NR 606 Week 8 Final Exam

1. **What ADHD symptoms are lack of attention to detail, careless mistakes, not listening, losing things diverting attention, forgetfulness:** **Ans-** Selective attention
2. **What ADHD symptoms are poor problem solving, trouble completing a task, disorganization, trouble sustaining mental effort:** **Ans-** Lack of sustained attention
3. **What ADHD symptoms are excessive talking, blurting things out, not waiting ones turn, interrupting:** **Ans-** Impulsivity
4. **What ADHD symptoms are fidgeting, leaving ones seat, running, climbing, trouble playing quietly:** **Ans-** Hyperactivity
5. **What ADHD symptom is common in childhood:** **Ans-** hyperactivity
6. **Effects of maturation ADHD- young kids may experience:** **Ans-** DD, bx less mature than peers
7. **Effects of maturation ADHD- teens:** **Ans-** poor academic performance, trouble dri- ving, trouble in social situations, risky sexual bx, SUD
8. **Effects of maturation ADHD- Adult:** **Ans-** Issues with EF, attention, working memory, that cause issues with day to day fnx and performance at work and in relationships
9. **Dx criteria for**

ADHD How many s/s

How long

How many settings: Pattern of 6 s/s that interfere with fnx/development, 6 months or longer

Present in 2 or more settings

10. **How to combat anorexia with stimulant use:** Take medication with breakfast to decrease anorexia or associated weight loss

11. **When patients with ADHD have co morbid MH issues, what do you tx first:** ADHD (stimulants first line)

Treating ADHD s/s first will give a clearer picture of the comorbidities

12. **Work up for starting stimulant:** ECG- if personal/first relative fmly hx Check bp/wgt/hgt

13. **What co morbidity should the PMHNP assess for before starting a stimulant:** BPD, CNS stimulant can cause psychotic or manic s/s in pt's with no prior hx or may exacerbate bx disturbances and thought d/o in pt's with pre-exisiting psychosis

14. **Stimulants can exacerbate what comorbid dx:** anxiety and SUD

15. **Increased irritability or insomnia can be tx with what:** low dose non stim

16. **Abrupt withdrawal from stimulants can cause what:** irritability and rebound s/s

17. **What to do with tx for ADHD if the pt is argumentative or oppositional: -** Combo therapy with stim and non stim

18. **Recommendations for parent training in behavior management for ADHD as a first-line**

Intervention

- **What do the parents learn:** Recommended for child under 6
- Parents learn positive communication and reinforcement, structure, and discipline
- Teaches kids to better control their own bx = improved fnx at school, home, and relationships

19. **What setting is ODD most common:** Home setting with peers or adults that the pt knows
20. **What is ODD proceeds:** Conduct disorder and ADHD, more common in boys anxiety and depression. Increased risk of SI
21. **Dx criteria for ODD:** -4 or more symptoms have occurred during an interaction with one or more individuals not including siblings within the last 6 months

-Kids under 5 bx occur on most days for at least 6 months

22. **ODD s/s:** Angry/irritable mood: Loss of temper, easily annoyed, anger and resentment

Argumentative/Defiant: Argues with authority figures, actively defiant or refusing to follow rules or requests from authority figure, deliberately annoys others, blames others for their mistakes/misbx

Vindictiveness: spiteful or vindictive at least twice within the past 6 months.

23. **Hallmark of ODD:** Persistent angry irritable mood and defiant bx with vindictive- ness

24. **Conduct disorder exhibits lack of:** empathy, aggression and impulsivity
25. **Severe behaviors violating society norms or rights of others and involved aggression towards others, animals, theft, destruction of property occurring in multiple settings:** Conduct disorder
26. **Conduct disorder has a developmental relationship with:** ODD
27. **When can conduct disorder start presenting:** as early as preschool more seriously appear later before 16
28. **- Low tolerance of frustration and adversity,**

-Frequently impulsive/angry outburst (temper tantrums, verbal assaults, phys- ical assaults towards others, animals, property)

-Outbursts are unplanned, have a rapid onset, are out of proportion to the trigger that elected the response and does not last longer than 30 minutes

-Verbal outbursts: twice a week for 3 months: Intermittent explosive disorder description