Disruptive Behavior Disorders

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Goals and Objectives

At the end of this presentation you will be able to:

1. Identify symptoms of disruptive behavior disorders in childhood and adolescence.
2. Identify common comorbidities that complicate diagnosis.
3. Know the biopsychosocial approach to treatment of disruptive behavior disorders.
Disruptive Behavior Disorders

- Attention Deficit Disorder
- Oppositional Defiant Disorder
- Conduct Disorder
ADHD Overview

ADHD is the most common neurobehavioral disorder presenting for treatment in youth

- Prevalence
  - 6-8% youth worldwide; 4% of adults
- Associated with impairment in multiple domains

Often comorbid with learning disabilities & psychiatric illnesses including other disruptive behavior disorder

- Treatment includes educational, psychotherapeutic, and psychopharmacological interventions

(Goldman, JAMA:1998; Wilens et al Ann Rev Med, 2002; Faraone et al., World Psych; 2003; Kessler et al, APA 04)
Twin Studies Show ADHD Is a Genetic Disorder

Average genetic contribution of ADHD based on twin studies:

- Hudziak, 2000
- Nadder, 1998
- Levy, 1997
- Sherman, 1997
- Silberg, 1996
- Gjone, 1996
- Thapar, 1995
- Schmitz, 1995
- Edelbrock, 1992
- Gillis, 1992
- Goodman, 1989
- Willerman, 1973

**Note:**
Attention Deficit Hyperactivity disorder

- Core features.
- Hyperactivity
  - Inattention
  - Impulsivity

Onset before 7

- Must be present in more than one setting
- Must cause functional impairment
ADHD Clinical Subtypes

**Predominantly inattentive:**
- Easily distracted
- Not excessively hyperactive or impulsive in behavior

**Predominantly hyperactive-impulsive:**
- Extremely hyperactive and impulsive
- Not highly inattentive (may have no inattentive signs)
- Often younger children

**Combined type:**
- Most patients
- All three classical signs of the disorder

Diagnosis

- ADHD is clinical diagnosis
- Made by history and collateral
- Psychometric tools supportive not diagnostic
- Establish impairment/co-morbidities
- Rule out medical conditions
Clinical presentation varies with age.
School Children

- Easily distracted
- Homework poorly organized, careless errors, often incomplete or lost
- Low academic scores
- Frequent trips to the principal’s office
- Blurts out answers before question completed (often disruptive in class)
- Often interrupts and intrudes on others
- Low self-esteem

- Displays aggression
- Difficult peer relationships
- Does not wait turns in games
- Often out seat
- Perception of “immaturity”
- Unwilling or unable to do chores at home
- Accident prone

Adolescents

- May have sense of inner restlessness rather than hyperactivity
- Procrastinates and displays disorganized school work with poor follow-through
- Fails to work independently
- Poor self-esteem
- Poor peer relationships
- Inability to delay gratification
- Specific learning disabilities
- Behavior not usually modified by reward or punishment
- Engages in “risky” behavior (speeding, unprotected sex, substance abuse)

- Apparent disregard for own safety (injuries and accidents)
- Difficulties or clashes with authority

## Domains of Function

<table>
<thead>
<tr>
<th>Before School</th>
<th>School</th>
<th>After School</th>
<th>Bedtime</th>
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</thead>
<tbody>
<tr>
<td><strong>Difficulty with:</strong></td>
<td><strong>Difficulty with:</strong></td>
<td><strong>Difficulty with:</strong></td>
<td><strong>Difficulty with:</strong></td>
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<tr>
<td>- Waking up</td>
<td>- Lower grades</td>
<td>- Sports/Clubs:</td>
<td>- Bedtime prep</td>
</tr>
<tr>
<td>- Getting ready for school</td>
<td>- Lack of focus</td>
<td>- Homework</td>
<td>-settling down and falling asleep</td>
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<tr>
<td>- Struggling excessively with parents</td>
<td>- Disruptive</td>
<td>- Risky behavior and injuries</td>
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<td>- Difficulty with friendships</td>
<td>- Sitting through dinner</td>
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<td>- Family interactions</td>
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To identify common comorbidities

- In ADHD comorbidities are common and can complicate treatment
Multiple Psychiatric Comorbidities

ADHD  ODD/CD

Tic  BPD

Depression/anxiety disorders

Learning disorders

Co-Morbidities

- Co-morbid disorders are very common with ADHD and must be considered when planning treatment.

- Commonest Co-morbidities:
  - Oppositional Defiant Disorder (ODD)
  - Conduct Disorder (CD)
  - Substance Abuse
  - Learning Disability
Oppositional Defiant Disorder (ODD)

- Characterized by a pattern of negativistic, defiant, disobedient and hostile behaviors, at least 6 month duration and 4 out of 8 of the following:
  - often loses temper
  - often argues with adults
  - often actively defies rules or refuses to comply
  - often deliberately annoys other people
  - often blames others for mistakes
  - often touchy or easily annoyed by others
  - often angry and resentful
  - often spiteful and vindictive
Oppositional Defiant Disorder (ODD)

- Causes clinically significant impairment in social, academic or occupational functioning

- Doesn’t occur exclusively during psychotic or mood disorder
  Doesn’t meet criteria for conduct disorder
Conduct Disorder (CD)

... pattern of violating the rights of others and/or major social norms, in the past twelve months, in at least 3 of the following:

- Aggression to people and animals
- Destruction of property
- Deceitfulness or theft
- Serious violation of rules
Learning Disabilities

- Need to be identified and accommodations made informed by testing
Some of the co-morbidities can complicate treatment planning...

- Tourette’s Syndrome
- Sleep Disorders
- Anxiety Disorders
- Learning Disability
- Hearing Problems
- Pervasive Developmental Disorder

- Side effects from meds
- Measuring treatment response
Why Treat ADHD?

- Interpersonal problems / family conflict/peer difficulties

- Associated psychopathologies
  - 2-3 times greater risk for depression
  - 3 times greater risk for substance abuse

- Vocation-related problems:
  - Higher rate of high school drop out
  - Higher rates of absenteeism
  - ↓ productivity

- ↑ Rate of legal difficulties, traumatic injury, accidents
Multimodal Treatment of ADHD

- **Psychoeducation**

- **Medications:**
  - Stimulants vs Non-stimulants
  - Agents for co-morbid disorders

- **Psychotherapy**
  - Individual: CBT
  - Family Therapy
  - Social skills training

- **Educational/vocational planning**
Educating the Patient/Parent

- Identify target symptoms
- Outline risks and benefits of various medication options
  
  Discuss the psychosocial and behavioral treatment
  
- Inform about risks of not treating
The MTA included 579 elementary school boys and girls with ADHD. Four programs were compared:
(1) medication management alone
(2) behavioral treatment alone
(3) a combination of both
(4) routine community care.

Best improvements: Group (1) and (3)

Combined treatment led to the biggest improvements in anxiety, academic performance, oppositionality, parent-child relations, and social skills.

Some children in the combined group could be successfully treated on lower doses of medication than those on medication alone.
Choosing an agent

- What co-morbid illnesses are present?
  - Medical
  - Psychiatric (anxiety, tics, substance abuse)
- When is symptom control required? (coverage in the evening hours)
- What medications have already been tried?
- Is there a family member that has had good results with a particular agent?
Choosing an agent

- How quickly does symptom control have to occur? (urgency of situation)
- Affordability (what is covered by their drug plan?)
- What other non-Adhd medications is the person taking?
- Are the logistics of swallowing pills an issue?
CADDRA Recommendations

- Long acting agents will be first line
  - Across the lifespan but particularly for adolescents and adults
- Short acting agents will be considered adjuvant treatments in the first line
CADDRA Guidelines for Pharmacological Treatment of ADHD

1st line

Long Acting + Approved by Health Canada
- Adderall XR (Biphentin)
- Concerta
- Strattera

2nd line

Short Acting + Approved by Health Canada
- Dexedrine
- Dex-Spansules
- Ritalin
- Ritalin-SR

3rd line

"Off label" if drugs fail
- Imipramine
- Wellbutrin SR (Wellbutrin XL)

CADDRA. Canadian ADHD Practice Guidelines. www.caddra.ca.
Management of ADHD

Side Effects of Stimulants:
Loss of appetite
- Headache
- Mood lability
- Insomnia
- Tics
- Abdominal pain
- Tachycardia
- Hypertension
- Growth suppression
- Rarely Psychotic Symptoms
Co-morbid Oppositional Defiant Disorder

- Both stimulants and ATX reduce it markedly if ADHD comorbid

- Parent training in behavior management
  - methods more effective < 13

- Problem-solving skills/ social skills training
  - explosive anger may require use of atypical antipsychotics or
  - antihypertensives
Co-morbid conduct disorder

- Stimulants and ATX may reduce aggressive behavior and antisocial acts due to co-morbid impulsivity
- Atypicals antipsychotics (risperidone) or antihypertensives may be needed for highly aggressive youth
- Parent and family interventions required
  – Problem-solving, communication training – Multi-systemic therapy where available
- Involvement of juvenile justice agencies likely
What To Do When Parents Believe That Treatment Is Unnecessary

- Discuss the side effects and potential risks of treatment
- Educate parents on the risks of not treating
- Together, compare the pros and cons of treatment versus non-treatment
- If parents insist against treatment, chart that they have taken this decision despite a discussion of the risks of non-treatment (for medico-legal reasons)
Managing Sleep Disturbances in ADHD Patients

- Clarify the history of the sleep problem (i.e. is it related to medication?)
- Review sleep hygiene and make recommendations, if necessary
- Consider non-medical treatment (e.g. tryptophan, melatonin)
- Consider low-dose clonidine once-daily
- Consider atypical neuroleptics if management of aggressive behaviour is needed
Psychosocial interventions. Necessary for effective treatment

- Education.
- Structured consistent environment
- Parent training
- Organizational skills
- School accommodations

Self regulation. Social skills training
Summary

- Highly co-morbid diagnoses.
- High morbidity untreated.
- Multimodal treatment most effective.