ADHA / BIPOLAR

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**Part A- ADHD**

ADHD is one of the manifestations of minimal brain dysfunction (MMD), that is, very mild brain deficiency, which is manifested in a deficiency of certain structures and impaired maturation of higher levels of brain activity. MMD is categorized as functional impairment, reversible and normalized as the brain grows and matures. MMD is not a medical diagnosis in the direct sense of the word; rather, it is only a statement of the fact of the presence of lung disorders in the brain, the cause and essence of which have yet to be clarified in order to begin treatment. Children with reactive type MMD are also called otherwise hyperactive. (El Malhany, Gulisano, Rizzo & Curatolo, 2015).

The basis of ADHD is a violation of the cortex and subcortical structures and is characterized by a triad of signs: hyperactivity, attention deficit, impulsivity.

Hyperactivity, or excessive motor disinhibition, is a manifestation of fatigue. Fatigue in a child does not go as it does in an adult who controls this state and rests on time, but in overexcitement (chaotic subcortical arousal), his weak control.

Lack of active attention - the inability to keep attention to something for a certain period of time. This voluntary attention is organized by the frontal lobes. It requires motivation, an understanding of the need to concentrate, that is, sufficient maturity of the individual.

Impulsiveness - the inability to slow down their immediate impulses. Such children often act without thinking, do not know how to obey the rules, to wait. They often change mood

**Treatment**

Currently, there are several approaches to the treatment of ADHD (El Malhany, Gulisano, Rizzo & Curatolo, 2015). The first approach common abroad is cortical stimulants (nootropics), substances that improve brain function, metabolism, energy, and increase the tone of the cortex. Also appointed drugs consisting of amino acids that improve the metabolism of the brain.

The second approach is neuropsychological. When using various exercises, we return to the previous stages of ontogenesis and re-build those functions that were formed archaically wrong and already entrenched. To do this, they need, like any other ineffective pathological skill, purposefully uncover, disarm, destroy and create a new skill that is more appropriate for effective work. And this is carried out on all three floors of mental activity. This is a labor-intensive work of many months. The baby has 9 months. And neuropsychological correction is calculated for this period. And then the brain begins to work more efficiently, with less energy cost. Old archaic connections, relations between the hemispheres are normalized. Energy, management, active attention is plotted.

**Part 2-Bipolar disorder**

Bipolar affective disorder (BAR, manic-depressive psychosis) is a mental disorder characterized by a change in manic and depressive states, mixed states, alternation of euphoria and depression. Mood swings in patients with bipolar disorder are more serious than those we face every day. In between, most people can lead a normal life, but when the symptoms worsen, without professional help it becomes almost impossible. Many genes can influence the occurrence of bipolar disorder; external factors include a long-term stressful condition or cruel treatment of an individual in childhood. Bipolar disorder is divided into two types: bipolar disorder of the first type is characterized by at least one case of mania, the second type - at least one case of hypomania, and also a depressive state. (Grande, Berk, Birmaher, & Vieta, 2016).

**Treatment**

Psychotherapy, mood stabilizers and antipsychotics are usually prescribed for the treatment of bipolar disorder. Mood lithium salts and anticonvulsants are among the mood stabilizers. Inpatient treatment is often necessary (not always with the consent of the patient), since patients can pose a threat both to themselves and to those around them. (Grande, Berk, Birmaher, & Vieta, 2016).

Severe behavioral problems can be solved with short-term use of benzodiazepines or antipsychotics. At the time of mania, it is recommended to stop taking antidepressants. When using antidepressants at the time of depression, it is recommended to combine them with mood stabilizers.

References

El Malhany, N., Gulisano, M., Rizzo, R., & Curatolo, P. (2015). Tourette syndrome and

comorbid ADHD: causes and consequences. European journal of pediatrics, 174(3), 279-288.

Grande, I., Berk, M., Birmaher, B., & Vieta, E. (2016). Bipolar disorder. The Lancet,

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