The Relations of ADHD and ODD

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Attention Deficit Hyperactive Disorder (ADHD) and Oppositional Defiant Disorder (ODD) are mental disorders that are comorbid with one another. Both of the mental disorders play a role in ones conduct. The two diseases have similar symptoms; however, each has a very distinct characteristic that allows accurate diagnosing. The disorders can be recognized as early as preschool age and can continue on into adulthood. This paper will compare and contrast the etiology, signs and symptoms, treatments, and nursing care that is involved with ADHD and ODD.

Attention Deficit Hyperactive Disorder (ADHD)

ADHD has become very common worldwide. “Attention deficit hyperactivity disorder (ADHD or AD/HD) is a neurobehavioral developmental disorder, primarily characterized by the co-existence of attention problems and hyperactivity. It affects about 3 to 5% of children globally, with symptoms starting before seven years of age and in about 50% of cases continuing into adulthood” (Briggs, 2011). ADHD can occur with other disorders such as anxiety, depression, epilepsy, leaning disabilities and conduct. According to Townsend, “The essential behavior pattern of a child with ADHD is one of inattention and and/or hyperactivity and impulsivity” (2014). Individuals with the disorder have a hard time focusing and they have excessive motor activity that is random and impulsive. According to the Diagnostic and Statistical Manuel of Mental Disorders, “ADHD is more frequent in males than females in the general population. Females are more likely to present with inattentive features” (American Psychiatric Association, 2013). ADHD creates a major struggle for individuals during school and other tasks that require their undivided attention.

**Etiology**

The exact etiology of ADHD is unknown; however there are several studies thatprovide evidence of different influential factors. ADHD is influenced by genetics, biochemicals, anatomical features, prenatal factors, environmental factors, diet, and psychosocial influences. It is believed that dopamine, epinephrine, and serotonin play a role in causing the symptoms of ADHD; however, it is still under investigation (Townsend, 2014). Studies have provided evidence that high exposure to lead, eating large amounts of sugar, and maternal smoking during pregnancy increase the likelihood of one having ADHD (Townsend, 2014).

**Signs and Symptoms**

An individual with ADHD may have trouble focusing to complete tasks. The individual will be easily distracted, have limited attention spans, and have trouble completing one thing at a time. According to Townsend, “Children with ADHD have boundless energy exhibiting excessive levels of activity, restlessness, and fidgeting, They have been described as perpetual motor machines, continuously running, jumping, wiggling, or squirming” (2014). Individuals with ADHD also have symptoms such as: inability to listen when being spoken to, losing things, poor organizational skills, impaired social interaction, and forgetfulness (American Psychiatric Association, 2013).

**Treatment and Nursing Care**

According to Gregory Smookler, “Medications have been one of the main elements in the treatment of ADHD (along with psycho-therapy and educational adaptations) since the 1940's. Although medications due not cure ADHD they enable the patient to develop better self-control and be more attentive and receptive to therapeutic and academic interventions” (2013). The classes of drugs used to treat ADHD symptoms are CNS Stimulants and Alpha Agonist. Some specific examples include Desoxn, Vyvance, Adderall, Ritalin, Concerta, Catapres, Tenex, Strattera, and Welbutrin (Townsend, 2014). The provider will be sure to prescribe the medication that best helps the patient’s symptoms. ADHD has many different types and symptoms, which makes it difficult to have one specific drug that works the same for everyone. Some nursing diagnosis related to ADHD are Risk for Injury, Impaired Social Interaction, Low Self-Esteem, and Noncompliance with task expectations (Townsend, 2014). When working with an ADHD patient the nurse should ensure safety, plan opportunities to build self-esteem, and provide group situations to improve the patient’s interaction with others. The nurse needs to educate the patient and provide tips about how to stay focused. By combining different forms of therapy, medications, and tips to help control the symptoms, ADHD can be better controlled for an optimal lifestyle.

Oppositional Defiant Disorder (ODD)

According to Townsend, “Oppositional defiant disorder (ODD) is characterized by persistent pattern of angry mood and defiant behavior that occurs more frequently than is usually observed in individuals of comparable age and developmental level and interferes with social, education, and occupational, or other important areas of functioning (2014).” The disorder can be concurrent with other disorders such as anxiety, ADHD, and mood disorders. According to the Diagnostic and Statistical Manuel of Mental Disorders, “When oppositional defiant disorder is persistent throughout development, individuals with the disorder experience frequent conflicts with parents, teachers, supervisors, peers, and romantic partners. Such problems often result in significant impairments in the individuals emotional, social, academic, and occupational adjustments” (American Psychiatric Association, 2013). This disease is more common in boys than girls (Townsend, 2014). They are typically very spiteful and jealous. The individuals do not care who they hurt in the process.

**Etiology**

There is no clear cause of ODD. According to Townsend, “a study by comings and associates suggest that dopamine, serotonin, and norepinephrine may be contributing factors in development of ODD” (2014). Genetics and environmental factors have a role in the disorder. If the child was brought up in an abusive hostile environment, they are more likely to be angry and tempermental.

**Signs and Symptoms**

ODD is sometimes hard to diagnose. According to Townsend, “ODD is characterized by passive-aggressive behaviors such as stubbornness, procrastination, disobedience, carelessness, negativism, testing of limits, resistance to directions, deliberately ignoring the communication of others, and unwillingness to compromise” (2014). Other signs or symptoms that could be present include: running away, school avoidance, school underachievement, temper tantrums, fighting, and argumentativeness (Townsend, 2014). Children with ODD often have a hard time making friends, which may cause other mental illnesses. Many kids can have these symptoms; however, to be diagnosed, at least four of the listed symptoms need to be ongoing for more than six months and must obvious by at least one individual outside of the family (American Psychiatric Association, 2013).

**Treatment and Nursing Care**

The study of treatment using pharmacologic agents is very limited. According to Fraser, “If there is a comorbid diagnosis of ADHD, the use of stimulant medication to treat these symptoms may show some improvement in ODD symptoms” (2008). The nursing diagnosis related with ODD are Noncompliance with Therapy Related to Negative Temperament, Low Self Esteem, Defensive Coping, and Impaired Social Interaction. (Townsend, 2014). The nurse needs to work with the child and family. The family should be educated on ways to promote good behavior and help their child cope with anger. The child needs to be kept in a positive environment that promotes positive behavior and should live a structured lifestyle. The nurse needs to educate the child on ways to cope with anger, so that tension can be released without disruptive behavior. It is also the nurse’s goal to help the patient have a more positive outlook and to eliminate the constant negativity that is expressed. Even though there is no medication for the disorder, with therapy and life style changes, there is hope for the individual to live a healthy normal life.

**Conclusion**

As previously discussed, ADHD and ODD are mental disorders that are frequently concurrent with one another. There are many similarities between ADHD and ODD. Both disorders are thought to be affected by dopamine, serotonin, and norepinephrine (Townsend, 2014). They are both more common in males than in females, and they both affect social interaction. The disorders begin at a very young age and carry on through adulthood. The two disorders have the same nursing interventions and require similar patient care. The similarities are boundless; however, the differences are easily identifiable. ADHD is more understood than ODD, and there is pharmacologic therapy available to patients with the disorder. Individuals with ODD are very negative and angry all the time, while those with ADHD are typically happy yet distracted. ODD and ADHD carry the common symptom of impaired social interaction; however, the reasons are very different. A child with ADHD may want to have friend, but they could be bad at holding a conversation and playing with others because of their short attention span. A child with ODD most likely suffers from impaired social interaction due to aggressive behavior towards other children. ODD and ADHD have similar signs and symptoms and methods used for treatment, but the differences are very evident.

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