

## IMPULSE-CONTROL DISORDERS

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Pathological (abnormal) impulsivity is characterised by a number of features, including a repeated failure to resist a harmful impulse or drive, increasing arousal or tension prior to acting on the impulsive or drive, a sense of relief or gratification during this behaviour, and there may also be regret or remorse afterwards. A large range of impulsive behaviours have been described, including aggressive outbursts (in intermittent explosive disorder), stealing (in kleptomania), gambling (in pathological gambling), fire-setting (in pyromania), and hair-pulling (in hair-pulling disorder, also known as trichotillomania).

Indeed, many disorders are characterised by impulsive symptoms (e.g., substance use disorders, eating disorders, paraphilias) or traits (e.g., borderline personality disorder, antisocial personality disorder). There are also some important impulsive conditions, such as compulsive shopping, compulsive sexual behaviour, and compulsive internet use, that have not yet been widely recognised.

Impulsive symptoms and traits are highly prevalent and disabling. Alcohol dependence, for example, is a particularly common and burdensome disorder in South Africa. Some impulsive disorders are more common in men (e.g., antisocial personality disorder, intermittent explosive disorder, pathological gambling, pyromania), while others are more common in women (e.g., borderline personality disorder, kleptomania, trichotillomania). Some impulsive disorders depend on technological changes (e.g., availability of the internet has allowed people the opportunity to gamble online).

In people with impulsive symptoms and traits there are often comorbid psychiatric conditions (e.g., other impulsive disorders, depression, bipolar disorder, and substance use disorders).

**Treatment:**

A range of specific psychotherapy cognitive-behavioural techniques can be useful in combating impulsivity. For example, patients prone to impulsive aggression can be taught to recognise the cues that set off their temper, and to devise alternative strategies to cope with the rising tension and emotion that often precedes the angry outburst.

Few medications have been specifically registered for the treatment of impulsive disorders. Nevertheless, many patients with impulsive disorders have comorbid disorders that respond to medication, and this can lead to a rational medication plan. Thus patients with comorbid depression may respond to antidepressants, and patients with comorbid bipolar disorder may respond to mood stabilisers.