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Conduct Disorder - A Case Study.

Arathy Satheesh R* and V Hemavathy

Department of Nursing, Sree Balaji College of Nursing, Chennai, Tamil Nadu, India.

ABSTRACT

Conduct disorder is a psychiatric syndrome occurring in childhood and adolescence, and is characterized by a longstanding pattern of violations of rules and antisocial behaviour. As listed in the DSM-IV, symptoms typically include aggression, frequent lying, running away from home overnight and destruction of property. The child or adolescent usually exhibits these behaviour patterns in a variety of settings- at home, at school, and in social situations- and they cause significant impairment in his or her social, academic, and family functioning. Children who display early-onset conduct disorder are at greater risk for persistent difficulties, however, and they are also more likely to have troubled peer relationships and academic problems. to define Conduct Disorder, incidence, sign and symptom, diagnostic feature, etiology and management. describing the symptomatology, etiology of conduct disorder. Result: a case of Master X 13 years, male, presented with the history of intimidating, bullying and physically harming others, aggressive and destructive behaviour, lying, skipping school, running away from home, alcohol use and sexual behaviour at a very young age. Conduct disorder is a mental disorder diagnosed in childhood or adolescence that presents itself through a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate norms are violated.

Keywords: Conduct disorder, childhood or adolescence, patterns of behaviour, basic rights of others, age-appropriate norms.

**Corresponding author*

INTRODUCTION

Conduct disorder is a group of behavioural and emotional problems that usually begins during childhood or adolescence. Children and adolescents with the disorder have a difficult time following rules and behaving in a socially acceptable way. They may display aggressive, destructive, and deceitful behaviours that can violate the rights of others. These behaviours are often referred to as "antisocial behaviours. Adults and other children may perceive them as "bad" or delinquent, rather than as having a mental illness. It is often seen as the precursor to antisocial personality disorder, which is not diagnosed until the individual is 18 years old. A child with conduct disorder may appear tough and confident. In reality, however, children who have conduct disorder are often insecure and inaccurately believe that people are being aggressive or threatening toward them.

Definition

Conduct disorder (CD) is a mental disorder diagnosed in childhood or adolescence that presents itself through a repetitive and persistent pattern of behaviour in which the basic rights of others or major age appropriate norms are violated.



Case study of Master X

Master X 13 years, male, presented with the history of intimidating, bullying and physically harming others, aggressive and destructive behaviour, lying, skipping school, running away from home, alcohol use and sexual behaviour at a very young age. There is no family history of psychiatric illness. Master x was diagnosed to have conduct disorder.

Incidence

Conduct disorder is estimated to affect 51.1 million people globally. Conduct disorder is more common among boys than girls, with studies indicating that the rate among boys in the general population ranges from 6% to 16% while the rate among girls ranges from 2% to 9%. The incidence of conduct disorder increases from childhood to adolescence. Among both boys and girls, conduct disorder is one of the disorders most frequently diagnosed in mental health settings.

Signs and symptoms

Aggressive Conduct

- intimidating or bullying others
- physically harming people or animals on purpose
- committing rape
- using a weapon

Deceitful Behaviour

- lying



- breaking and entering
- stealing
- forgery

Destructive Behaviour

- arson
- other intentional destruction of property

Violation of Rules

- skipping school
- running away from home
- drug and alcohol use
- sexual behaviour at a very young age

- Boys with conduct disorder are more likely to display aggressive and destructive behaviour than girls.
- Girls are more prone to deceitful and rule-violating behaviour

Categorisation

The symptoms of conduct disorder can be mild, moderate, or severe

Mild

- cause relatively minor harm to others
- Lying
- Truancy
- staying out after dark without parental permission.

Moderate

- These conduct problems may have a mild to severe harm to others
- vandalism
- stealing

Severe

- cause considerable harm to others
- Rape
- use of a weapon
- breaking and entering

Diagnostic Features

- Child must have a pattern of displaying at least three behaviours that are common to conduct disorder.
- Child must also have shown at least one of the behaviours within the past six months.
- The behavioural problems must also significantly impair the child socially or at school.

Etiology

Biological:

- Damage to the frontal lobe of the brain
- Malfunctioning of the nerve cell circuits along the brain regions involved in regulating behavior

- Other mental illnesses, such as attention-deficit/hyperactivity disorder (ADHD), learning disorders, depression, substance abuse, or an anxiety disorder, which may contribute to the symptoms of conduct disorder.

Genetics:

- close family members with mental illnesses, including mood disorders, anxiety disorders, substance use disorders and personality disorders.
- Environmental:
 - Factors such as a dysfunctional family life,
 - childhood abuse or traumatic experiences
 - family history of substance abuse
 - inconsistent discipline by parents
- Psychological:
 - problems with moral awareness (notably, lack of guilt and remorse)
 - deficits in cognitive processing

Social:

- Low socioeconomic status
- not being accepted by the peers

Environmental Factors:

- child abuse
- a dysfunctional family
- parents who abuse drugs or alcohol
- poverty

Risk Factors

- being male
- living in an urban environment or poverty
- having a family history of conduct disorder or other psychiatric disorders
- having parents who abuse drugs or alcohol
- having a dysfunctional home environment
- having a history of experiencing traumatic events, being abused or neglected

Treatment

Psychotherapy

- Cognitive-behavioural therapy: to improve problem solving skills, anger management, moral reasoning skills, and impulse control
- Family therapy: to help improve family interactions and communication among family members.
- Parent management training (PMT): to teaches parents ways to positively alter their child's behaviour in the home.

Pharmacotherapy

- Stimulants
- Antidepressants
- Lithium and anticonvulsants
- Clonidine

Nursing priorities

- Provide a safe environment and protect client from self-harm
- Promote development of strategies that regulate impulse control, regain sense of self-worth and security.
- Facilitate learning of appropriate and satisfying methods of dealing with stressors/feelings.
- Promote client's ability to engage in satisfying relationships with family members and peer group.
- Increase the client's behavioural response repertoire

Discharge Goals

- Exhibits effective coping skills in dealing with problems
- Understands need and strategies for controlling negative impulses/acting-out behaviours
- Expresses anger in appropriate/nonviolent ways
- Family involved in group therapy; participating in treatment program
- Plan in place to meet needs after discharge

Prevention

The sooner the treatment for conduct disorder is started, the more likely the child will learn adaptive behaviours and avoid potential complications.

CONCLUSION

Children with conduct disorder are at greater risk for persistent difficulties, and are more likely to have troubled peer relationships and academic problems. It is often seen as the precursor to antisocial personality disorder. The nurses should include family members in providing an effective care to the patient and to develop support and explore the emotional experiences of the client.

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