

Subject area:Nursing

Subject: Mental Health

Education Level:Masters Program

Spacing Option: Double

title: Prescribing for Older Adults

Instructions: using the older adults population, select a specific disorder from the dsm-5-tr to use.

recommend one fda-approved drug, one off-label drug, and one nonpharmacological intervention for treating your chosen disorder in older adults.

explain the risk assessment you would use to inform your treatment decision making. what are the risks and benefits of the fda-approved medicine? what are the risks and benefits of the off-label drug?

explain whether clinical practice guidelines exist for this disorder, and if so, use them to justify your recommendations. if not, explain what information you would need to take into consideration.

support your reasoning with at least three current, credible scholarly resources, one each on the fda-approved drug, the off-label, and a nonpharmacological intervention for the disorder.

Mental Health-Stimulant; Induced Mild Neurocognitive Disorder

Name

Professor

Course Title

Due Date

Induced Mild Neurocognitive Disorder

This condition is characterised by cognitive incapacity because of intoxication and acute withdrawal. Older adults are more likely to get this condition because they are more associated with the risk of dementia and all its forms. While Substance use disorder complications are a single diagnosis, their severity is determined by several symptoms categorised into four; loss of control: risky use, social problems and drug effects.

Approved FDA medication for Stimulant-Induced Mild Neurocognitive Disorder includes amphetamine and dextroamphetamine (Adderall and Dexedrine) and

methylphenidate (Ritalin, Concerta) (Food and Drug Administration, 2020). This medication can also be administered to patients with narcolepsy and ADHD conditions. One off-label drug that is prevalently used is cocaine. While it is effective and can work just like methamphetamine, it has a short duration, and when used incorrectly, it can induce anxiety, panic, paranoia, ideation and psychosis (Vonmoos et al., 2014). We have an array of non-pharmacological interventions that effectively reduce the symptoms of Stimulant-Induced Mild Neurocognitive Disorder.

However, applying memory training and external memory aids assists people with Stimulant-Induced Mild Neurocognitive Disorder (Kim & Schneider, 2022). In the early stages as they result in more cognitive functioning and independence. Other non-pharmacological interventions include; light massage, music and dance therapy, animal-assisted therapy and even multi-sensory therapy. Methamphetamine has side effects and even more when prescriptions are not followed correctly. Methamphetamine works by blocking dopamine reuptake and increasing dopamine release to put the subject in a happier mood. It lasts for twelve hours and even longer hours when smoked. However, when taken with the wrong procedures, patients can become very aggressive and violent, with a high prevalence of neurocognitive impairment. All forms of amphetamines have a high potential for abuse because of their addictive nature; hence it is highly classified and can only be used under strict medical prescription and supervision, as is the case with DSM-5-TR.

References

Food and Drug Administration. Public meeting on patient-focused drug development for stimulant use disorder. 2020.

Kim, S. H., & Schneider, C. E. (2022). Protection of cognitive impairment in older adults through non-pharmacological interventions. *Journal of Human Behavior in the Social Environment*, 32(5), 629-645.

Vonmoos, M., Hulka, L. M., Preller, K. H., Minder, F., Baumgartner, M. R., & Quednow, B. (2014). Cognitive impairment in cocaine users is drug-induced but partially

reversible: evidence from a longitudinal study. *Neuropsychopharmacology*, 39(9), 2200-2210.