

1.

A 17-year-old female with anorexia nervosa presents with BMI 16.5 and denies purging behaviors. She reports excessive exercise and intense fear of weight gain. Which is the **priority treatment goal**?

- A. Reduce distorted cognitions about body image
- B. Eliminate excessive exercise
- C. Restore weight
- D. Improve family dynamics

Answer: C. Restore weight

2.

Which factor is **most strongly associated** with the development of anorexia nervosa?

- A. Anxiety
- B. Depression
- C. Family expectations regarding weight
- D. Trauma

Answer: D. Trauma

3.

A PMHNP is initiating treatment for anorexia nervosa in an outpatient setting. Which intervention is **most appropriate as first-line**?

- A. SSRI therapy
- B. Cognitive behavioral therapy
- C. Antipsychotic medication
- D. Mood stabilizer

Answer: B. Cognitive behavioral therapy

4.

Which treatment modality is **most effective for adolescents** with anorexia nervosa?

- A. Individual CBT
- B. Psychodynamic therapy
- C. Family-based therapy
- D. Group therapy

Answer: C. Family-based therapy

5.

A client with anorexia nervosa is medically stable. Which setting is **most appropriate for ongoing treatment**?

- A. Inpatient hospitalization
- B. Residential treatment
- C. Partial hospitalization
- D. Outpatient therapy

Answer: D. Outpatient therapy

6.

Which laboratory finding is **most commonly associated** with anorexia nervosa?

- A. Hyperkalemia
- B. Leukocytosis
- C. Anemia
- D. Hyperglycemia

Answer: C. Anemia

7.

A PMHNP is evaluating a client with suspected eating disorder. Which screening tool is **most appropriate**?

- A. PHQ-9
- B. GAD-7
- C. SCOFF
- D. HAM-D

Answer: C. SCOFF

8.

Which of the following best differentiates anorexia nervosa from bulimia nervosa?

- A. Fear of weight gain
- B. Distorted body image
- C. Significantly low body weight
- D. Compensatory behaviors

Answer: C. Significantly low body weight

9.

Which complication is **most specific to bulimia nervosa**?

- A. Lanugo
- B. Bradycardia
- C. Enamel erosion
- D. Hypothermia

Answer: C. Enamel erosion

10.

A client with anorexia nervosa begins nutritional rehabilitation. Which complication is **most important to monitor initially**?

- A. Hyponatremia
- B. Refeeding syndrome
- C. Hypercalcemia
- D. Elevated liver enzymes

Answer: B. Refeeding syndrome

11.

Which neurotransmitter systems are **most implicated** in eating disorders?

- A. Acetylcholine and GABA
- B. Dopamine and serotonin
- C. Histamine and glutamate
- D. Norepinephrine and epinephrine

Answer: B. Dopamine and serotonin

12.

Which client statement reflects a **core cognitive distortion** seen in anorexia nervosa?

- A. "I feel anxious after eating."
- B. "I need to be perfect in everything I do."
- C. "I am overweight even though others say I am too thin."
- D. "I exercise to reduce stress."

Answer: C. Distorted body perception

13.

Which of the following is a **primary indication for inpatient hospitalization** in anorexia nervosa?

- A. Mild weight loss
- B. Family conflict
- C. Severe electrolyte imbalance
- D. Poor insight

Answer: C. Severe electrolyte imbalance

14.

Which behavior is **most characteristic** of anorexia nervosa?

- A. Binge eating followed by purging
- B. Restrictive intake with excessive exercise
- C. Emotional eating during stress
- D. Nighttime overeating

Answer: B. Restrictive intake with excessive exercise

15.

Which comorbid condition is **most commonly treated pharmacologically** in anorexia nervosa?

- A. Psychosis
- B. Bipolar disorder
- C. Depression
- D. ADHD

Answer: C. Depression

16.

A 16-year-old female with anorexia nervosa presents with BMI 15.8, bradycardia, and dizziness. She reports restricting intake but denies purging. Which is the **most appropriate next step**?

- A. Initiate CBT outpatient
- B. Start SSRI therapy
- C. Refer for inpatient hospitalization
- D. Begin family-based therapy

Answer: C. Refer for inpatient hospitalization

17.

All of the following are **risk factors** for eating disorders EXCEPT:

- A. History of bullying related to weight
- B. Family history of eating disorders
- C. High self-esteem and resilience
- D. Trauma exposure

Answer: C. High self-esteem and resilience

18.

A client with anorexia nervosa begins treatment. Which intervention is **most critical during early refeeding**?

- A. Monitor for depressive symptoms
- B. Monitor for electrolyte imbalance
- C. Address cognitive distortions
- D. Encourage physical activity

Answer: B. Monitor for electrolyte imbalance

19.

Which of the following best explains why **SSRIs are often ineffective in underweight anorexia patients**?

- A. Increased dopamine activity
- B. Malnutrition alters neurotransmitter availability
- C. Reduced hepatic metabolism
- D. Increased renal clearance

Answer: B. Malnutrition alters neurotransmitter availability

20.

A PMHNP is treating a patient with anorexia nervosa and comorbid anxiety. Which is the **best sequencing of treatment**?

- A. Treat anxiety first with SSRIs
- B. Address both simultaneously with medications
- C. Prioritize weight restoration before pharmacotherapy
- D. Initiate benzodiazepines for anxiety

Answer: C. Prioritize weight restoration

21.

Which of the following is **most indicative of anorexia nervosa rather than ARFID**?

- A. Limited food intake
- B. Nutritional deficiency
- C. Fear of gaining weight
- D. Dependence on supplements

Answer: C. Fear of gaining weight

22.

A 14-year-old presents with restrictive eating and significant weight loss but denies fear of weight gain. Which diagnosis is **most likely**?

- A. Anorexia nervosa
- B. Bulimia nervosa
- C. ARFID
- D. Binge eating disorder

Answer: C. ARFID

23.

Which of the following is **most strongly associated with poor prognosis** in anorexia nervosa?

- A. Early intervention
- B. Strong family support
- C. Chronic duration of illness
- D. Mild weight loss

Answer: C. Chronic duration of illness

24.

Which of the following statements about **family-based therapy (FBT)** is most accurate?

- A. Focuses on individual insight
- B. Emphasizes parental control of eating initially
- C. Encourages early independence in food choices
- D. Avoids involvement of caregivers

Answer: B. Parental control initially

25.

Which of the following behaviors is **most concerning for medical instability** in anorexia nervosa?

- A. Calorie counting
- B. Skipping meals
- C. Syncope episodes
- D. Body dissatisfaction

Answer: C. Syncope episodes

26.

A patient with anorexia nervosa reports excessive exercise. What is the **primary clinical concern** with this behavior?

- A. Social withdrawal
- B. Increased caloric expenditure worsening weight loss
- C. Reinforcement of cognitive distortions
- D. Increased risk of depression

Answer: B. Worsening weight loss

27.

Which of the following best describes the **underlying psychological function** of anorexia nervosa behaviors?

- A. Seeking pleasure from food restriction
- B. Desire for social acceptance
- C. Need for control and regulation of internal distress
- D. Avoidance of physical activity

Answer: C. Need for control

28.

Which of the following is **most appropriate when screening adolescents for eating disorders in primary care?**

- A. Routine metabolic panel
- B. SCOFF questionnaire
- C. EEG
- D. MRI

Answer: B. SCOFF