

Practice Quiz Pack 10

Medication-Induced & Other Conditions (Ch 19)

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

Chapter 19 — Medication-Induced Movement & Other Conditions

Practice Questions

Overview and NMS

1. Most medication-induced movement disorders in this chapter are caused by:
 - A. Antipsychotics and other dopamine-blocking drugs
 - B. Antibiotics
 - C. Vitamins
 - D. Antihistamines
2. Which medication-induced movement disorder is a medical emergency?
 - A. Acute akathisia
 - B. Neuroleptic malignant syndrome
 - C. Postural tremor
 - D. Tardive dyskinesia
3. The classic tetrad of neuroleptic malignant syndrome is:
 - A. Lip-smacking and tongue movements
 - B. Restlessness and pacing
 - C. High fever, severe (lead-pipe) rigidity, autonomic instability, and altered mental status
 - D. Dizziness and brain zaps
4. An elevated creatine kinase (CK) commonly accompanies neuroleptic malignant syndrome. True / False
5. The other conditions that may be a focus of clinical attention (relational problems, abuse, malingering) are:
 - A. Severe mental disorders
 - B. Always medication-induced
 - C. Emergencies
 - D. Not mental disorders, but coded when they are a focus of care
6. A patient on an antipsychotic develops a fever of 40 degrees, rigid 'lead-pipe' muscles, a fluctuating blood pressure, and confusion over two days. Best diagnosis and action?
 - A. Neuroleptic malignant syndrome; treat as an emergency and stop the drug
 - B. Tardive dyskinesia; continue the drug
 - C. Akathisia; reassure
 - D. Normal variation
7. Neuroleptic malignant syndrome develops over days and can be fatal if untreated. True / False
8. The life-threatening dopamine-blocker reaction with fever and rigidity is _____ syndrome.

The movement disorders by type

9. Medication-induced acute dystonia involves:
 - A. Lip-smacking after years of use
 - B. Sustained muscle contractions such as torticollis or an oculogyric crisis
 - C. Inner restlessness
 - D. Fever and rigidity
10. An oculogyric crisis (eyes forced upward) is a form of:
 - A. Tardive dyskinesia
 - B. Akathisia
 - C. Acute dystonia
 - D. Parkinsonism
11. Medication-induced acute akathisia is best described as:
 - A. Sustained muscle spasms
 - B. Involuntary orofacial movements
 - C. Fever and rigidity
 - D. A distressing subjective restlessness with a need to keep moving
12. Akathisia is clinically important partly because it is often mistaken for:
 - A. Anxiety or worsening psychotic agitation
 - B. A fever
 - C. A seizure

D. A fracture

13. Medication-induced parkinsonism features:

- A. Lip-smacking
- B. Tremor, rigidity, bradykinesia, and a masked face
- C. Inner restlessness
- D. Fever

14. Tardive dyskinesia is characterized by:

- A. Acute sustained contractions
- B. Fever and rigidity
- C. Late-onset involuntary choreoathetoid movements, classically orofacial, after prolonged use
- D. Dizziness on stopping an antidepressant

15. Tardive dyskinesia may be irreversible. True / False

16. A young man develops a sudden, painful twisting of his neck and upward eye deviation hours after his first antipsychotic dose. Best diagnosis?

- A. Tardive dyskinesia
- B. Akathisia
- C. NMS
- D. Acute dystonia

17. A patient started on an antipsychotic a week ago cannot sit still, paces constantly, and feels an unbearable inner restlessness. Best diagnosis?

- A. Akathisia
- B. Tardive dyskinesia
- C. Parkinsonism
- D. NMS

18. A patient on an antipsychotic for several years develops repetitive lip-smacking, tongue protrusion, and chewing movements. Best diagnosis?

- A. Acute dystonia
- B. Tardive dyskinesia
- C. Akathisia
- D. NMS

19. A patient on an antipsychotic for a month develops a resting tremor, stiff limbs, slow movement, and a reduced facial expression. Best diagnosis?

- A. Tardive dyskinesia
- B. Akathisia
- C. Medication-induced parkinsonism
- D. Acute dystonia

20. Within two days of starting a dopamine receptor-blocking medication, a patient develops painful sustained contractions of the neck and jaw and an oculogyric crisis. Which diagnosis best explains this presentation?

- A. Tardive dyskinesia
- B. Drug-induced parkinsonism
- C. No drug-induced movement disorder can occur this early
- D. Acute dystonia

21. Which listed syndrome is typically associated with longer exposure and often emerges after months to years?

- A. Tardive dyskinesia (months to years)
- B. Acute dystonia
- C. Akathisia
- D. NMS

22. Acute dystonia is more common in younger males. True / False

23. Match each movement disorder (left) to its feature (right).

- | | |
|-----------------------|--|
| 1. Acute dystonia | A. Tremor, rigidity, bradykinesia |
| 2. Akathisia | B. Late orofacial involuntary movements |
| 3. Parkinsonism | C. Sustained contractions (torticollis, oculogyric crisis) |
| 4. Tardive dyskinesia | D. Inner restlessness, need to move |

24. Late-onset, often orofacial, involuntary movements after prolonged antipsychotic use are called tardive

25. Which disorder presents with a resting tremor and rigidity that mimics an idiopathic neurological disease?

- A. Akathisia
- B. Medication-induced parkinsonism
- C. Acute dystonia

- D. NMS
- 26.** Akathisia is purely an objective sign with no subjective component. True / False
- 27.** Which is the best immediate concern if a patient on an antipsychotic develops fever, rigidity, and confusion?
 - A. Tardive dyskinesia
 - B. Akathisia
 - C. Neuroleptic malignant syndrome, a medical emergency
 - D. Antidepressant discontinuation
- 28.** Medication-induced postural tremor is:
 - A. A fever
 - B. A late orofacial movement
 - C. An emergency
 - D. A tremor present when maintaining a posture, caused by a medication (for example, lithium)

Serotonin syndrome, discontinuation, and other conditions

- 29.** Which features best distinguish serotonin syndrome from neuroleptic malignant syndrome?
 - A. Clonus and hyperreflexia over hours (serotonin syndrome) versus lead-pipe rigidity over days (NMS)
 - B. They are identical
 - C. NMS has clonus
 - D. Serotonin syndrome has no neuromuscular features
- 30.** Serotonin syndrome is caused by:
 - A. Dopamine
 - B. Serotonin
 - C. Acetylcholine
 - D. Histamine
- 31.** Antidepressant discontinuation syndrome features:
 - A. Fever and rigidity
 - B. Orofacial movements
 - C. Flu-like symptoms, dizziness, insomnia, and sensory disturbances after abruptly stopping an antidepressant
 - D. Sustained contractions
- 32.** Antidepressant discontinuation syndrome is typically worse with short-half-life agents. True / False
- 33.** A patient who abruptly stops a short-half-life SSRI develops dizziness, flu-like symptoms, insomnia, and 'brain zaps.' Best explanation?
 - A. Neuroleptic malignant syndrome
 - B. Tardive dyskinesia
 - C. Acute dystonia
 - D. Antidepressant discontinuation syndrome
- 34.** Which is an 'other condition that may be a focus of clinical attention' rather than a mental disorder?
 - A. A relational problem, abuse or neglect, or malingering
 - B. Schizophrenia
 - C. Bipolar disorder
 - D. Major depressive disorder
- 35.** Uncomplicated bereavement is coded as a mental disorder. True / False
- 36.** Malingering, in this framework, is:
 - A. A psychotic disorder
 - B. An other condition that may be a focus of clinical attention, not a mental disorder
 - C. A movement disorder
 - D. A mood disorder

Integration

- 37.** The single best first step when a patient on an antipsychotic develops fever and rigidity is to:
 - A. Increase the antipsychotic
 - B. Reassure and observe for weeks
 - C. Recognize possible NMS and treat it as an emergency
 - D. Start an antidepressant
- 38.** Which sequence correctly orders the movement disorders by typical time of onset after starting a dopamine blocker (earliest to latest)?
 - A. Tardive dyskinesia, akathisia, acute dystonia
 - B. Parkinsonism, tardive dyskinesia, acute dystonia
 - C. They all occur at once
 - D. Acute dystonia, akathisia/parkinsonism, tardive dyskinesia

39. Recognizing akathisia as a drug effect, rather than anxiety, prevents the error of raising the antipsychotic dose.

True / False

40. Match each condition (left) to its description (right).

- | | |
|--|---|
| 1. Neuroleptic malignant syndrome | A. Clonus and hyperreflexia over hours, from serotonergic drugs |
| 2. Serotonin syndrome | B. Flu-like symptoms after stopping an antidepressant |
| 3. Antidepressant discontinuation syndrome | C. Lead-pipe rigidity and fever over days, from dopamine blockers |
| 4. Tardive dyskinesia | D. Late orofacial involuntary movements |

41. Which statement about this chapter is most accurate?

- A. It covers medication-induced movement disorders, some requiring urgent care, and other coded conditions that are not mental disorders
- B. All entries are severe mental disorders
- C. None require urgent care
- D. All are irreversible

42. Serotonin syndrome is distinguished from NMS by prominent clonus and _____.

43. A lithium-treated patient develops a fine tremor when holding out the hands. Best explanation?

- A. Tardive dyskinesia
- B. Medication-induced postural tremor
- C. NMS
- D. Acute dystonia

44. Which is the key reason the 'other conditions that may be a focus of clinical attention' are included?

- A. Because they are all emergencies
- B. Because they are movement disorders
- C. To allow coding of problems that bring people to care, without labeling them as mental disorders
- D. Because they require medication

Answer Key

- **1: A.** Dopamine-blocking drugs.
- **2: B.** Neuroleptic malignant syndrome.
- **3: C.** Fever, rigidity, autonomic instability, altered mental status.
- **4: True.** Elevated CK.
- **5: D.** Not mental disorders, coded for attention.
- **6: A.** NMS; emergency, stop the drug.
- **7: True.** Days; can be fatal.
- **8: neuroleptic malignant.**
- **9: B.** Sustained contractions.
- **10: C.** Acute dystonia.
- **11: D.** Subjective restlessness.
- **12: A.** Anxiety or worsening psychosis.
- **13: B.** Tremor, rigidity, bradykinesia, masked face.
- **14: C.** Late orofacial involuntary movements.
- **15: True.** May be irreversible.
- **16: D.** Acute dystonia.
- **17: A.** Akathisia.
- **18: B.** Tardive dyskinesia.
- **19: C.** Medication-induced parkinsonism.
- **20: D.** Acute dystonia.
- **21: A.** Tardive dyskinesia.
- **22: True.** Younger males.
- **23: 1-C, 2-D, 3-A, 4-B.**
- **24: dyskinesia.**
- **25: B.** Medication-induced parkinsonism.
- **26: False.** It has a subjective component.
- **27: C.** NMS, an emergency.
- **28: D.** A medication-caused postural tremor.
- **29: A.** Clonus/hyperreflexia (hours) vs lead-pipe rigidity (days).
- **30: B.** Serotonergic drugs.
- **31: C.** Flu-like, dizziness, sensory disturbances on stopping.
- **32: True.** Worse with short half-life.
- **33: D.** Antidepressant discontinuation syndrome.

- **34: A.** Relational problem, abuse, malingering.
- **35: False.** Not a mental disorder.
- **36: B.** An other condition, not a mental disorder.
- **37: C.** Recognize NMS and treat urgently.
- **38: D.** Dystonia, then akathisia/parkinsonism, then tardive dyskinesia.
- **39: True.** Prevents raising the dose wrongly.
- **40: 1-C, 2-A, 3-B, 4-D.**
- **41: A.** Movement disorders plus non-disorder conditions.
- **42: hyperreflexia.**
- **43: B.** Medication-induced postural tremor.
- **44: C.** To code reasons for care without labeling a disorder.