

Attention Deficit Hyperactivity Disorder

Name

Institution

### Introduction

Many types of research concerning the illness that affect the human have been done to help improve the living standard and eliminate worries that may be brought through abnormality in most of the organs of the body. The brain as one of the organs is associated with many illnesses. ADHD is one of the considered as a highly generic and brain-based syndrome, which is linked to the regulation of a particular set of the functions of the brain and related behaviors (Bird, 2017). According to Wolraich (2016), most of the cases of the people diagnosed with the disorder are found within the age bracket of 6 to 12 years. Therefore, the disorder has been

linked to children inattentiveness, hyperactivity, and impulsiveness, which make them perform dismally when at school.

Although the research by American Psychiatric Association indicates that many children experience the phases of restlessness or inattentiveness, they should not be linked to having suffered the ADHD (Wolraich, 2016). The teacher's recommendation on the behavior of the child at school helps in guiding the way forward in seeking the medical attention through testing the behavior of the child. In connection with this disorder, this paper is going to address the case study of a naughty girl who is at the age of 8. It provides the decisions on the treatment process concerning the illness (ADHD, the inattentive type with comorbid ODD) the girl was diagnosed with and aims to help her regain her normal status. Though the study shows a combination of therapy and medication would help treat the illness, this paper is going to focus only on the medication treatment.

### **Decision Point One**

#### *Selection decision*

Initial doses of 1 mg of Guanfacine orally (preferably early in the morning before the patient goes to school)

*Reason for selection*

Other than the other drugs used in the treatment of the ADHD, Guanfacine does not have much of the side effects that may require the doctor's attention (Cortese et al. 2013). For instance, when methylphenidate is used, some of the side effects that the patient reported were insomnia, which is not the case in Guanfacine (Castells et al. 2011).

Expected results

In the next 3 to 4 weeks, the patients should start showing a positive result. Some of the complaints like inattentiveness in the class by the class teacher should have decreased. Other mood changes like excitement changes in the first 3 to 4 weeks.

*Expected results versus the Actual results*

Contrary to the medication on the use of Methylphenidate, Guanfacine dosage within the first weeks would show some changes. Cases of fatigue, irritability, and headache may be common. Another observable change with the patient is the loss of appetite though cases of arguments may decrease (Bidwell et al. 2011).

**Decision Point Two**

*Selection decision*

Taking off the Ritalin tablets starting with a dose of .5 mg twice per day. Taken half an hour before breakfast.

*Reason for selection*

The drug gives the patient the calmness she needs while studying and resting mood. The case of the girl being inattentive can be controlled the use of the drug as it has quick stimulation than the Guanfacine does (Connor, et al. 2010). With the continuous behavior, the patient can increase the dosage on a weekly basis between 5 to 10 mg but should not exceed 60 mg daily. The introduced dosage should be divided into 3 doses.

*Expected results*

The patient ought to reduce the symptoms of ADHD when a form is given to tracing her progress both at home and in school. The issues of insomnia are absent after 4 weeks of continuous usage of the drug.

*Expected results versus the actual results*

After taking the Ritalin, the patient report indicates positive progress although the disruption of the trend of taking drugs shows some of the initial symptoms such as aggressiveness resumes. Angriiness and unnecessary arguments decreases. This would be different with the use of Guanfacine where the patient is reported to have scratched her sister without a good reason (playing with her sister's doll)

### **Decision Point Three**

#### *Selection decision*

Taking of 0.5 mg/kg Atomoxetine once in a day.

#### *Reason for selection*

The sleep disruption cases are not common, and the patient can sleep well (Hanwella, Senanayake & Silva, 2011)

#### *Expected results*

Change in the next 3 weeks should be experienced. The patient in the case can show the signs of being cooperative and stop causing or triggering argument activities at both school and home.

#### *Expected results versus the actual results*

The report by the patient of experiencing drowsiness, mood changes, dry mouth, and constipation are among the effects the drug causes (Connor, et al. 2010). However, calmness of the patient resumes and takes the homework serious and can organize her work before packing them in her backpack.

#### *Impact on ethical consideration in treatment plan*

The case of the girl may be orchestrated with the absent of the father figure in the house. She could be disturbed when her father is away, and the talks of the other children at school

concerning their dads may trigger her to causes quarrels and fight as a way of defense on not reminding of her father. Therefore, since the mother claims she is a single mother, reminding her of the need to have his husband around may not sound well but instead convince her of the need to take her children for a visit to their grandfather.

#### Conclusion

Attention, deficit hyperactivity disorder, is a challenging illness to many of the school-going children since they cannot concentrate in class thus making most of them not to understand the required taught concepts. Early diagnoses of the illness are vital since it can help the parent understand the child and help in the treatment process hence preventing the worse to happen to the child in future.

## References

Bidwell, L. C., McClernon, F. J., & Kollins, S. H. (2011). Cognitive enhancers for the treatment of ADHD. *Pharmacology Biochemistry and Behavior*, *99*(2), 262-274.

Bird, P. (2017). *U.S. Patent No. 9,649,297*. Washington, DC: U.S. Patent and Trademark Office.

Castells, X., Ramos-Quiroga, J. A., Rigau, D., Bosch, R., Nogueira, M., Vidal, X., & Casas, M. (2011). Efficacy of methylphenidate for adults with attention-deficit hyperactivity disorder. *CNS Drugs*, *25*(2), 157-169.

Connor, D. F., Findling, R. L., Kollins, S. H., Sallee, F., López, F. A., Lyne, A., & Tremblay, G. (2010). Effects of guanfacine extended release on oppositional symptoms in children aged 6–12 years with attention-deficit hyperactivity disorder and oppositional symptoms. *CNS Drugs*, *24*(9), 755-768.

Cortese, S., Holtmann, M., Banaschewski, T., Buitelaar, J., Coghill, D., Danckaerts, M., ... & Sergeant, J. (2013). Practitioner review: current best practice in the management of adverse events during treatment with ADHD medications in children and adolescents. *Journal of Child Psychology and Psychiatry*, *54*(3), 227-246.

Hanwella, R., Senanayake, M., & de Silva, V. (2011). Comparative efficacy and acceptability of methylphenidate and atomoxetine in the treatment of attention deficit hyperactivity disorder in children and adolescents: a meta-analysis. *BMC Psychiatry, 11*(1), 176.

Martin, K. F., & Heal, D. J. (2012). *U.S. Patent Application No. 13/482,048*.

Wolraich, M. L. (2016). Attention deficit hyperactivity disorder. In *Health Care for People with Intellectual and Developmental Disabilities across the Lifespan* (pp. 1529-1542). Springer, Cham.