



Impulse control disorders in psychiatric inpatients

Astrid Müller^{a,*}, Katharina Rein^a, Ines Kollei^a, Andrea Jacobi^b, Andrea Rotter^b, Patricia Schütz^b, Thomas Hillemacher^c, Martina de Zwaan^a

^a Department of Psychosomatic Medicine and Psychotherapy, University Hospital of Erlangen, Germany

^b Department of Psychiatry and Psychotherapy, University Hospital of Erlangen, D-91054 Erlangen, Germany

^c Center for Addiction Research (CARe), Department of Psychiatry, Socialpsychiatry and Psychotherapy, Hannover Medical School, Germany

ARTICLE INFO

Article history:

Received 8 October 2010

Received in revised form 22 January 2011

Accepted 12 April 2011

Keywords:

Impulse control disorder

Prevalence

Interviews

ABSTRACT

The aim of this study was to examine the prevalence of impulse control disorders (ICDs) in a European psychiatric inpatient sample. Two hundred thirty four consecutive psychiatric inpatients (62% female) were examined using a module of the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders fourth edition (DSM-IV) that has been developed for ICDs (SCID-ICD). In addition to intermittent explosive disorder, pyromania, kleptomania, pathological gambling, and trichotillomania, the proposed ICDs not otherwise specified were assessed, including compulsive buying, nonparaphilic compulsive sexual behavior, pathological internet use, and pathological skin picking. Based on the SCID-ICD, a lifetime ICD rate of 23.5% and a current ICD rate of 18.8% were found. The most frequent ICDs were pathological skin picking (lifetime 7.3%, current 6.8%), compulsive buying (lifetime 6.8%, current 6.0%), and intermittent explosive disorder (lifetime 5.6%, current 3.4%). In contrast, referring to admission diagnoses taken from patients' charts only 3.8% of the inpatients were diagnosed with any current ICD. Individuals with comorbid ICD were significantly younger and had more admission diagnoses other than ICD. The results suggest high rates of ICDs among psychiatric inpatients that remain to be under-diagnosed in clinical routine.

© 2011 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

Impulse control disorders (ICDs) are characterized by repetitive urges leading to impulsive behaviors that cannot be controlled and are potentially harmful to oneself and/or others (Dilling et al., 2000). Typically, patients feel an increasing sense of tension or excitement before acting out. A sense of relief, pleasure or gratification arises while acting out or shortly thereafter, and the behavior is followed by remorse and guilt. ICDs represent an eclectic group of partially heterogenic conditions (Kuzma and Black, 2005). The Diagnostic and Statistical Manual of Mental Disorders fourth edition (DSM-IV) (APA, 2000) contains pathological gambling, kleptomania, pyromania, intermittent explosive disorder, and trichotillomania as separate diagnostic categories within the ICDs. In addition, several excessive behaviors characterized by difficulties resisting temptations to engage in ultimately harmful behaviors are conceptualized as ICDs not otherwise specified (ICD-NOS), including compulsive buying, pathological skin picking, nonparaphilic compulsive sexual behavior, and pathological internet use (Kuzma and Black, 2005; Dell'Osso et al., 2006).

Studies examining the prevalence of ICDs in adult patients with alcohol dependence (Lejoyeux et al., 1999), depression (Lejoyeux et al., 2002), obsessive compulsive disorder (OCD) (Grant et al., 2006a), and eating disorders (Fernandez-Aranda et al., 2006, 2008), as well as in psychiatric inpatients (Grant et al., 2005) have suggested high rates of comorbid ICD.

As can be seen in Table 1, most of these studies focused on formal ICDs and did not assess the proposed ICD-NOS, in particular nonparaphilic compulsive sexual behavior, pathological skin picking, and pathological internet use. Thus, the present study aimed to systematically examine the occurrence of ICDs in adult inpatients with various psychiatric disorders also including the proposed ICD-NOS. Based on previous findings we expected high rates of ICDs among consecutive psychiatric inpatients.

2. Methods

2.1. Procedure

Data were collected at the Department of Psychiatry and Psychotherapy of the University Hospital of Erlangen. Since the University Hospital of Erlangen does not include a specific unit for patients with substance abuse/dependence, we additionally interviewed consecutive inpatients which were treated at the unit for substance dependence at the Department of Psychiatry of the Hannover Medical School. The inclusion criteria were age 18 years and older and the ability to read and understand the consent form. After complete description of the study to the patients, written informed consent was obtained. The protocol was approved by the Institutional Ethics

* Corresponding author at: Department of Psychosomatic Medicine and Psychotherapy, University Hospital of Erlangen, Schwabachanlage 6, D-91054 Erlangen, Germany. Tel.: +49 09131 8544890; fax: +49 09131 8534145.

E-mail address: astrid.mueller@uk-erlangen.de (A. Müller).

Table 1
Previous results on prevalence estimates of impulse control disorders (ICDs) in adult clinical samples based on structured interviews.

Impulse control disorder	Current prevalence								Lifetime prevalence							
	Alcohol-dependent inpatients ^a		Depressive inpatients ^b		Psychiatric inpatients ^c		Adults with OCD ^d		Psychiatric inpatients ^e		Adults with OCD ^d		Inpatients with bulimia nervosa ^e		Eating disorder patients ^f	
	N = 79		N = 107		N = 204		N = 293		N = 204		N = 293		N = 227		N = 709	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Any ICD ^g	30	(38.0)	31	(28.9)	63	(30.9)	34	(11.6)	67	(32.8)	48	(16.4)	54	(23.8)	118	(16.6)
Intermittent explosive disorder	19	(24.0)	18	(16.8)	13	(6.4)	n/a	n/a	14	(6.9)	n/a	n/a	30	(13.2)	4	(0.6)
Kleptomania	3	(3.8)	4	(3.7)	16	(7.8)	1	(1.0)	19	(9.3)	3	(1.0)	7	(3.1)	32	(4.5)
Pyromania	0	(0)	3	(2.8)	7	(3.4)	0	(0)	12	(5.9)	1	(0.3)	0	(0.0)	2	(0.3)
Pathological gambling	7	(8.9)	3	(2.8)	14	(6.9)	1	(0.3)	14	(6.9)	3	(1.0)	2	(0.9)	2	(0.3)
Trichotillomania	1	(1.3)	3	(2.8)	7	(3.4)	3	(1.0)	9	(4.4)	4	(1.4)	2	(0.9)	13	(1.8)
Compulsive buying	n/a	n/a	n/a	n/a	19	(9.3)	n/a	n/a	19	(9.3)	n/a	n/a	40	(17.6)	84	(11.8)
Nonparaphilic compulsive sexual behavior	n/a	n/a	n/a	n/a	9	(4.4)	n/a	n/a	10	(4.9)	n/a	n/a	n/a	n/a	n/a	n/a
Pathological skin picking	n/a	n/a	n/a	n/a	n/a	n/a	23	(7.8)	n/a	n/a	26	(8.9)	n/a	n/a	n/a	n/a

^a Lejoyeux et al.(1999).

^b Lejoyeux et al.(2002).

^c Grant et al.(2005).

^d Grant et al.(2006a).

^e Fernandez-Aranda et al.(2006).

^f Fernandez-Aranda et al.(2008).

^g With regard to ICDs assessed in the mentioned study.

Committees of the University of Erlangen-Nuremberg and the Hannover Medical School. The interviews were conducted between November 2008 and February 2010.

2.2. Subjects

Two hundred thirty four of 275 consecutive patients (85%) agreed to participate and gave written informed consent. The sample consisted of 145 women (62%) and 89 men (38%). The mean age was 38.4 years (S.D. = 13.4, range 18 to 73). Female and male participants did not differ in age (Mean_{female} = 37.7, S.D. = 13.2 and Mean_{male} = 39.6, S.D. = 13.7, $t = 1.033$, $p = 0.303$). The majority of patients were treated at the University Hospital of Erlangen ($n = 216$), 18 participants were recruited from the unit for substance dependence at the Hannover Medical School.

2.3. Assessment

Information on age, gender, and psychiatric diagnoses on admission was taken from the clinical charts. ICDs were assessed with a module of the Structured Clinical Interview for DSM-IV research version (First et al., 2002) that has been developed for ICDs (SCID-ICD). Besides sections for intermittent explosive disorder, pyromania, kleptomania, pathological gambling, and trichotillomania, this module also contains sections for the proposed ICD-NOS, such as compulsive buying (CB), nonparaphilic compulsive sexual behavior, pathological internet use, and pathological skin picking. The instrument has not been formally field tested. It was provided for research purposes to us by Dr. Michael First and translated into German with permission. The SCID-ICD interviews were conducted face-to-face by six psychiatrists and two psychologists who were experienced in working with psychiatric patients. All were trained in a standardized format beginning with observations of life interviews conducted by the first author who has ample experience with patients suffering from ICDs. Afterwards, they conducted a series of interviews which were reviewed by the first author. During the whole study period, all assessors were under continuous supervision by the first and the last author.

2.4. Statistical analysis

All analyses were performed with SPSS 18.0. The percentages of patients with current and lifetime ICDs were determined. Between group differences were calculated using two-tailed independent sample t-tests for continuous variables and Pearson chi-square tests or two-sided Fisher exact tests for categorical variables. An alpha level of 0.05 was applied.

3. Results

3.1. Diagnoses on admission

Most patients were admitted for multiple psychiatric disorders, 101 patients (43.2%) presented with only one diagnosis. Ninety three participants (39.7%) had two diagnoses, 28 patients (12.0%) had three, and 12 (5.1%) had four diagnoses on admission. Overall, 420 admission diagnoses were taken from the patients' charts, in particular any

affective disorder ($n = 152$; 36.1%), any anxiety disorder ($n = 95$; 22.6%), any psychotic disorder ($n = 21$; 5.0%), any substance use disorder ($n = 44$; 10.5%), any personality disorder ($n = 38$; 9.0%), any eating disorder ($n = 36$; 8.6%), any somatoform disorder ($n = 18$; 4.3%), adult ADHD ($n = 7$; 1.7%), and any ICD ($n = 9$; 2.1%). With regard to any ICD, the following admission diagnoses were given: compulsive buying ($n = 3$), pathological gambling ($n = 2$), pathological skin picking ($n = 2$), pathological internet use ($n = 1$), and nonparaphilic compulsive sexual behavior ($n = 1$). Referring to the patients' charts, the prevalence of ICDs in the present sample was 3.8%.

3.2. ICD prevalence assessed by the SCID-ICD

Based on the SCID-ICD interview, 44 patients (18.8%) met criteria for any current ICD and 55 (23.5%) for any lifetime ICD. Table 2 summarizes the numbers and percentages of patients with current and lifetime ICDs. With regard to current pathological internet use, online gaming was reported most frequently ($n = 6$). Seventeen of the 55 patients (30.9%) with any lifetime ICD diagnosis met criteria for two or more ICDs. Eight patients presented with two or more current ICDs. The diagnoses of the nine patients which were admitted to the hospital for an ICD based on patients' charts were concordant with the diagnoses assessed with the SCID-ICD.

Table 2

Current and lifetime prevalence of impulse control disorders among 234 consecutive psychiatric inpatients.

	Current prevalence		Lifetime prevalence	
	N	(%)	N	(%)
Any ICD	44	(18.8)	55	(23.5)
Intermittent explosive disorder	8	(3.4)	13	(5.6)
Kleptomania	–	–	2	(0.9)
Pyromania	–	–	–	–
Pathological gambling	4	(1.7)	5	(2.1)
Trichotillomania	2	(0.9)	3	(1.3)
Compulsive buying	14	(6.0)	16	(6.8)
Nonparaphilic compulsive sexual behavior	4	(1.7)	7	(3.0)
Pathological internet use	7	(3.0)	12	(5.1)
Pathological skin picking	16	(6.8)	17	(7.3)

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات