Behavioral Health

United States Medical Licensing Examination (USMLE) Step 1

5 to 10% of Step 2 CK · 9 sections · content outline and specifications

Behavioral Health covers mood, anxiety, trauma, psychotic, substance use, eating, personality, neurodevelopmental, and neurocognitive disorders. It also covers suicide risk, psychiatric drugs and their adverse effects, and the choice of psychotherapy. Step 2 CK asks what you would do next: the most likely diagnosis, the right test before or during a drug, the first-line treatment, and the safe level of care. Many questions turn on a time course, such as days versus weeks, or sudden versus slow. Adverse drug effects and emergencies, such as lithium toxicity or neuroleptic malignant syndrome, appear often. Always rule out a medical or substance cause before you give a psychiatric diagnosis.

You should be able to: After this guide you should be able to name the most likely psychiatric diagnosis, choose the safe level of care, order the right test for a psychiatric drug, and pick the first-line drug or psychotherapy.

Every section: the key point and the trap

1 Depression and suicide risk: assess, decide the level of care, treat

Major depressive disorder: 5 or more symptoms for at least 2 weeks, including low mood or loss of interest. Check TSH and ask about substances and medicines first.

Trap: Do not start an antidepressant and send home a patient with an active plan and access to a weapon. Drugs take weeks; safety comes first.

2 Bipolar disorder and lithium

Mania: elevated or irritable mood and more energy for at least 1 week, or any length if hospitalized, with marked impairment or psychosis. One manic episode is enough for bipolar I.

Trap: Do not treat bipolar depression with an antidepressant alone. Use a mood stabilizer or a drug approved for bipolar depression, such as quetiapine or lurasidone.

3 Anxiety, obsessive-compulsive, and trauma-related disorders

Generalized anxiety disorder: hard-to-control worry about many things for at least 6 months. First-line: an SSRI or SNRI, and cognitive behavioral therapy.

Trap: Check the time line: under 1 month after a trauma is acute stress disorder, over 1 month is PTSD.

4 Psychotic disorders and antipsychotic adverse effects

Schizophrenia: psychotic symptoms with signs of illness for at least 6 months. Schizophreniform: 1 to 6 months. Brief psychotic disorder: under 1 month.

Trap: Fever with rigidity and slow reflexes after an antipsychotic is NMS. Fever with clonus and brisk reflexes after a serotonergic drug is serotonin syndrome, treated with cyproheptadine and benzodiazepines.

5 Substance use: intoxication, withdrawal, and treatment

Alcohol withdrawal: tremor and anxiety at 6 to 24 hours, seizures at 12 to 48 hours, delirium tremens at 48 to 96 hours. Treat with a benzodiazepine guided by a symptom score.

Trap: Do not give glucose before thiamine to a malnourished drinker, and do not start naltrexone in a patient who is still using opioids.

6 Eating disorders and refeeding

Anorexia nervosa: restriction, low body weight, intense fear of weight gain, and a distorted body image. Types: restricting and binge-eating/purging.

Trap: Normal weight with binges and purging is bulimia, not anorexia. Low weight with binges and purging is anorexia, binge-eating/purging type.

7 Neurodevelopmental disorders in children

ADHD: inattention or hyperactivity in two or more settings, with several symptoms before age 12. Use rating scales from parents and teachers.

Trap: Do not start a stimulant first in a preschool child. Parent training comes first.

8 Neurocognitive disorders: delirium and dementia

Delirium: sudden onset, fluctuating course, and poor attention. Find and treat the cause: infection, drugs, urine retention, pain, low oxygen, or electrolyte problems.

Trap: Do not label a sudden change in an older adult as dementia. Sudden onset and fluctuating attention mean delirium until proven otherwise.

9 Personality disorders and choosing a psychotherapy

Personality disorders are lasting patterns that start by early adulthood and show in many settings.

Trap: Do not choose a drug as the main treatment for a personality disorder. Therapy is first-line.

Key terms

SSRI: Selective serotonin reuptake inhibitor, a common first-line antidepressant such as sertraline.

Lethal means counseling: Talking with a patient and family about removing or locking away firearms and medicines.

Neuroleptic malignant syndrome: A dangerous reaction to dopamine blockers with fever, rigidity, and high creatine kinase.

Serotonin syndrome: Too much serotonin activity, with agitation, fever, sweating, and clonus.

Refeeding syndrome: Shifts of phosphate, potassium, and magnesium when a starved person starts eating again.

Delirium: A sudden, fluctuating problem with attention and awareness caused by a medical condition or drug.

Precipitated withdrawal: Sudden withdrawal when buprenorphine or naltrexone pushes a full opioid off its receptors.

Dialectical behavior therapy: A skills-based therapy for emotion control, distress tolerance, and relationships.

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