Neurodevelopmental Disorders, Disruptive, Impulse-Control and Conduct Disorder (DSM 5)

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CONCENTRATION
IRRITABILITY
HYPERACTIVITY
Are all depressions equal?
Neurodevelopmental Disorders

• Intellectual Disabilities
• Communication Disorders
• Autism Spectrum Disorder
• Attention-Deficit/Hyperactivity Disorder
• Specific Learning Disorder
• Motor Disorders
• Tic Disorders
• Other Neurodevelopmental Disorders
Neurodevelopmental Disorders

- Mental Retardation
  - Severity determined by IQ, onset prior to age 18
Neurodevelopmental Disorders

• Intellectual Disability (Intellectual Developmental Disability)
  – Severity determined by adaptive functioning deficits instead of IQ
    • Adaptive functioning divided into conceptual, social and practical domains
  – Onset is during the “developmental period”
Neurodevelopmental Disorders

• Communication Disorders
  – Language disorder
    • Combines DSM-IV expressive and mixed receptive-expressive language disorders
  – Speech sound disorder (new name for phonological disorder)
  – Childhood onset fluency disorder (new name for stuttering)
  – Social (pragmatic) communication disorder
Neurodevelopmental Disorders

• Autism
  – From the Greek “autos” meaning self
  – Used around 1910 to describe the social withdrawal seen in schizophrenia
  – In the 1940s used by researchers to describe children with emotional and social problems
  – In 1944 Hans Asperger studies a group of children who have social difficulties and talk like grown ups
Neurodevelopmental Disorders

• 1952: DSM I - schizophrenic reaction, childhood type
• 1968: DSM II – adds “the condition may be manifested by autistic, atypical and withdrawn behavior”
• 1980: DSM III – Infantile autism, changed to “autistic disorder” in 1987
• 1994: DSM IV – criteria are changed and PDD NOS and Asperger are added
Neurodevelopmental Disorders

• DSM 5
  – planning conference focusing on autism held at the M.I. N.D. Institute in Sacramento California, on February 3-5, 2008
Neurodevelopmental Disorders

• Autism symptoms occur on a continuum
• Criteria should reflect core symptoms

http://www.youtube.com/watch?feature=player_detailpage&v=KnekINAOADI
Neurodevelopmental Disorders

• Autism Spectrum Disorder
  – encompasses the previous DSM-IV autistic disorder (autism), Asperger’s disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified.
  – ASD is characterized by
    1) deficits in social communication and social interaction
    2) restricted repetitive behaviors, interests, and activities (RRBs)

*You Do Not Have Asperger’s*
What psychiatry’s new diagnostic manual means for people on the autism spectrum.
By [Amy S.F. Lutz](#) | Posted Wednesday, May 22, 2013, at 2:00 PM
Neurodevelopmental Disorders

• Autism Spectrum Disorder (cont)
  – Deficits can be current OR “by history”
  – Onset is during the “early developmental period” but “may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life”
Neurodevelopmental Disorders

• Autism Spectrum Disorder (cont)
  – Specifiers
    • With or without accompanying intellectual impairment
    • With or without accompanying language impairment
    • Associated with a known medical or genetic condition or environmental factor
    • Associated with another neurodevelopmental, mental, or behavioral disorder
    • With catatonia
Neurodevelopmental Disorders

• Autism Spectrum Disorder (cont)
  – Specifiers (cont)
    • Severity
      – Level 1: “Requiring support”
      – Level 2: “Requiring substantial support”
      – Level 3: “Requiring very substantial support”
Neurodevelopmental Disorders

• ADHD
  – examples have been added to the criterion items to facilitate application across the life span
  • For example:
    – *is often “on the go” or often acts as if “driven by a motor”* has been changed to
    – *is often “on the go,” acting as if “driven by a motor” (e.g. is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with)*
Neurodevelopmental Disorders

ADHD (cont)

– the onset criterion has been changed from “symptoms that caused impairment were present before age 7 years” to “several inattentive or hyperactive-impulsive symptoms were present prior to age 12”

– the cross-situational requirement has been strengthened to “several” symptoms in each setting instead of “some”

– subtypes have been replaced with presentation specifiers that map directly to the prior subtypes
Neurodevelopmental Disorders

• ADHD (cont)
  – a **comorbid diagnosis with autism** spectrum disorder is now allowed
  – for adults the cutoff for ADHD is five symptoms, instead of six required for younger persons
Neurodevelopmental Disorders

• Specific learning disorder
  – combines the DSM-IV diagnoses of reading disorder, mathematics disorder, disorder of written expression, and learning disorder not otherwise specified
Disruptive, Impulse Control and Conduct Disorders

Scott Summers
Disclosures

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Oppositional Defiant Disorder

- Angry mood, defiance, or vindictiveness lasting at least six months with non-sibling interactions
  - Most days for children under 5, one day per week for those above 5
Emotional and behavioral components important
- Separated in criteria to highlight emotional component
- Highly intercorrelated
- Predict different things
  - Emotional predicts mood disorders
  - Vindictiveness predicts conduct disorder

Considered generally successful in DSM-IV
- Diagnosis predicted worse primary outcomes for patient as well as worse outcomes for co-morbid diagnoses well
- Oppositional defiant disorder and conduct disorder can independently predict for impairment
  - Major change is drop of concurrent conduct disorder exclusion
Oppositional Defiant Disorder, cont.

• Severity
  – Pervasiveness better predictor of functional impairment than number of symptoms
  – Virtually all with symptoms have them at least at home
    • Symptoms just at home demonstrated to be enough for clinical impairment
Intermittent Explosive Disorder

- Disproportionate aggression twice weekly for three months or actual violence three times within a year
- Major change is lack of requirement for physical involvement
- Very difficult to separate from temper tantrums in children
  - Now cannot be diagnosed below age 6
- Relative failure for DSM-IV
  - Missing time course or severity descriptions
  - Very small amount of research (~160 articles in past 30 years)
Conduct Disorder

• Persistent pattern of aggression, destruction, theft, rule violation for 12 months
  – Subtypes based on age of onset remain
  – Essentially unchanged from DSM-IV

• DSM-5 recognized that patients with conduct disorder are highly heterogeneous
  – Predictive value for antisocial personality disorder limited
Historically, researchers believed clinicians unable to accurately label emotional nature of psychopathy and worried about label

– Lead to euphemistic and unhelpful socialized vs. undersocialized subtypes in DSM-III
– View changed in mid 2000’s with new research

New specifier is “with limited prosocial emotions”
– Must have two of the following: lack of remorse, lack of empathy, lack of performance concern, or shallow affect
Pyromania & Kleptomania

- Pyromania and kleptomania initially planned to be dropped from DSM-5
  - Thought better accounted for by conduct disorder or a mood disorder in most individuals
  - Limited research shows them as distinct entities with recognized neurotransmitter involvement

- DSM emphasizes overwhelming uncomfortable impulse and subsequent relief in both disorders