

Conduct Disorder (CD)

Definition

DSM-IV Diagnostic Criteria

A. A repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months:

Aggression

- often bullies, threatens, or intimidates others
- often initiates physical fights
- has used a weapon that can cause serious physical harm to others
- has been physically cruel to people
- has been physically cruel to animals
- has stolen while confronting a victim
- has forced someone into sexual activity

Destruction of property

- has deliberately engaged in fire setting with the intention of causing serious damage
- has deliberately destroyed others' property (other than by fire setting)

Deceitfulness or theft

- has broken into someone else's property
- often lies to obtain things or to avoid obligations
- has stolen items of non-trivial value without confronting a victim

Serious violations of rules

- often stays out at night despite parental prohibitions, beginning before age 13 years
- has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
- is often truant from school, beginning before age 13 years

B. The disturbance in behaviour causes clinically significant impairment in social, academic, or occupational functioning.

How are ODD and CD related?

While CD can be seen as a worse version of there are some differences, such as children with ODD seem to have worse social skills than those with CD; children with ODD seem to do better in school; and with CD there are safety concerns for themselves and others.

Causes

Some factors that may make a child more likely to develop conduct disorder include: inconsistent rules and harsh discipline, lack of enough supervision or guidance, frequent change in caregiver, poverty, neglect or abuse, a delinquent peer group.

Diagnosis

CD is diagnosed in the same way as many other psychiatric disorders in children. Psychiatrists/clinical psychologists examine the child, talk with the child, talk to the parents, and review the medical history. The child is examined to look for signs of other disorders. This usually includes some school work, some parts of the physical exam, and getting the child's perspective on things.

Prevalence

Conduct disorder is the most serious childhood psychiatric disorder. Approximately 6-10% of boys and 2-9% of girls have this disorder.

Patterns of comorbidity

- Learning Problem
- Depressed Mood (25%)
- ADHD (30%-50%)
- Addiction
- Dramatic/Erratic/Antisocial Personality

Prognosis

- About 30% of conduct disorder children continue with similar problems in adulthood.
- Substance abuse is very high.
- 70% of children no longer show signs of CD. Some are fine, but sometimes the comorbid problems remain or get worse.

Strategies for CD

Some studies have shown that treating CD plus ADHD with stimulants helps the conduct disorder. Recent work also suggests that treating depression in the context of CD can be effective.

Intervention should:

- be as early as possible
- include all caregivers working as a team
- be consistent across all environments and time
- be maintained as long as needed
- include many different types of interventions and not just focus on one aspect of the problem
- include a structured behaviour management plan
- include a plan to assist with learning
- include a plan to deal with safety issues