Week 5

ADHD is a neurodevelopmental disorder characterized by developmentally inappropriate levels of inattention, disorganization, hyperactivity, and impulsivity (Children and Adults with Attention-Deficit/Hyperactivity Disorder

Without early identification and proper treatment, ADHD can cause disruptions in academic performance, family stress, difficulties in social relationships, and accidental injuries.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) (American Psychiatric Association [APA], 2022) identifies three clinical presentations of ADHD based on symptom profiles: predominately inattentive presentation, predominantly hyperactive-impulsive presentation, and combined presentation.

To make an informed diagnosis, it is essential to gather data from multiple sources, including the client, parents, and teachers of children and adolescents. Screening tools are available to assist in diagnosis.

Over two-thirds of children diagnosed with ADHD have at least one coexisting psychiatric condition (CHADD, n.d.). Common co-occurring conditions include learning disabilities, conduct disorders, tics, anxiety, depression, and language disorders; adolescents are at increased risk of substance use disorders (CHADD, n.d.).

Medication options for the treatment of ADHD include both stimulant and non-stimulant medications (Buckstein, 2021). Stimulant medications are effective for 70-80% of clients with ADHD and are typically the medications of choice for children (Centers for Disease Control and Prevention).

Several stimulant medications are classified as Schedule II medications indicating that they have a high potential for abuse. The psychiatric mental health nurse practitioner (PMHNP) must adhere to federal and state-specific guidelines for prescribing these medications.

Psychotherapeutic interventions for ADHD may include cognitive-behavioral therapy (CBT), social and organizational skill training, and family therapy.

Disruptive, impulse-control, and conduct disorders (also called DBDs) are a group of disorders that involve problems with emotional and behavioral regulation.

The hallmark characteristics of oppositional defiant disorder (ODD) include persistent angry and irritable mood, argumentative and defiant behavior, and vindictiveness

Conduct disorder is characterized by severe behaviors that violate societal norms or the rights of others and may involve aggression towards others, animals, theft, and/or the destruction of property.

The essential features of intermittent explosive disorder are frequent impulsive or anger outbursts that often include temper tantrums, verbal assaults, or physical assaults towards others, animals, or property.

Treatment for DBDs usually consists of a combination of the following interventions based on the unique needs of the individual and family.

FASD is an umbrella of terms that describes the physical, mental, behavioral, and/or learning disabilities that can occur in an individual who was prenatally exposed to alcohol.

FASD is a lifelong disability that may require support from a variety of disciplines based on the degree of impairment.

There is no specific test for FASD. Because symptoms resemble those of other diagnoses such as ADHD, ODD, or conduct disorder, children may be misdiagnosed leading to delays in appropriate treatment. Diagnosis is based on confirmation of maternal alcohol consumption.

FASD treatment is based on the severity of symptoms and developmental impact. Prognosis is best if children receive a diagnosis and begin treatment before the age of six

Week 6

Anorexia nervosa is an eating disorder characterized by restrictive eating patterns, extremely low body weight, and an intense fear of gaining weight

The weight loss and malnutrition caused by anorexia nervosa can lead to medical complications that impact most major organ systems (Mehler, 2021).

Bulimia nervosa is characterized by recurrent episodes of eating unusually large amounts of food paired with a feeling of lack of control of eating behaviors. To compensate for overeating, individuals with bulimia nervosa engage in behaviors to prevent weight gain, including self-induced vomiting, excessive use of laxatives or diuretics, excessive exercise, fasting, or a combination of these behaviors