Impulse Control Disorders

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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

a) **psychodynamic approach** - more common historically.
b) **behavioral individual approach -** desensitization, aversion, and habit reversal.
c) **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:
  a. **psychoanalytic theories** - various disturbances in psychosexual development.
  b. **behavioral theories** - exposure to behavior through others and ultimately "learning" it through powerful patterns of reinforcement.
  c. 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.

BIBLIOGRAPHY for ch. "Psychiatry" → follow this LINK >>