Impulse Control Disorders
Intermittent Explosive Disorder

Diagnostic Guidelines

There are three criterion that must be met to diagnose this disorder:

1. The presence of discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property.
2. The degree of aggressiveness expressed during an episode is grossly out of proportion to any provocation or precipitating psychosocial stressor.
3. Other mental disorders that might account for episodes of aggressive behavior have been ruled (e.g., Antisocial Personality Disorder, Borderline Personality Disorder, a Psychotic Disorder, a Manic episode, Conduct Disorder, or Attention Hyperactivity Disorder).

Treatment Guidelines

1. The best prognosis for impacting this disorder is the use of medication and therapy
2. Studies suggest that patients with intermittent explosive disorders respond to treatment with antidepressants--such as tricyclic antidepressants and serotonin reuptake inhibitors (SRIs)--and mood stabilizers such as lithium, carbamazepine, and divalproex. Intermittent explosive disorder may cause violent behavior that results in physical assault, destruction of property, and even homicide. The association of explosive episodes with mood and energy changes similar to manic and hypomanic symptoms, the high rate of comorbid bipolar disorder, and the favorable response of impulsive, aggressive symptoms to treatment with mood stabilizers suggest the possibility that intermittent explosive disorder may be linked to bipolar disorder. Further investigation of associated psychopathology, clinical course, and response to psychosocial and psychopharmacologic treatment of intermittent explosive disorder is warranted to design effective treatment measures and to better define its relationship to other Axis I or Axis II disorders. (S. McElroy,M.D. J Clin Psychiatry 1999)
3. In treating, Dr. Donald J. Franklin recommends behavioral and cognitive interventions to include self-control and anger management techniques, ways to deflect anger in order to control it, stress management and cognitive therapy to change the irrational belief system that triggers violent behavior. (Donald J. Franklin. Psychology Information On-line, Impulse control disorders 2001).
4. EEG Neurofeedback: Dr. Steven T. Padgitt, Ph.D, has successfully used EEG Neurofeedback techniques in the treatment of IED. A combination of in-office and at home sessions results in the client's ability to control impulses by increasing the amplitude of slow brain wave (Alpha and Theta) activity. Computer tones serve as instantaneous verifications of having produced the kind of brain wave activity that induces a calm and non explosive state of consciousness, and memorizing the sensations will help gain control of emotional outbursts.(Pagditt, S. Treating intermittent explosive disorder with neurofeedback. 2001)

Cultural and Linguistic Factors

Amok is characterized by an episode of acute, unrestrained violent behavior for which the person claims amnesia. Although traditionally seen in Southeastern Asian countries, cases of amok have been reported in Canada and the United States. Unlike IED, amok typically occurs as a single episode rather than as a pattern of aggressive behavior and is often associated with prominent dissociative features. Episodic violent behavior is more common in males than females

Associated Descriptive Features and Disorders

Signs of generalized impulsivity or aggressiveness may be present between explosive episodes. Individuals with narcissistic, paranoid, or schizoid traits may be especially prone to having explosive outbursts of anger when under stress. The disorder may result in job loss, school suspension, divorce, difficulties with interpersonal relationships, accidents (e.g., in vehicles), hospitalization (because of injuries incurred in fights or accidents), or incarcerations

Associated Physical Examination Findings and General Medical Condition

There may be nonspecific or soft findings on neurological exams. Some cerebral functions such as delayed speech or poor coordination have been indicated. A history of neurological conditions such as head injury, episodes of unconsciousness, or febrile seizures in childhood may be present. However, if the clinician judges that the aggressive behavior is the result of direct physiological effects of a diagnosable medical condition, the appropriate Mental Disorder Due to a Generalized Medical Condition should be diagnosed instead.

Differential Diagnosis

Aggressive outbursts may occur in association with substance intoxication or withdrawal. This is often associated with alcohol, phencyclidine, cocaine and other stimulants, barbiturates, and inhalants.

In some instances, outbursts may occur as a result of a delirium or dementia. Delirium needs to be ruled out especially with the elderly, as they are prone to infections. Dementia can also be present among this age group.

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