

Treatment Approaches to Attention Deficit Hyperactivity Disorder



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KEYWORDS

- Neurodevelopmental disorders • Psychostimulants • Psychoeducation
- Attention deficit hyperactivity disorder

KEY POINTS

- Attention deficit hyperactivity disorder (ADHD) is a very common disorder that originates in childhood but persists into adulthood.
- Multimodal treatment demonstrates the most promising clinical outcomes for patients with ADHD.
- ADHD impacts entire families and communities.

INTRODUCTION

Attention- Deficit/ Hyperactivity disorder (ADHD) formerly was classified as a Disruptive Behavior Disorder. However, it is now recognized as a Neurodevelopmental Disorder, which takes it out of the realm of behavior disorder. As a neurodevelopmental disorder, it has onset in the developmental period, which manifest often prior to the child beginning grade school. These disorders produce impairments in personal, social, academic or occupational functional.¹ ADHD is a common neurodevelopmental disorder in children, adolescents, and adults, with the prevalence estimated to range from 5% to 7% across cultures^{2,3} and approximately 2% to 5% in adults.^{2,4} The prevalence is 5.4 million children and 10.3 million adults and is estimated to occur in most

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cultures.⁵ Data from a recent study involving self-reports from parents indicate that ADHD has increased by 43% across all cultures and ethnicities since 2011 and that 1 in 8 children and adolescents had a diagnosis of this disorder.⁶ Among children, the gender ratio is 3:1 boys to girls, and among adults, the gender ratio is 2:1 or lower. It seems that more girls and women than boys and men have the inattentive subtype. Symptoms of ADHD are likely to originate by age 12^{2,7} and continue through adulthood.

ADHD is highly influenced by genetic liability.^{8,9} Researchers assert that the genetic vulnerability to ADHD is linked to rare aberrations and vast genes that influence neurotransmission and neurodevelopmental pathways.¹⁰ Children and adolescents with ADHD are highly likely to have a coexisting psychiatric or substance use disorder, such as oppositional defiant disorder, conduct disorder, mood disorders, anxiety disorders, Tourette disorder, chronic tic disorders, learning and language disorders, and substance abuse in adolescents.^{7,11,12} Essential features of ADHD include a persistent pattern of inattention, hyperactivity/impulsivity, or combined symptoms and severity and impairment than those typically observed in individuals at a comparable level of development.⁷ Classification of these clusters may be mild, moderate, or severe depending on the level of symptom severity.⁷

Nurses in vast clinical and community practice settings should be able to recognize symptoms of ADHD and clinical challenges associated with these lifelong and complex disorders. Psychiatric nurses must be familiar with the course of ADHD in children, adolescents, and adults and knowledgeable of person-centered and evidence-based treatment that helps these patients and their families optimize academic and functional performance. This article overviews core features of ADHD and underlying causative factors that are targets for multimodal treatment. It further emphasizes the importance of data collection primarily from the patient, and significant others, in adults. For children and adolescents, parents and teachers are the primary providers of information necessary for diagnosis. The role of the nurse in the identification, assessment, and treatment of patients and their families with ADHD is also discussed.

CORE FEATURES

The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5)⁷ delineates the 3 core features of ADHD as inattention, hyperactivity-impulsivity, and combined type. Symptoms must persist for at least 6 months, be observed before age 12, and produce considerable global functional disturbances. This disorder is also likely to result in the following behaviors:

- Impaired response inhibition, impulse control, or the capacity to delay gratification
- Excessive task-irrelevant activity of activity poorly regulated to the demands of a situation (“on the go”)
- Poor sustained attention or persistence of effort to tasks. Individuals have difficulty with tedious or protracted tasks, completing routine assignments, and working independently
- Difficulty remembering to do things or poor working memory
- Delayed development of internal language (the mind’s voice) and rule-following
- Difficulties with regulation of emotions, motivation, and arousal
- Diminished problem-solving ability, ingenuity, and flexibility in pursuing long-term goals
- Greater than normal variability in task or work performance^{13,14}

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