

Impulse control disorders

Dr Anil V

Post graduate

Dept of Psychiatry

Introduction

Impulse

A sudden spontaneous inclination or incitement to some usually unpremeditated action

Habit

A usual way of behavior: some thing that a person does often in a regular and repeated way

Mania

Excessive or unreasonable enthusiasm

Impulse control disorders

- They are characterized by repeated acts that have no clear rational motivation and that generally harm the patient own interest and/or those of other people.
- The patient reports that the behavior is associated with impulses to action that cannot be controlled.

- There will be Problems in the self control of emotions and behaviors
- Many of the symptoms that define these disorders may occur to some degree in typically developing individual.
- It is critical that the frequency, persistence, pervasiveness across situations and impairment associated with the behaviors – are indicative of the diagnosis.

• **3** aspects of essential features of impulse control disorder

1) Impulse

A sudden spontaneous inclination or incitement to some usually unpremeditated action

2) Impulsivity

Tendency to act with less forethought than do most individuals of equal ability and knowledge, or

a predisposition toward rapid unplanned reaction to internal or external stimuli without regard to the consequences of these reactions.

stages characterizing impulsivity

- An impulse
- Growing tension
- Pleasure on acting
- Relief from the urge
- and finally Guilt (which may or may not arise)

3) Drive

A drive implies an underlying force such as an obsession that is compelling the behavior.

- There is an overlap between impulse control disorder and obsessive compulsive disorder.
- However both impulsivity and compulsivity share an inability to inhibit a potentially harmful behavior in response to a stimulus, whether the stimulus is external or internal.

Classification

ICD 10

Habit and impulse control disorder.(F 63)

- Pathological gambling (F 63.0)
- Pathological fire setting (F 63.1)
- Pathological stealing (F 63.2)
- Pathological hair pulling (F 63.3)
- Other habit and impulse disorders (F 63.8)
(Intermittent explosive disorder)

DSM IV TR

Impulse control disorder not elsewhere classified

- Gambling disorder
- Intermittent explosive disorder
- Pyromania
- Kleptomania
- Trichotillomania

DSM V

Disruptive, Impulse-control, and Conduct disorders.

- Antisocial personality disorder
- Intermittent explosive disorder
- Pyromania
- Kleptomania
- Oppositional defiant disorder
- Conduct disorder
- Other specified and un specified.

Risk factors

- Male
- Younger age
- Chronic exposure to violence and aggressive environment
- Being the subject of physical, sexual, and/or emotional abuse and neglect
- Family history of mental illness
- Personal or family history of substance abuse and addiction.
- Preexisting mental illness

Etiology

No known clear etiology

Genetic

- 1st degree relatives of patients with intermittent explosive disorders have higher rates of impulse control disorders, depression and substance use
- Family members with mood disorders are more susceptible to developing symptoms of impulse control disorders

Psychodynamic factors

The impulse disorders have in common an attempt to bypass the experience of disabling symptoms or painful affects by acting on the environment.

Patients with anxiety, guilt, depression, and other painful conditions may get relief by actions.

Explosive outbursts occur as a defense against narcissistic injurious events.

Psychosocial factors

Related to early life events

Exposure to violence in the home, alcohol abuse, promiscuity and antisocial behaviour.

A sense of being useless and impotent or of being unable to change the environment often precedes an episode of physical violence, and high level of anxiety, guilt, and depression usually follows an episode

Significant stress eg; losses, separations, and ending of important relationships.

Biological factors

- limbic system; ventral and medial prefrontal cortex brain dysfunction are involved in most cases of episodic violence.
- Studies have found reduced serotonin levels and lower levels of its metabolite 5-HIAA are associated with violent suicide attempts and impulsive aggression in human beings
- High CSF testosterone concentrations are correlated with aggressiveness and interpersonal violence in men.

- Mental retardation have been associated with kleptomania.
- Focal neurological signs, cortical atrophy, and enlarged lateral ventricles have been found in some patients.
- Smaller volume of the left putamen and left lenticular nucleus, Polymorphism in serotonin 2A receptor in trichotillomania.

Pathological gambling

The essential feature of gambling disorder is persistent and recurrent maladaptive gambling behavior that disrupts personal, family and or vocational pursuits.

A chasing of one's losses may develop.

May lie to family members, therapists

Covering up illegal behavior

Bail out behavior

Pathological fire setting(**Pyromania**)

- Multiple acts of or attempts at setting fire to property or other objects without apparent motive and by persistent preoccupation with objects related to fire and burn,
- There may also be an abnormal interest in fire engines and other fire fighting equipment, in other associations of the fire and in calling of the fire service.

Pathological stealing(**Kleptomania**)

- The disorder is characterized by repeated failure to resist impulses to steal objects that or not acquired for personal use or monetary gain.
- The objects may instead be discarded, given away or hoarded

Pathological hair pulling (**Trichotillomania**)

- A disorder characterized by noticeable hair loss due to a recurrent failure to resist impulses to pull out hair.
- The hair pulling is usually preceded by mounting tension and is followed by a sense of relief or gratification

Intermittent explosive disorder

It manifests as discrete episodes of losing control of aggressive impulses, which result in serious assault or destruction of property

The impulsive(or anger based) aggressive outbursts have a rapid onset, little or no prodromal period, last for < 30 min.

Behavioral symptoms:

- Stealing
- Compulsive lying
- Starting fires
- Participating in risky sexual behaviors
- Acting out aggressively or violently against people, animals, objects, and/or property

Physical symptoms:

- Presence of injuries or scars from engaging in physical fights or episodes of aggressively acting out
- Burn marks on those who engage in fire-starting behaviors
- Presence of sexually-transmitted diseases as a result from participating in risky sexual behaviors

Cognitive symptoms:

- Obsessive thought patterns
- Compulsive thought patterns
- Inability to control impulses
- Inability to remain patient

Psychosocial symptoms:

- Irritability
- Agitation
- Depression
- Anxiety
- Isolating oneself from friends and family
- Lowered feelings of self-worth
- Random episodes of emotional detachment

Co-Occurring Disorders

- Bipolar disorder
- Anxiety disorders
- Depressive disorders
- Post-traumatic stress disorder
- Oppositional defiant disorder
- Conduct disorder
- Antisocial personality disorder

Effects of Impulse Control Disorders

- Decline in academic performance
- Suspension or expulsion from school
- Experiencing extreme difficulty in developing and maintaining healthy interpersonal relationships
- Participating in self-harming behaviors
- Legal interaction, including possible incarceration
- Consistently decreasing feelings of self-worth

Thank you

- This stimulus-bound behavior is reported to be associated with some pathology in the orbital or ventromedial prefrontal cortex.
- Gambling involves risking something of value in the hopes of obtaining something of greater value.