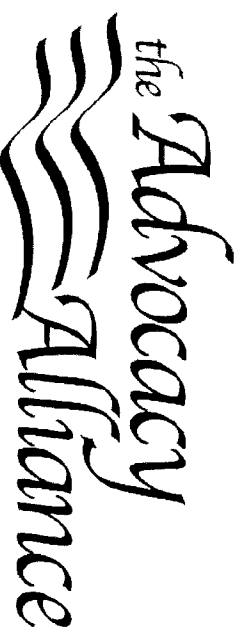


Impulse Control Disorders



Health Care Quality Units

Disclaimer

- The information presented to you today is intended to increase your awareness.
- The information is not intended to replace medical advice.
- If you are in need of medical advice, please contact your physician.

Objectives

The participant will understand:

- Impulse Control Disorders by definition, possible causes, characteristics, categories, and treatments.
- The characteristics and treatment of Intermittent Explosive Disorder.
- The characteristics and treatment of Pyromania, Kleptomania, Pathological Gambling, and Trichotillomania
- Impulse Control Disorders Not Otherwise Specified.

Impulse Control Disorders

Overview

- A specific group of impulsive behaviors that have been accepted as psychiatric disorders.
- Disorders with striking differences and similarities that share a diagnostic category.
- Failures to resist impulsive behaviors/acts that may be harmful to oneself or others.

Impulse Control Disorders

Definition

- The actions of an Impulse Control Disorder are not premeditated or considered in advance and the individual feels a lack of control over these actions.
- There is often a feeling of anxiety or tension related to the behavior that is relieved or decreased after the behavior is performed.
- The action tends to satisfy an immediate desire or impulse, regardless of consequences to oneself or others.

Impulse Control Disorders

Characteristics and Impulsivity

- Predisposition to rapid, unplanned reactions to internal or external stimuli without regard to the negative consequences of these reactions.
- Sudden drive, wish, or urge that prompts an action.
- Equated with impatience: No brakes in the brain!
- Rise in tension/anxiety/arousal before committing the action, then relief/gratification when the action is performed.

Impulse Control Disorders

Possible Causes

- Epilepsy.
- Traumatic brain injury.
- Substance abuse.
- Major mental disorders, e.g., Personality Disorder.
- Impairment of coping skills, and lack of knowledge for alternatives to acting upon impulsive disorders.

Impulse Control Disorders Categories

- Intermittent Explosive Disorder.
- Kleptomania.
- Pyromania.
- Pathological Gambling.
- Trichotillomania.
- Impulse Control Disorders, Not Otherwise Specified.

Intermittent Explosive Disorder

Repeated episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property, such as:

- Hitting, kicking or biting another person.
- Verbal threats of physical assault.
- Purposeful breaking of an object of value.

Intermittent Explosive Disorder

Characteristics

- The action (degree of aggressiveness) is out of proportion to the precipitating event (the cause).
- Explosive episodes may last 10 to 20 minutes, may occur in clusters, or be separated by weeks/months of no aggression.
- Episodes may be preceded by tingling, tremor, palpitations, headaches, or hearing an echo.

Intermittent Explosive Disorder

Characteristics

- Intermittent Explosive Disorder (IED) is more common in males.
- Onset of IED is from childhood to the early twenties.
- Persons diagnosed with IED may have an imbalance in amounts of serotonin and testosterone.
- Complications of IED may be job loss, auto accidents, incarceration, or divorce.

Intermittent Explosive Disorder Treatment

Medications used may include anti-anxiety, mood regulator, antidepressant, and anticonvulsant agents.

Behavioral interventions which may include:

- Reinforcement of appropriate responses to tension inducing situations.
- Practice/learn relaxation exercises.
- Identify sources of tension and practice appropriate responses.
- Redirection techniques.

Kleptomania

- Irresistible urge to steal items that the person does not need and usually have little value.
- Feeling increased tension leading up to the theft.
- Feeling pleasure or gratifications while stealing.
- Feeling guilt or shame after the theft.

Kleptomania Characteristics

- The stealing behavior is not committed to express anger.
- The individual is usually able to afford to purchase the item stolen.
- The age of onset is variable.
- About 66% of individuals with kleptomania are female.
- Kleptomania is a rare condition.

Treatment of Kleptomania

- Medications may or may not be helpful.
- Cognitive Behavior Therapy may teach awareness of negative, unhealthy behaviors and replace them with healthy, positive ones.
- External locus of control such as close supervision, lack of access, or clothing without pockets.

Pyromania

- When setting fire, witnessing its effects or participating in its aftermath, the person experiences pleasure/gratification.
- Fire setting is not done for monetary gain, as an expression of anger, or in response to a delusion or hallucination.

Pyromania Characteristics

Fire setting behavior is recurrent and purposeful/deliberate.

Pyromania is more common in males.

The attraction, curiosity, or fascination to fire may include:

- Regular watching of neighborhood fires.
- Setting off false fire alarms.
- Spending time at the fire department or becoming a firefighter.

Pyromania Treatment

- Treatment typically involves behavioral interventions. Teaching healthy and alternative/appropriate behaviors.
- External locus of control such as close supervision or environmental safety checks.
- A diagnosis of pyromania is a psychiatric condition, whereas, the outcome of fire setting may be a criminal behavior (injury to persons and/or property damage).

Trichotillomania

- Is a recurrent, irresistible urge to pull out hair from one's own scalp, pubic area, eyebrows, eyelashes, or other body parts.
- May involve the chewing or eating of hair that has been pulled out. It may also involve playing with hair such as rubbing it across the lips or face.
- Is a form of self-injurious behavior.

Trichotillomania Characteristics

- Occurs in both male and female children equally. Adult females are more commonly affected.
- Increased tension precedes pulling hair.
- A sense of gratification/relief occurs during and following hair pulling.
- Patchy bald spots result on affected areas.
- Individuals may attempt to hide evidence of hair pulling or avoid social situations.

Trichotillomania Treatment

- Medications may be helpful, particularly anti-depressants.
- Cognitive Behavior Therapy (CBT) may be recommended to recognize sources of anxiety, stress, and strategies to manage reactions with alternative, acceptable behaviors.
- Involvement in incompatible behaviors that engage the hands in appropriate activity (puzzles, crochet).
- External locus of control with short hairstyles, or liberally applied lotion to the hands.

Pathological Gambling

Characteristics

- Chronic, addictive behavior.
- More often occurs in men but is more quickly progressive in women.
- Financial, social, and legal problems result.
- Anxiety and depression, and high rates of suicide attempts (17%) exist.
- Co-morbidity with alcoholism and drug use are common.

Pathological Gambling Treatment

Behavioral Interventions including

- Supervision.
- Cognitive Behavior Therapy.

Pharmacological Interventions

- Antidepressants.
- Opioid antagonists.

Self-help, Support Groups

Impulse Control Disorder, Not Otherwise Specified

- This is a residual category for those impulse control disorders that do not fulfill either the criteria for the specific disorders or other disorders characterized with impulsive behaviors.
- The most common Impulse Control Disorders contained in this category include: Impulsive Sexual Behaviors (“Sexual Addiction”); Repetitive Self-Mutilation; and Compulsive Shopping.

Impulse Control Disorder, Not Otherwise Specified

- Impulsive Sexual Behavior.
- Repetitive Self-Mutilation.
- Compulsive Shopping.

Summary

- Recognize that these disorders are frustrating for the individual and for caregivers. It can be just as hard to understand why the behaviors cannot “just stop!”
- Learn about the disorders.
- Encourage and support any treatment that the individual is receiving.

Summary

- Avoid “enabling” the individual to continue with the impulsive behaviors.
- Celebrate small successes with the individual.
- Give positive responses to encourage continued small successes.