Attention Deficit/Hyperactivity Disorder and Conduct Disorder

N233 intermediate

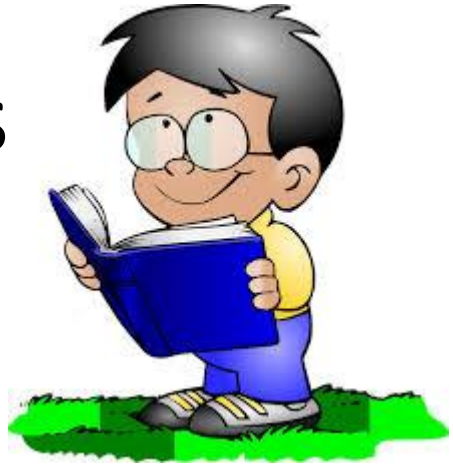
Medical surgical

& psychiatric nursing

Required Reading

- Townsend (8th edition) Chapter 33 p.p.705-742

- Lecture notes



Objectives

- Differentiates between the three subtypes of ADHD
- Prioritizes nursing care for individuals with ADHD
- Discusses the importance of family understanding and involvement in the care and supervision of individuals with ADHD

Diagnostic Criteria for ADHD

- A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by Inattention and or Hyperactivity and Impulsivity.

Pattern of behavior

- A child with ADHD will display
- Inattention and or hyperactivity and Impulsivity
- Onset of the disorder is difficult to diagnose in children younger than four years old
- The disorder is frequently not recognized until the child enters school

Three subtypes of ADHD

- Predominantly Hyperactive
- Predominantly Inattentive
- Combined Hyperactive Impulsive and Inattentive

Type 1

- Inattention without hyperactivity

have difficulty with:

- paying attention
- following directions
- following through with tasks
  - Shy or withdrawn behavior
  - Easily distracted
  - Seems disorganized or careless
  - Slow to process information

Type 2

- Hyper activity without inattention
  - Trouble paying attention
  - Restlessness
  - Impulsive speech and actions
  - Excessive talking
  - Frequent interruptions
  - Overactive
  - May have quick temper

Type 3

- Combined symptoms of the above 2 types are equally present in the person

Prevalence

- The disorder is more common in boys than in girls by 3:1
- May occur in as many as nine percent of school age children
- In about 60 to 70 percent of the cases, ADHD persists into young adulthood
- About 18 to 25 percent will subsequently meet the criteria for antisocial personality disorder as adults

Predisposing Factors

- Genetics
- Biochemical theory and anatomical Influences
- Prenatal, Perinatal, and Postnatal Factors
- Environmental Lead
- Diet Factors
- Psychosocial Influences

Genetics

- Studies show supportive evidence of genetic influences in the etiology of ADHD
- Many parents of hyperactive children had signs of hyperactivity in their own childhood
- Hyperactive children are more likely to have hyperactive siblings

Biochemical theory and anatomical influences

- According to the biochemical theory it is believed that dopamine, norepinephrine and possible serotonin are involved in producing the symptoms of ADHD their involvement is under investigation
- Some studies state that alterations of some regions of the brain including the prefrontal lobes, basal ganglia, caudate nucleus, globus pallidus, and cerebellum are implicated in ADHD

Prenatal, Perinatal, and Postnatal Factors

- Maternal smoking during pregnancy has been linked to hyperkinetic-impulsive behavior in offspring
- Exposure to toxic substances including alcohol, can produce effects on behavior
- Low birth weight, signs of fetal distress, perinatal asphyxia and low Apgar scores may contribute to ADHD

Environmental and Diet Factors

- Elevated levels of lead in the body have adverse effects on cognitive and behavioral development in children
- There are inconsistent results regarding the possible link between food dyes and additives such as artificial flavoring
- Parents and teachers report improvement in hyperactive behaviors when children are given diets free of dyes and additives

Psychosocial Influences

- In predisposed individuals, a chaotic environment, a disruption in family equilibrium, a high degree of psychosocial stress may contribute to ADHD

Comorbidities

- The prevalence of comorbid psychiatric disorders with ADHD ranges from 60 to 80 percent
- Commonly identified comorbidities:
- Oppositional defiant disorder (ODD)
- Conduct disorder
- Anxiety
- Depression
- Bipolar disorder
- Substance abuse disorder

Interventions/Treatment

- Pharmacological Interventions
- Behavior modification therapy
- Psychological therapy
- Family therapy
- Interdisciplinary assessment of specific learning needs

Pharmacological Interventions

- Amphetamines:

Methylphenidate (Ritalin)

dextroAmphetamine (Dexedrine)

amphetamine with dextroamphetamine (Adderal)

Lisdexamfetamine dimesylate (Vyvance)

Let’s apply the nursing process to ADHD

- Assessment
  - Excessive climbing, running or talking
  - Difficulty organizing tasks and activities
  - Difficulty waiting for turns
  - Easily distracted
  - Inability to complete school work or activity
  - Inability to follow directions
  - Frequently loses things needed for tasks

Assessment

- Does the child
- Have difficulty forming satisfactory interpersonal relationships
- Deviate from acceptable social interactions
- Behave in a disruptive manner in group activities
- Behave aggressively or oppositional
- Display outbursts of temper

Nursing Diagnosis

- Risk for injury
- Imbalanced nutrition: Less
- Impaired social interaction
- Low self-esteem
- Anxiety

Planning/Implementation

- Ensure the safety of the child
- Establish trust
- Discuss behaviors
- Establish realistic goals
- Monitor growth
- Medicate
- Set limits

Conduct Disorder

- A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated

Childhood and adolescent onset type

- In childhood-onset type: Individuals show at least one symptom characteristic of conduct disorder prior to age 10 years

- In adolescent-onset type: Individuals show no symptom characteristic of conduct disorder prior to 10 years

Characteristic behavior of conduct disorder

- **Aggression to people and animals**

bullies, threatens, intimidates others and has been physically cruel to people and animals

- **Destruction of property**

Starts fires with intention to causing serious damage

Has deliberately destroyed others' property

Characteristic behavior of conduct disorder

- **Deceitfulness or theft**

Has broken in into someone else's house, car

Often lies to obtain goods or favors or to avoid obligations

Has stolen items, shoplifting

- **Serious violations of Rules**

Often stays out at night despite parental prohibitions

Family Influences

- Factors related to family dynamics have been implicated as contributors in the predisposition to conduct disorder
- Parental rejection
- Inconsistent management with harsh discipline
- Early institutional living
- Frequent shifting of parental figures
- Large family size

Family Influences

- Absent father
- Parents with antisocial personality disorder and/or alcohol dependence
- Marital conflict and divorce
- Inadequate communication patterns
- Parental permissiveness

Common Comorbidities

- ADHD
- Mood Disorders
- Learning Disorders
- Substance Use Disorders
- ODD

Residual Effects in Adulthood

- An estimated 40 percent of boys and 25 percent of girls with conduct disorder will develop adult antisocial personality disorder.

Nursing Interventions

- Monitor behavior
- Redirect behavior with physical outlets
- Demonstrate appropriate expression of anger
- Show of strength in numbers
- Focus on the person not on the behavior
- Provide group activities

Questions