



Characteristics of Impulse Control Disorders in a Group of Medical Students

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Objective

- The prevalence rates of impulse control disorders (ICDs) are more than it was estimated in the past.
- The rates change according to particular ICD, socio-cultural features, age and gender.
- Although the age of onset of ICDs is usually adolescence and early adulthood, little is known about lifetime prevalence of impulse control disorders (ICDs) in this population.
- The comorbidity of other psychiatric disorders makes the diagnosis difficult and has negative effects on both treatment and the prognosis of ICDs.
- The aim of this study was to determine the prevalence of ICDs among medical students and evaluate the related socio-demographic and clinical features.

Methods

- A total of 277 students in the fourth and fifth year of medical school were included in the study.
- A demographic data form has been completed.
- The Structured Clinical Interview for *Diagnostic and Statistical Manual of Mental Disorders, fourth edition* (DSM-4) was used to determine axis I psychiatric disorders.
- Being in acute psychotic episode or in a delirium state were exclusion criteria.
- The prevalence rates of ICDs were investigated by using the modified version of the Minnesota Impulse Disorders Interview (MIDI).
- Impulsivity was measured with the Barratt Impulsiveness Scale Version 11 (BIS-11).
- In addition all participants completed Symptom Check List-90 (SCL-90).

Table 1: Current and lifetime prevalence of ICDs among medical students.

	Current		Lifetime	
	N	%	N	%
ICD(+) (without ICD-NOS)	18	6.5	22	7.9
ICD(+) (with ICD-NOS)	26	9.4	31	11.2
Intermittent explosive disorder	16	5.8	17	6.1
Trichotillomania	4	1.4	7	2.5
Pyromania	0	0	1	0.4
Compulsive buying	4	1.4	5	1.8
Pathological skin picking	5	1.8	6	2.2
Compulsive exercise	1	0.4	1	0.4

Results

- The lifetime prevalence of at least one ICD in our sample was 11.2 % (n=31).
- When the participants with the diagnosis of ICDs not otherwise specified (ICD-NOS) were excluded the prevalence rate decreased to 7.9 %.
- The most common ICD was intermittent explosive disorder (6.1 %), followed by trichotillomania (2.5 %).
- Six participants had pathological skin picking, five had compulsive buying and one compulsive exercise.
- None of the participants met the criteria for kleptomania, pathological gambling and compulsive sex in lifetime or in last one month period.
- The majority of the sample were men (53.4 %), single (95.3 %), and had mid or high level socioeconomic status (88.4 %).
- There was no statistically significant difference between socio-demographic characteristics of participants with or without ICDs. The only exception was the lifetime prevalence of intermittent explosive disorder which was significantly higher in men than in women.
- History of suicide attempts was significantly higher in the group with ICD.
- There was statistically significant difference between comorbidity of other Axis I psychiatric disorders and a significant difference was observed in terms of total impulsivity, non-planning activity, and motor impulsivity scores as determined by BIS-11 between groups with or without ICDs.

Conclusions

- The results of this study have shown that ICDs are commonly seen but underdiagnosed disorders in young adult populations.
- Although the age of onset of ICDs is usually adolescence and early adulthood, little is known about lifetime prevalence of impulse control disorders (ICDs) even in this population. None of the cases apply for the symptoms of ICDs and even if they were referred to a clinician the diagnosis is overlooked because of comorbid disorders.
- ICDs affect the quality of life, the course and outcome of comorbid disorders so it is important to ask for these disorders in regular psychiatric interviews and treating them in an appropriate and specific way.

References

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Characteristics of impulse control disorders in a group of medical students

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Purpose: The prevalence rates of impulse control disorders (ICDs) are more than it was estimated in the past [1]. Although the age of onset of ICDs is usually adolescence and early adulthood, little is known about lifetime prevalence of impulse control disorders (ICDs) in this population [2,3]. The comorbidity of other psychiatric disorders makes the diagnosis difficult and has negative effects on both treatment and the prognosis of ICDs. The aim of this study was to determine the prevalence of ICDs among medical students and evaluate the related sociodemographic and clinical features.

Method: A total of 277 students in the fourth and fifth year of medical school were included in the study. A demographic data form has been completed. The Structured Clinical Interview for *Diagnostic and Statistical Manual of Mental Disorders, fourth edition text revision* (DSM IV TR) was used to determine axis I psychiatric disorders. Being in acute psychotic episode was the only exclusion criteria in the study. The prevalence rates of ICDs were investigated by using the modified version of the Minnesota Impulse Disorders Interview (MIDI). Impulsivity was measured with the Barratt Impulsiveness Scale Version 11 (BIS-11). In addition all participants completed Symptom Check List-90 (SCL-90).

Results: The lifetime prevalence of at least one ICD in our sample was 11.2% (n=31). When the patients with the diagnosis of ICDs not otherwise specified (ICD-NOS) were excluded the prevalence rate decreased to 7.9%. The most common ICD was intermittent explosive disorder (6.1%), followed by trichotillomania (2.5%). Six participants had pathological skin picking, five had compulsive buying and one compulsive exercise. None of the participants met the criteria for kleptomania, pathological gambling and compulsive sex in lifetime or in last one month period. The majority of the sample were men (53.4%), single (95.3%), and had mid or high level socioeconomic status (88.4%). There was no statistically significant difference between sociodemographic characteristics of participants with or without ICDs. The only exception was the lifetime prevalence of intermittent explosive disorder which was significantly higher in men than in women. History of suicide attempts was significantly higher in the group with ICD. There was statistically significant difference between comorbidity of other Axis I psychiatric disorders and a significant difference was observed in terms of total impulsivity, non-planning activity, and motor impulsivity scores as determined by BIS-11 between groups with or without ICDs.

Conclusion: The results of this study have shown that ICDs are commonly seen but underdiagnosed disorders in young adult populations. ICDs affect the quality of life, the course and outcome of comorbid psychiatric disorders so it is important to ask for these disorders in regular psychiatric interviews and treat these patients in an appropriate and specific way.

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Keywords

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