

Intermittent explosive disorder: development of integrated research criteria for *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*

Emil F. Coccaro*

Clinical Neuroscience & Psychopharmacology Research Unit, Department of Psychiatry & Behavioral Neuroscience, University of Chicago, Chicago, IL 60637, USA

Abstract

This study was designed to develop a revised diagnostic criteria set for intermittent explosive disorder (IED) for consideration for inclusion in *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)*. This revised criteria set was developed by integrating previous research criteria with elements from the current *DSM-IV* set of diagnostic criteria. Evidence supporting the reliability and validity of IED-IR (“IED Integrated Criteria”) in a new and well-characterized group of subjects with personality disorder is presented. Clinical, phenomenologic, and diagnostic data from 201 individuals with personality disorder were reviewed. All IED diagnoses were assigned using a best-estimate process (eg, kappa for IED-IR >0.85). In addition, subjects meeting IED-IR criteria had higher scores on dimensional measures of aggression and had lower global functioning scores than non-IED-IR subjects, even when related variables were controlled. The IED-IR criteria were more sensitive than the *DSM-IV* criteria only in identifying subjects with significant impulsive-aggressive behavior by a factor of 16. We conclude that the IED-IR criteria can be reliably applied and have sufficient validity to warrant consideration as *DSM-V* criteria for IED.

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1. Introduction

Intermittent explosive disorder (IED) is a disorder of impulse control characterized by intermittent aggressive outbursts [1]. Despite its presence in the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III)* over the past 3 decades, little empirical research has been performed on IED. This is largely because, for its first 14 years, *DSM-III* and *DSM-III-R* criteria allowed few individuals with intermittent aggressive outbursts to meet the *DSM* criteria for this disorder. This was largely due to specific exclusion criteria, which did not allow individuals with generalized aggression and/or impulsivity to receive a *DSM* diagnosis of IED [2]. Because other issues with *DSM-III/R* criteria were also noted as problematic, some investigators proposed research criteria to address these issues [3].

Research criteria for IED (IED-R; 3), written in response to deficiencies in the *DSM-III/R* diagnostic criteria set,

specified the nature (ie, impulsive rather than premeditated aggression), severity (ie, allowed nonphysical/destructive aggression provided that it was associated with personal distress and/or functional impairment), and frequency (ie, 2 aggressive outbursts per week on average for at least 1 month) of aggression. In addition, it required personal distress and/or functional impairment due to the aggressive outbursts, and it removed the presence of borderline or antisocial personality disorder (BPD/AsPD) as an exclusion to the diagnosis.

Initial study of individuals with and without recurrent, problematic, impulsive-aggressive behavior found preliminary evidence for the validity and reliability of these research criteria [3] and suggested that these criteria could serve as a template upon which to revise *DSM* IED criteria in the future. However, because research criteria were developed around the time *DSM-IV* was finalizing its work for its current edition, few of these changes could have been incorporated into the current *DSM-IV* criteria set for IED. Despite this, *DSM-IV* criteria were significantly improved by the removal of the criterion excluding intermittently aggressive individuals from the IED diagnosis if there was evidence of generalized aggression and/or impulsivity.

* Tel.: +1 773 834 4083; fax: +1 773 834 4536.

E-mail address: ecoccaro@yoda.bsd.uchicago.edu.

Otherwise, *DSM-IV* criteria for IED continued to be problematic in ways already addressed by research criteria, specifically with regard to the nature, severity, and frequency of aggression; to the requirement for personal distress and/or functional impairment as a result of intermittent aggressive behavior; and to the allowance of individuals with BPD/AsPD.

This article examines data from an ongoing study of intermittent aggressive behavior to examine the original research criteria for IED in the context of the *DSM-IV* criteria for IED criteria and to attempt an integration of the 2 diagnostic criteria sets (IED-R and *DSM-IV*) in preparation for work on the diagnostic criteria for IED in the upcoming *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)*. This work provides initial evidence that most individuals with problematic, intermittent aggressive behaviors can be identified through the use of this new integrated research diagnostic criteria set for IED (IED-IR).

2. Methods and materials

2.1. Subjects

This article reports data from 201 subjects meeting *DSM-IV* [1] criteria for personality disorder (male: $n = 157$; female: $n = 44$) systematically evaluated with regard to aggressive, suicidal, self-injurious, and other behaviors as part of a larger program designed to study the biological and treatment correlates of impulsive-aggressive behavior in personality disordered subjects. Data from the 188 subjects reported in a previous article on this topic [3] are not included in this data set. Subjects were recruited for this study by newspaper and public service announcements, which sought subjects with anger and aggression problems and, for comparison, subjects without self-reported anger or aggression problems. Written informed consent, using an institutional review board–approved consent document, was obtained from all subjects after all procedures were fully explained.

2.2. Diagnostic entry criteria and assessment

Only personality disorder subjects were eligible for study; subjects with a life history of mania/hypomania, schizophrenia (or other psychotic disorder), or current alcoholism or drug dependence were excluded from this study. Axis I and Axis II personality disorder diagnoses were made according to *DSM-IV* criteria. Diagnosis of alcoholism was made by modified research diagnostic criteria as in our previous reports [4,5]. Diagnoses were made using information from the following: (a) semistructured interviews conducted by trained masteral- or doctoral-level clinicians using the Schedule for Affective Disorders and Schizophrenia [6] modified to include modules for the diagnosis of *DSM* Axis I disorders not covered by the original Schedule

for Affective Disorders and Schizophrenia, the *Structured Clinical Interview for DSM Diagnoses* [7] for Axis I disorders, and the Structured Interview for the Diagnosis of *DSM* Personality Disorder [7,8] for Axis II disorders; (b) clinical interview by a research psychiatrist; and (c) review of all other available clinical data. Final diagnoses were assigned by team best-estimate consensus procedures [9,10,11] involving at least 2 research psychiatrists and 3 clinical psychologists as previously described [4]. This methodology has previously been shown to enhance the accuracy of diagnosis over direct interview alone [12].

2.3. Development of research criteria for IED

In a previous article, Coccaro et al [3] proposed research diagnostic criteria for IED that (a) required that aggressive behavior be primarily impulsive in nature and associated with distress and/or psychosocial impairment; (b) allowed for frequent, though low-intensity, aggressive behavior provided it was associated with distress and/or psychosocial impairment; and (c) eliminated the exclusion of generalized impulsivity/aggression between episodes of aggression and the exclusion of BPD/AsPD as excluded comorbid disorders. Individuals meeting these proposed criteria were identified as meeting IED-R criteria and were found to have greater aggression and impulsivity, and lower global functioning scores compared to those who did not meet these criteria [3]. The IED-R criteria were developed in the late *DSM-III-R* era, however, and later revision of the *DSM* resulted in *DSM-IV* criteria that included at least 2 of the concepts of the IED-R criteria. First, *DSM-IV* criteria explicitly removed the exclusion of “generalized impulsivity/aggression between episodes of aggression.” Second, *DSM-IV* tacitly allowed for a comorbid diagnosis of BPD/AsPD by adding the phrase “if not better accounted for by” disorders listed in the exclusionary criteria (eg, BPD/AsPD). Close examination of the *DSM-IV* criteria for IED, however, revealed that important limitations remained. First, the “A” criterion did not define the number of “aggressive acts” required for diagnosis. Second, there was no guideline on the time frame during which these acts occurred. Third, there was no definition of “serious assaultive acts” or “destruction of property.” This led our group to propose first, that at least 3 “aggressive acts,” during adulthood, would be required for a *DSM-IV* IED diagnosis (IED-IV), and second, that “aggressive acts” be defined as any act of physical aggression on another person whether or not it was associated with physical evidence of injury (eg, push/shove, slap) or destruction of property regardless of the value of the objects. Application of these criteria to the original set of 188 subjects from the study by Coccaro et al [3] revealed that these criteria based on *DSM-IV* criteria (herein referred to as IED-IV criteria) over the lifetime could be diagnosed with good reliability (κ for lifetime IED-IV = .87 in a sample of 76 subjects). As expected, analyses of IED-IV subjects found that these subjects were more aggressive, more impulsive, and less

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