Impulse Control Disorders

Last updated: April 24, 2019

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**Impulse Control Disorders** - disorders of self-regulation.

* also include eating disorders, substance-related disorders, paraphilias.

Kleptomania and trichotillomania occur more commonly in ***women***!!!

Intermittent Explosive Disorder (s. Episodic Dyscontrol Syndrome)

- sudden repeated, discrete episodes of violent physical behavior with minimal provocation in otherwise normal person → aggression toward persons (serious assaultive acts) or property (destruction of property).

* disorder begins in early childhood; men > women.
* **precipitating events** are absent or **disproportionately insignificant** when compared with extent of aggressive behavioral outburst.
* attacks consist of kicking, scratching, biting, and shouting (including abusive and profane language); patient has clear consciousness, but cannot control behavior and may seem momentarily psychotic.
* can be confused with *complex partial seizures*; most affected adults have little evidence of structural brain disorder (nonspecifically abnormal EEGs have been reported in some children).

EEG during attack remains normal!

* episode is followed by fatigue, amnesia, and sincere remorse.

Etiology

* condition may best be considered ***characteristic symptom constellation deriving from multiple etiologies***,rather than as distinct disorder.

**Psychological etiologies** - personality disorders (esp. antisocial and borderline), psychotic disorders (schizophrenia), mood disorders (manic episodes), disruptive behavior disorders (esp. conduct and attention deficit hyperactivity), Gilles de la Tourette's syndrome.

**Organic etiologies** - seizures (esp. temporal lobe), psychoactive substance intoxication, structural lesions with frontal lobe / ventromedial hypothalamus / amygdala dysfunction (trauma, infarct, tumor, hemorrhage, abscess), normal pressure hydrocephalus, CNS infection (herpes encephalitis), neurodegenerative disorders (Alzheimer's disease, Huntington's disease), metabolic disorders (hypoglycemia), hormone disturbances (androgen levels↑).

Treatment

**-** best aimed at underlying condition(s).

* ***incarceration, institutionalization, seclusion, restraint*** - control but not alter aggressive behaviors.
* **behavior modification** techniques - only modest success.
* **medications** – **neuroleptics** (most widely used agents!), **mood stabilizers** (e.g. lithium), **anticonvulsants** (e.g. carbamazepine!!!, phenytoin, valproic acid), **β-blockers** (e.g. propranolol\*), **benzodiazepines** (risk of tolerance or paradoxical disinhibition!), **SSRIs**.

\*useful in brain damage

* **psychosurgery** (reserved for most dangerous and refractory cases).

Kleptomania

- multiple episodes of impulsive stealing in presence of pertinent negatives; stealing is *not:*

1. for monetary value or to satisfy personal need;
2. expression of anger, retribution, or retaliation;
3. in response to hallucination or delusion.

* individuals experience **mounting sense of tension or anxiety before stealing episode**.
* *pleasure is derived from easing this internal tension and anxiety* after gratifying impulse to steal, not from object(s) stolen! (it is common for objects stolen to be hidden, stored, discarded, returned, or given away!).

N.B. secondary gain plays no role!!!

* extremely rare disorder (females > males).
* treatment - anecdotal reports of psychoanalytic or behavioral therapeutic modalities.

Pyromania

**-** multiple episodes of intentional fire setting in presence of pertinent negatives; fire setting is *not*:

1. for financial gain (e.g. insurance reimbursement);
2. act of sociopolitical insurrection;
3. one of series of related criminal activities;
4. act of vandalism or expression of retaliation or revenge;
5. symptom of underlying psychotic disorder.

* individuals experience **mounting sense of tension or anxiety before fire-setting episode**,which sometimes may be in form of building sexual tension and excitement (**pyrolagnia**).
* relief of tension and anxiety, or sexual pleasure, is derived when fire-setting impulse is gratified as well as during aftermath of fire setting.
* individuals maintain **obsessional preoccupation with fire** (as in eating disorders - obsessional preoccupations with food).
* rare disorder; males > females; childhood onset is common.
* individuals *lack empathic recognition* of physical destructiveness of their actions.
* "treatment" most often occurs in penal institutions.

Trichotillomania

- recurrent episodes of pulling out one's own hair → identifiable hair loss.

* scalp hair most commonly is involved.
* episodes are preceded by sense of **increasing internal tension and anxiety**; when impulse to pull has been gratified, individual experiences pleasurable sensation, or at least relief.
* hair pulling in this context does not typically induce pain!
* specific rituals related to hair disposition, including ingestion (**trichophagy**),may exist.
* usually begins in childhood; females > males.
* etiologic theories: **self-stimulation** in response to emotional deprivation; **self-mutilation** as form of self-punishment; **habit disorder** of childhood.

Treatment

* 1. **psychodynamic approach** - more common historically.
  2. **behavioral individual approach -** desensitization, aversion, and habit reversal.
  3. **medications**:neuroleptics, anxiolytics, mood stabilizers, antiobsessional medications (clomipramine, fluoxetine), medications used to treat tic disorders.

Pathological Gambling

- chronic, progressive, maladaptive gambling; features:

1. obsessional, cognitive preoccupation with gambling;
2. impaired personal, social, educational, and occupational functioning as consequence of gambling;
3. overly determined, out-of-control quality that drives, perpetuates, and escalates gambling despite derivative functional impairment and adverse consequences.

* patients often attempt unsuccessfully to stop gambling, lie or commit crime to enable gambling, jeopardize personal relationships and employment, and gamble with increasing amounts of money.
* may be viewed as variant of *addictive disorder*.
* as with alcohol consumption, some degree of gambling is viewed as falling within wide spectrum of normality.
* relatively common disorder (up to 3% American adult population!!!); men >> women.
* etiologic theories:
  + 1. **psychoanalytic theories** - various disturbances in psychosexual development.
    2. **behavioral theories** - exposure to behavior through others and ultimately "learning" it through powerful patterns of reinforcement.
    3. behavior may be propagated through activation of endogenous opioid systems.

Treatment

* earliest **individual modalities** tended to be conventional, *psychodynamic* approaches; recently, *behavioral techniques*(aversive and desensitizing models) have assumed more prominence.
* **group modalities** (such as Gamblers Anonymous).
* **pharmacotherapy** does not play significant role.

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