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College Admission American Nurses Credentialing Center: Adult Psychiatric-Mental Health Nurse Practitioner-Board Certified Sample Questions (Q852-Q857):

NEW QUESTION # 852

What nursing skill did the Technology Informatics Guiding Education Reform (TIGER) initiative seek to improve?

- A. Patient counseling and risk reduction
- **B. Computer and information literacy**
- C. Systems thinking
- D. Clinical practice guideline implementation

Answer: B

Explanation:

The Technology Informatics Guiding Education Reform (TIGER) initiative developed a 10-year plan for nursing's path toward computer and information literacy. It involved more than 1,100 nursing content experts, and it took three years to complete. This initiative successfully defined the basic technology competencies and required curriculum for nurse practitioner education. The TIGER initiative declared that it is a nurse practitioner's responsibility to understand and shape the landscape of healthcare technology to improve access, quality, and patient experience.

NEW QUESTION # 853

The principles of public health are comprised of primary, secondary, and tertiary prevention strategies. A nurse practitioner who volunteers in a disaster response effort to decrease the number of existing mental health cases resulting from trauma is participating in which public health prevention strategy?

- A. Tertiary prevention
- B. Multimodal prevention
- **C. Secondary prevention**
- D. Primary prevention

Answer: C

Explanation:

Secondary prevention is aimed at decreasing the number of existing mental health cases and one way to do that is to provide prompt and effective treatment. By actively participating in disaster response, the PMH-BC is actively participating in decreasing the impact of the disaster on individual and group mental health by providing services in real-time during the crisis.

Primary prevention is geared toward decreasing the number of new mental health cases through preparation, education, and preventative measures such as stress management classes. Tertiary prevention is geared toward decreasing the severity and associated disability by providing rehabilitation or care management of vocational or skills training.

NEW QUESTION # 854

A 10-year-old male who is bright and friendly has been diagnosed with ADHD. You have counseled the parents, suggested behavioral interventions, and other nonpharmacological solutions. These did not help, so you are considering medication for the child. Your first-line treatment for this child would be which of the following?

- A. sedating medication
- **B. stimulant medication**
- C. antidepressant medication
- D. non stimulant medication

Answer: B

Explanation:

For a 10-year-old male diagnosed with ADHD, who has not responded to behavioral interventions and other nonpharmacological approaches, the first-line treatment option to consider is stimulant medication. Stimulant medications are widely recognized and approved by the Food and Drug Administration (FDA) for use in children and adolescents with ADHD. These medications are preferred as the initial pharmacological treatment due to their efficacy and rapid onset of action.

The main types of stimulant medications used in the treatment of ADHD include methylphenidate and amphetamines. These medications work by increasing the levels of neurotransmitters in the brain, specifically dopamine and norepinephrine, which play essential roles in attention and behavior regulation. The increase in these neurotransmitters helps to enhance attention span, focus, and impulse control, which are typically challenging areas for individuals with ADHD.

The primary effects of stimulant medication include improved attention span, decreased impulsivity, and reduced task-irrelevant activity. These changes can lead to significant improvements in academic performance, social interactions, and overall daily functioning. Additionally, stimulant medications generally help to decrease disruptive behaviors in various social settings, making it easier for the child to engage in age-appropriate activities and relationships.

It is important to monitor the child closely after initiating stimulant medication, as there can be potential side effects such as decreased appetite, difficulty sleeping, and increased anxiety or irritability. Regular follow-ups with the healthcare provider are crucial to assess the effectiveness of the medication, adjust dosages if necessary, and ensure that the benefits outweigh any possible adverse effects.

In cases where stimulant medications are not suitable or if they produce intolerable side effects, non-stimulant medications may be considered as alternative options. However, these are generally second-line treatments and might not be as effective as stimulant medications in managing the core symptoms of ADHD. Non-stimulant medications can include atomoxetine and some antidepressants, which also work on neurotransmitter systems but with different mechanisms and slower onset of effects compared to stimulants.

In conclusion, stimulant medication is the recommended first-line pharmacological treatment for a child with ADHD after nonpharmacological methods have not yielded sufficient improvement. These medications have a well-established efficacy profile for enhancing cognitive and behavioral symptoms associated with ADHD, thus improving the child's ability to function in academic and social settings.

NEW QUESTION # 855

If a patient has a first-degree relative who developed a panic disorder before age 20, they are how much more likely to develop a panic disorder?

- A. Up to 20 times more likely
- B. Up to 5 times more likely
- C. Up to 8 times more likely
- D. Up to 10 times more likely

Answer: A

Explanation:

There is a genetic-loading component to panic disorder. If a patient has a first-degree relative with a panic disorder, they are 8 times more likely to develop a panic disorder. If that relative developed a panic disorder before age 20, the patient is 20 times more likely to develop a panic disorder.

NEW QUESTION # 856

Which mental illness is more common in high-income countries than in low-income countries?

- A. Bipolar disorder
- B. Post-traumatic stress disorder
- C. Delusional disorder
- D. Antisocial personality disorder

Answer: A

Explanation:

The prevalence of bipolar disorder is 1.4 percent in high-income countries, compared with 0.7 percent in low-income countries. Individuals who are separated, divorced, or widowed have higher rates of bipolar disorder than those who are married or have never been married.

Overall, the 12-month prevalence of bipolar disorders in the United States is 1.8 percent. The lifetime male-to-female prevalence ratio is 1.1:1.

NEW QUESTION # 857

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