WORKBOOK ANSWERS
CHAPTER 14
MENTAL DISORDERS
1. POSTTRAUMATIC STRESS DISORDER
2. ALZHEIMER DISEASE
3. STRESS IS CONSIDERED A CONTRIBUTING FACTOR CAUSING EXACERBATION OF MENTAL DISORDERS. OTHER FACTORS ARE HEREDITARY OR CONGENITAL, ACCIDENTAL, TRAUMATIC, PSYCHOSOCIAL, SOCIOECONOMIC, OR RELATED TO DRUG TOXICITY. CHEMICAL IMBALANCES IN THE BRAIN AND ITS NEUROTRANSMITTERS ALSO ARE POSTULATED TO BE CAUSATIVE FACTORS. THE SPECIFIC CAUSES OF MENTAL ILLNESS REMAIN UNCLEAR IN MANY CASES.
4. SUBAVERAGE GENERAL INTELLECTUAL FUNCTIONING ACCOMPANIED BY SIGNIFICANT LIMITATIONS IN ADAPTIVE FUNCTIONING
5. THERE IS NO CURE FOR MENTAL RETARDATION; ONCE BRAIN CELLS ARE DEAD, THEY CANNOT BE RESTORED.
6. ANXIETY DISORDERS
7. PERCEIVING, THINKING, REMEMBERING
8. BIPOLAR DISORDER
9. LITHIUM
10. WHEN THE CHILD FIRST BEGINS THE FORMAL EDUCATION PROCESS
11. ANXIETY
12. AUTISM, PERVASIVE DEVELOPMENTAL DISORDER NOT OTHERWISE SPECIFIED (PDD-NOS), RETT SYNDROME, CHILDHOOD DISINTEGRATIVE DISORDER, AND ASPERGER SYNDROME.
13. ADHD, PREDOMINANTLY INATTENTIVE TYPE; ADHD, PREDOMINANTLY HYPERACTIVE-IMPULSIVE TYPE; ADHD, COMBINED TYPE
14. OPPOSITIONAL DEFIANT DISORDER (ODD) IS A BEHAVIOR DISORDER IN WHICH CHILDREN DEMONSTRATE BEHAVIORS THAT ARE OPPOSITIONAL TOWARD ADULTS.
15. HALOPERIDOL LACTATE (HALDOL)
16. SOCIAL ISOLATION, COGNITIVE IMPAIRMENT, LANGUAGE DEFICITS, REPETITIVE NATURALISTIC MOTIONS
17. EYE BLINKING, FACIAL GRIMACING, COUGHING, NECK JERKING
18. COMPROMISED BLOOD FLOW TO THE BRAIN RESULTING FROM ATHEROSCLEROSIS, THROMBI, OR TRAUMA. IN ADDITION, TOXINS, METABOLIC CONDITIONS, ORGANIC DISORDERS, INFECTIONS, TUMORS, OR ALZHEIMER DISEASE MAY BE RESPONSIBLE FOR THE DETERIORATION.
19. A HALLUCINATION IS A DISTORTION OF PERCEPTION. IT CAN BE AUDITORY, VISUAL, OLFATORY, OR SENSORY IN NATURE.
20. DEPRESSANTS, DISSOCIATIVE ANESTHETICS, OPIOIDS AND MORPHINE DERIVATIVES, STIMULANTS
21. BIPOLAR DISORDER IS A MAJOR AFFECTIVE DISORDER WITH ABNORMALLY INTENSE MOOD SWINGS FROM A HYPERACTIVE, OR MANIC, STATE TO A DEPRESSIVE SYNDROME.
22. MAJOR DEPRESSIVE DISORDER IS A MOOD DISORDER CHARACTERIZED BY ONE OR MORE MAJOR DEPRESSIVE EPISODES.
23. DENIAL, ANGER, BARGAINING, DEPRESSION, ACCEPTANCE
24. GENERALIZED ANXIETY DISORDER, PANIC DISORDER, PHOBIC DISORDER, OBSESSIVE-COMPULSIVE DISORDER
25. CONVERSION DISORDER (FORMERLY TERMED HYSTERIA)
26. PSYCHOLOGIC FACTORS, GENERAL MEDICAL CONDITIONS, BOTH PSYCHOLOGIC AND GENERAL MEDICAL CONDITIONS
27. SUSPICIONS OF HAVING A SERIOUS DISEASE
28. MUNCHAUSEN'S SYNDROME
29. YES
30. POLYSOMNOGRAPHY
31. LONGER THAN 1 MONTH
32. PARASOMNIAS
33. 0.08
34. HEMATOPHOBIA
35. PATHOPHOBIA
36. PATHOLOGIC SELF-LOVE, GRANDIOSE SELF-ADMIRATION, RAGE OR HUMILIATION IF CRITICIZED, LACK OF EMPATHY AND TENDENCY TO EXPLOIT OTHERS, PREOCCUPATION WITH FANTASIES OF UNLIMITED SUCCESS
37. THE AMERICAN PSYCHIATRIC ASSOCIATION’S DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FOURTH EDITION (DSM-IV)

38. TREATMENT AIMS TO INCREASE THE BLOOD SUPPLY TO THE BRAIN. ANTIPLATELET DRUGS ARE PRESCRIBED TO PREVENT STROKE OR ITS RECURRENCE, ESPECIALLY WITH PATIENTS WHO ARE HYPERTENSIVE OR HAVE HAD A MYOCARDIAL INFARCTION. DRUG THERAPY MAY HELP INCREASE THE BLOOD FLOW. WHEN THE CAROTID ARTERIES ARE COMPROMISED, SURGICAL INTERVENTION IN THE FORM OF CAROTID ENDARTERECTOMY MAY LIMIT THE PROGRESS OF THE CONDITION. BRAIN CELL DEATH IS IRREVERSIBLE.

39. SIMILAR TO THE PROGNOSIS FOR VASCULAR DEMENTIA, IMPROVEMENT IS GUARDED AND DEPENDS ON THE EXTENT OF THE CEREBRAL INSULT. MANY OF THESE PATIENTS ARE TRAINABLE WITH REHABILITATION AND CAN FUNCTION IN THE COMMUNITY. WHEN THE DAMAGE IS SEVERE, THE PATIENT MAY NEED TO BE INSTITUTIONALIZED FOR CARE AND SAFETY.

40. LEARNING DISORDERS SOMETIMES REFERRED TO AS LEARNING DIFFERENCES OR LEARNING DISABILITIES, ARE CONDITIONS THAT CAUSE CHILDREN TO LEARN IN A MANNER THAT IS NOT NORMAL. THE PERSON WITH A LEARNING DISORDER EXHIBITS DIFFICULTY IN ACQUIRING A SKILL IN A SPECIFIC AREA OF LEARNING, SUCH AS READING, WRITING, AND MATHEMATICS. THIS LOWER LEVEL OF ACHIEVEMENT OCCURS DESPITE THE CHILD’S NORMAL (SOMETIMES ABOVE NORMAL) INTELLIGENCE AND ADEQUATE SCHOOLING.
1. CONTRIBUTING FACTOR
2. LINKED, INABILITY, COPE, MODERN
3. REAL, INTENSE, INFLUENCE
4. PSYCHOTROPIC DRUGS, ANTIDEPRESSANTS, STIMULANTS, ACUTE, ELECTROCONVULSIVE
5. COUNSELING, CHILDREN
6. AXIS, DIFFERENT
7. DEVELOPMENTAL DISABILITY
8. EXAMINATIONS, PRESCHOOL ROUTINE
9. NUMEROUS CAUSES
10. CHILDREN, DIFFERENTLY, NOT
11. DIFFICULTY, SKILL, READING, WRITING, MATHEMATICS
12. GENETIC, PREVENTION
13. MEDICAL, HOPELESS
14. ADOLESCENCE
15. SOCIAL, FEAR
16. PLEASURE, PAIN
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