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NR606 – Diagnosis and Management in Psychiatric-Mental Health II

Exam Study Guide – Final Exam

Exam Format: Non-Cumulative exam

Question Type: Multiple Choice

Number of Questions: 75

Number of Points: 150 points

Time Allotted: 90 Minutes

Testing Timeframe: The final exam will be available starting on **Wednesday of Week 8 at 12:01 am MT until Saturday of Week 8 at 11:59 pm MT.**

Exam Coverage

Week 5:

Content Areas:

1. Attention Deficit Hyperactivity Disorder in Children and Adolescents
Attention Deficit Hyperactivity Disorder in Children and Adolescents one of the most common neuropsychiatric affecting 9.4% children in US, occurs more often in males, mild to severe, inattention, hyperactivity and impulsivity appear in childhood and usually affect development of cognitive, behavioral, emotional, social and academic functioning. Symptoms in hyperactivity and impulsivity include fidgeting or talking, feelings of restlessness and impatience, frequent interruptions and difficulty playing quietly. Symptoms usually occur together and peak in severity by age 8, symptoms in attentive adhd include difficulty organizing task, maintaining a routine and paying attention to detail, children with inattentive subtype may avoid task that are intellectually challenging resulting in poor academic or cognitive performance. seen by 8/9, ADHD associated with depression and substance abuse. **Selective attention** lack of attention to detail, careless mistakes, not listening, losing things, diverting attention, forgetfulness, **lack of sustained attention** poor problems solving, difficulty completing task, disorganization, difficulty sustaining mental effort, **impulsivity**, excessive talking, not waiting ones turn blurting things out, interrupting hyperactivity fidgeting leaving ones seat, running climbing, trouble playing quietly. May experience delays in speech, motor and social development. In adults hyperactivity less, but antisocial behaviors develop, adolescents may struggle with executive function attention and working memory **ADHD dx criteria** pattern of at least 6 symptoms

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of inattention and/or hyperactivity/impulsivity that interfere with functioning or development, persist for 6 months or longer, interfere with social, academic or occupational functioning, symptoms present in two or more settings, over 2/3 of children have coexisting psych conditions, ie learning disabilities, conduct d/o, tics, anxiety, depression, and language d/o, adolescents at risk for SUD, ADHD treatment multimodal, requiring educational, medical, behavioral, and psych interventions **meds stimulants 70-80% effective before using obtain thorough health hx including hx of cardiac dx. ECG required if hx of cardiac hx present in first degree relative, monitor bp, height and wt regularly, assess for BPD before treatment, CNS stimulants may cause manic or psychotic symptoms in pt with no hx, or may exacerbate symptoms, may exacerbate anxiety and SUD, tx efficacy noted in first week of treatment, increased irritability and insomnia can be treated with low dose nonstimulant, can have abrupt w/d after prolonged use, irritability and rebound symptoms, when switching stimulants, dc current med and start new med next day at starting dose, Schedule II, have high risk for abuse, short acting have high risk for diversion, careful monitoring required, UDS, common SE, restlessness, irritability, anxiety, insomnia, stomachache, headaches, tics and worsening aggression, may crash when meds wear off (IR). Take with breakfast to decrease anorexia or wt loss, nonpharm, psychotherapy, parent therapy for kids under 6 learn positive communication,/ reinforcement, structure and discipline, older kids, CBT, social and organizational skills training and family therapy, Stimulant meds methylphenidate, low risk of AE, Ritalin, available in IR and ER, beads may be sprinkled over food, Concerta, biphasic in ERans IR combined, Daytrana, patch applied in am and removed after 9 hrs, dexamethylphenidate (Focalin), available in IR/ER, more potent than Ritalin, high risk of AE, amphetamine, (Adzenys), ODT, avoid with MAOIs w/i 14 days, dextroamphetamine, Adderall, IR/ER, often dosed IR/ER with afternoon IR dose, most abused/diverted, lisdexamfetamine, (Vyvanse), biologically inactive until metabolized, less abusive and diverted, high cost, **nonstimulants used when stimulants ineffective or contraindicated, lower distractibility, and improve attention, working memory and impulsivity, both used when argumentative and oppositional symptoms present** NRI (noradrenergic) atomoxetine Strattera drug of choice for adults with ADHD, no abuse potential, tolerated well when prescribed bid, drug of choice for comorbid substance abuse, may interfere with anxiety/ antidepressants, may be used at bedtime, less likely to worsen tics, **A2 agonist**, monotherapy or can be used with stimulant meds, better mental focus, appetite neutral, may help with sleep disturbance, give at bedtime, AE brain fog, sedation, monitor bp, NDRI, Wellbutrin off label use for ADHD and concurrent alcohol and tobacco use**

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2. Disruptive, Impulse-Control, and Conduct Disorders in Children and Adolescents group of disorders that involve problems with emotional and behavior regulation. Often severe, frequent and occur in different settings. More common in boys than girls

Oppositional defiant disorder hallmark sign persistent angry and irritable mood, argumentative and defiant behavior and vindictiveness with or without negative mood, symptoms impairs the social functioning, onset occurs in early childhood and continue throughout adulthood, comorbid with ADHD, anxiety, MDD and increased risk of SI. DX, behavior must have negative consequences and must not be associated exclusively with a psychotic, substance use, depressive or bipolar d/o, must not meet criteria for DMDD, must have 4 or more symptoms that have not occurred with a sibling, symptom persistence and frequency must exceed typical developmental behaviors, for child under 5, must occur on most days for at least 6 months, for child older than 5 must occur at least once a week for at least 6 months, severity of ODD determined by the number of settings behaviors occur

- Conduct disorder severe behaviors that violate societal norms or rights of others and may involve aggression towards others and may involve aggression towards animals, theft and destruction of property. Relationship with ODD, youth with ODD may later meet criteria conduct disorder but ODD child does not meet criteria don't develop conduct d/o, behaviors seen in preschool, more severe symptoms seen in late childhood, before age 16, occur in multiple settings, causing significant dysfunction, at risk for mood and anxiety d/o, impulse control, psychotic d/o and PTSD, occur in males more, risk factors, caregiver abuse and neglect, harsh discipline, family criminality, SUD, family member with d/o depressive and bipolar d/o, schizo, ADHD, SUD, rejection by peers, criminal behavior, poverty, exposure to violence, dx, include, include three or more symptoms in past 12 months with one symptom occurring in last 6 months. Behavior must cause significant impairment and not fulfill dx criteria for antisocial personality d/o. 3 subtypes childhood onset, adolescent onset, and unspecified onset when age at onset unknown,
- Intermittent explosive disorder involves a low tolerance for frustration and adversity, essential features are frequent impulsivity or angry outburst that often include temper tantrums, verbal assaults or physical assault toward others animal or property, outburst unplanned, have a rapid onset are out of proportion to the trigger and last longer than 30 mins, verbal outburst occur on average of twice a week for three months or behavioral outburst or tantrums that involve destruction of property within 12 months. DX includes a comprehensive psych evaluation, txt, group parent caregiver training program recommended for child 3-11 provide psychoeducation and support for caregivers., individual parent-caregiver training recommended when behavior is extreme or complex, group child focused programs child 9-14 to enhance social and problem solving skills, meds co FDA

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