

Week 5: Diagnosis and Management of Attention Deficit Hyperactivity Disorder, Disruptive, Impulse-Control and Conduct Disorders, and Fetal Alcohol Spectrum Disorder

1. Define symptoms of ADHD i.e.: selective attention, impulsivity, hyperactivity,
2. Effects of maturation on ADHD symptoms
3. Diagnostic criteria for ADHD:
 - pattern of at least six symptoms (i.e.: inattention, hyperactivity-impulsivity)
 - that interfere with functioning or development
 - symptoms persist for six months or longer
 - symptoms interfere with social, academic, or occupational functioning
 - symptoms are present in two or more settings
4. Measures to combat anorexia with stimulant medications
5. Treatment of comorbidities of ADHD such as anxiety – 1st line treatment stimulants
6. Work up for starting stimulant medication
7. Recommendations for parent training in behavior management as a first-line intervention
8. Diagnostic criteria for ODD
 - symptoms must have occurred during an interaction with one or more individuals that are not siblings within the last 6 months
 - for children under age 5, behaviors must occur on most days for at least six months
 - Presentation includes:
 - Angry/Irritable Mood, Loss of temper, Easily annoyed, Anger and resentment, Argumentative/Defiant Behavior, Argues with authority figures or adults, Actively defies or refuses to follow, rules or requests from authority figures, Deliberately annoys others, Blames others for their mistakes or misbehavior, Vindictiveness, Has been spiteful or vindictive at least twice within the past 6 months
9. Conduct disorder exhibits lack of empathy, aggression, and impulsivity
10. Intermittent explosive disorder (IED)
 - Low tolerance for frustration and adversity
 - Frequent impulsive or angry outbursts that often include temper tantrums
 - Verbal assaults, or physical assaults towards others, animals, or property
 - Outbursts are unplanned, have a rapid onset, are out of proportion to the trigger that elicited the response, and lasts no longer than 30 minutes
 - Verbal outbursts occur on an average of twice a week for three months
11. Review the Minnesota Impulse Disorders Interview (MIDI) for indications, content, scoring
12. Facial features of FAS:
 - Skin folds at the corner of the eye
 - Small head circumference
 - Low nasal bridge
 - Small eye opening
 - Short nose
 - Small midface
 - Indistinct philtrum
 - Thin upper lip
13. Functional issues with FAS – ADLs etc.
14. Behavioral interventions indicated for FAS
15. Benefits of early intervention

16. PMHNP role is identifying early with diagnosis for Disabilities Education Act

Week 6: Diagnosis and Management of Feeding and Eating Disorders, Gender Dysmorphia, and Substance Use Disorders

1. Risk factors for development of eating disorders:
 - Family history that includes a close relative with an eating disorder
 - Weight stigma in the culture or family, trauma (especially physical or sexual abuse)
 - History of being bullied about weight or physical appearance may increase the risk for eating disorders.
2. Lab values in evaluation of eating disorders.