Conduct Disorder Tx Can Reduce Aggression

Children with impulsive-affective CD are more likely to respond than those with predatory CD.

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

TORONTO — Impulsive-affective conduct disorder responds better to medication than does predatory conduct disorder, Dr. Robert Findling said at the joint annual meeting of the American Academy of Child and Adolescent Psychiatry and the Canadian Academy of Child and Adolescent Psychiatry.

"We need to do better by these children," said Dr. Findling of Case Western Reserve University, Cleveland. "If you catch them early, before they are hardened by their behavior, you can help them. Young children with conduct disorder [CD] often say they know teachers and other kids think they are bad, and they don't want to be bad. No child deserves to live like that."

'We saw a very substantial response' in aggressive children taking aripiprazole.

DR. FINDLING

Before deciding on a trial of medication, it's important to characterize the type of conduct disorder a patient presents. Both types are more prevalent in males and often comorbid with depression, anxiety, learning disabilities, or attention-deficit hyperactivity disorder (ADHD). Both types are associated with poor long-term outcomes. "This is a malignant condition. It's pervasive, pernicious, and associated with violence and high rates of antisocial behavior, incarceration, and substance abuse. This is not just a kid being dysfunctional," he said.

Impulsive-affective CD involves reactive, unplanned, uncontrolled acts of aggression. The child may damage his own property or expose himself to physical harm. He loses control in front of other people and fights without purpose, often against someone stronger. He might express remorse after an explosion.

Predatory CD is a different matter, Dr. Findling said. "This is the kid who will beat somebody up for milk money. This person is quite different from the kid who explodes over a minor provocation."

The aggressive acts are planned, controlled, and often concealed. The child is very careful to protect himself from harm in the incident and tries to plan it so that he profits in some way. Theft is often a motive. The child may say he is proud of his behavior.

Methylphenidate has been shown effective in CD, decreasing aggression scores significantly, compared with placebo (Arch. Gen. Psychiatry 1997;54:1073-80). Lithium has also been shown effective, "although it has never been embraced as a treatment due to the adverse events in this group," Dr. Findling said. Those include nausea, vomiting, and urinary frequency.

In 2003, researchers concluded that divalproex was also effective. A 7-week study randomized children with CD to either low or high doses of the drug. The high dose (1,000 mg/day) was more effective in improving self-reported impulse control and self-restraint; almost 60% of those in the high-dose group were much or very much improved, compared with fewer than 10% of those in the low-dose group. Side effects were mild and transient (J. Clin. Psychiatry 2003;64:1183-91).

Many studies detail the benefits of risperidone (Risperdal), Dr. Findling said. A 2002 placebo-controlled trial concluded that a low dose of risperidone (1.16 mg/day) was significantly better than placebo in improving symptoms of CD in children with subaverage IQ and disruptive behavior disorder. Almost 80% of the active group was improved at the end of the trial.

"The magnitude of the dose is important here. This is lower than the dose prescribed by many U.S. providers," he said. The most common side effects were mild, transient sedation and headache.

Two recent long-term trials of risperidone suggest that the benefit is durable, he said. An open-label trial of 107 children with CD concluded that the improvement was maintained on the same dose over 48 weeks (Am. J. Psychiatry 2004;161:677-84). A larger study, which looked at the effect in 504 children over 1 year, reached the same conclusion (J. Am. Acad. Child. Adolesc. Psychiatry 2005;44:64-72).

Risperidone is also effective in children who start on a psychostimulant but retain problematic aggression; it can be used effectively in children on a stimulant for ADHD. "The stimulant doesn't decrease the effectiveness of risperidone," he said.

Some pilot studies suggest olanzapine (Zyprexa) and aripiprazole (Abilify) may have beneficial effects on aggression as well. A 2004 study examined olanzapine for aggression and tics in 10 children with Tourette's syndrome. The drug effectively reduced aggression and tic severity, and was well tolerated (J. Child. Adolesc. Psychopharmacol. 2004:14:255-66).

Dr. Findling studied aripiprazole specifically for its effectiveness in CD. "Over a very short time in a very aggressive group of people, we saw a very substantial response," he said (Int. J. Neuropsychopharmacol. 2004;7:[suppl. 1]:S440).

Adverse events included dyspepsia and persistent emesis, which decreased when the dosing was adjusted. "We started out basing the dosage on weight-adjusted adult data and learned that this was not very well tolerated," Dr. Findling said. "So we used a lower dose and got a better side effect profile." ■

Careful Assessment Needed To Treat Conduct Disorders

BY LINDA LITTLE
Contributing Writer

ALBUQUERQUE — Conduct disorders represent a complex family of conditions, and effective treatment requires careful assessment of contributing variables and comorbid conditions, Dr. David J. Mullen reported at a psychiatric symposium sponsored by the University of New Mexico.

"Conduct disorders develop over time, as [the] payoff for antisocial behavior … exceeds the payoff for social behavior," said Dr. Mullen of the department of psychiatry at the university in Albuquerque. "This antisocial behavior may fluctuate, but it is always there."

The DSM-IV defines conduct disorder as "a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate social norms or rules are violated."

For a patient to be diagnosed with conduct disorder, at least three characteristic behaviors must have been manifested in the past year, with at least one behavior present in the past 6 months, according to the DSM-IV. The four main groupings of the characteristic behaviors are aggression toward people and animals, destruction of property, deceitfulness or theft, and serious violations of rules.

"These adolescents often bully and intimidate others, get into physical fights, have a weapon that can cause physical harm, can be physically cruel to people and animals, and some have had forced sexual activity," Dr. Mullen said.

Other behaviors include arson or other serious property destruction, breaking and entering, and lying and conning. "These kids often stay out at night despite parental prohibition," and they "run away from home and are often truant," Dr. Mullen said.

Epidemiologic studies have shown that the incidence of conduct disorder ranges from 1.5% to 15% in children and adolescents. It is three to five times more common in boys than in girls, and there is some evidence that the incidence is increasing, especially in urban areas. In adolescents, however, there is a more even distribution among males and females, he noted.

There may be some genetic component to conduct disorder, but the data are stronger for a genetic component to antisocial personality disorder. Other possible biologic risk factors include central nervous system damage from head or face trauma, hormonal imbalances, and difficult temperaments.

Social factors include poverty, abuse or neglect, unsupportive family interactions, and high levels of parental conflict.

Among patients with conduct disorder, those who do better usually have higher intelligence quotients, more positive temperaments, better social skills, areas of competence outside of school, and a supportive adult in their life, he said.

One important comorbidity is attention-deficit hyperactivity disorder, which yields a worse prognosis than does conduct disorder. "These patients tend to be more aggressive and more antisocial than those with conduct disorder alone," he said. A high percentage of youth with conduct disorder, possibly 60%-80%, also are substance abusers, Dr. Mullen noted.

Youth with conduct disorder also have a higher rate of depression, and there is a high rate of conduct disorder in juvenile bipolar patients, with manic symptoms directly contributing to their antisocial behavior, he said.

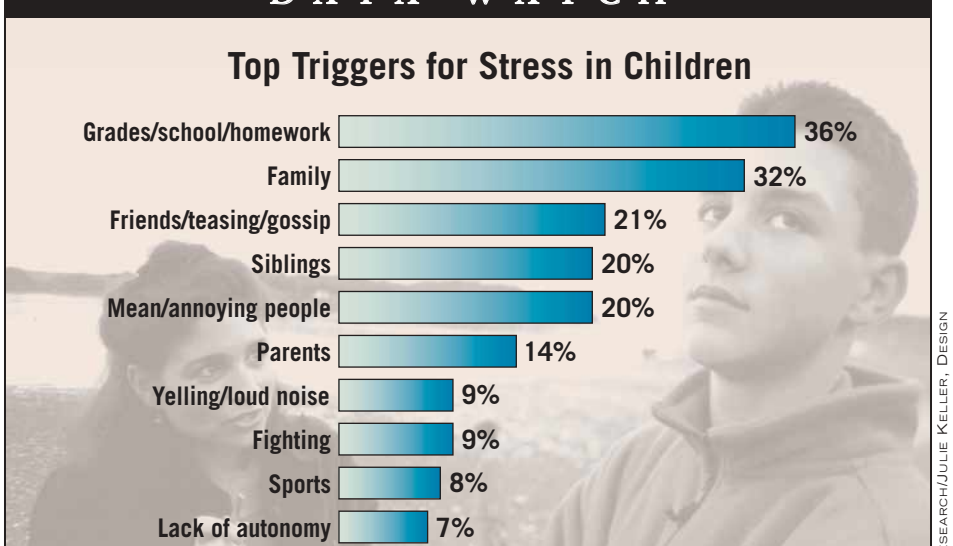
Also, some patients subsequently develop schizophrenia after years of exhibiting antisocial and aggressive behaviors.

Psychiatric medication may be effective in treating the symptoms of aggression as well as the exacerbating comorbidities of conduct disorder. "Multimodal interventions such as multisystemic therapy and functional family therapy also are effective," Dr. Mullen said.

Acute care may be helpful as a crisis response to comorbid conditions, but residential care for these youth has little support, he said. ■

DATA WATCH

Top Triggers for Stress in Children



Note: Based on a survey conducted May 10 to June 7, 2005, of 875 children aged 9-13 years.
Source: KidsHealth KidsPoll

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