

Impulse Control Disorders

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INTERMITTENT EXPLOSIVE DISORDER (s. EPISODIC DYSCONTROL SYNDROME) 1
 KLEPTOMANIA 1
 PYROMANIA 1
 TRICHOTILLOMANIA 1
 PATHOLOGICAL GAMBLING..... 2

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 >>](#)