alzheimer's disease suddenly becomes much more confused over a day, with new inattention, after a urinary infection. Best explanation?
A. Delirium superimposed on the neurocognitive disorder
B. Rapid progression of Alzheimer's
C. Frontotemporal disease
D. Normal aging
- 71.** Neurocognitive disorders, unlike neurodevelopmental disorders, involve a decline from a previously attained level. True / False
- 72.** Which change belongs to DSM-5 (2013) rather than the 2022 Text Revision?
A. Adding suicidal behavior codes
B. Replacing 'dementia' with 'major neurocognitive disorder' and adding mild NCD
C. Refreshing prevalence text
D. Clarifying wording
- 73.** Which question best helps identify possible delirium in an older patient with confusion?
A. What is the patient's favorite food?
B. How long have they lived at this address?
C. Is there an acute, fluctuating change in attention and awareness from the patient's baseline?
D. Do they have siblings?
- 74.** A patient meets full criteria for major neurocognitive disorder. Cognitive impairment requires assistance with bathing, dressing, and finances, but the patient remains able to perform other activities independently and is not fully dependent. What is the most appropriate current severity specifier?
A. Major neurocognitive disorder, mild severity
B. Major neurocognitive disorder, severe severity
C. Mild neurocognitive disorder
D. Major neurocognitive disorder, moderate severity
- 75.** Match each diagnosis (left) to its defining feature (right).
1. Delirium
2. Major NCD
3. Mild NCD
4. Prion disease NCD
A. Decline with preserved independence
B. Acute, fluctuating, impaired attention
C. Rapid progression with myoclonus
D. Decline with loss of independence
- 76.** An acute, fluctuating disturbance of attention with a medical cause is _____.

Answer Key

- **1: D.** Acquired decline from a prior level.
- **2: A.** Six domains.
- **3: B.** Executive function.
- **4: C.** Major neurocognitive disorder.
- **5: D.** Mild neurocognitive disorder.
- **6: True.** Concern plus objective testing.
- **7: A.** Loss of independence.
- **8: B.** Recognizing emotions and social understanding.
- **9: True.** Organized by etiology.
- **10: major.**
- **11: C.** Attention and awareness.
- **12: D.** Hours to days, with fluctuation.
- **13: A.** A medical, substance, medication, or toxin cause.
- **14: True.** Often reversible.
- **15: B.** Hyperactive, hypoactive, mixed.
- **16: C.** Hypoactive (quiet).
- **17: D.** Delirium.

- **18: False.** Attention is impaired early in delirium.
- **19: A.** Acute, fluctuating, impaired attention.
- **20: True.** Delirium can be superimposed on dementia.
- **21: B.** Infection, medications, metabolic, surgery.
- **22: C.** Coma (severely reduced arousal).
- **23: True.** Fluctuation supports delirium.
- **24: fluctuates.**
- **25: D.** Interferes with independence.
- **26: A.** Modest, independence preserved.
- **27: True.** Needing help indicates major NCD.
- **28: B.** With or without behavioral disturbance.
- **29: C.** Mild NCD.
- **30: True.** Mild/moderate/severe by dependence.
- **31: D.** Learning and memory.
- **32: A.** Executive function.
- **33: True.** Severity and etiology are separate.
- **34: B.** Motivation is not a domain.
- **35: C.** Perceptual-motor.
- **36: independence.**
- **37: D.** Insidious onset, gradual progression.
- **38: A.** Most common cause.
- **39: B.** Learning and memory.
- **40: C.** Genetic evidence or clear decline pattern.
- **41: False.** Stepwise suggests vascular.
- **42: D.** Alzheimer's disease.
- **43: True.** Mild NCD due to Alzheimer's.
- **44: A.** Early disinhibition with spared memory suggests frontotemporal.
- **45: B.** Rises steeply with age.
- **46: learning.**
- **47: C.** Stepwise or stroke-related.
- **48: D.** Fluctuation, hallucinations, parkinsonism.
- **49: A.** REM sleep behavior disorder and neuroleptic sensitivity.
- **50: B.** Early personality change, memory spared.
- **51: C.** Younger age of onset.
- **52: D.** Frontotemporal NCD.
- **53: A.** Lewy body NCD.
- **54: True.** Neuroleptic sensitivity.
- **55: B.** Relative timing of cognition versus motor onset.
- **56: C.** NCD due to Parkinson's disease.
- **57: False.** Vascular impairs processing and executive function.
- **58: D.** Vascular NCD.
- **59: A.** Progressive language decline.
- **60: B.** Vascular NCD.
- **61: 1-C, 2-D, 3-A, 4-B.**
- **62: visual.**
- **63: C.** Prion disease.
- **64: D.** Huntington's disease.
- **65: A.** Substance/medication-induced NCD.
- **66: B.** NCD due to TBI.
- **67: C.** Depression (pseudodementia).
- **68: True.** Depression's cognitive effects may be reversible.
- **69: D.** Acute, fluctuating, impaired attention.
- **70: A.** Delirium superimposed on dementia.
- **71: True.** Acquired decline versus failure to attain.
- **72: B.** Renaming and mild NCD were DSM-5.
- **73: C.** Is this delirium rather than chronic decline?
- **74: D.** Major NCD, moderate severity.
- **75: 1-B, 2-D, 3-A, 4-C.**
- **76: delirium.**