

## Sample Psychiatry Questions & Critiques

The sample NCCPA items and item critiques are provided to help PAs better understand how exam questions are developed and should be answered for NCCPA's Psychiatry CAQ exam.

### Question #1

A 37-year-old man comes to the office after he experienced what he says was a nervous breakdown. The patient says that after he recently declared bankruptcy, losing his home and his business, he became very depressed. During this time, he began to hear voices telling him that he was useless and should kill himself. The patient says his symptoms stopped after approximately one week. He has had no similar episodes. Medical history includes no psychiatric conditions. Physical examination shows no abnormalities, and results of laboratory studies are within normal limits. Which of the following is the most likely diagnosis?

- A. Borderline personality disorder
- B. **Brief psychotic disorder**
- C. Major depressive disorder with psychotic features
- D. Schizophrenia
- E. Schizophreniform disorder

Content Area: Schizophrenia Spectrum and Other Psychotic Disorders (11%)

### Critique

*This question tests the examinee's ability to distinguish between disorders that may present with psychotic symptoms. The correct answer is Option (B), brief psychotic disorder. Essential features of brief psychotic disorder include sudden onset of one or more of the following symptoms: delusions, hallucinations, disorganized speech, disorganized behavior, and catatonia. Brief psychotic disorder is also characterized by duration of symptoms for at least one day but less than one month followed by return to premorbid level of functioning. The disorder is not associated with a medical condition or the effect of illicit substances such as hallucinogens.*

*Option (A), borderline personality disorder, is incorrect because although it may present with stress-related paranoid ideation, this condition is transient. Option (C), major depressive disorder with psychotic features, is incorrect because a diagnosis of major depressive disorder requires the presence of symptoms meeting diagnostic criteria for most of the day, nearly every day, and for at least two weeks. Option (D), schizophrenia, and Option (E), schizophreniform disorder, are also incorrect because the short duration of the patient's symptoms (one week) does not meet criteria for these conditions.*

**Question #2**

A 5-year-old boy is brought to the clinic by his mother because she is worried about changes in his behavior during the past few months. The patient's mother says he has had episodes that occur sporadically at night during which he sits up in bed screaming, crying incoherently, and intensely frightened. She says it is initially difficult to calm him down, and he is usually sweating, breathing rapidly, and tremulous. The patient eventually calms down after 10 to 15 minutes and then falls asleep. Which of the following questions is most appropriate to confirm the suspected diagnosis in this patient?

- A. Do his arms and legs jerk during sleep?
- B. Does he have nightmares?**
- C. Does he go to sleep late?
- D. Does he watch violent movies?
- E. Does he wet the bed?

Content Area: Sleep-Wake Disorders (4%)

**Critique**

*This question tests the examinee's ability to recognize and distinguish the signs and symptoms of non-rapid eye movement sleep arousal disorder, sleep terror type. The correct answer is Option (B), Does he have nightmares? Sleep terror disorder is characterized by arousal with screams or crying accompanied by fear and signs of autonomic arousal, such as tachycardia, sweating, and rapid breathing. Patients with sleep terror disorder have no recollection of a dream or the episode, which causes distress or impairment in social or occupational functioning. The presence of nightmares would be consistent with a diagnosis of nightmare disorder.*

*Option (A), Do his arms and legs jerk during sleep?, is incorrect because sleep terrors are not accompanied by myoclonus. Although onset of sleep terror disorder in adolescence may be a first symptom of temporal lobe epilepsy, myoclonus is not associated with this disorder. Option (C), Does he go to sleep late?, and Option (D), Does he watch violent movies?, are incorrect because these behaviors are not related to non-rapid eye movement sleep arousal disorder, sleep terror type. Option (E), Does he wet the bed?, is incorrect because sleep terrors are not accompanied by bedwetting.*

**Question #3**

A 19-year-old woman who is a college student is brought to the clinic by her roommate because she has been acting strangely during the past seven months. The patient's grades have been slipping, and she does not talk as much as she did previously. The roommate says that when the patient does talk, she strays from the topic and is hard to follow. During the past month, the patient has been describing how another person's thoughts have been entering into her mind. During the interview, the patient says a television reporter told her that the government had a special message for her, and she should listen to the radio for further instructions. Which of the following diagnoses is the most likely cause of this patient's symptoms?

- A. Acute stress disorder
- B. Delusional disorder
- C. Schizoaffective disorder
- D. Schizophrenia**
- E. Schizophreniform disorder

Content Area: Schizophrenia Spectrum and Other Psychotic Disorders (11%)

**Critique**

*This question tests the examinee's ability to discriminate between characteristics of behavior disorders. The correct answer is Option (D), schizophrenia. The patient has had classic symptoms of schizophrenia for at least six months, including hallucinations (voices speaking to her), social dysfunction affecting grades and friendships, and disorganized speech. Although the patient is somewhat young for schizophrenia (peak incidence in women is between 25 and 35 years), her symptoms meet the DSM-5 TR criteria for the condition.*

*Option (A), acute stress disorder, is incorrect because there is no evidence that the patient has endured or witnessed a traumatic event or expressed intense fear, helplessness, or horror in response to such an event. Option (B), delusional disorder, is incorrect because the patient's delusions are bizarre in nature (for example, a television reporter telling her to listen to the radio for a message and instructions from the government). However, in patients with delusional disorder, delusions are typically plausible, such as the belief that one is being followed. Option (C), schizoaffective disorder, is plausible but can be ruled out since there is no evidence of concurrent manic or depressive symptoms during the schizophrenic episode described. Option (E), schizophreniform disorder, is also plausible but can be ruled out based on the six-month duration of symptoms. To meet criteria for schizophreniform disorder, symptoms must persist for at least one month but fewer than six months.*

**Question #4**

A 20-year-old woman who is a college student comes to the health services center because she has had symptoms of depression for the past three months, since she was sexually assaulted at a party. The patient says she was intoxicated when the incident occurred and has little memory of the event, but she was embarrassed and ashamed when she awoke at the scene and realized what had happened. She did not seek medical care at that time. The patient says she has not told her friends about the incident, and she has stopped attending classes and working part time. She says she constantly feels sad and anxious, has become tearful and withdrawn, and has had difficulty sleeping because of frightening nightmares. This patient most likely has which of the following psychiatric conditions?

- A. Acute stress disorder
- B. Adjustment disorder with depressed mood
- C. Generalized anxiety disorder
- D. Major depressive disorder
- E. Post-traumatic stress disorder**

Content Area: Trauma and Stressor-Related Disorders (6%)

**Critique**

*This question tests the examinee's ability to discriminate between behavior disorders based on the salient points in the patient's history. The correct answer is Option (E), post-traumatic stress disorder. The patient meets criteria for post-traumatic stress disorder, which include the following: involvement in a traumatic event, duration of symptoms for more than one month, and significant effect on daily life due to depression, anxiety, nightmares, and social withdrawal.*

*Option (A), acute stress disorder, is a plausible choice but is incorrect because of the duration of symptoms. Symptoms of acute stress disorder typically begin immediately after or within four weeks of the event and last from three days to four weeks. Option (B), adjustment disorder with depressed mood, is also a plausible choice but is incorrect because Criterion C for Adjustment Disorders states that "the stress-related disturbance does not meet criteria for another mental disorder and is not merely an exacerbation of a pre-existing mental disorder." In this scenario, adjustment disorder with depressed mood is not appropriate because the patient's symptoms are consistent with PTSD. Adjustment disorders usually result from common life events such as loss of a job. Option (C), generalized anxiety disorder, is incorrect because this condition is defined as three or more of the following symptoms occurring more days than not for a period of at least six months: restlessness, being easily fatigued, difficulty concentrating or the mind going blank, irritability, muscle tension, or*



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*sleep disturbance. These symptoms also include excessive anxiety and worry about several events or activities. Option (D), major depressive disorder, is incorrect because it is characterized by symptoms not exhibited by the patient described. Characteristic symptoms of major depressive disorder include, but are not limited to, the following: depression, anhedonia, significant weight loss without dieting, weight gain (more than 5% of body weight within one month), insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, loss of energy, recurrent thoughts of death, and suicidal ideation.*

**Question #5**

A 55-year-old woman comes to the office because she has a 20-year history of repetitive behaviors, and she is tired of wasting time by repeating these actions. The patient says she repeatedly checks the doors in her house to make sure they are locked, washes her hands several times per hour, and checks her electrical appliances three times each morning before she leaves for work. Medical history includes second-degree atrioventricular block. Which of the following medications is the most appropriate initial therapy for this patient's psychiatric disorder?

- A. Clomipramine
- B. Clonazepam
- C. Methylphenidate
- D. Quetiapine
- E. Sertraline**

Content Area: Obsessive-Compulsive and Related Disorders (4%)

Critique

*This question tests the examinee's ability to recognize obsessive-compulsive disorder and to determine the appropriate pharmacotherapy. The correct answer is Option E, sertraline. The scenario describes a characteristic presentation of obsessive-compulsive disorder: history of repetitive, time-wasting actions in an adult patient. The patient also has a history of second-degree atrioventricular block. The appropriate initial therapy is sertraline, a selective serotonin reuptake inhibitor that has been approved by the Food and Drug Administration for management of obsessive-compulsive disorder.*

*Option A, clomipramine, is incorrect because although this tricyclic antidepressant is approved by the Food and Drug Administration for management of obsessive-compulsive disorder, it is not recommended for patients with pre-existing conduction defects, as described in the scenario, because it increases the risk for intraventricular conduction abnormalities. Option B, clonazepam, is incorrect because this benzodiazepine is approved by the Food and Drug Administration for management of panic disorder and seizure disorders, not obsessive-compulsive disorder, as described in the scenario. Option C, methylphenidate, is incorrect because this stimulant is approved by the Food and Drug Administration for management of attention-deficit/hyperactivity disorder, not obsessive-compulsive disorder, as described in the scenario. Option D, quetiapine, is incorrect because this atypical antipsychotic is approved by the Food and Drug Administration for management of schizophrenia, acute manic episodes associated with bipolar I disorder both as monotherapy and as an adjunct to lithium carbonate or divalproex, acute depressive episodes associated with bipolar I disorder, acute depressive episodes associated with bipolar II disorder, and maintenance of bipolar I disorder as an adjunct to lithium or divalproex. It is not approved for management of obsessive-compulsive disorder, as described in the scenario.*

**Question #6**

A 42-year-old man is referred to the office for mental health evaluation. The patient says he has a long-standing fear of criticism and rejection. He also has feelings of inadequacy and refuses to try new activities because of his fear of embarrassment. The patient has held the same entry-level position at his workplace for the past 14 years despite several opportunities for promotion. The patient is unmarried and has only had one intimate relationship, which lasted only a few weeks. He has few friends other than those in his model airplane club. Which of the following personality disorders is the most likely diagnosis?

- A. Avoidant
- B. Dependent
- C. Paranoid
- D. Schizoid
- E. Schizotypal

Content Area: Personality Disorders (1%)

Critique

*This question tests the examinee's ability to recognize the characteristics of and diagnostic criteria for personality disorders. The correct answer is Option (A), avoidant. Avoidant personality disorder is characterized by fears of rejection, disapproval, and/or criticism; unwillingness to be involved with people unless assured of being liked; restraint in intimate relationships; preoccupation with social criticism or rejection; inhibition in new situations because of feelings of inadequacy; and unwillingness to engage in new activities because of possibility of embarrassment.*

*Option (B), dependent, is incorrect because dependent personality disorder is characterized by pervasive and excessive need to be taken care of by others. This need begins in early adulthood and results in fear of separation, submissiveness, and clinging behavior. Option (C), paranoid, is incorrect because paranoid personality disorder is characterized by a pervasive distrust and suspiciousness of others to the extent that their motives are interpreted as malevolent. Symptoms begin in early adulthood and may be accompanied by suspicions that others are exploiting, deceiving, or wishing to harm the patient; preoccupation with unjustified doubts regarding trustworthiness or loyalty of friends and acquaintances; inability to forgive insults or slights; and reading threats into innocuous remarks or situations. Option (D), schizoid, and Option (E), schizotypal, are both incorrect because neither of these personality disorders manifests with fears of embarrassment, criticism, or rejection.*

**Question #7**

A 50-year-old woman who has had low-grade depression for more than two years comes to the office because she has had weakness, cold intolerance, constipation, and weight gain during the past six months. Physical examination shows dry, coarse skin as well as bradycardia, hypothermia, and swelling of the hands and feet. Measurement of which of the following serum levels is the most appropriate to determine the diagnosis?

- A. Alanine aminotransferase
- B. C-reactive protein
- C. Electrolytes
- D. Estrogen
- E. Thyroid-stimulating hormone**

Content Area: Depressive Disorders (12%)

**Critique**

*This question tests the examinee's ability to determine the laboratory study that is most likely to specify the diagnosis. The correct answer is Option (E), thyroid-stimulating hormone. Hypothyroidism is suspected because of the patient's symptoms of depression, weakness, constipation, and weight gain as well as the physical findings of bradycardia, hypothermia, swelling of the hands and feet, and dry, coarse skin. Measurement of serum thyroid-stimulating hormone level is the study that will either confirm or refute this suspected diagnosis.*

*Option (A), alanine aminotransferase, is a plausible choice based on the patient's signs and symptoms of weakness, weight gain, and swelling of the hands and feet. However, liver function testing does not address the remaining findings in the patient and, therefore, is incorrect. Option (B) C-reactive protein is not correct because it is a low-specificity marker for inflammation which will not help definitively determine the diagnosis. Option (C), electrolytes, is incorrect because although it is included in general diagnostic testing, this study would not specify a diagnosis considering the patient's symptoms. Option (D), estrogen, is a plausible choice considering the patient's age and the signs and symptoms of dry skin and depression, but it does not address the remaining findings.*



**Question #8**

A 48-year-old man comes to the office for annual physical examination. The patient has smoked one pack of cigarettes daily for the past 20 years and says he wants to quit. He has tried to quit several times, but every time he does, he has depressed mood, difficulty sleeping, anxiety, restlessness, and increased appetite. The patient says these symptoms are so severe that he is unable to function well at work. Which of the following is the most appropriate therapy to aid in smoking cessation for this patient?

- A. Alprazolam
- B. Bupropion ER
- C. Diazepam
- D. Nicotine transdermal patches**
- E. Nicotinic acid

Content Area: Substance-Related and Addictive Disorders (11%)

Critique

*This question tests the examinee's ability to determine the most appropriate pharmaceutical therapy to aid in cessation of cigarette smoking in a patient with potential psychiatric disorders. The correct answer is Option (D), nicotine transdermal patches. Nicotine transdermal patches used as an aid in smoking cessation are not likely to exacerbate a patient's symptoms of depression, anxiety, or sleep disturbance.*

*Option (A), alprazolam, and Option (C), diazepam, are incorrect because although they may be plausible therapies for anxiety, these medications are not approved for smoking cessation. Option (B), bupropion ER, is a plausible choice because this medication is commonly used for smoking cessation. However, only bupropion SR is FDA approved for smoking cessation; other formulations of bupropion do not carry this indication. Option (E), nicotinic acid, is incorrect because this medication, which is used in conjunction with low-fat diet to manage hypercholesterolemia, is neither approved nor effective for smoking cessation.*

**Question #9**

A 35-year-old man with bipolar I disorder, most recent episode mixed, comes to the clinic for routine follow-up examination. His condition has been difficult to control and has required treatment with multiple medications during the past two years. The patient says his mood has been stable with his current regimen, but for the past three months, he has had tremor primarily affecting his hands. Which of the following medications is the most likely cause of this patient's tremor?

- A. Carbamazepine
- B. Gabapentin
- C. Lithium carbonate**
- D. Oxcarbazepine
- E. Topiramate

Content Area: Bipolar and Related Disorders (12%)

Critique

*This question tests the examinee's ability to recognize the indications for and adverse effects of psychopharmacologic agents. The correct answer is Option (C), lithium carbonate. Lithium carbonate is approved by the Food and Drug Administration for management of bipolar I disorder. Tremor, as noted in the patient's history, is a common adverse effect of lithium carbonate. Such tremor is seen in the fingers of the outstretched hands, usually at a frequency of 8 to 10 Hz, and is sometimes related to peak serum lithium levels. Dividing the dose of lithium carbonate and decreasing caffeine intake can decrease the tremor. In the case of a severe coarse tremor, lithium carbonate toxicity (serum lithium level greater than 2.5 mEq/L) must be ruled out.*

*Option (A), carbamazepine, Option (D), oxcarbazepine, and Option (E), topiramate, are incorrect because even though they are used off-label for management of bipolar disorder, tremor is less likely to be an adverse effect of these medications. Option (B), gabapentin, is incorrect because even though tremor may occur as an adverse effect of this medication, it is not prescribed for management of bipolar disorder.*

**Question #10**

A 42-year-old woman with no history of psychiatric conditions is referred to the office by the employee assistance program at her workplace. She is accompanied by her husband, who says she has become extremely irritable over the past two weeks. He says she paces through the house during the night and does not sleep. During this time, the patient has not been to work because she says her coworkers are making up stories about her and trying to get her fired. The patient is unkempt and disheveled. During the interview, her thoughts are disorganized and tangential. She says she has not had suicidal or homicidal thoughts or plans. She does not take any medications, consume alcohol, or use any other substances. Therapy with lurasidone is planned, but the patient declines this treatment, saying that she is not crazy and what she has said about her coworkers is true. Which of the following is the most appropriate next step in management of this patient?

- A. Arrange inpatient psychiatric care
- B. Assess for capacity**
- C. Notify the patient's employer
- D. Refer for cognitive behavioral therapy
- E. Refer for neuroimaging studies

Content Area: Legal/Ethical Issues and Emerging Topics (5%)

Critique

*This question tests the examinee's ability to determine course of action when a patient with altered mental status refuses treatment. The correct answer is Option B, assess for capacity, to determine the patient's ability to understand the decisions she is making about her medical care.*

*Option A, arrange inpatient psychiatric care, is incorrect because she has not demonstrated she is a risk to herself or others. Option C, notify the patient's employer, is incorrect because this would violate provider-patient confidentiality. Option D, refer for cognitive behavioral therapy, is incorrect because cognitive behavioral therapy lacks efficacy in patients with acute psychosis. Option E, refer for neuroimaging studies, is incorrect because neuroimaging is useful for the work up of medical causes of psychosis, but is not the most appropriate next step in evaluation of this patient.*

**Question #11**

A 61-year-old man is brought to the emergency department by ambulance because he has had increased heart rate, sweating, muscle rigidity, and confusion for the past two days. Medical history includes Parkinson disease and major depressive disorder with seasonal pattern. Current medications include fluoxetine, olanzapine, and carbidopa/levodopa. The patient's wife says he ran out of carbidopa/levodopa one week ago. Temperature is 40.0°C (104.0°F), and blood pressure is 180/110 mmHg. Laboratory studies show serum creatine kinase level of 115 U/L and white blood cell count of 16,000/mm<sup>3</sup>. Which of the following is most likely to reverse this patient's symptoms?

- A. Dopamine agonism
- B. Dopamine antagonism
- C. Histamine antagonism
- D. Serotonin agonism
- E. Serotonin antagonism

Content Area: Depressive Disorders (12%)

Critique

*This question tests the examinee's ability to recognize the clinical presentation of neuroleptic malignant syndrome and to identify the appropriate pharmacotherapy for reversal of symptoms.*

*The correct answer is Option A, dopamine agonism. The scenario describes a classic presentation of neuroleptic malignant syndrome: tachycardia, diaphoresis, muscle rigidity, confusion, hyperthermia, and hypertension, as well as elevated serum creatine kinase level and white blood cell count in a patient with Parkinson disease after sudden cessation of carbidopa/levodopa therapy. A dopamine agonist is most likely to reverse the effects of neuroleptic malignant syndrome precipitated by the abrupt discontinuation of levodopa in patients with parkinsonism. Dopamine blockade is central to most theories regarding the pathogenesis of neuroleptic malignant syndrome.*

*Option B, dopamine antagonism, would exacerbate the patient's symptoms. Option C, histamine antagonism, Option D, serotonin agonism, and Option E, serotonin antagonism are incorrect because they do not reverse the symptoms caused by sudden cessation of carbidopa/levodopa therapy.*

**Question #12**

A 56-year-old man with a long history of significant alcohol use is admitted to the hospital for detoxification. He has had more than 30 similar hospital admissions during the past 20 years. During the admission interview, it is obvious that the patient is fabricating information to fill in gaps in his memory. Which of the following underlying conditions is most likely present in this patient?

- A. Alcohol withdrawal delirium
- B. Alcohol-related cerebellar degeneration
- C. Alzheimer disease
- D. Korsakoff syndrome**
- E. Lewy body dementia

Content Area: Neurocognitive Disorders (7%)

Critique

*This question tests the examinee's ability to recognize Korsakoff syndrome on the basis of a patient's history and the findings on physical examination. The correct answer is Option D, Korsakoff syndrome. The scenario describes a characteristic presentation of Korsakoff syndrome: memory impairment and confabulation in a patient with a long history of significant alcohol use and multiple admissions for detoxification. Korsakoff syndrome is classified as an amnesic confabulatory disorder and is characterized by gradual impairment of short-term memory and memory of events following onset of the condition with preservation of long-term memory.*

*Option A, alcohol withdrawal delirium, is incorrect, because this condition is characterized by acute, transient impairment of short-term memory, distractibility, perceptual disturbances including simple and complex hallucinations, and impaired consciousness, which are not described in the scenario. Delirium, once its cause is identified, can be medically corrected, whereas Korsakoff syndrome cannot. Option B, alcohol-related cerebellar degeneration, is incorrect because this condition is characterized by symptoms of cerebellar ataxia or alcohol withdrawal, such as tachycardia, diaphoresis, tremor, agitation, and disorientation, which are not described in the scenario. Option C, Alzheimer disease, is incorrect because although Alzheimer disease may affect short-term memory, it is also characterized by other cognitive, personality, and behavioral changes that are not consistent with confabulation, as described in the scenario. Option E, Lewy body dementia, is incorrect because although Lewy body dementia may include memory loss, it is also characterized by impaired balance, visual disturbances, hallucinations, and other cognitive deficits that are not noted in the scenario.*

**Question #13**

A 29-year-old woman who is a professional violinist comes to the office because she has had worsening severe, incapacitating anxiety before and during public performances over the past six months. She also avoids parties and meeting new people because these situations almost always provoke anxiety. The patient is concerned that her symptoms will damage her musical career. Medical history includes no chronic disease conditions and no drug allergies. Which of the following medications is the most appropriate therapy for this patient's condition?

- A. Buspirone
- B. Clonazepam
- C. Hydroxyzine
- D. Propranolol
- E. Sertraline**

Content Area: Anxiety Disorders (10%)

Critique

*This question tests the examinee's ability to recognize the clinical presentation of social anxiety disorder and to select the appropriate pharmacotherapy. The correct answer is Option E, sertraline. The scenario describes a patient whose symptoms are consistent with the DSM 5-TR diagnosis of social anxiety disorder. Sertraline is a selective serotonin reuptake inhibitor indicated for social anxiety disorder.*

*Option (A), buspirone, is incorrect because buspirone is indicated for management of generalized anxiety disorder, not social anxiety disorder. Option (B), clonazepam, is incorrect because the common adverse effects of clonazepam include drowsiness, sedation, dizziness, impaired concentration, and impaired coordination, which would be inappropriate for a professional musician, as noted in the scenario. Option (C), hydroxyzine, is incorrect because this long-acting antihistamine (half-life, 20 to 25 hours) is effective for management of generalized anxiety disorder, not social anxiety disorder in the patient described in the scenario. Option (D), propranolol, is a selective beta-blocker that targets the beta-receptors in the peripheral nervous system, thereby decreasing heart rate, sweating, tremulousness, and the subjective feeling of anxiety. Propranolol is not approved by the Food and Drug Administration for the treatment of social anxiety disorder.*

**Question #14**

A 23-year-old woman is brought to the emergency department by her boyfriend 30 minutes after she had sudden onset of seizure activity. The patient is otherwise healthy and takes no medications. She has no known history of seizure disorder or epilepsy. Use of which of the following substances is the most likely cause of seizure in this patient?

- A. Cannabis
- B. Cocaine**
- C. Fentanyl
- D. Methylphenidate
- E. Psilocybin

Content Area: Substance-Related and Addictive Disorders (11%)

Critique

*This question tests the examinee's ability to recognize the clinical presentation of cocaine toxicity. The correct answer is Option B, cocaine. The scenario describes sudden onset of seizure activity in a young, otherwise healthy patient who has no history of seizure disorder. Cocaine lowers the seizure threshold and is one of the most common causes of drug-associated seizure.*

*Option A, cannabis, is incorrect because cannabis and the substance it contains, cannabidiol, have been shown to mitigate seizures, not precipitate seizures, as described in the scenario. Option C, fentanyl, is incorrect because acute opiate intoxication typically causes decreased respiratory rate and heart rate with depressed mental status and is not associated with seizure activity. Option D, methylphenidate, is incorrect because although methylphenidate has stimulant properties, this drug has not been shown to potentiate seizure activity at the level of cocaine. Option E, psilocybin, is incorrect because seizures are more likely to be induced in the pediatric population than in a patient in her 20s, as described in the scenario. Seizures can be potentiated by synthetic hallucinogens vs. psilocybin.*