MENTAL HEALTH NURSING QUIZ

1. A: Antidepressant medication is an initial primary treatment modality for mild major depressive disorder as well as moderate to severe major depressive disorder. For psychotic depression, a combination of antipsychotic and antidepressant medication or ECT may be prescribed. Psychotherapy alone as an initial treatment modality may be used for patients with mild to moderate depressive disorder.

2. C: Drug treatment for dysthymia is similar to treatment for depression and may include tricyclic antidepressants, selective serotonin reuptake inhibitors (SSRIs), and monoamine oxidase inhibitors (MAOIs). Along with the above-mentioned therapies, persons with dysthymia also may respond to cognitive therapy and behavioral therapy.

3. C: Additional symptoms of depression in children and adolescents include the following: irritable mood; loss of interest and pleasure; persistent thoughts of death; suicidal ideation or attempts; changes in appetite, weight or sleep; diminished activity, concentration or energy; and changes in feelings of self-worth and guilt. Depressed children may withdraw socially, present with somatic complaints, exhibit low tolerance for frustration, and throw temper tantrums.

4. B: Because bright light therapy has the potential to cause eyestrain and headaches, an ophthalmologic exam is advised for persons with a history of eye diseases. In is important to bear in mind that in bright light treatment has the potential to trigger episodes of hypomania or mania in vulnerable patients.

5. D: Bipolar disorder is associated with functional impairments even during periods of euthymia. Along with periodic episodes of mania and depression, some patients experience rapid cycling - four or more mood disturbances in a single year that meet the criteria for a major depressive, mixed, manic, or hypomanic episode.

6. D: Children and adolescents with bipolar disorder should be carefully evaluated for all of the above-mentioned co-occurring disorders as well as medical problems. Primary treatment for mania is pharmacotherapy; however, psychotherapy is an important component of comprehensive treatment.

7. A: The goals of treatment during the acute phase of illness are to prevent harm, control disturbed behavior, reduce symptoms such as agitation and aggression,

evaluate and address the stressors that triggered the acute episode, and enable rapid return to the best level of functioning. As with other psychiatric disorders it is vitally important to develop an alliance with the patient and family, establish attainable objectives of treatment, and follow-up with appropriate care.

8. A: A combination of ECT and antipsychotic medications may be prescribed for patients with schizophrenia or schizoaffective disorder with severe psychotic symptoms that have not responded to pharmacological treatment. Maintenance ECT may benefit some patients who have responded to acute treatment with ECT but for whom pharmacological prophylaxis alone has not prevented relapse or is not tolerated.

9. B: An estimated 40 million adults in the United States have an anxiety disorder. Anxiety disorders include panic disorders with or without agoraphobia, specific phobias, social anxiety disorder, obsessive-compulsive disorder, generalized anxiety disorder, and post-traumatic stress disorder (PTSD).

10. C: A combination of psychotherapy and medication management is helpful for most anxiety disorders. Of psychotherapeutic interventions, cognitive-behavioral therapy (CBT) has demonstrated efficacy; however, it requires the patient to commit to approximately 12 to 20 sessions of treatment.

11. B: More than half of persons diagnosed with generalized anxiety disorder have a comorbid condition such as panic disorder and major depressive disorder is the most common. Panic disorder is often comorbid with substance abuse. Because the anxiety disorders share many common signs and symptoms, it is imperative to conduct a thorough assessment to establish the primary diagnosis.

12. D: People who have panic disorder are often disabled by the condition; they avoid normal activities of daily living such as shopping and riding buses or trains. About one-third becomes housebound or able to confront a feared situation only when accompanied. Panic disorder is one of the most treatable of all the anxiety disorders; most people respond well to pharmacological and psychosocial interventions.

13. A: Panic attacks occur suddenly, often without warning, and can occur at any time, even during sleep. Panic attacks commonly begin in late adolescence or early adulthood, but not everyone who experiences panic attacks will develop panic

disorder. Many people have a single attack and do not develop the persistent pattern that characterizes panic disorder.

14. B: A combination of pharmacological and psychotherapeutic treatment appears to be most effective. Selective serotonin reuptake inhibitors (SSRIs) are the drugs of choice and cognitive behavioral therapy is the psychotherapeutic modality of choice.

15. C: Oppositional defiant disorder (ODD) is not the oppositional behavior displayed by children in the course of normal development; ODD is an extreme and significant exaggeration of developmentally normal behaviors. Because ODD is frequently a co-morbid condition, it is vital that other conditions/disorders be identified and treated.

16. D: Intermittent explosive disorder is characterized by repeated outbursts of aggressive, violent behavior People with intermittent explosive disorder may attack and harm others and vandalize and destroy property. Following these outbursts they are often contrite, expressing remorse, regret and embarrassment about their actions.

17. C: Although persons with mania may behave impulsively, mania is a mood disorder characterized by abnormal affect, inflated feelings of self-worth, pressured speech, scattered ideas, increased interest in goal-directed activities and high-risk behaviors, unexplained euphoria, irritable mood, decreased need for sleep, and magical thinking.

18. D: Naltrexone, an opioid receptor antagonist, may be used as a pharmacotherapy for alcohol-dependent and opioid-dependent patients. It has demonstrated efficacy in helping alcohol-dependent patients adhere to treatment by reducing cravings, thereby, reducing the frequency and severity of relapse. Naltrexone has not demonstrated comparable efficacy for opioid dependency, largely because there is lower adherence to treatment in this population.

19. D: Persons with mild to moderate withdrawal symptoms may be effectively managed in intensive outpatient programs or partial hospitalization programs. Because many such programs are on medical center campuses or close to hospitals, immediate transfer to a higher level of care is feasible.

20. D: Many patients with schizophrenia self-medicate with alcohol, prescription drugs, and street drugs. It is vitally important to identify the presence of comorbid substance use and to develop a treatment plan that effectively addresses schizophrenia and substance use.

21. C. "You seem upset about the meetings."** Rationale: The substance abuser uses the substance to cope with feelings and may deny the abuse. Asking if the client is upset about the meetings encourages the client to identify and deal with feelings instead of covering them up. Arguing with the client about the substance abuse (option A) or insisting that the client attend the meetings (option D) wouldn't help the client identify resistance to treatment. Option B isn't therapeutic behavior because it plays down the importance of attending meetings.

22. C. jointly by the client and nurse. **Rationale: A contract written jointly by the client and nurse most successfully promotes cooperation and consistent behavior. The most effective contract — and the type least likely to allow for manipulation and misinterpretation — states the behavioral terms as concretely as possible. A contract written solely by the client may not be agreeable to staff members; one written by the physician and nurse may not be agreeable to the client.

23. C. Crucial phase**Rationale: The crucial phase is marked by physical dependence. The prealcoholic phase is characterized by drinking to medicate feelings and for relief from stress. The early phase is characterized by sneaking drinks, blackouts, rapidly gulping drinks, and preoccupation with alcohol. The chronic phase is characterized by emotional and physical deterioration.

24. B. Nystagmus**Rationale: Phencyclidine is an anesthetic with severe psychological effects. It blocks the reuptake of dopamine and directly affects the midbrain and thalamus. Nystagmus and ataxia are common physical findings of PCP use. Dilated pupils are evidence of LSD ingestion. Paranoia and altered mood occur with both PCP and LSD ingestion.

25. D. Denial **Rationale: Denial is an unconscious defense mechanism in which emotional conflict and anxiety are avoided by refusing to acknowledge feelings, desires, impulses, or external facts that are consciously intolerable. Withdrawal is a common response to stress, characterized by apathy. Logical thinking IS the ability to think rationally and make responsible decisions, which would lead the

client to admitting the problem and seeking help. Repression is suppressing past events from the consciousness because of guilty association.

26. A. avoid all products containing alcohol. **Rationale: To avoid severe adverse effects, the client taking disulfiram must strictly avoid alcohol and all products that contain alcohol. Vitamin B therapy and blood monitoring aren't necessary during disulfiram therapy.

27. C. methadone. **Rationale: Methadone is used to detoxify opiate users because it binds with opioid receptors at many sites in the central nervous system but doesn't have the same deleterious effects as other opiates, such as cocaine, heroin, and morphine. Barbiturates, amphetamines, and benzodiazepines are highly addictive and would require detoxification treatment.

28. D. euphoria and constricted pupils. **Rationale: Assessment findings in a client abusing opiates include agitation, slurred speech, euphoria, and constricted pupils.

29. B. Tachycardia**Rationale: Amphetamines are central nervous system stimulants. They cause sympathetic stimulation, including hypertension, tachycardia, vasoconstriction, and hyperthermia. Hot, dry skin is seen with anticholinergic agents such as jimsonweed. Pupils will be dilated, not constricted.

30. A. Instituting seizure precautions, obtaining frequent vital signs, and recording fluid intake and output**Rationale: A nurse who lacks adequate information to determine which level of care a client requires must take all possible precautions to ensure the client's physical safety and prevent complications. To do otherwise could place the client at risk for potential complications. After taking all possible precautions, the nurse can begin seeking health history information and, as needed, modify the plan of care. Fluids are typically increased unless contraindicated by a preexisting medical condition.

31. A. Denial**Rationale: A client who states that he or she doesn't have a drug problem and can quit using drugs at any time — despite evidence to the contrary — is denying the drug addiction. Obsession isn't a defense mechanism. In compensation, the client emphasizes positive attributes to compensate for negative ones. In rationalization, the client justifies behaviors by faulty logic.

32. C. nitroglycerin (Nitro-Bid IV).**Rationale: The elevated ST segments in this client's ECG indicate myocardial ischemia. To reverse this problem, the physician is

most likely to prescribe an infusion of nitroglycerin to dilate the coronary arteries. Lidocaine and procainamide are cardiac drugs that may be indicated for this client at some point but aren't used for coronary artery dilation. If a cocaine user experiences ventricular fibrillation or asystole, the physician may prescribe epinephrine. However, this drug must be used with caution because cocaine may potentiate its adrenergic effects.

33. B. "Tell me how you feel about the accident."**Rationale: An open-ended statement or question is the most therapeutic response. It encourages the widest range of client responses, makes the client an active participant in the conversation, and shows the client that the nurse is interested in his feelings. Asking the client why he drove while intoxicated can make him feel defensive and intimidated. A judgmental approach isn't therapeutic. By giving advice, the nurse suggests that the client isn't capable of making decisions, thus fostering dependency.

34. D. Diaphoresis, tremors, and nervousness**Rationale: Alcohol withdrawal syndrome includes alcohol withdrawal, alcoholic hallucinosis, and alcohol withdrawal delirium (formerly delirium tremens). Signs of alcohol withdrawal include diaphoresis, tremors, nervousness, nausea, vomiting, malaise, increased blood pressure and pulse rate, sleep disturbance, and irritability. Although diarrhea may be an early sign of alcohol withdrawal, tachycardia — not bradycardia — is associated with alcohol withdrawal. Dehydration and an elevated temperature may be expected, but a temperature above 101° F indicates an infection rather than alcohol withdrawal. Pruritus rarely occurs in alcohol withdrawal. If withdrawal symptoms remain untreated, seizures may arise later.

35. D. nifedipine and esmolol**Rationale: This client requires a vasodilator, such as nifedipine, to treat hypertension, and a beta-adrenergic blocker, such as esmolol, to reduce the heart rate. Lidocaine, an antiarrhythmic, isn't indicated because the client doesn't have an arrhythmia. Although nitroglycerin may be used to treat coronary vasospasm, it isn't the drug of choice in hypertension.

36. B. The client will work with the nurse to remain safe. **Rationale: The priority goal in alcohol withdrawal is maintaining the client's safety. Committing to a drug-free lifestyle, drinking plenty of fluids, and identifying personal strengths are important goals, but ensuring the client's safety is the nurse's top priority.

37. D. "I know I've been arrested three times for drinking and driving, but the police are just trying to hassle me."**Rationale: According to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, diagnostic criteria for psychoactive substance abuse include a maladaptive pattern of such use, indicated either by continued use despite knowledge of having a persistent or recurrent social, occupational, psychological, or physical problem caused or exacerbated by substance abuse or recurrent use in dangerous situations (for example, while driving). For this client, psychoactive substance dependence must be ruled out; criteria for this disorder include a need for increasing amounts of the substance to achieve intoxication (option A), increased time and money spent on the substance (option B), inability to fulfill role obligations (option C), and typical withdrawal symptoms.

38. A. Coronary artery spasm**Rationale: Cocaine use may cause such cardiac complications as coronary artery spasm, myocardial infarction, dilated cardiomyopathy, acute heart failure, endocarditis, and sudden death. Cocaine blocks reuptake of norepinephrine, epinephrine, and dopamine, causing an excess of these neurotransmitters at postsynaptic receptor sites. Consequently, the drug is more likely to cause tachyarrhythmias than bradyarrhythmias. Although neurobehavioral deficits are common in neonates born to cocaine users, they are rare in adults. As craving for the drug increases, a person who's addicted to cocaine typically experiences euphoria followed by depression, not panic disorder.

39. C. begin anytime within the next 1 to 2 days. **Rationale: Acute withdrawal symptoms from alcohol may begin 6 hours after the client has stopped drinking and peak 1 to 2 days later. Delirium tremens may occur 2 to 4 days — even up to 7 days — after the last drink.

40. A. Heart rate of 120 to 140 beats/minute**Rationale: Tachycardia, a heart rate of 120 to 140 beats/minute, is a common sign of alcohol withdrawal. Blood pressure may be labile throughout withdrawal, fluctuating at different stages. Hypertension typically occurs in early withdrawal. Hypotension, although rare during the early withdrawal stages, may occur in later stages. Hypotension is associated with cardiovascular collapse and most commonly occurs in clients who don't receive treatment. The nurse should monitor the client's vital signs carefully throughout the entire alcohol withdrawal process.

41. B. The student accepts a referral to a substance abuse counselor.**Rationale: All of the outcomes stated are desirable; however, the best outcome is that the student would agree to seek the assistance of a professional substance abuse counselor.

42. C. lorazepam (Ativan)** Rationale: The best choice for preventing or treating alcohol withdrawal symptoms is lorazepam, a benzodiazepine. Clozapine and thiothixene are antipsychotic agents, and lithium carbonate is an antimanic agent; these drugs aren't used to manage alcohol withdrawal syndrome.

43. A. Al-Anon**Rationale: Al-Anon is an organization that assists family members to share common experiences and increase their understanding of alcoholism. Make Today Count is a support group for people with life-threatening or chronic illnesses. Emotions Anonymous is a support group for people experiencing depression, anxiety, or similar conditions. Alcoholics Anonymous is an organization that helps alcoholics recover by using a twelve-step program.

44. B. total abstinence. **Rationale: Total abstinence is the only effective treatment for alcoholism. Psychotherapy, attendance at AA meetings, and aversion therapy are all adjunctive therapies that can support the client in his efforts to abstain.

45. A. Seizures**Rationale: Seizures are the most common serious adverse effect of using flumazenil to reverse benzodiazepine overdose. The effect is magnified if the client has a combined tricyclic antidepressant and benzodiazepine overdose. Less common adverse effects include shivering, anxiety, and chest pain.

46. D. chlordiazepoxide (Librium)**Rationale: Chlordiazepoxide (Librium) and other tranquilizers help reduce the symptoms of alcohol withdrawal. Haloperidol (Haldol) may be given to treat clients with psychosis, severe agitation, or delirium. Naloxone (Narcan) is administered for narcotic overdose. Magnesium sulfate and other anticonvulsant medications are only administered to treat seizures if they occur during withdrawal.

47. B. "You told me you got fired from your last job for missing too many days after taking drugs all night." **Rationale: Confronting the client with the consequences of substance abuse helps to break through denial. Making threats (option A) isn't an effective way to promote self-disclosure or establish a rapport with the client. Although the nurse should encourage the client to discuss feelings,

the discussion should focus on how the client felt before, not during, an episode of substance abuse (option C). Encouraging elaboration about his experience while getting high may reinforce the abusive behavior. The client undoubtedly is aware that drug use is illegal; a reminder to this effect (option D) is unlikely to alter behavior.

48. B. Aftershave lotion**Rationale: Disulfiram may be given to clients with chronic alcohol abuse who wish to curb impulse drinking. Disulfiram works by blocking the oxidation of alcohol, inhibiting the conversion of acetaldehyde to acetate. As acetaldehyde builds up in the blood, the client experiences noxious and uncomfortable symptoms. Even alcohol rubbed onto the skin can produce a reaction. The client receiving disulfiram must be taught to read ingredient labels carefully to avoid products containing alcohol such as aftershave lotions. Carbonated beverages, toothpaste, and cheese don't contain alcohol and don't need to be avoided by the client.

49. B. thiamine deficiency.**Rationale: Numbness and tingling in the hands and feet are symptoms of peripheral polyneuritis, which results from inadequate intake of vitamin B1 (thiamine) secondary to prolonged and excessive alcohol intake. Treatment includes reducing alcohol intake, correcting nutritional deficiencies through diet and vitamin supplements, and preventing such residual disabilities as foot and wrist drop. Acetate accumulation, triglyceride buildup, and a below-normal serum potassium level are unrelated to the client's symptoms.

50. B. Client's safety needs**Rationale: The highest priority for a client who has ingested PCP is meeting safety needs of the client as well as the staff. Drug effects are unpredictable and prolonged, and the client may lose control easily. After safety needs have been met, the client's physical, psychosocial, and medical needs can be met.

51. B. alcohol withdrawal. **Rationale: The client's vital signs and hallucinations suggest delirium tremens or alcohol withdrawal syndrome. Although infection, acute sepsis, and pneumonia may arise as postoperative complications, they wouldn't cause this client's signs and symptoms and typically would occur later in the postoperative course.

52. C. Opiate withdrawal**Rationale: Clonidine is used as adjunctive therapy in opiate withdrawal. Benzodiazepines, such as chlordiazepoxide (Librium), and

neuropleptic agents, such as haloperidol, are used to treat alcohol withdrawal. Benzodiazepines and neuropleptic agents are typically used to treat PCP intoxication. Antidepressants and medications with dopaminergic activity in the brain, such as fluoxotine (Prozac), are used to treat cocaine withdrawal.

53. C. "Admit you're powerless over alcohol and that you need help."**Rationale: The first of the "Twelve Steps of Alcoholics Anonymous" is admitting that an individual is powerless over alcohol and that life has become unmanageable. Although Alcoholics Anonymous promotes total abstinence, a client will still be accepted if he drinks. A physician referral isn't necessary to join. New members are assigned a support person who may be called upon when the client has the urge to drink.

54. C. "I'm going to take 1 day at a time. I'm not making any promises." **Rationale: Twelve-step programs focus on recovery 1 day at a time. Such programs discourage people from claiming that they will never again use a substance, because relapse is common. The belief that one may use a limited amount of an abused substance indicates denial. Substituting one abused substance for another predisposes the client to cross-addiction.

55. B. underestimate the amount consumed. **Rationale: Most people who abuse substances underestimate their consumption in an attempt to conform to social norms or protect themselves. Few accurately describe or overestimate consumption; some may deny it. Therefore, on admission, quantitative and qualitative toxicology screens are done to validate information obtained from the client.

56. D. perceptual disorders.**Rationale: Perceptual disorders, especially frightening visual hallucinations, are very common with alcohol withdrawal. Coma isn't an immediate consequence. Manipulative behaviors are part of the alcoholic client's personality but aren't signs of alcohol withdrawal. Suppression is a conscious effort to conceal unacceptable thoughts, feelings, impulses, or acts and serves as a coping mechanism for most alcoholics.

57. D. Opioid withdrawal**Rationale: The symptoms listed are specific to opioid withdrawal. Alcohol withdrawal would show elevated vital signs. There is no real withdrawal from cannibis. Symptoms of cocaine withdrawal include depression, anxiety, and agitation.

58. A. tension and irritability.**Rationale: An amphetamine is a nervous system stimulant that is subject to abuse because of its ability to produce wakefulness and euphoria. An overdose increases tension and irritability. Options B and C are incorrect because amphetamines stimulate norepinephrine, which increases the heart rate and blood flow. Diarrhea is a common adverse effect, so option D is incorrect.

59. C. alprazolam (Xanax) and phenobarbital (Luminal)**Rationale: Both benzodiazepines, such as alprazolam, and barbiturates, such as phenobarbital, are addictive, controlled substances. All the other drugs listed aren't addictive substance

60. D "You've been feeling like a failure for a while?"
RATIONALE: Responding to the feelings expressed by a patient is an effective therapeutic communication technique. The correct option is an example of the use of restating. The remaining options block communication because they minimize the patient's experience and do not facilitate exploration of the patient's expressed feelings. In additions, use of the word "why" is nontherapeutic.