Key Dates

- TU Feb 21 Monday class schedule
- TH Feb 23 Unit 10; MW Ch 11 Theodore B
- TU Feb 28 Begin Dimensions-Cognition, Units IIC and 11; MW Ch 6 Sally, Daniel, and Theodor K
- TH Mar 2 Unit 12-13; MW Ch 4 Anna, Temple
- TU Mar 7 Begin Dimensions-Physical, Units IID and Unit 14; MW Ch 5 Alix, Pam; Term Paper Step 1

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Psychology Career Workshop

Monday February 27th

5:30pm

HSS 165

This workshop is sponsored and presented by the Department of Psychology. All are welcome.

Goal: To recognize and differentiate different patterns of behavior that show evidence of addiction and inadequate impulse-control

UNIT 8: ADDICTION AND IMPULSE-CONTROL:

Impulse-Control Disorders

Goal: To recognize and differentiate different patterns of psychopathology that involve eating and feeding behaviors

UNIT 9: EATING AND FEEDING

Learning Outcomes

- By the end of this class, you should be able to:
  - Distinguish between what the *DSM-5* calls a "paraphilic disorder" and any form of unusual or deviant sexual behavior
  - Identify and define the key characteristics of what the *DSM* calls anorexia nervosa
  - Identify and define the key characteristics of what the *DSM* calls bulimia nervosa
  - Identify and define the key characteristics of what the *DSM* calls binge-eating disorder
  - Identify how anorexia and bulimia are both similar and different

Addiction and Impulse-Control: Aggressive, Disruptive and Antisocial

- Formerly referred to as “impulse-control disorders” in *DSM-IV*
- While they might have addictive or compulsive qualities, *DSM-5* lists them in a different category, “Disruptive, Impulse-Control, and Conduct Disorders”
- These disorders comprise behaviors that violate the rights of others and create conflict with authority and society
- In children and adolescents, might be linked with delinquency
- In adults, often linked with criminal behavior

Addiction and Impulse-Control: Aggressive, Disruptive and Antisocial

- Oppositional defiant disorder
  - Angry and irritable mood, argumentative behavior and refusal to follow rules or requests from authority, spiteful
  - Minimum 6-months duration
  - Usually first appears between ages 3 and 8
  - Prevalence ~3%, predominantly male
- Conduct disorder
  - Violation of rules, laws, rights of others, including aggression, destruction of property, theft, lying, truancy, etc.
  - Minimum 12-month duration, both childhood- and adolescent-onset possible
  - Often preceded by ODD
  - Prevalence ~4%, predominantly male

Addiction and Impulse-Control: Aggressive, Disruptive and Antisocial

- Intermittent explosive disorder
  - Recurring unprovoked aggressive outbursts
  - Aggression occurs without premeditation, is not designed to achieve any specific goal
  - Verbal and physical aggression, toward people, animals, and/or objects
  - 12-months duration
  - Prevalence ~3%, usual onset late childhood/early adolescence

Addiction and Impulse-Control: The Manias

- Mania refers to patterns of wildly excitable, poorly-controlled, intensely-motivated activity (think “maniac”)
- Three in *DSM-5*:
  - Trichotillomania (Unit 6) classified as an obsession-related disorder—no pleasure
  - Pyromania (compulsive fire-setting) and kleptomania (compulsive stealing, shoplifting) are classified as impulse-control disorders
  - Both show pattern of increased tension before and relief after, but there is also pleasure
  - Both rare (<1%), the former primarily male, the latter female

Addiction and Impulse-Control: The Manias/Paraphilic Disorders

- Paraphilic disorders (connected to popular image of “sex maniac”)—separate category in *DSM*
  - Paraphilia = intense, persistent sexual interest in activity or target not focused on genital stimulation with consenting adult partner
  - Paraphilic disorder – paraphilia plus distress, impairment, or harm to others (similar, but not identical to popular concept of sexual perversion or sexual deviation)
  - Might have compulsive/addictive qualities, but are not classified as addictions

Addiction and Impulse-Control: The Manias/Paraphilic Disorders

- Exhibitionistic disorder
- Fetishistic disorder
- Frotteuristic disorder
- Sexual masochism disorder
- Tranvestic disorder (≠ cross-dressers, transgendered)
- Voyeuristic disorder
- May be diagnosed based on fantasies and/or actions
- Generally no physical harm to another
- All require 6-month duration
- Much more common among males

Addiction and Impulse-Control: The Manias/Paraphilic Disorders

- Two more, which typically do involve physical harm to another
  - Pedophilic disorder (≠ child molestation): exclusive or non-exclusive, attraction to male/female/both, victims at least 5 years younger
  - Sexual sadism disorder (≠ rape)
- May be diagnosed based on fantasies and/or actions
- All require 6-month duration, tend to be very chronic, repetitive
- Also much more common in males

Addiction and Impulse-Control

- Differential and co-morbid considerations
  - Other specified (especially paraphilic disorders) and unspecified
  - Differential diagnosis and co-morbidity:
    - Overlap with, yet distinct from, obsession-related disorders (i.e., “compulsive” sexual activity
    - Substance use disorders frequently co-occur with all these
    - All these disorders frequently co-occur with personality disorders, especially antisocial
    - Can be hard to distinguish from, or may co-occur with, manic episodes

Eating and Feeding

- Anorexia nervosa
- Three requirements:
  - Restriction of calorie intake resulting in significantly, even dangerously, low weight (~ “self-starvation”)
  - Intense fear of gaining weight, being fat
  - Disturbance in how one’s weight or shape is experienced, or preoccupation with it, or inability to recognize seriousness of one’s low body weight
- Restricting versus binge-eating/purging types
- Severity (mild/moderate/severe/extreme determined by body mass index (BMI)

Eating and Feeding

- Anorexia nervosa (continued)
  - Onset usually in adolescence
  - In females, menstruation usually ceases
  - Mortality as high as 10% for prolonged duration (highest among all mental disorders)
  - But average duration is in fact relatively brief, <2 years
  - Prevalence <0.5%, 10:1 female:male ratio
  - Much more common among Caucasian than African American, also higher in upper SES

Eating and Feeding

- Bulimia nervosa
- Five requirements:
  - Binge eating and feeling out of control
  - Compensatory behaviors to avoid weight gain
  - Binging and compensatory behaviors at least weekly for at least 3 months (vomiting—”purging”—most common)
  - Self-evaluation unduly tied to body shape and weight
  - Anorexia ruled out
- Severity rating of mild/moderate/severe/extreme based on number of compensatory behaviors each week (>2x/day not unknown)

Eating and Feeding

- Bulimia nervosa (continued)
  - Onset usually in late adolescent or young adult years
  - Mortality lower than anorexia but still ~ 2% every 10 years
  - Pattern tends to be chronic, often with remitting/relapsing pattern
  - 12-month prevalence 1.0-1.5%, also 10:1 female:male ratio
  - Racial/ethnic variations and SES-link not identified

Eating and Feeding

- Binge-eating disorder
  - "Officially" accepted for first time in *DSM-5*
  - Recurrent binge eating and feeling out of control
  - Binges also include eating more rapidly, past point of being full, when not hungry, often alone, often with feelings of guilt or disgust
  - At least weekly for at least 3 months
  - No compensatory behaviors, and bulimia ruled out
- Severity rating of mild/moderate/severe/extreme based on number of binge episodes each week (>2x/day not unknown)
- Frequently linked with long history of recurrent but unsuccessful attempts to diet
- Female:male only 1.5:1, no racial/ethnic variations

Eating and Feeding

- Feeding problems in younger children
  - Eating disorders get most of the attention
  - Feeding disorders do not necessarily precede eating disorders and might not share any common etiology
  - Three are recognized in *DSM*
    - Pica: eating non-nutritive substances (e.g., dirt)
    - Rumination disorder: regurgitation and re-chewing/re-swallowing of food
    - Avoidant/restrictive food intake disorder: failure to consume enough food (due to lack of appetite, pickiness, fear of negative consequences, etc.)
  - All are uncommon, probably equal in boys and girls

Eating and Feeding

- Differential and co-morbid considerations
  - Binge-eating disorder might overlap with impulse-control disorders
  - Anorexia and bulimia overlap in that both can involve purging
  - Bulimia is often co-morbid with depressive disorders, and also, though less often, with substance use disorders
  - Feeding disorders might be hard to distinguish from, or might be considered co-morbid with, autism spectrum disorders, intellectual disability, even oppositional-defiant disorder
  - Avoidant/restrictive can be hard to distinguish from anorexia, but lacks the fear of being fat and usually occurs at younger age
  - Avoidant/restrictive might also be better diagnosed as a form of phobia