

DIAGNOSIS AND MANAGEMENT
OF
IMPULSE CONTROL DISORDERS

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OUTLINE

- Trichotillomania
- Kleptomania
- Pyromania
- Pathological Gambling
- Intermittent Explosive Disorder (IED)

TRICHOTILLOMANIA (PATHOLOGICAL HAIR PULLING)

- It is a chronic disorder characterized by repetitive pulling of one's own hair, leading to variable hair loss that may be visible to others.



- Hair pulling can occur from any region of the body in which hair grows, the most common sites are the scalp and eyelashes, while less common sites are axillary, facial, pubic, and peri-rectal regions
- Hair pulling may occur in brief episodes scattered throughout the day or during less frequent but more sustained periods that can continue for hours, and such hair pulling may endure for months or years

Diagnostic criteria / Clinical features

- Recurrent pulling out of one's hair, resulting in hair loss
- The individual describes an intense urge to pull out hairs, with mounting tension before the act and sense of relief afterward
- The hair pulling causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
- The hairpulling or hair loss is not attributable to any other medical condition (eg., a dermatological condition)
- The hair pulling is not better explained by the symptoms of any other mental disorder

Clinical features

- Two types of hair pulling
 - **Focussed pulling** – is an intentional act to control unpleasant personal experiences, such as an urge, bodily sensation (eg., itching, burning), or thought
 - **Automatic pulling** – occurs outside the person's awareness and most often during sedentary activities
- Hair loss is characterised by short, broken strands appearing together with long, normal hairs in the affected areas

- No abnormalities of skin or scalp are present
- Hair pulling is not reported as being painful, although pruritis and tingling may occur in the involved area
- Hair plucking may be followed by - Trichophagy
- Complications of the trichophagy includes
 - trichobezoars
 - malnutrition
 - intestinal obstruction

Differential diagnosis

- Normal hair removal/manipulation
- Body dysmorphic disorder
- Psychotic disorder
- Any dermatological conditions (eg., alopecia areata, androgenic alopecia, telogen effluvium, dissecting cellulitis)
- Substance related disorders
- Neuro developmental disorders

KLEPTOMANIA (PATHOLOGICAL STEALING)

- Kleptomania is a recurrent failure to resist impulses to steal objects not needed for personal use or for monetary value



Diagnostic criteria

- There are more than one theft in which individual steals without any apparent motive of personal gain or gain for another person
- Increasing sense of tension immediately before committing the theft
- Pleasure, gratification, or relief at the time of committing the theft
- The stealing is not committed to express anger or vengeance and is not in response to a delusion or a hallucination

Differential diagnosis

- Ordinary theft
- Malingering
- Psychotic disorders
- Major neurocognitive disorder
- Antisocial personality disorder and Conduct disorder

PYROMANIA (PATHOLOGICAL FIRE SETTING)

- Pyromania is the recurrent, deliberate, and purposeful setting of fires



Diagnostic criteria

- Deliberate and purposeful fire setting on more than one occasion
- Tension or affective arousal before the act
- Fascination with, interest in, curiosity about, or attraction to fire and its situational contexts
- Pleasure, gratification, or relief when setting fires or when witnessing or participating in their aftermath

Diagnostic criteria

- 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
as a result of impaired judgement

Differential diagnosis

- Intention fire setting
- Psychotic disorders
- Antisocial personality disorder and Conduct disorder
- A manic episode
- Major neurocognitive disorder
- Substance intoxication

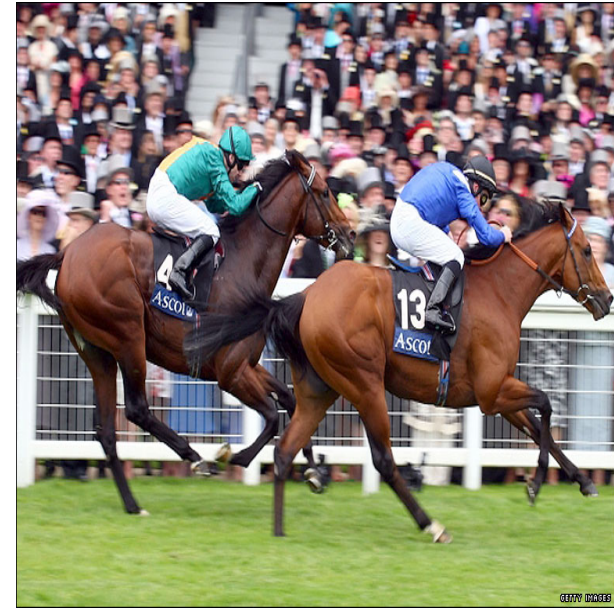
PATHOLOGICAL GAMBLING

- It is characterised by persistent and recurrent maladaptive gambling that causes economic problems and significant disturbances in personal, social or occupational functioning



Diagnostic criteria/Clinical features

Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual presenting with four (or more) of the following features in a 12-month period



- Needs to gamble with increasing amounts of money in order to achieve the desired excitement
- Is restless or irritable when attempting to cut down or stop gambling
- Has made repeated unsuccessful efforts to control, cutback or stop gambling

Diagnostic criteria

- Is often preoccupied with gambling (eg., having persistent thoughts of relieving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which he can gamble)
- Often gambles when feeling distressed (eg., helpless, guilty, anxious, depressed)
- After losing money in gambling, often returns another day to get even (“chasing” one’s losses)
- Lies to conceal the extent of involvement with gambling

Diagnostic Criteria

- Has lost a significant relationship, job, educational or career opportunity because of gambling
- Relies on others to provide money to relieve desperate financial situations caused by gambling

Pathological Gambling is most commonly associated with Substance abuse



Differential diagnosis

- Nondisordered gambling
 - Professional gambling
 - Social gambling
- Manic episode
- Personality disorders

INTERMITTENT EXPLOSIVE DISORDER (IED)

- It manifests as discrete episodes of losing control of aggressive impulses; these episodes can result in serious assault or the destruction of property



Diagnostic criteria / Clinical features

- Recurrent behavioral outbursts representing a failure to control aggressive impulses as manifested by either of the following:
 - Verbal aggression or physical aggression towards property, animals, or other individuals, occurring twice weekly, on average, for a period of 3 months.
 - Three behavioral outbursts involving damage or destruction of property and/or physical injury against animals or other individuals occurring within 12 months period

Diagnostic criteria –

- The magnitude of aggressiveness expressed during the recurrent outbursts is grossly out of proportion to the provocation or to any precipitating psychosocial stressors
- The recurrent aggressive outbursts are not premeditated and are not committed to achieve some tangible objective (eg., money, power)
- The recurrent aggressive outbursts can cause marked distress in the individual, impairment in occupational or interpersonal functioning, or are associated with financial or legal consequences

Diagnostic criteria –

- Chronological age is at least 6 years (or equivalent developmental level)
- The recurrent aggressive outbursts are not better explained or not attributable to
 - another mental disorder
 - another medical condition
 - physiological effects of a substance

Differential diagnosis

- Conduct disorder
- Antisocial and Borderline personality disorders
- Paranoid and Catatonic Schizophrenia
- Amok
- Substance intoxication or withdrawal

Treatment of Impulse Control Disorders

No consensus exists on best treatment modality for Impulse control disorders

With the existing literature the following treatment modalities are beneficial

- Pharmacotherapy
- Psychotherapy

Pharmacotherapy

- Because of link between lower serotonin function and impulse aggression, studies have shown significant reduction in impulse aggression and irritability by using SSRI (selective serotonin reuptake inhibitors) for a period of 2-3 months including
fluoxetine
fluoxetine
citalopram
- Patients who poorly respond to SSRI's may improve with augmentation with pimozide
(a dopamine receptor antagonist)

Pharmacotherapy

- A number of anticonvulsants have been shown to reduce impulse aggression in patients carefully screened to rule out seizure disorders including –
 - valproic acid
 - valproate
 - phenytoin
 - carbamazepine
 - topiramate
- Lithium (mood stabilizer) has been reported useful in generally lessening aggressive behavior

Pharmacotherapy

- Lower doses of newer generation antipsychotics reported to have a specific antiaggressive effect that is independent of the antipsychotic or sedative effect

Risperidone

Olanzapine

Clozapine

- Naltrexone (opiate antagonist) may be useful.

Psychotherapy

Those who feel guilt and shameful for their act may be helped by Insight – oriented psychotherapy

Even when motivation is lacking following behaviour therapies have been reported successful

- Systematic desensitization
- Biofeedback
- Self – monitoring
- Habit reversal
- Aversion conditioning
- Altered social contingencies
- Family therapy

Systematic desensitization

- Based on the behavioral principle of counter conditioning, where by a person over comes maladaptive anxiety elicited by a situation or an object by approaching feared situation gradually, in a psychophysiological state that inhibits anxiety

3 steps

- Relaxation training
- Hierarchy construction
- Desensitization of stimuli

Biofeedback

- Is the process that enables an individual to learn how to change physiological activity for the purpose of improving health and performance
- Precise instruments measure physiological activity such as brain waves, heart rate, breathing, muscle activity, skin temperature
- These instruments rapidly accurately ‘ feedback’ information to the user

- The presentation of this information - often in conjugation with changes in thinking, emotions and behavior – supports desired physiological changes
- Over time , these changes can endure without continued use of an instrument

Specific treatment modalities

- Treating pyromanic patients has been difficult because of their lack of motivation and recurrent nature
- Incarceration may be only method of preventing a recurrence



Specific treatment modality for Pathological Gambling

Gamblers Anonymous (GA)

It is a method of inspirational group therapy that involves

- public confession
- peer pressure
- presence of reformed gamblers available to help members to resist the impulse to gamble

Combined pharmacotherapy and psychotherapy is a best modality of treatment for a patient presenting with Impulse Control Disorders

THANK YOU