

Impulse Control Disorder

Presented by:

Qutyba Al-sarayrah

Mostafa Al-khateb

Table of contents

01

Intro

02

**Intermittent
Explosive disorder**

03

Kleptomania

04

Pyromania

The background features abstract watercolor-style washes in shades of pink, orange, blue, and grey. There are also some dark blue ink-like strokes and a cluster of small dark blue dots in the lower right quadrant.

01

INTRODUCTION

What does impulse control disorder mean?

What does Impulse Control Disorders mean?

Impulse control disorders are characterized by problems in the **self-regulation of emotions** and behaviors. The behaviors violate the rights of others and/ or conflict with societal norms. The individual experiences a **conflation of remorse**, guilt, self-reproach, and dread. Shameful secretiveness about the repeated impulsive activity frequently expands to permeate the individual's entire life, often delaying treatment.

Core Qualities of Impulse Control Disorders

01

Repetitive or **compulsive** engagement in behavior despite adverse consequences.

03

Anxiety or **craving** experienced prior to engagement in impulsive behavior

02

Little **control** over the negative behavior

04

Relief or satisfaction during or after completion of the behavior.

Impulsive and Compulsion

Impulsive

- a tension state that can exist without an action
- people acting on an impulse expect to receive some pleasure
- impulse-control disorders also elicit guilt, which disturbs the sense of pleasure.

Compulsion

- is a tension state that always has an action component.
- the patients feel “compelled” to act out their pathologic behavior; they cannot resist the impulse to do so
- compulsions are often ego-dystonic, meaning that a person does not desire or enjoy the act despite feeling compelled to do it.



02

**INTERMITTENT
EXPLOSIVE DISORDER**



" I don't enjoy being the person who blows up and lashes out at people, whether they deserve it or not, -I've gone to jail in the past because of it. I hurt some people very close to me that I cared about and that took a long time to process and deal with"

—Someone with IED

History

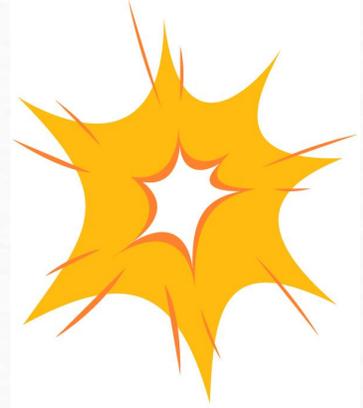


While the term “intermittent explosive disorder” did not appear in DSM until publication of the third edition in 1980, a “**disorder of impulsive aggression**” has been included since the first edition in 1952. In DSM-I, this disorder was called “**passive-aggressive personality, aggressive type.**”

It was characterized as “persistent reaction to frustration with irritability, temper tantrums, and destructive behavior.” This disorder became “**explosive personality**” in DSM-II in 1968.

Epidemiology / Etiology

- ❑ More common in **men** than women
- ❑ Onset usually in late childhood or adolescence
- ❑ lifetime prevalence rate is 5-8%
- ❑ May be episodic, but course is generally chronic and persistent
- ❑ Genetic, perinatal, environmental and neurobiological factors may play a role in etiology
- ❑ Patients may have a history of childhood physical or emotional abuse or head trauma



DSM V Criteria

DIAGNOSIS AND *DSM-5* CRITERIA

- Recurrent behavioral outbursts resulting in verbal and/or physical aggression against people or property.

Either:

- Frequent verbal/physical outbursts (that do not result in physical damage to people, animals, or property) twice weekly for 3 months.

Or:

- Rare (more than three times per year) outbursts resulting in physical damage to others, animals, or property.
- Outbursts and aggression are grossly out of proportion to the triggering event or stressor.
- Outbursts are not premeditated and not committed to obtain a desired reward.
- Aggressive outbursts cause either marked distress or impairment in occupational/interpersonal functioning, or are associated with financial/legal consequences.
- Aggression is not better explained by another mental disorder, medical condition, or due to the effects of a substance (drug or medication).



Treatment

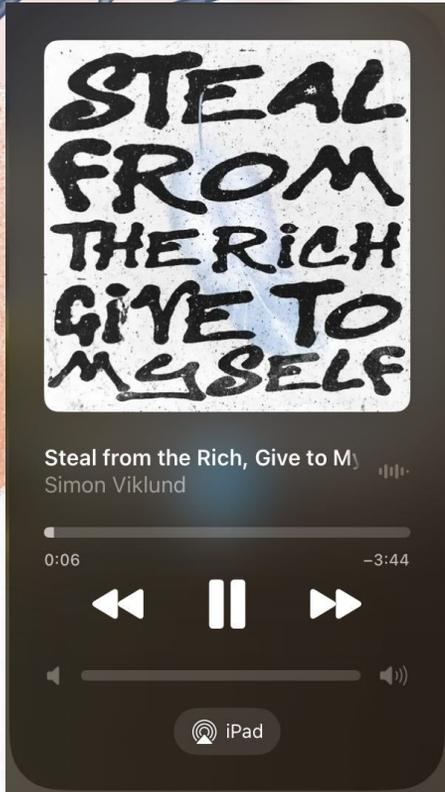
A GOAL of treatment is to have the patient recognize and verbalize the thoughts or feelings that precede the explosive outbursts instead of acting them out.

- **A combined pharmacologic and psychotherapeutic approach has the best chance of success. (CBT)**
- **Group psychotherapy may be helpful, and family therapy is useful, especially when the explosive patient is an adolescent or a young adult**
- **Treatment can involve use of SSRIs, anticonvulsants, or lithium**

The background is a light cream color with a subtle, wavy texture. It is decorated with several abstract watercolor-style elements: a pinkish-red shape in the top left, a blue-grey shape in the top right, a large orange shape on the right side, and a blue-grey shape in the bottom left. There are also some faint, dark blue lines and dots scattered across the page.

03

KLEPTOMANIA



"I've been diagnosed with kleptomania for over 5 years now.

*It's not about stealing because I want or need things. I get anxious, my chest tightens, I feel dizzy, and the only way to relieve it is to steal something – anything. I've stolen gum from gas stations and walked right outside to throw it away
The guilt is unbearable but the urge is stronger.."*

*-Someone with **kleptomania***

EPIDEMIOLOGY/ETIOLOGY

- Three times more common in **women** than men, though rare in the general population.
- Occurs in **4–24%** of shoplifters.
- Higher incidence of comorbid mood disorders, eating disorders (especially bulimia nervosa), anxiety disorders, substance use disorders, and personality disorders.
- Higher risk of OCD and substance use disorders in family members.
- Illness usually begins in adolescence and course is episodic



DSM V CRITERIA

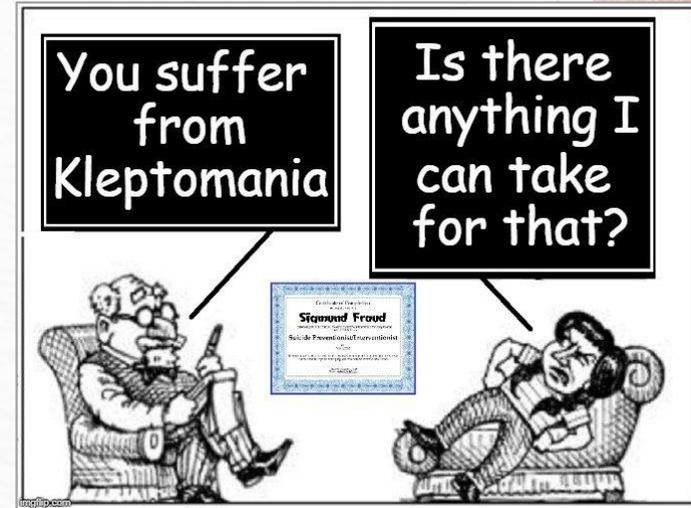
DIAGNOSIS AND *DSM-5* CRITERIA

- Failure to resist uncontrollable urges to steal objects that are not needed for personal use or monetary value.
- Increasing internal tension immediately prior to the theft.
- Pleasure or relief is experienced while stealing; however, those with the disorder often report intense guilt and depression.
- Stealing is not committed to express anger/vengeance and does not occur in response to a delusion or hallucination.
- Objects stolen are typically given or thrown away, returned, or hoarded.

TREATMENT

Treatment may include **CBT** (including systematic desensitization and aversive conditioning) and **SSRIs**.

There is also some anecdotal evidence for the use of **Naltrexone**, which blocks reward pathways mediated by endogenous opioids





04

PYROMANIA



"Since I was 14, I've felt uncontrollable urges to set fires.

Before lighting a match, I get really tense and anxious. The moment I see the flame, it's like a wave of relief and calm washes over me.

I never do it to hurt anyone or destroy property, but sometimes I've almost lost control"

-SOMEONE WITH PYROMANIA

EPIDEMIOLOGY/ETIOLOGY

- Rare disorder but much more common in **men**.
- Most begin to set fires in adolescence or early adulthood.
- High comorbidity with mood disorders, substance use disorders, gambling disorder, and conduct disorder.
- Episodes are episodic and wax and wane in frequency.



DSM V CRITERIA

DIAGNOSIS AND *DSM-5* CRITERIA

- At least two episodes of deliberate fire setting.
- Tension or arousal experienced before the act; pleasure, gratification, or relief experienced when setting fires or witnessing/participating in their aftermath.
- Fascination with, interest in, curiosity about, or attraction to fire and contexts.
- Purpose of fire setting is not for monetary gain, for expression of anger or vengeance, to conceal criminal activity, or as an expression of sociopolitical ideology. It is not in response to a hallucination, delusion, or impaired judgment (intoxication, neurocognitive disorder).
- Fire setting is not better explained by conduct disorder, a manic episode, or antisocial personality disorder.

TREATMENT

Most don't go into treatment and symptoms will remain chronic.

While there is no standard treatment, **CBT**, **SSRIs**, **mood stabilizers**, and **antipsychotics** have all been used

References

- Kaplan & Sadock's Synopsis of Psychiatry 12th edition
- First Aid for the Psychiatry sixth edition

**Your presence turned this seminar into a
bright and inspiring space...
Thank you**

