

# Course DNRS-6630A-4/NURS-6630F-4/NURS-6630N-4/NURS-6630C-4/DNRS-6630-4-Approaches to Treatment-Summer-QTR-Term-wks-1-thru-11

Test Midterm Exam - Week 6

Status Completed

Attempt Score **99 out of 100 points**

Time Elapsed 2 hours, 14 minutes out of 2 hours and 30 minutes Results Displayed Feedback

## Question 1

Which of the following receptors below would likely result in extra-pyramidal symptoms, tardive dyskinesia, and hyperprolactinemia?

Response Feedback:

first generation antipsychotics all share the common property of D2 blockade, which can produce EPS, TD, and hyperprolactinemia

## Question 2

Which statement is TRUE regarding the use of selective serotonin reuptake inhibitors (SSRI)/serotonin-norepinephrine reuptake inhibitors (SNRI) in patients with Generalized Anxiety Disorder?

Response Feedback:

“Because the SSRI/SNRIs have the potential to cause initial restlessness, insomnia, and increased anxiety, and because the patients are commonly sensitive to somatic sensations, the starting doses should be low, typically half (or less) of the usual starting dose....”

## Question 3

Patient is a 72-year-old male with a past medical history significant for atrial fibrillation and COPD with a new diagnosis of major depression disorder. Based on his comorbid conditions, what antidepressant would you recommend as first-line?

Response Feedback:

(Options C & D are both TCA antidepressants and, based on the patient's age and comorbid conditions, a TCA would likely result in more side effects, such as increased fall risk due to potential for orthostatic hypotension and anticholinergic-related side effects. In addition, patient has a history for cardiac abnormalities due to A. fib diagnosis - TCAs result in electrocardiographic changes in susceptible individuals, therefore, would likely avoid. Choice B is used more for ADHD purposes than as an