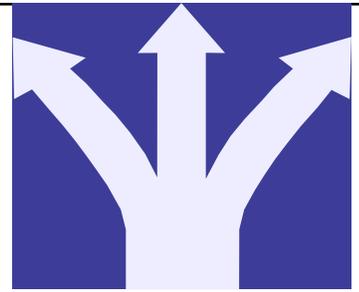


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Intermittent Explosive Disorder

While fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) will be out shortly, there has been one diagnosis that has been associated with anger control problems and that has been *intermittent explosive disorder (IED)*.

Diagnosis

The criteria for intermittent explosive disorder is as follows:

- ◆ *Several discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property;*
- ◆ *Grossly out of proportion to any precipitating psychosocial stressors;*
- ◆ *The aggressive behavior is not better accounted for by another mental disorder and is not due to the direct physiological effects of a substance or general medical condition.*

The current edition (DSM-IV) includes intermittent explosive disorder in the category of Impulse Control Disorders, Not Elsewhere Classified. Other disorders in this category include kleptomania, pyromania and pathological gambling.

Some mental health professionals have questioned the validity of intermittent explosive disorder as a separate clinical entity and consider the lack of control of aggressive impulses as a nonspecific symptom that occurs in a wide range of psychiatric and medical disorders. A number of health insurance/managed care companies will not accept it as a diagnosis for reimbursement.

Prevalence/Comorbidity

Ron Kessler, PhD at Harvard Medical School and his colleagues published a study a few years ago looking at the prevalence and association of intermittent explosive disorder with other mental health problems.

The lifetime prevalence of IED in the population was estimated to be 7.3% and over the past 12 months it was estimated to be 3.9%. They found that IED usually begins in childhood or adolescence and is quite persistent over the course of a diagnosed person's life.

The study found that IED was significantly comorbid with mood, anxiety and substance use disorders. The authors of the study noted that the association of IED with mood and anxiety problems would suggest that IED may be as much related to mood instability and dysregulation as to problems with impulse control.

The study concluded that while about 60% of individuals with IED obtained treatment for emotional or substance abuse problems at some time in their life. However, only about 29% ever received treatment for their anger.

Dr. Susan McElroy at the University of Cincinnati School of Medicine looked at 27 subjects diagnosed with IED. The explosive behavior typically began in adolescence. The impulses were consistently described as a model of "defensive aggression"- that is, the need to attack, strike out or defend oneself. Subjects also described an "adrenaline rush," "seeing red," "letting the beast out," and the "urge to kill somebody." Of 24 subjects specifically queried, 21 (88%) experienced tension with the aggressive impulses, 18 (75%) expressed relief with the explosive episodes, and 11 (46%) described pleasurable feelings associated with the explosive episodes. All subjects indicated that the episodes were brief with a mean of 22 minutes and the frequency was about 9 per month.

Anger Attacks

Maurizio Fava, a psychiatrist at Mass General has observed in a number of patients that he has worked with who have been diagnosed with a Major Depressive Disorder, episodes of anger that he has described as "anger attacks." These incidents

(Continued)

usually occur with a high level of physiological arousal similar to panic attack including sweats, chest tightness, shortness of breath and heart racing. During these attacks, people feel quite out of control and after the attacks are guilty and remorseful about their behavior.

Treatment

Cognitive behavioral treatment can be helpful with individuals who are diagnosed with IED. This type of therapy can help people identify situations or triggers which can result in an aggressive response. In addition, this type of treatment can assist individuals to regulate their anger by teaching techniques such as relaxation training, thinking differently about life events (cognitive restructuring) and assertiveness skills training.

Further, certain psychiatric medications have also been found helpful in the treatment of IED. Anti-depressants such as Prozac and anticonvulsants such as Tegretol and mood stabilizers such as lithium have been used.

References:

Fava, M. et al (1993). *Anger Attacks in Unipolar Depression. Part 1: Clinical Correlates and Response to Fluoxetine Treatment*. American Journal of Psychiatry, 150, 1158-1163.

Kessler, R.C. et al (2006). *The Prevalence and Correlates of DSM-IV Intermittent Explosive Disorder in the National Comorbidity Survey Replication*. Archives of General Psychiatry, 63, 669-678.

McElroy, S.L. (1999). *Recognition and Treatment of DSM-IV Intermittent Explosive Disorder*. Journal of Clinical Psychiatry, 60, 12-16.

FROM THE FILES:

Study Suggests Violence Fueled by Substance Abuse not Mental Illness

Researchers in Sweden and the United Kingdom reviewed crime-registry data for 3,700 patients with bipolar disorder and 8,000 patients with schizophrenia over a 30-year period and compared results with the general population. Crime rates were six to seven times higher for patients with mental illness and substance abuse than the population overall, but no higher than those for people with substance abuse who had no mental health problems.

In addition, when drugs and alcohol were removed from the equation, violent crime was only marginally higher among mentally-ill patients than people in the general population.

These findings appear in the September 2010 issue of Archives of General Psychiatry.

Join Together, September 10, 2010

Dating Violence by Teens Associated with Assault on Siblings, Peers

According to a study published in the December 2010 issue of Archives of Pediatrics and Adolescent Medicine, teenagers who participate in violence against their dating partners are also likely to physically assault their siblings and peers.

In a survey study of almost 1400 high school students, more than 18% reported perpetrating dating violence (DV) in the past month. Of these, 10% reported hitting, punching, kicking or choking; 17% reported pushing, shoving, or slapping; and 43% reported cursing at or insulting their dating partner.

Among boys with siblings, 75% reported perpetrating both DV and peer violence, and 56% reported both DV and sibling violence. A total of 60% of the girls participated in DV and peer violence and 50% reported DV and sibling violence.

Medscape Medical News, December 23, 2010

Paternal Depression Linked to Negative Parenting Behaviors

A study published in the April 2011 issue of Pediatrics reported that depressed fathers of 1 year olds are more likely to spank and less likely to read to their children than fathers who are not depressed.

Using data from the Fragile Families and Child Wellbeing Study (FFCWS), an ongoing, nationally representative study observing a cohort of children born in the United States between 1998 and 2000, the study authors performed a cross-sectional analysis on 1746 men for whom complete information was available. As part of the study, fathers answered several questions about the frequency of their positive parenting behaviors, including reading, or singing to their children and playing games such as "peek-a-boo." The one question on negative parenting behaviors asked how often they had spanked their children within the previous month. Depressed fathers were nearly 4 times more likely than non-depressed fathers to spank their child.

Medscape Medical News, March 14, 2011
