



NURSING REVIEW ABOUT ROLE OF NURSING IN EFFECTIVE WAYS USED TO TREAT ADHD

Amin Mohammed Almadani^{1*}, Mohammed Yhya Zead Mejali²,
Malik Ali Almalki³, Faisal Nasser Majali³, Saleh Mohammed Alghamdi³, Amira Mohammed Alahmari⁴, Soha Sami Azzony⁴, Yhaya Qasim Ahmed Daghriy⁴, Aisha Mohammed Ali Salhabi⁵, Saleh Ahmed Ahmed Al-Areshy⁶, Musa Muhammad Al-Zahrani⁷, Salman Selmi Swailm Alsobhi⁸, Naif Abdullah Aljhdly⁹, Yousef Shatwi S Alyami¹⁰, Fawaz Mohammed Rawas¹¹

Abstract:

The role of nurses in managing ADHD appeared to differ, and the training and certification criteria for nursing specializations varied throughout nations. This study identified nurses operating autonomously or collaboratively within a team with assigned duties. We included papers discussing the nursing role and knowledge gaps, as there were little scientific reviews accessible. This was done to obtain an overview and acquire knowledge about how nursing responsibilities are structured in various nations. We identified five articles in the current literature review that formally assess the role of nurses. Two articles focus on medical prescription, one on ADHD follow-up care, one on nurses' adherence to guidelines in diagnostics and treatment, and one on the impact of a nurse-led solution-focused approach. No problems concerning safety were observed with the prescription and monitoring of ADHD medication. Further research is required.

¹*Senior Nurse Specialist, Nursing Administration Jeddah Health Affairs

²Nurse Technician, King Fahd Hospital Jeddah

³Nurse Technician, King Fahad Hospital Jeddah

⁴Nursing Specialist, King Fahad Hospital Jeddah

⁵Nurse, AlMahjar PHCC

⁶Nursing technician, Primary health care Al-Sharaya district7

⁷Nursing technician, Public Health Department in Al Bahah

⁸Nursing technician, Umm Al-Bark primary health care

⁹Diploma of Nursing King Abdulaziz Hospital, King Abdulaziz Makkah Saudi Arabia

¹⁰Specialist-Nursing, Ministry of Health

¹¹ Nursing specialist technician, King Abdulaziz Hospital

***Corresponding Author:** - Amin Mohammed Almadani

*Senior Nurse Specialist, Nursing Administration Jeddah Health Affairs

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Introduction:

The attention-deficit/hyperactivity disorder, sometimes known as ADHD, is a neuro developmental illness that may persist into adulthood for a significant number of children. This condition is frequently referred to as a chronic condition among medical professionals [1]. The symptoms can be seen in a variety of settings, including at home, at school, and in leisure activities. They can also differ from one setting to another. Additionally, attention-deficit/hyperactivity disorder is frequently linked to the presence of comorbid disorders [2]. The management process may be challenging and time-consuming, and it is essential to make certain that evidence-based strategies are put into action. The life course viewpoint becomes extremely important in the field of attention-deficit/hyperactivity disorder (ADHD) because early identification and treatments have consequences for later results. There are also a number of families that regard their day-to-day lives as being demanding and who need greater assistance with their siblings [3].

It is one of the most prevalent illnesses that affect children, affecting between three percent and seven percent of children who are of school age and accounting for between one third and one half of all referrals to mental health services for children. When it comes to functioning, the primary symptoms of attention-deficit/hyperactivity disorder (ADHD) are linked to deficits in a number of different areas, such as academic success and behavior at school, interactions with parents and siblings, and connections with peers. The risk of concomitant mental disorders is also higher in children who have been diagnosed with attention-deficit/hyperactivity disorder (ADHD), and these children typically continue to have issues that may be attributed to ADHD as adults and require treatment [4].

When it comes to diagnosing and treating children with attention-deficit/hyperactivity disorder (ADHD), the scarcity of psychiatrists in community mental health services (CAMHS) frequently ends up becoming a bottleneck. It has been stated by some individuals that nurses are a resource in the management of attention-deficit/hyperactivity disorder (ADHD) [5]. In addition, there is a dispute that is still going on over whether or not primary health care should play a more significant part in the evaluation process. On the other hand, Coghill contends that the entire responsibility for attention-deficit/hyperactivity disorder (ADHD) should continue to be on the shoulders of specialized mental health services [6]. This is due to the continuing requirement to

monitor symptoms, impairments, functioning, and comorbidities.

Review:

ADHD in children, also known as mild brain dysfunction syndrome, is a behavioral problem syndrome that is considered to be rather frequent in children. A normal or near-normal IQ, hyperactivity, inattention, emotional instability, impulsive willfulness, and learning challenges of varied degrees are all characteristics of these youngsters. There are three distinct forms of attention-deficit/hyperactivity disorder (ADHD): inattentive, hyperactive, and impulsive [7].

Children who have attention-deficit/hyperactivity disorder (ADHD) are more likely to experience difficulties in their personal development and in their relationships with their families. When it comes to the development of children as individuals, the fact that they are unable to concentrate on their studies and are unable to take the initiative to study is a contributing factor in the decrease of their academic performance. They exhibit disobedience and are subjected to discrimination by virtue of their inability to exercise self-control in their actions. Because we are unable to exercise self-control as we get older and are more susceptible to negative influences and temptations, we may engage in behavior such as fighting, lying, stealing, and even committing crimes. When it comes to the family life of children, children who have attention-deficit/hyperactivity disorder (ADHD) have a poor capacity to manage themselves, that their academic achievement is poor, and that they will experience phenomena such as fatigue and absenteeism. As a consequence of this, they are frequently criticized by teachers, which causes parents to feel embarrassed and irritable. As a result, parents frequently resort to using whippings and sticks to educate their children, strictly disciplining children in their studies, and adding more learning tasks to children. However, the effect is twice as effective with half the effort, causing children to become more defiant and adopting a confrontational and hatred-filled attitude toward the demands of their parents, which disrupts the harmony within the family. For this reason, it is of the utmost importance to accomplish early detection and early management in order to ease the symptoms of patients and lessen the social harm they experience [8].

A number of physiological, psychological, and environmental variables are responsible for the development of attention-deficit/hyperactivity disorder (ADHD) in children. This condition is

believed to be a psychobehavioral disorder that is caused by both hereditary causes and environmental ones. Physiological factors: children who suffer from attention deficit hyperactivity disorder have distinct genetic inheritances, as evidenced by a variety of study findings both domestically and internationally. The mother's frequent drinking and smoking during pregnancy, as well as the presence of other dangers that might cause brain damage to the baby, are also considered to be high-risk factors for the development of attention deficit hyperactivity disorder in children. Studies have shown that children have a higher risk of developing attention deficit hyperactivity disorder (ADHD) when they are deficient in trace elements like zinc and iron and when their metabolism of certain essential amino acids is out of balance. [8] This is because this combination of factors increases the likelihood that children will have ADHD. youngsters with attention-deficit/hyperactivity disorder (ADHD) are more sensitive and insecure than youngsters without the disorder, and they frequently resort to aggressive and chatty techniques to cover up their inner concerns and uncomfortable. In the event that parents and instructors are unable to comprehend their transgressions, they will subject their children to severe beatings and insults. This can result in increased hyperactivity, and even in maturity, it can lead to antisocial feelings and actions, which in turn can lead to a rise in the rate of criminal activity. In the context of the home environment of children with attention-deficit/hyperactivity disorder (ADHD), a case-control research has demonstrated that the results indicate that the low educational level of the parents, as well as the lack of family conflict and closeness, are significant variables that contribute to the negative conduct of ADHD children [9].

ADHD is one of the most prevalent forms of psychobehavioral illness that affects children. According to the available research, the prevalence of attention-deficit/hyperactivity disorder (ADHD) in children throughout the world is believed to have increased to 10%. According to the findings of a comprehensive study that was done on the prevalence of attention-deficit/hyperactivity disorder (ADHD) among children in the United States in the years 2003, 2007, and 2011, the prevalence of the disorder among boys was 11.0%, 13.2%, and 15.1%, respectively, while the prevalence among girls was 4.4%, 5.6%, and 6.7%. The literature [10] suggested that the prevalence of attention-deficit/hyperactivity disorder (ADHD) was underestimated because to the inadequate knowledge of ADHD and the existence of many

cases that were not identified. However, the true incidence may be far higher than this amount. The literature [11] stated that the influence of attention-deficit/hyperactivity disorder (ADHD) on children is evident in ways such as academic success, interpersonal communication, and other characteristics. In the literature [11], it was argued that attention-deficit/hyperactivity disorder (ADHD) not only affects children but also incorporates the impact of comorbidities and diseases. Around sixty-six percent of children who have attention-deficit/hyperactivity disorder (ADHD) also have at least one comorbidity. The most common comorbidities include oppositional defiant disorder, conduct disorder, depression and anxiety, tic disorder, learning or communication issue, sleep problems and disorders, and drug addiction. These challenges and obstacles can also have the potential to have severe repercussions for the children themselves as well as for their families. It is believed in the literature [12] that eighty percent of people who were diagnosed with attention-deficit/hyperactivity disorder (ADHD) when they were children will continue to be between the ages of adolescent and thirty years old. These signs and symptoms continue into adolescence and even into adulthood, and the likelihood of having an antisocial personality or even engaging in criminal behavior is five to ten times higher than that of children who are considered to be normal. The literature [13] suggests that attention-deficit/hyperactivity disorder (ADHD) is a condition that is brought on by a confluence of environmental and genetic variables. According to the findings of genetic investigations, attention-deficit/hyperactivity disorder (ADHD) is a highly inherited polygenic genetic condition. Dopamine metabolism genes, serotonin metabolism genes, catecholamine oxygen methyl-transferase genes, and norepinephrine transporter genes are all examples of genes that are related to other categories of genes. It is known that environmental variables have a significant role in the induction and aggravation of attention-deficit/hyperactivity disorder (ADHD), as well as in the prognosis of children who have ADHD, according to the literature [14]. This is despite the fact that environmental factors have not been shown to have a causal link with ADHD.

This class of medications is most commonly employed for the treatment of hypertension. Guanfacine and clonidine are two generic medications that are common in the treatment of attention-deficit/hyperactivity disorder (ADHD). In most cases, they are utilized as enhancing agents

in conjunction with one of the stimulants. In a manner similar to that of stimulants, these medications influence the prefrontal cortex of the brain in order to enhance working memory, attention, and impulsive capabilities. Furthermore, they have the potential to enhance aggressive and rebellious behavior. In order to facilitate sleep, these medications are frequently used around bedtime, which can be problematic for kids who have attention-deficit/hyperactivity disorder (ADHD). Over the course of the next day, the favorable effects on the brain will continue to be produced. With these medications, it may take a few weeks before the symptoms of attention-deficit/hyperactivity disorder (ADHD) are alleviated [14].

Medications like bupropion and atomoxetine, which are known to boost the amount of norepinephrine or dopamine that is circulating in the brain, have the potential to alleviate the symptoms of attention-deficit/hyperactivity disorder (ADHD). As is the case with alpha-2 antagonists, the effects of these medications are more gradual than those of stimulants. It may take anywhere from eight to twelve weeks before the full benefits are gained. It is important to inform both parents and teachers that a youngster who is on a medication from this family may have a more gradual improvement in their ADHD symptoms [15].

There was a large amount of variation in the topics that were discussed, such as how to work across different service levels, how to manage a well-established protocol-driven clinical care route that is based inside CAMHS, and how to conduct a free clinic for charitable organizations. In the course of explaining the Dundee ADHD Clinical Care Pathway, Coghill makes the case for continuing care clinics that are managed by nurses and that do annual reviews of patients. Another aspect that is brought to light is the shared-care agreement, which is a kind of partnership between primary and specialty health care. Coghill made reference to two formal audits of a nurse-led care route, which came to the conclusion that the pathway was in accordance with all of the key recommendations made by the National Institute for Clinical Excellence and the Scottish Intercollegiate Guideline Network [16].

Providers' willingness to send patients to nurse-managed centers for the diagnosis and treatment of attention-deficit/hyperactivity disorder (ADHD) was the subject of one of the theses. In spite of the fact that the majority of providers indicated a desire

to refer patients to a specialized center for attention-deficit/hyperactivity disorder (ADHD), the majority of the physician group was opposed to referring patients to a nurse-managed facility. After careful consideration, it was determined that the number of possible recommendations for the establishment of this kind of facility was inadequate [17].

Regarding the utilization and assessment of a community treatment guideline packet to aid with the diagnosis of attention-deficit/hyperactivity disorder (ADHD) in children, the other thesis [12] conducted an evaluation of five family nurse practitioners and one doctor. In general, providers believed that better treatment of children with attention-deficit/hyperactivity disorder (ADHD) between the ages of 4 and 11 would be achieved through the use of a multimodal approach to care if they were more aware of the possible referrals and resources available in the community.

The prescription pattern of medicine practice among nurses and physicians was studied in just two research, and the results of both investigations revealed that there were no significant differences between the two groups. In one study, a solution-focused strategy was examined to promote self-efficacy in adolescents with attention-deficit/hyperactivity disorder (ADHD), and the study also validated the implementation of this intervention by specialized nurses for patients who had poor self-esteem [17].

Conclusion:

The administration of medicine to kids who have attention-deficit/hyperactivity disorder (ADHD) is a common responsibility for school nurses, who are also responsible for monitoring the pupils' reactions to the medications. There are occasions when the therapeutic impact of medicine appears to be less than ideal or perhaps nonexistent. It is possible for teachers to suggest that the nurse submit a request to the doctor for a greater dose of medicine; however, this may not be the most effective strategy. This article explores the many reasons why medication may not be effective in controlling the symptoms of attention-deficit/hyperactivity disorder (ADHD), as well as the steps that the school nurse may take to assist pupils who are impacted by the condition. despite this, For children and adolescents who have attention-deficit/hyperactivity disorder (ADHD), this literature review provides research that suggests nurses can play a significant role in providing continuity of treatment. The extent to which nurses are already doing several important duties related to children and adolescents who have attention-

deficit/hyperactivity disorder (ADHD) appears to differ from region to region and country to country. In point of fact, it was suggested that nurses should be involved in practically every element of the care of attention-deficit/hyperactivity disorder (ADHD), including evaluation and diagnostics, psychosocial support, medical and non-medical therapy, and the leadership of the overall ADHD service. The writers that contributed to this article felt that the involvement of nurses should entail a caring and helpful nature. The provision of assistance and care may be of utmost significance for illnesses that are chronic over a person's whole life.

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