**Name of the Subject**- Mental Health Nursing-II

# Name of the topic- ATTENTION DEFICIT HYPERACTIVITY DISORDER.

# Name of the group- BSC Nursing 6th semester Group C

**Size of group :-** 90 **Venue-** Classroom: no.8 **Time-** 11-12 PM **Duration- 1hr**

# Name of the practice teacher- Group Come members

**Name of the evaluator-** Mrs. Sanjukta Dixit (Asst. Professor)

**Method of teaching-** lecture cum discussion, pamphlets, PPT, board

**General objectives-** At the end of the session the students will gain enough knowledge about ADHD.

**Specific objectives-** At the end of the session the student will be able to :-

* Define ADHD
* Enlist the terminologies and epidemiology.
* Describe the etiology and clinical features of ADHD.
* Describe the types and diagnostic evaluation.
* Enlist the treatment modalities and nursing management of ADHD.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TIM E** | **SPECIFIC OBJECTIVE**  **S** | **CONTENT** | **TEACHING LEARNING**  **ACTIVITIES** | **AV AIDS** | **EVALUATIO N** |
| 2  mins | The student will be able to:- | -self introduction  -announcement of the topic and introduction of the topic. |  |  |  |
| 2  mins | Define ADHD. | **DEFINITIONS**   * ADHD is a neurodevelopmental disorder characterized by persistent pattern of inattention, hyperactivity and impulsivity that has a direct negative impact on academic, occupational and social functioning. | The teacher defined ADHD. | Lecture cum discussion | What is the definition of ADHD? |
|  |  | Students understood and noted the definition of ADHD. |  |  |
| 2  mins | Enlist the terminologies. | **TERMINOLOGIES RELATED TO ADHD-**   * Hyperactivity - Excessive psychomotor activity accompanied by physical movements and verbal sounds that are unusually more rapid than normal. * Inattention – Failure to carefully think about, listen to or watch someone or something; lack of attention. * Impulsiveness – The trait of acting without thought of any consequences of the behavior; inability to resist acting. | The teacher enlisted the terminologies related to ADHD. | Lecture- cum discussion | Explain what does hyperactivity mean? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2  mins | Describe the epidemiology of ADHD. | **EPIDEMIOLOGY**   * ADHD contributes significantly to childhood morbidity and is associated with increased risk of injury, suicide and reduced life expectancy. * The prevalence ratio in male and female is 2:1. It typically occurs mainly in children below 12 years of age. * The worldwide prevalence of ADHD among children is approximately 10% among boys and 5% among girls. | The teacher discussed the epidemiology of ADHD | Lecture-cum discussion. | What is the prevalence rate of ADHD? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 6  mins | Describe the etiology of ADHD. | Some of the etiological factors are –   1. Genetic factors –    1. There is greater concordance in monozygotic twins than in dizygotic twins.    2. Siblings of ADHD children have about twice the risk of having the disorder. | The teacher described about the etiological factors of ADHD | Lecture-cum discussion.  Guided Reading | What are non genetic etiological factors? |
|  |  | c) Biological parents of children with this disorder have a higher incidence of ADHD. |  |  |  |
|  |  | 2. Brain structure & function– |  |  |  |
|  |  | a) Abnormalities in prefrontal cortex & basal ganglia. |  |  |  |
|  |  | b) Fluctuation in neurotransmitter levels. |  |  |  |
|  |  | c) Brain injury & trauma. |  |  |  |
|  |  | 3. Non-genetic factor– |  |  |  |
|  |  | a) Pre mature birth, low birth weight. |  |  |  |
|  |  | b) Smoking, alcohol or drug abused during pregnancy. |  |  |  |
|  |  | * 1. Extreme stress during pregnancy   2. Maternal infection or exposure to toxic substance. |  |  |  |
| 10  mins | Enlist the few clinical features of ADHD. | **CLINICAL FEATURES** –   1. INATTENTION – 2. Difficulty in sustaining attention on tasks or play. 3. Easily distracted and forgetful in daily activities. 4. Often avoids tasks that require sustained mental efforts. 5. Often has difficulty organizing tasks and activity. 6. HYPERACTIVITY – 7. Sensitive to stimuli, easily upset by noise, light, temperature & other environmental changes. 8. Fidgets with hands or feet or squirms in seat. 9. Talks excessively. 10. Difficulty engaging in activities quietly. 11. IMPULSIVITY – 12. Quick decision making. | The teacher enlisted the clinical features of ADHD. | Lecture cum discussion | What are the signs under inattention? |
|  |  | The student understood and can give answers to the questions. |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | 1. Sudden change in topic. 2. Excitability 3. Impulse buying. |  |  |  |
| 15  mins | Describe about the types of ADHD | According to the DSM 5, ADHD is divided into three types-   1. Predominantly Inattentive type(ADHD-PI) 2. Predominantly hyperactive impulsive type(AHD-PHI) 3. Combined type(ADHD-C)  * **PREDOMINANTLY INATTENTIVE TYPE**  1. Fail to pay close attention to details or make careless mistakes. 2. Have difficulty in sustaining attention in tasks or play activities. 3. Appear not to listen when spoken to directly.   More common in females & often underdiagnosed because its asymptomatic.   * **PREDOMINANTLY HYPERACTIVE IMPULSIVE TYPE**  1. Talking excessively 2. Fidgeting, tapping hands or feet, inability to stay seated. 3. Interrupting others & difficulty waiting for their turn.   Often observed in younger children, particularly in boys.   * **COMBINED TYPE**  1. Shows significant problems with focus, organization & listening. 2. Displays hyperactive & impulsive behaviors such as interrupting & difficulty in sitting still.   It leads to more severe functional impairment in academic, social and occupational setting. | Described about the types of ADHD. | Lecture- cum discussion | What are the types of ADHD according to DSM 5 classification? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| 5  mins | Discuss about the diagnosis criteria | **DSM 5 CRITERIA**   1. More than or equal to six symptoms of inattention must be present for last more than six months. 2. More than or equal to six symptoms of hyperactivity-impulsivity must be present which is lasting for more than six months. 3. These inattentive & hyperactive-impulsive symptoms should be present prior to age 12 years. 4. Several inattentive or hyperactive-impulsive symptoms are present in two or more setting.   There is clear evidence that the symptoms interfere with or reduce the quality of social, academic or occupational functioning.  **DIAGNOSIS-**   * Detailed history collection about the clinical features from parents, child and teachers. * Complete medical evaluation with emphasis on neurological examination, hearing & vision. * A psychiatric evaluation to assess intellectual ability, academic achievement. * Detailed prenatal history & early developmental history. * Direct observation, teacher’s school report, parent’s report. * **Screening Tool-** A tool consisting of standardized questionnaires used to collect information about the child’s behavior from parents, teachers & sometimes the child to know the severity of condition.   **Conner’s Rating scale-** The Conner’s Rating Scale is a questionnaire that asks about things like behavior, work or school work & social life. There are three main versions of this scale but we are going to learn about Conner’s 3rd edition which is for children and adolescents. | The teacher explained about the diagnostic criteria according to DSM-V.  The teacher taught about the diagnostic evaluation of ADHD. | Lecture cum discussion  Handing out pamphlets | How ADHD is diagnosed? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | It has a standardized measure T Score, when the T Score is <60, it usually means you don’t have ADHD.  Score >60 may indicate ADHD.  T score >70 means the ADHD symptoms are more serious. |  |  |  |
| 5  mins | Enlist about the treatment modalities. | **TREATMENT –**   * Pharmacological Management-   Stimulants  - Methylphenidate, Amphetamine salts.  These improves focus, reduces hyperactivity & impulsivity.  Non stimulants-  Atomoxetine- Useful when stimulants are not tolerated.  Clonidine- Helps with sleep, aggression & emotional dysregulation.   * Psychological Therapies-   Behavioral Interventions-   * Reward charts- The child earns stars for specific good behavior. * Token Economy- It is a behavioral therapy techniques where children untokens for good behavior, which they can exchange for privileges. * Consistent rules & structures- Same rules at school & home helps in reinforcement of learning. * Stop & think technique- Tach the child to pause before acting. * Role play social skills- Practice turn taking in games or conversations. * Red, yellow, green card- Green means “Go ahead”, yellow means “ slow down” & red means “stop & think”. | The teacher explained about the treatment modalities.  The students understood about it & is able to answer the questions. | Lecture- cum discussion | What are the different types of behavioral interventions? |
|  |  | * Cognitive-behavioral techniques-   Used mainly in older children & adolescents to :   * Teach organizational skills * Improve problem solving * Promote self monitoring   CBT is not for “Negative thinking” in ADHD, but rather for improving emotional control & planning.   * Psychoeducation & family support- * Teach parents & children about ADHD. * Tell the parents that ADHD is a neurodevelopmental disorder & not “naughtiness”. * Involve teachers in support plans.   Parent-children interaction therapy-   * A type of therapy where parents are trained to interact positively & effectively with their child. * Focuses on praising good behaviors, ignoring mild misbehavior & setting consistent limits. |  |  |  |
| 2  mins | To discuss about few nursing diagnosis related to ADHD and how to manage it. | **NURSING DIAGNOSIS-**   * Risk for injury related to hyperactivity & impulsiveness.   **Nursing Intervention**   * Provide a calm, clutter-free environment. * Supervise during physical activity. * Set clear, consistent rules * Teach safety safety rules through stories or visuals. | The teacher explained possible nursing diagnosis with ways to manage it. | Lecture- cum discussion | What objective data one could observe in a child with risk of injury? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | * Impaired social interaction related to impulsivity as evidenced by inappropriate & interrupting peer behavior.   **Nursing intervention**   * Use role play to practice turn-taking and social roles. * Provide immediate praise for appropriate behavior. * Encourage small group interactions with supervision. * Use visual signals to guide behavior. * Knowledge deficit related to lack of exposure to information about ADHD as evidenced by parental misunderstanding of child’s behavior.   **Nursing intervention**   * Provide brief, simple education on what ADHD is and how it affects behavior. * Teach parents how to use token system or positive reinforcement. * Offer written or visual guides. * Encourage questions and provide emotional support. |  |  |  |
| 2  mins | To summarize the topic. | **SUMMARY–**  ADHD is one of the most frequent chronic neurodevelopmental disorders affecting children, characterized by inattention, hyperactivity & impulsivity. This disorder can be cured by various types of pharmacological & therapeutical management. The exact cause is generally unknown but recent studies have said genetic factors plays a significant role. | The teacher summarizes the topic. | Lecture-cum discussion. |  |
| 1  min | To conclude the topic. | **CONCLUSION –**  ADHD is a common but manageable condition that affects attention, behavior & learning. As nurses, our role is to support early detection, provide education, ensure medication complains & promote a structured, supportive environment. With the right care & understanding, individuals with ADHD can lead successful and fulfilling lives. | The teacher concludes the topic. | Lecture-cum discussion. |  |
| 1 min | To discuss the bibliography. | **BIBLIOGRPHY –**   * Sreevani R, “A guide to mental health & psychiatric nursing” 5th edition, Jaypee Brothers Publishers. * Prakash P, “Textbook of mental health nursing for BSC. Students” 2nd edition, CBC Publishers distributors pvt.ltd. * www.slideshare.com | The teacher concludes the topic. | PPT |  |

**KALINGA INSTITUTE OF NURSING SCIENCES**

**LESSON PLAN ON ADHD**

**SUBMITTED TO SUBMITTED BY**

MRS. SANJUKTA DIXIT

(ASST.PROF, KINS)