

# Disruptive, Impulse- Control, and Conduct Disorders

oppositional defiant disorder, intermittent explosive disorder, conduct disorder, antisocial personality disorder, pyromania, kleptomania, and other specified and unspecified disruptive, impulse-control, and conduct disorders

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# Disruptive, Impulse Control, and conduct Disorder DSM-V

- ▶ Characterized problem in emotional and behavioral self control.
- ▶ Oppositional Defiant Disorder and Conduct Disorder ( Childhood section of DSM-IV)
- ▶ Pyromania, Kleptomania and Intermittent Explosive Disorder (~~Impulse Control Disorder NOS of DSM-IV~~).

# Oppositional Defiant Disorder DSM IV vs. V

- ▶ Differentiate from Conduct disorder.
  - Exclusion removed.
- ▶ Changes to reduce false positive.
  - Presence of behavior with at least on person who is not sibling
  - Frequency guideline to differentiate from normal age appropriate behavior

# Oppositional Defiant Disorder DSM IV vs. V

## ▶ Conduct Disorder:

Risk factor for

- antisocial personality disorder
- substance use disorder.

## ▶ Oppositional Defiant Disorder:

Risk factor for

- mood disorder as adult

Conduct Disorder

Oppositional Defiant Disorder

# Oppositional Defiant Disorder

## ▶ Diagnostic Criteria

A. A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four symptoms from any of the following categories, and **exhibited during interaction with at least one individual who is not a sibling.**

### ◦ Angry/Irritable Mood

1. Often **loses** temper.
2. Is often touchy or **easily annoyed.**
3. Is often **angry** and resentful.

# Oppositional Defiant Disorder

- **Argumentative/Defiant Behavior**

4. Often **argues** with authority figures or, for children and adolescents, with adults.

5. Often actively **defies or refuses** to comply with requests from authority figures or with rules.

6. Often deliberately **annoys** others.

7. Often **blames others** for his or her mistakes or misbehavior.

## **Vindictiveness**

8. Has been spiteful or vindictive at least twice within the past 6 months.

# Oppositional Defiant Disorder...

- ▶ **Note:** For  $< 5$  years, the behavior should occur on most days for  $\geq 6$  months unless otherwise noted (Criterion A8). For  $\geq 5$  or older, at least once per week for at least 6 months, unless otherwise noted (Criterion A8).
- ▶ **other factors :** frequency and intensity of the behaviors are outside a range that is normative for the individual's developmental level, gender, and culture

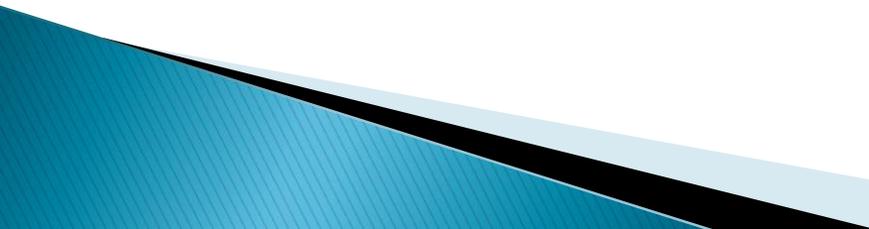
# Oppositional Defiant disorder...

**B.** The disturbance in behavior is associated with distress in the individual or others in his or her immediate social context , or it impacts negatively on social, educational, occupational, or other important areas of functioning.

**C.** The behaviors do not occur exclusively during the course of a psychotic, substance use, depressive, or bipolar disorder. Also, the criteria are not met for disruptive mood dysregulation disorder.

~~**D.** Criteria are not met for Conduct Disorder, and, if the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.~~

# Oppositional defiant disorder...

- ▶ *Specify* current severity:
  - ▶ **Mild:** Symptoms are confined to only one setting (e.g., at home, at school, at work, with peers).
  - ▶ **Moderate:** Some symptoms are present in at least two settings.
  - ▶ **Severe:** Some symptoms are present in three or more settings.
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# Oppositional Defiant Disorder...

**Prevalence:** –ranges from 1% to 11%, with an average prevalence estimate of around 3.3%.

– males > females (1.4:1) prior to adolescence.

**most common** co-occurring conditions are ADHD and conduct disorder.

The defiant, argumentative, and vindictive symptoms is risk conduct disorder

Angry-irritable mood symptoms is risk for emotional disorders



# Intermittent Explosive Disorder

# Intermittent Explosive Disorder

## DSM IV vs. V

- ▶ Verbal aggression allowed along physical.
- ▶ Addition to reduce false positive:
  - Threshold for verbal/physical aggression
    - \*twice weekly for 3 months if doesn't cause injury or damage to property
    - \* 3 in 12 months if injury or damage.
  - Aggression: impulsive + anger-based

# Intermittent Explosive Disorder

## DSM V

A. Recurrent behavioral outbursts representing a failure to control aggressive impulses as manifested by either of the following:

1. **Verbal aggression** (e.g., temper tantrums, verbal arguments or fights) or physical aggression toward property, animals, or other individuals, occurring **twice weekly, on average, for a period of 3 months**. The physical aggression **does not result in damage** or destruction of property and does not result in physical injury to animals or other individuals.

2. **Three** behavioral outbursts involving **damage** or destruction of property and/or physical assault involving **physical injury** against animals or other individuals occurring **within a 12-month period**.

# Intermittent Explosive Disorder...

**B.** The magnitude of aggressiveness expressed during the recurrent outbursts is grossly out of proportion to the provocation or to any precipitating psychosocial stressors.

**C.** The recurrent aggressive outbursts are not premeditated (i.e., they are impulsive and/or anger-based) and are not committed to achieve some tangible objective (e.g., money, power, intimidation).

# Intermittent Explosive Disorder...

D. The recurrent aggressive outbursts cause either marked distress in the individual or impairment in occupational or interpersonal functioning, or are associated with financial or legal consequences

E. Chronological age is at least 6 years (or equivalent developmental level).

# Intermittent Explosive Disorder...

- F. Not better explained by another mental disorder and are medical condition or substance/ medications. For 6–18 years, aggressive behavior that occurs as part of an adjustment disorder shouldn't be considered.
- ▶ **Note:** This diagnosis can be made in addition to ADHD, conduct disorder, ODD, or autism spectrum disorder when recurrent outburst in excess of those usually seen in these disorders and warrant independent clinical attention.

- ▶ **Associated Features Supporting Diagnosis**
- ▶ Mood disorders (unipolar), anxiety disorders, and substance use disorders are associated with, although onset of these disorders is typically later than that of intermittent explosive disorder.
- ▶ **Prevalence** : One-year prevalence data is about 2.7%. more prevalent among younger individuals (e.g < 35-40 years), compared with older individuals (> 50 years), and in individuals with a high school education or less.



# Conduct Disorder

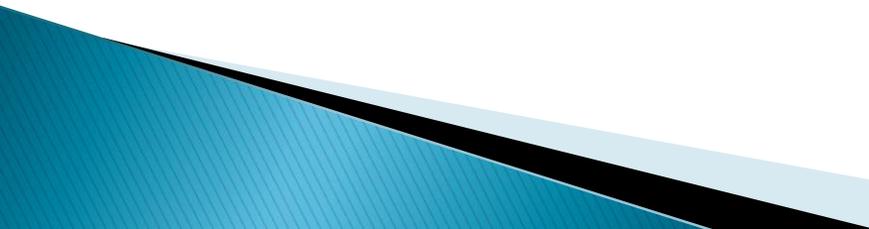
# Conduct Disorder DSM IV vs. V

- ▶ Addition of specifier “ With limited prosocial emotions”
  - Associated with more severe aggressive behavior, antisocial or delinquent behavior.
  - May respond less well to certain behavioral intervention.

# Conduct Disorder DSM-V

**A.** A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of at least three of the following 15 criteria in the past 12 months from any of the categories below, with at least one criterion present in the past 6 months:

## **Aggression to People and Animals**

1. Often bullies, threatens, or intimidates others.
  2. Often initiates physical fights.
  3. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun).
  4. Has been physically cruel to people.
  5. Has been physically cruel to animals.
  6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).
  7. Has forced someone into sexual activity.
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▶ **Destruction of Property**

9. Has deliberately engaged in fire setting with the intention of causing serious damage.

10. Has deliberately destroyed others' property (other than by fire setting).

▶ **Deceitfulness or Theft**

11. Has broken into someone else's house, building, or car.

12. Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others).

13. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).

▶ **Serious Violations of Rules**

14. Often stays out at night despite parental prohibitions, beginning before age 13 years.

15. Has run away from home overnight at least twice while living in the parental or parental surrogate home, or once without returning for a lengthy period.

16. Is often truant from school, beginning before age 13 years.

# Conduct Disorder...

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

C. If the individual is age 18 years or older, criteria are not met for antisocial personality disorder.

- ▶ *Specify* whether:
- ▶ **Childhood-onset type:** Individuals show at least one symptom characteristic of conduct disorder prior to age 10 years.
- ▶ **Adolescent-onset type:** Individuals show no symptom characteristic of conduct disorder prior to age 10 years.
- ▶ **Unspecified onset:** Criteria for a diagnosis of conduct disorder are met, but there is not enough information available to determine whether the onset of the first symptom was before or after age 10 years.

# Conduct Disorder...

- ▶ Specify if:
- ▶ **With limited prosocial emotions:** at least two of the following persistently over at least 12 months and in multiple relationships and settings.
  1. **Lack of remorse or guilt:** Does not feel bad or guilty when he or she does something wrong (exclude remorse when expressed only when caught and/or facing punishment). The individual shows a general lack of concern about the negative consequences of his or her actions.

# Conduct disorder...

**2.Callous—lack of empathy:** Disregards and is unconcerned about the feelings of others. The individual is described as cold and uncaring. The person appears more concerned about the effects of his or her actions on himself or herself, rather than their effects on others, even when they result in substantial harm to others.

**3.Unconcerned about performance:** Does not show concern about poor/problematic performance at school, at work, or in other important activities. The individual does not put forth the effort necessary to perform well, even when expectations are clear, and typically blames others for his or her poor performance.

# Conduct Disorder...

- ▶ **Shallow or deficient affect:** Does not express feelings or show emotions to others, except in ways that seem shallow, insincere, or superficial (e.g., actions contradict the emotion displayed; can turn emotions “on” or “off” quickly) or when emotional expressions are used for gain (e.g., emotions displayed to manipulate or intimidate others).
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# Conduct Disorder...

- ▶ *Specify* current severity:
- ▶ **Mild:** Few if any conduct problems in excess of those required to make the diagnosis are present, and conduct problems cause relatively minor harm to others
- ▶ **Moderate:** The number of conduct problems and the effect on others are intermediate between those specified in “mild” and those in “severe”.
- ▶ **Severe:** Many conduct problems in excess of those required to make the diagnosis are present, or conduct problems cause considerable harm to others.



Pyromania >>

# Pyromania

- A. Deliberate and purposeful fire setting on more than one occasion.
  - B. Tension or affective arousal before the act.
  - C. Fascination with, interest in, curiosity about, or attraction to fire and its situational contexts (e.g., paraphernalia, uses, consequences).
  - D. Pleasure, gratification, or relief when setting fires or when witnessing or participating in their aftermath.
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# Pyromania

E. The fire setting is not done for monetary gain, as an expression of sociopolitical ideology, to conceal criminal activity, to express anger or vengeance, to improve one's living circumstances, in response to a delusion or hallucination, or as a result of impaired judgment (e.g., in major neurocognitive disorder, intellectual disability [intellectual developmental disorder], substance intoxication).

F. The fire setting is not better explained by conduct disorder, a manic episode, or antisocial personality disorder.



# Associated Features Supporting Diagnosis

- ▶ Individuals with pyromania may make considerable advance preparation for starting a fire. They may be indifferent to the consequences to life or property caused by the fire, or they may derive satisfaction from the resulting property destruction. The behaviors may lead to property damage, legal consequences, or injury or loss of life to the fire setter or to others. Individuals who impulsively set fires (who may or may not have pyromania) often have a current or past history of alcohol use disorder.

# Other Specified Disruptive, Impulse–Control, and Conduct Disorder

- ▶ symptoms characteristic of a disruptive, impulse–control, and conduct disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in this class. It is used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for any specific disorder. This is done by recording “other specified disruptive, impulse–control, and conduct disorder” followed by the specific reason (e.g., “recurrent behavioral outbursts of insufficient frequency”).

# Unspecified Disruptive, Impulse-Control, and Conduct Disorder

- ▶ This category applies to presentations in which symptoms characteristic of a disruptive, impulse-control, and conduct disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the class. It is used in situations in which the clinician chooses *not* to specify the reason that the criteria are not met for specific disorder, and includes presentations in which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings).