



ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Hemavathy V and Dhatchayani M

Sree Balaji College of Nursing, no7, Works Road, Chrompet, Chennai 600 044

ARTICLE INFO

Article History:

Received 15th September, 2019

Received in revised form 7th

October, 2019

Accepted 13th November, 2019

Published online 28th December, 2019

ABSTRACT

The "hyperactivity" portion of ADHD is used to describe behavior that is restless, agitated, and difficult to resist. Hyperactive individuals often appear as if they need to move. A prevalence of 1.7 percent was found among primary school children. Educating the people involved with your child about ADHD is a key part of treating your child.

Key words:

Attention deficit, hyperactivity, children.

Copyright © 2019 Hemavathy V and Dhatchayani M. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Attention deficit component of ADHD refers to inattention, or difficulty focusing for long periods and being easily distractible. The "hyperactivity" portion of ADHD is used to describe behavior that is restless, agitated, and difficult to resist. Hyperactive individuals often appear as if they need to move. Almost all children have times when their behavior veers out of control. These children often have trouble getting along with siblings and other children at school, at home, and in other settings. Those who have trouble paying attention usually have trouble learning. Some have an impulsive nature.

Meaning

ADHD is a condition of the brain that makes it difficult for children to control their behavior. It is one of the most common chronic conditions of childhood.

Hyperkinetic disorder (Attention-Deficit Hyperactivity Disorder or ADHD in DSMIV) is a persistent pattern of inattention and or hyperactivity more frequent and severe than is typical of children at a similar level of development.

Epidemiology

- It affects 4% to 12% of school-aged children. About 3 times more boys than girls are diagnosed with ADHD.
- A prevalence of 1.7 percent was found among primary school children.

Types of ADHD

1. **Inattentive type (formerly known as attention-deficit disorder)**-Children with this form of ADHD are not overly active. Because they do not disrupt the classroom or other activities, their symptoms may not be noticed. Among girls with ADHD, this form is most common.
2. **Hyperactive/Impulsive type**-Children with this type of ADHD show both hyperactive and impulsive behavior, but can pay attention.
3. **Combined Inattentive/Hyperactive/Impulsive type** - Children with this type of ADHD show all symptoms. This is the most common type of ADHD.

Etiology

- Genetic factors
- Biochemical theory
- Pre, peri and postnatal factors
- Environmental influences
- Psychosocial factors
- Prolonged emotional deprivation
- Stressful psychic events
- Disruption of family equilibrium

Clinical Features

- Has a hard time paying attention, daydreams
- Is easily distracted from work or play
- Does not seem to care about details, makes careless mistakes

*Corresponding author: Hemavathy V

Sree Balaji College of Nursing, no7, Works Road, Chrompet, Chennai 600 044

- Does not follow through on instructions or finish tasks
- Loses a lot of important things
- Forgets things
- Does not want to do things that require ongoing mental effort
 - More commonly active in crib, sleep little.
 - General coordination deficit.
 - Impulsivity
 - Memory and thinking deficits.
 - Specific learning disabilities
- Explosive or irritable
- Emotionally labile and easily set off to laughter or tears.
- Mood is unpredictable
- Impulsiveness and an inability to delay gratification.

Diagnosis

- Detailed prenatal history and early developmental history.
- Direct observation, teacher's school report (often the most reliable), parent's report Treatment.

Treatment

Once the diagnosis is confirmed, the outlook for most children who receive treatment for ADHD is very encouraging. There is no specific cure for ADHD, but there are many treatment options available. Target outcomes for behavior;

Medication

- CNS stimulants: Dextrose amphetamine, methylphenidate
- Tricyclic antidepressants
- Antipsychotics
- Serotonin specific re-uptake inhibitors

Behavior therapy

- Set specific goals. Set clear goals for your child such as staying focused on homework for a certain time or sharing toys with friends.
- Provide rewards and consequences. Give your child a specified reward (positive reinforcement) when she shows the desired behavior. Give your child a consequence (unwanted result or punishment) when she fails to meet a goal.
- Keep using the rewards and consequences. Using the rewards and consequences consistently for a long time will shape your child's behavior in a positive way.
- Parent training
- Individual and family counseling
- Follow-up activities
- Monitoring
- Education about ADHD
- Team work among doctors, parents, teachers, caregivers, other healthcare professionals, and the children

CONCLUSION

This chapter provided a discussion of Psychological disturbance in childhood is an abnormality of emotions, behavior or relationships which is sufficiently severe & persistent to handicap the child in his social. The general approach to care is educational and psychosocial. The family doctor and pediatrician are mainly responsible for the early detection and assessment.

Bibliography

- R.Sreevani, text book of mental health & psychiatric nursing, jaypee publication, 3rd edition, page no: 234-235.
- K.Lalitha, text book of mental health nursing and psychiatric nursing, M.ananda & Ramesh publication, page no: 522.
- <https://sebpmg.com/special-topics/introduction-to-adhd>
https://en.wikipedia.org/wiki/Attention_deficit_hyperactivity_disorder

How to cite this article:

Hemavathy V and Dhatchayani M (2019) 'attention Deficit Hyperactivity Disorder (Adhd)', *International Journal of Current Medical and Pharmaceutical Research*, 05(12), pp 4767-4768.
