Treatment of Conduct Disorder, Oppositional Defiant Disorder, and Disruptive Mood Dysregulation Disorder

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Disruptive Behavior Disorders

- Attention Deficit Hyperactivity Disorder
  - Inattentive vs. Hyper/Impulsive vs. Combined
- Conduct Disorder
  - Little anti-social kids
- Oppositional Defiant Disorder
  - The name says it all

Conduct Disorder

- Basically, this is child anti-social behavior disorder
- Disruption in four areas:
  - Aggression to people/animals
  - Deceitfulness or theft
  - Destruction of property (e.g. setting fires)
  - Serious rule violations (truancy, running away)
- Onset at ANY TIME in life cycle
  - Usually before age 16
  - Boys > Girls, Boys more violent than girls

Conduct Disorder

- Two subtypes
  - Childhood onset (before 10)
    - Worse prognosis
    - More likely to be ASPD
    - Far more common in boys
  - Adolescent onset
    - More likely transient
    - Less severe
    - Less gender gap, but boys STILL more prevalent

Conduct Disorder

- More common than ADHD
  - 6-16 % for boys, 2-9 % for girls
- Co-morbid with:
  - Learning Disorders
  - Mood Disorders
  - Anxiety Disorders
  - Substance abuse
  - ADHD

Conduct Disorder

- Predisposing factors:
  - Genetic
  - Abuse (especially neglect)
  - Inconsistent parenting
  - Large family size
  - Difficult infant temperament
  - Conduct disordered peer group
  - Low heart rate/ skin conductance?
Conduct Disorder -- Treatment

- Treat co-morbid disorders
  - In particular mood, anxiety and ADHD
- Counseling
  - Also for family to improve parenting skills
- Residential Care
  - Boot camp?

Conduct Disorder

- Pharmacotherapy
  - Aimed at reducing aggression
  - Neuroleptics (Anti-psychotics)
  - Alpha 2 agonists
  - Beta Blockers

Conduct Disorder

- Outcomes
  - 1/3 of kids go on to adult Antisocial Personality Disorder

Antisocial Personality Disorder

- Antisocial Personality Disorder
  - Not *a*-social (not social), but *anti*-social (against society)
  - Must begin in adolescence with conduct problems
  - 1/3 of conduct disordered youth progress to ASPD
  - Failure to conform to societal norms/laws
  - Deceitfulness
  - Impulsivity, failure to plan
  - Irritability, aggressiveness, fights/assaults
  - Not concerned for safety of self or others
  - Irresponsibility, poor employment history
  - Lack of remorse
  - Fundamental belief is that “rules just don’t apply to me”

Oppositional Defiant Disorder

- “Terrible Twos, but the kid is now NINE!”
- The name says it all
  - Persistent pattern of opposition and defiance to authority, rules, and external means of behavioral control
  - May begin in one location (home) then tends to generalize
  - Loose criteria make diagnosis vague
  - Genetic link

Oppositional Defiant Disorder

- Treatment
  - Parent skill training
    - Conceptualizing the disorder as a “parent-child mismatch in communication style” – “a clash of temperament”
    - “1-2-3 Magic” by Thomas W. Phelan Ph.D.
    - “Your Defiant Child” by Russell A. Barkley
    - PCIT (See next slide)
  - Treat co-morbid illness
    - Especially ADHD, Mood, and Anxiety Disorders
  - Occasionally, in severely aggressive ODD
    - Neuroleptics (Anti-psychotics)
    - Alpha-2 Agonists
Parent Child Interaction Therapy (PCIT)

- Sheila Eyberg
  - Devised for families with children age 2 – 7
- Two phases:
  - Child Directed Interaction
    - PRIDE skills—Praise, Reflection, Imitation, Description, and Enthusiasm
    - Goal: Give attention to positive behaviors
    - Avoid: leading or intrusive behaviors—commands, questioning, criticism, sarcasm, and negative physical behaviors
  - Parent Directed Interaction
    - Effective direction and consistent consequences
    - Appropriate use of “time out” and “praise”
- Key is direct instruction to parents in presence of child
  - Use of earpiece and one-way mirror

Disruptive Behavior Disorder

- Keys to success
  - Early detection
  - Early parent training
  - Educational adjustments
  - Appropriate boundaries
  - Proper use of medications
    - Careful to avoid scattershot polypharmacy
  - Improve real self-esteem, not just constant verbal approval

Disruptive Mood Dysregulation Disorder

- Very new diagnosis (DSM V)
- Meant to reduce inappropriate diagnosis of Bipolar Disorder in children
  - May in fact be more related to unipolar depression
  - Frequently comorbid: Depression, ADHD
- Little epidemiology work (0.3 – 5.5%)
- Little studied about treatment
  - Symptomatic treatment from earlier data
- Pharmacologic Treatment (effect size)
  - Risperidone (0.9)
  - Desipramine (0.89)
  - Methylphenidate (0.78)
  - Lithium
  - Clonidine, Guanfacine
  - Trazodone
  - Haldol, Thorazine, Quetiapine, Olanzapine, Aripiprazole
  - Bupropion (0-0.55)
  - Fluoxetine (0-0.3)
Disruptive Mood Dysregulation Disorder

• Treatment – Some evidence, but less so
  – Atomoxetine
  – Valproic Acid
  – Beta-Blockers

• Treatment – Failed Studies
  – Lamotrigine
  – Carbamazepine

Disruptive Mood Dysregulation Disorder

• Treatment – Therapy
  – No clear psychotherapeutic intervention
  – Approach as Depression?
  – Approach as Bipolar?
  – Approach as Impulse Control Disorder?