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**

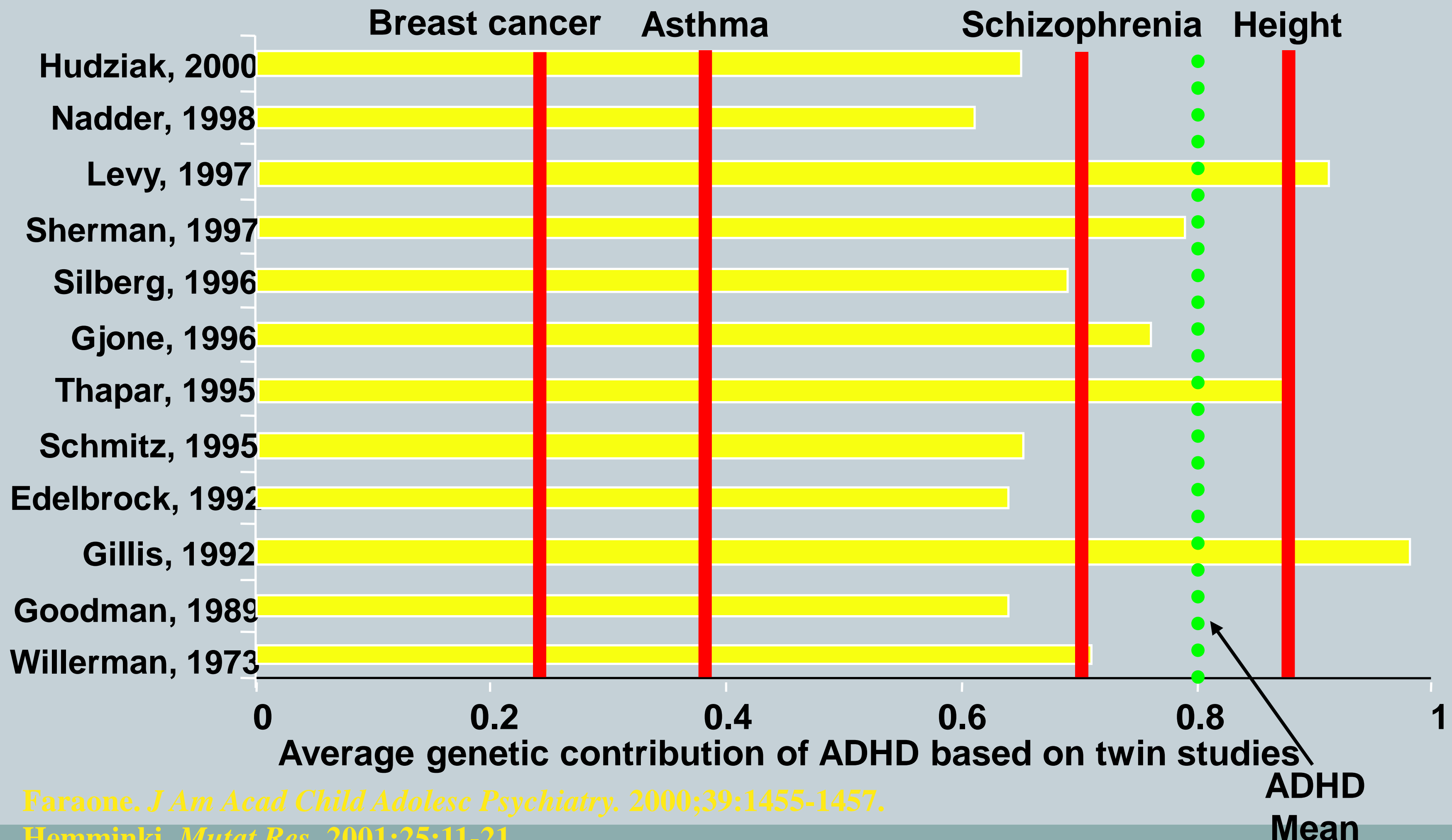
Often comorbid with learning disabilities & psychiatric illnesses including other disruptive behavior disorder

- **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



Faraone. *J Am Acad Child Adolesc Psychiatry.* 2000;39:1455-1457.
Hemminki. *Mutat Res.* 2001;25:11-21.
Palmer. *Eur Resp J.* 2001;17:696-702.

- Core features.
- Hyperactivity
  Inattention
  Impulsivity

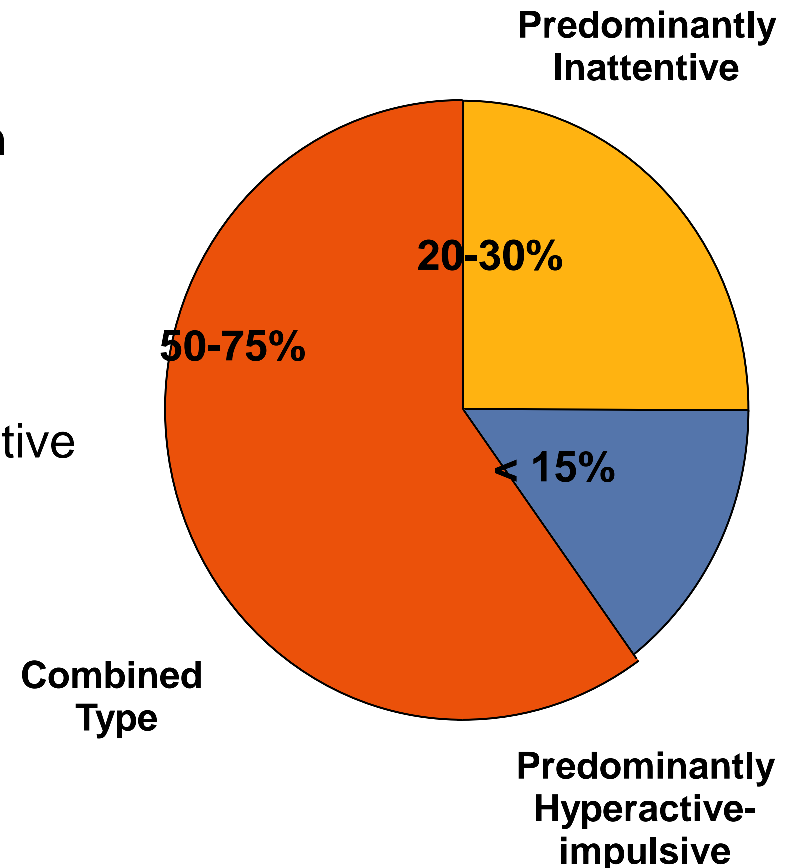
  Onset before 7
- Must be present in more than one setting
  Must cause functional impairment

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



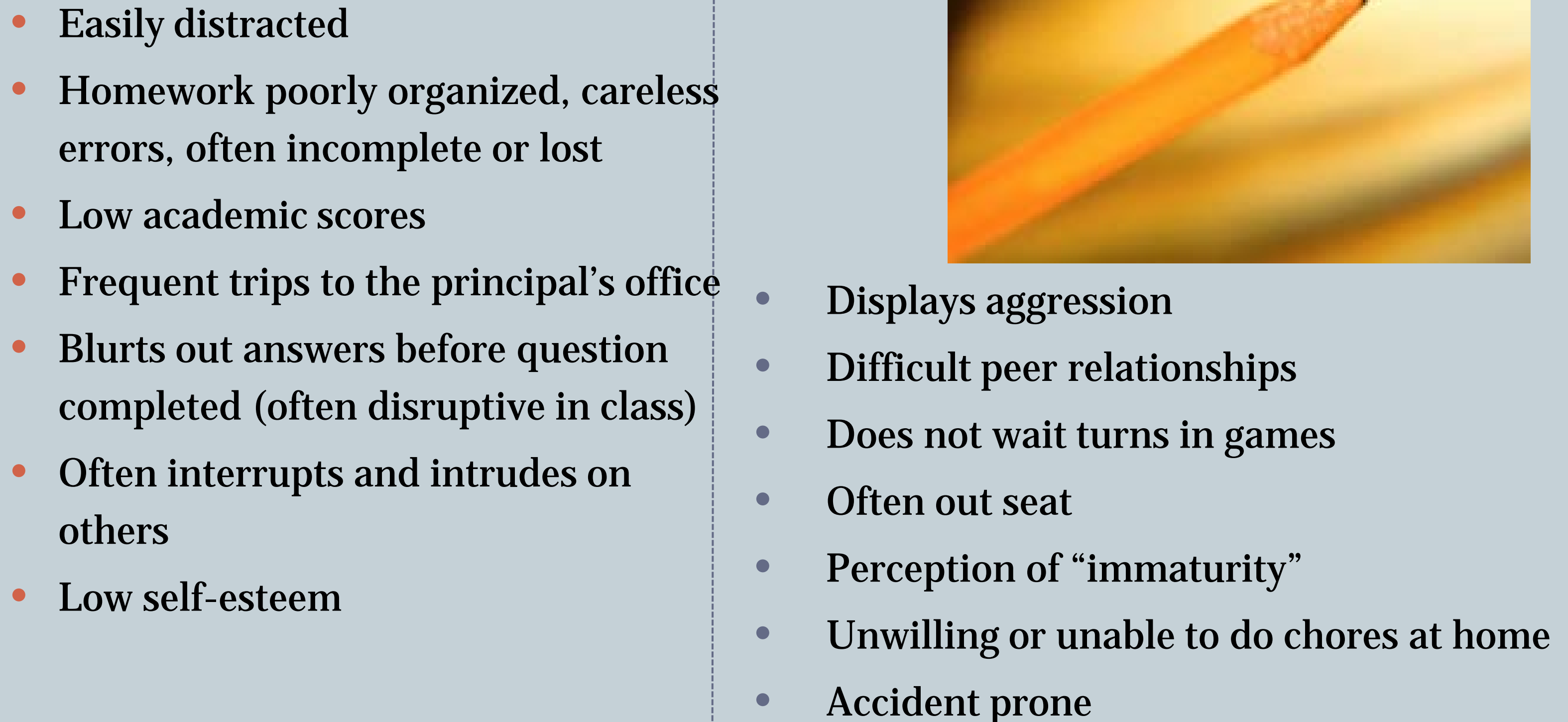
Adapted from American Psychiatric Association, DSM-IV TR, 2000.

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

Greenhill LL. *J Clin Psychiatry* 1998;59 Suppl 7:31-41.

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

Greenhill LL. *J Clin Psychiatry* 1998;59 (Suppl 7):31-41.

Domains of Function

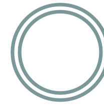
Before School	School	After School	Bedtime
Difficulty with: ○ Waking up ○ Getting ready for school ○ Struggling excessively with parents	Difficulty with: ○ Lower grades ○ Lack of focus ○ Disruptive ○ Difficulty with friendships	Difficulty with ○ Sports/Clubs: ○ Homework ○ Risky behavior and injuries ○ Sitting through dinner ○ Family interactions	Difficulty with: ○ Bedtime prep ○ Settling down and falling asleep

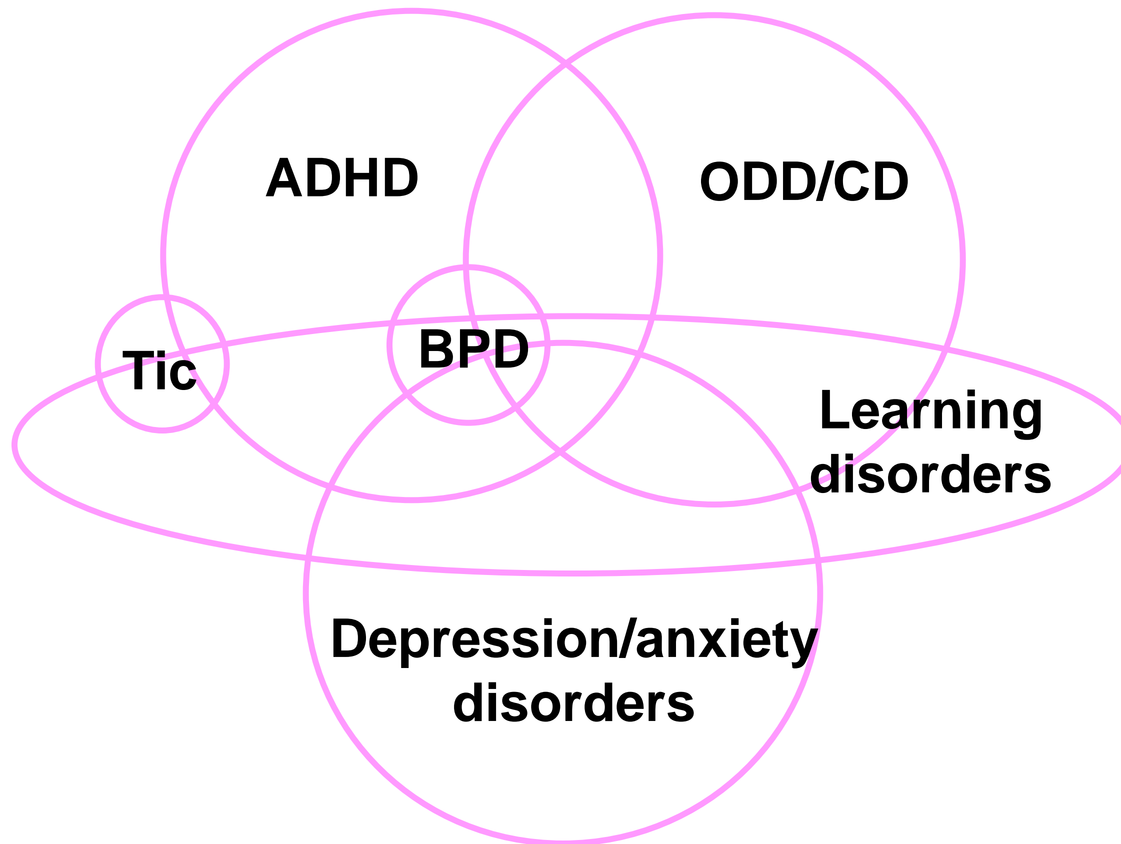
40:508-515.
4. Greenhill LL. *J Clin Psychiatry* 1998; **59**(Suppl 7):S31-41.
5. Weiss G, et al. *J Am Acad Child Psychiatry* 1985; **24**:211-220.

To identify common comorbidities

- In ADHD comorbidies are common and can complicate treatment

Multiple Psychiatric Comorbidities





Pliszka. *Pediatr Drugs*. 2003;5:741.

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

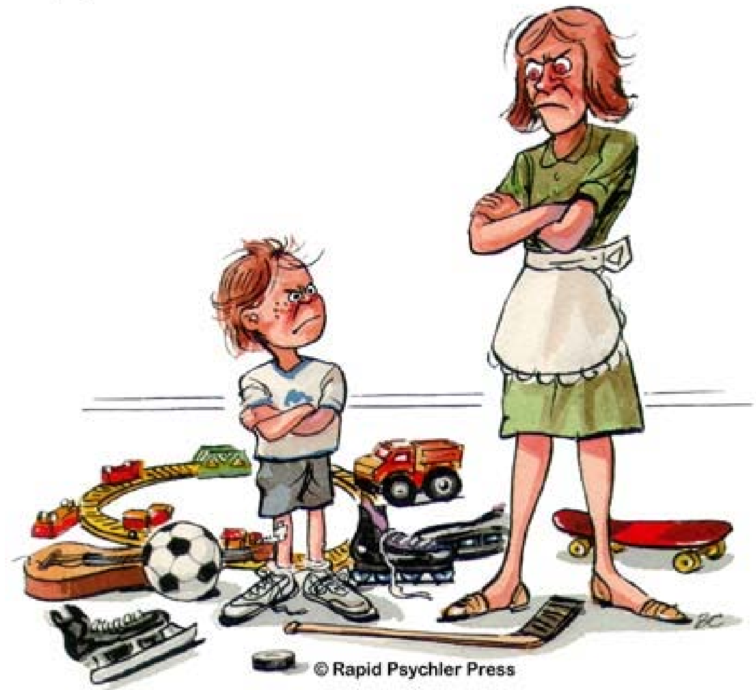
Oppositional Defiant Disorder (ODD)

- **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

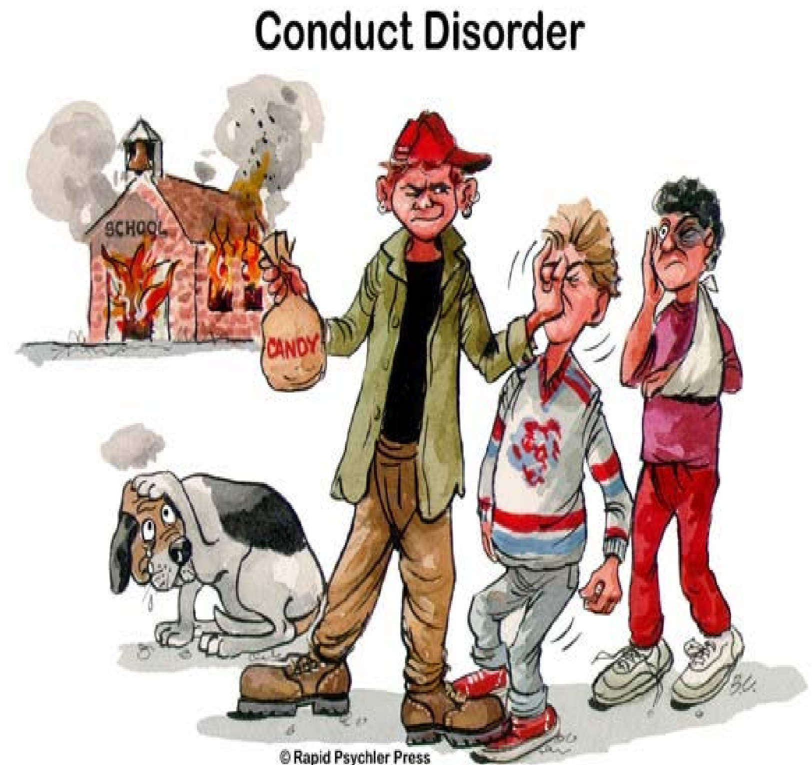
- Doesn't occur exclusively during psychotic or mood disorder
  Doesn't meet criteria for conduct disorder



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 treatmen 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

Multimodal Treatment Study of Children with Attention Deficit Hyperactivity Disorder (or MTA)

- 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 does 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	2nd line	3rd line
Long Acting + Approved by Health Canada	Short Acting + Approved by Health Canada	"Off label" if drugs fail
Adderall XR (Biphentin) Concerta Strattera	Dexedrine Dex-Spansules Ritalin Ritalin-SR	Imipramine Wellbutrin SR (Wellbutrin XL)

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 o 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 <u>not</u> treating
- Together, compare the pros and cons of treatment versus non-treatment
- If parents insist against treatment, <u>chart</u> 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.