

- [3] Tuncay E, Turan B. Intracellular Zn²⁺ increase in cardiomyocytes induces both electrical and mechanical dysfunction in heart via endogenous generation of

reactive nitrogen species. *Biol Trace Elem Res.* 2016;169(2):294–302.

[Abstract:0319][Impulse control disorders]

Verbal and physical aggression in intermittent explosive disorder

Volkan Gelegen^a and Lut Tamam^b

^aOsmaniye State Hospital, Psychiatry Clinic, Osmaniye, Turkey; ^bCukurova University School of Medicine, Department of Psychiatry, Adana, Turkey

E-mail address: volkangelegen@hotmail.com

ABSTRACT

Objective: IED is defined as the failure to resist aggressive impulses resulting in recurrent acts of impulsive aggression. DSM-5, by including verbal aggression as a new criterion, has brought a new dimension to the types of aggressive episodes reported. The current study examined the differences between patients diagnosed with IED based on only verbal aggression criteria (IED-V), only physical aggression criteria (IED-P), and both physical and verbal aggression criteria (IED-B).

Methods: The study population included 70 participants with the lifetime diagnosis of IED according to DSM-IV and/or DSM-5 referred to the outpatient clinic of the Department of Psychiatry. Cases were classified as IED-V, IED-P, and IED-B. Axis I disorder and Axis II disorder diagnoses were made according to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) criteria. Diagnoses were based on information from the Structured Clinical Interview for DSM-IV (SCID I) and the Structured Clinical Interview for DSM-IV personality disorders (SCID II), Symptom Checklist-90 (SCL-90), Wender Utah Rating Scale, Adult Attention-Deficit/ Hyperactivity Disorder (ADHD) DSM-IV Based Diagnostic Screening and Rating Scale, a clinical interview conducted by the researcher, and a sociodemographic data form. In addition, participants were administered the Buss-Perry Aggression Scale and Barratt Impulsiveness Scale Version 11 (BIS-11) to assess aggression and impulsivity.

Results: The present study was conducted with 70 patients aged between 18 and 65 years (mean: 31.3 ± 12.1 years). The majority of the sample were men (61%), married (55%), had at least high school education (75%), and low-level socioeconomic status (52%). There were no statistically significant differences between sociodemographic characteristics of IED-V, IED-P, and IED-B groups. The presence of A2 criterion marked by physical aggression-result in physical injury ($p=0.007$) and functional impairment in occupational area ($p=0.01$) were significantly more often in males. The history of lifetime suicide attempt was significantly higher in IED-B group than in other groups ($p=0.028$). Aggression/ anger problem reported as a complaint when questioned during the clinical interview was significantly more often in IED-P and IED-B groups than in IED-V group ($p=0.024$). In addition, total aggression ($p=0.011$), physical aggression ($p=0.001$), total impulsivity ($p=0.028$), and motor impulsivity ($p=0.043$) scores were significantly higher in IED-B group than in IED-P group. As for the lifetime comorbidity of participants, it revealed that childhood conduct disorder and oppositional defiant disorder were significantly higher in the IED-B group (respectively, $p=0.041$ and $p=0.009$).

Conclusions: Findings are consistent with the suggestion in literature that the individuals who engage in both frequent verbal aggression and physical aggression had more severe profile. It was determined that more than half of the cases with IED have not referred for treatment because of the complaints of aggression/ anger problems before. It was also noted that 50% of this group of participants had met only the criterion of verbal aggression. Although these data suggest that verbal aggression were not taken into account as much as physical aggression by the cases, it is necessary to conduct studies with larger populations in different cultures.

KEYWORDS

Intermittent explosive disorder; verbal aggression; physical aggression; impulsivity; anger

[Abstract:0330][Mood disorders]

A comparison of socio-demographic and clinical features of inpatients with Bipolar Disorder I and Bipolar Disorder II in a university hospital

Şerife Aslan, Nevzat Çamlı, Osman Zülkif Topak, Selim Tümkaya and Figen Çulha Ateşci