

Conduct Disorders: the Interface between Pediatrics and Child Psychiatry

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Abstract

Conduct disorder is defined as behaviors that violate basic norms in a repetitive way, and can cause physical damage to individuals in their social lives. The number of children and adolescents with infrafractional behavior and transgression of social norms is increasing. Their personality is marked by the lack of empathy and practice of repetitive acts that can result in delinquency associated with the child's antisocial behavior. Although often confused with a term popularly created as infantile psychopathy, conduct disorder differs from psychopathy, since this pathology cannot be diagnosed in childhood, necessitating a greater development of the character and the personality. This article is about a literature review using the Virtual Health Library platform. We seek to describe and discuss the diagnostic criteria and aspects of the conduct, evidencing the differential diagnosis, as well as erroneous diagnoses between psychopathy and conduct disorder involving adolescents and children.

Keywords: Childhood, Psychiatry, Pediatrics

Introduction

The international literature addresses the issue of behavior that violates rules of children, adolescents and adults from different points of view, taking into criminology and psychiatric aspects. From the legal point of view, delinquency implies behaviors that transgress the laws. However, since not all antisocial children or youth carry out legislative transgression, the delinquent term was restricted to minor offenders. The antisocial acts related to psychiatric disorders are more comprehensive and refer to behaviors condemned by society, with or without transgression of the laws of the State [1].

Conduct disorder is one of the most frequent psychiatric disorders in childhood and one of the major reasons for referral to the child psychiatrist. Conduct disorder should not be confused with the term "conduct disorder," used in Brazil in a very comprehensive and non-specific way to name mental health problems that cause discomfort in the family and / or school environment. For example, disobedient children, adolescents who have difficulty accepting rules and limits and who challenge the authority of parents or teachers are often referred to mental health services because of "conduct disorders." However, young people who have such disorders do not always meet criteria for the diagnosis of conduct disorder [1].

At the root of the conduct disorder is the permanent tendency to present behaviors that both upset and disturb, as well as involvement in dangerous or illegal activities. These young people do not appear to suffer from psychic distress or self-embarrassment and do not mind hurting people's feelings or disrespecting their rights. Therefore, their behavior has a greater impact on society than on the individual. Behaviors tend to persist, seeming to lack the ability to learn from the negative consequences of one's actions [1].

Objectives

To discuss, based on the scientific literature, aspects such as risk factors, diagnosis and treatment about conduct disorders, as well as the impact of underdiagnosis and negation of the need to follow up the disorder in childhood and adolescence.

Materials and Methods

This is a non-systematic review of the literature, using the Virtual Health Library (VHL) to search for scientific articles, with the descriptors "conduct disorders" and

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“child psychiatry”, resulting in 905 articles, of which only 25 in Portuguese. We selected 10 articles in Portuguese and used the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) for the present study.

Literature Review

The medical clinic with children started from a reflection on the mental deficiency, mainly, from the appearance of the first institutions for the disabled in Europe. Its predecessors were physicians or rehabilitators of the so-called “retardations”, being linked to the field of special education. Child psychiatry has a recent history. Until the twentieth century there was no such thing as child psychiatry, although its roots were found in pedagogical experiences with the mentally handicapped. The preoccupation with childhood led to the creation of the first re-education centers for juvenile delinquents and the creation of the first institutions for children in “moral hazard”. The family, more than the child, became the true place of the disease and medicine was called to therapeutically reeducate the family and to respond to the malaise in childhood. In the present day, the increase in the number of diagnoses in childhood, especially Attention Deficit Hyperactivity Disorder (ADHD), and the consequent medicalization of the school-age child, has taken on a large scale [1-3].

When we talk about Conduct Disorder (TC), which is currently widely debated in the scientific community, we define them as a disorder characterized by a persistent pattern of behavior in which individual rights of third parties, norms or important social rules of age. Such maladaptive behaviors are grouped into four axes: aggression to people and animals; destruction of assets; defraud or theft; and serious breaches of rules [4].

Conduct disorder has genetic and environmental factors. There is a greater risk in children with biological parents, adopters or siblings who present the disorder. It appears to be most commonly found in children with biological parents with severe alcohol use disorder, bipolar disorder, schizophrenia and depression or with biological parents with a history of ADHD [5].

Conduct disorders encompass risk behaviors that may compromise the adolescent’s physical and mental health, such as alcohol use, drug use, and violence. They are among the disorders most commonly found in childhood and adolescence and are patterns of repetitive behaviors, where the child is observed to initiate aggressive behavior and to react aggressively to other people [6].

The onset of conduct disorder is frequent early in the preschool years, although the first significant symptoms usually arise during the period after the middle stage of childhood. Challenging oppositional disorder is a common precursor of childhood-onset conduct disorder. [5].

According to DSM 5, to be made the diagnosis of Conduct Disorder, there must be a patterned, repetitive, and persistent behavior in which third-party basic rights or relevant age-appropriate social norms and standards are violated. At least 3 out of 15 criteria in the last 12 months, of any of the categories, with at least one criterion present in the last 6 months must be filled. Diagnostic criteria include assaults on people and animals, destruction of property, falsehood or theft, and serious violations of rules. And if the patient’s age is 18 years or older the antisocial personality criteria are not met [5].

The prevalence rates of conduct disorder increase from infancy to adolescence and are higher in males than in females [5].

When conduct disorder patients reach adulthood, symptoms of aggression, theft, and rule violations, including violence against individuals, may arise in the convivial environment and the hypothesis of an antisocial personality disorder should be considered [5].

The behavioral disorder of adolescence, from the moral point of view, is in some cases an existential expression of the adolescent who is involved in a context of circumstance with essential needs of different natures. The factors most commonly associated with conduct disorders are: sex, socioeconomic status, use of alcoholic beverages, use / abuse of illicit drugs, bullying and depression [2].

Individuals with frequent behaviors of physical aggression to other people, conflict and opposition with adults and authority figures, troubled relationships with peers, insensitive and emotion-free traits, who seek strong emotions, are in the diagnostic criteria of Conduct Disorder, violation of property and status, as well as having characteristics such as audacity and insensitivity to punishments, below-average intelligence and serious violations of standards, with an increased risk of criminal behavior and use of illicit substances. Similarly to the Challenging Opposition Disorder, Conduct Disorder is more common in males, beginning in childhood and denoting an increasing pattern of behavior, and is aggravated as the individual develops physical strength, cognitive abilities, and sexual maturity, being associated the early onset of sexual behavior, alcohol consumption, smoking, the use of illicit substances, and reckless and risky acts [3].

Regarding prevalence, research indicates high rates in Brazilian children and adolescents, with an average of 3.6% for Conduct Disorder and 3.5% for Oppositional Defiant Disorder. Nível socioeconômico baixo, pertencer ao sexo masculino, baixa escolaridade da mãe, problema de saúde mental materno e violência estão entre os fatores de risco mais consistentemente identificados na literatura nacional e internacional [3].

Several publications have revealed associations of conduct disorders with school problems, denoting that antisocial behavior interferes drastically in learning, in the acquisition of new information, in the relationship with peers and in school performance, which affects repetition and school dropout. Studies indicate that difficulties in the child’s interpersonal relationships tend to aggravate behavioral and school problems. Thus, interpersonal difficulties in childhood can contribute to the development of psychological problems, causing damages throughout the life of the individual [1-3].

Differential diagnoses include stress-reactive disorders and antisocial behavior resulting from psychotic conditions (for an example, a manic episode). Children who are victims of domestic violence may present antisocial behavior as a reaction to stress situations, and adolescents in a manic episode may steal, falsify signatures on checks or provoke fights with corporal struggle as a result of exaltation of humor and not due to conduct disorder [5].

Conduct disorder is often associated with ADHD and emotional disorders (anxiety, depression, obsession-compulsion). Comorbidity with ADHD is more common in childhood, involving mainly boys,

while comorbidity with anxiety and depression is more common in adolescence, involving mainly girls after puberty [7].

More serious anti-social behaviors (eg, gunfights, break-ins, assaults) are often preceded by lighter behaviors (eg, lying, cheating, killing lessons, stealing small things), and over time, alcohol / drug abuse is observed, especially in males and anxiety and depression, especially in females [8,9].

Conduct disorder is often associated with poor academic performance and peer relationship problems, bringing academic and social limitations to the individual. Risk behaviors involving sexual activities, drug use, and even suicide attempts are frequent. Involvement with drugs and gangs can start young people in crime. In adulthood, there are serious consequences of antisocial behavior, such as marital discord, job loss, criminality, imprisonment and violent premature death [8,9].

The treatments present in the scientific literature are varied, including family and school interventions (family and individual psychotherapy, parenting, therapeutic communities, and teacher and parent training in behavioral techniques). Although none of them is very effective, mainly as isolated intervention, the earlier the initiation and the younger the patient, the better the results. The younger the patient is and the lower the severity of the symptoms, the greater the likelihood of the individual responding to psychotherapy. The intervention of psychology with the adolescent with conduct disorder may also be linked to physical activity as an instrument of experiencing anguish, considered as a condition for moral reeducation, reconstruction and revision of moral and ethical values [2].

When it comes to an adolescent who has committed crimes, there is a greater resistance to psychotherapy, and it may be useful to involve professionals specialized in the management of antisocial youth with the use of other methodologies such as art, music and sports workshops. In these workshops, the adolescent has the opportunity to establish an affective bond with the professionals who coordinate the activities, taking them as a model, in addition to perceiving himself capable of creating, which favors the development of self-esteem. Whenever possible, the family of patients should be included in the therapeutic process, especially considering that parents often need psychiatric treatment (eg, drug abuse or because they also have psychiatric comorbidities). Treatment with psychoactive drugs is necessary in some situations in which the target symptoms (eg, paranoid ideas associated with aggression, seizures) or other psychiatric disorders (such as ADHD, depression) are presented by the patient [10].

It is important not to confuse psychopathy with behavioral disorder. Psychopaths are described in the literature as empathy-deficient individuals. Empathy is the ability to put yourself in someone else's position; imagine what the other person is experiencing emotionally.

The literature points to some references regarding the inability of empathy and emotional response of psychopaths:

- 1) They understand the facts very well, but they do not care;
- 2) It is as if the emotional processes were for them a second language;
- 3) They know the words, but not the music.

They are thus incapable of true empathy, which can be perceived in the interpersonal relationship with the physician. Such patients can understand what others feel from the intellectual point of view, since the notion of reality does not change in these conditions, but they are incapable of feeling like normal people from the point of view of the most differentiated feelings [11].

Regarding personality disorders, especially the antisocial type, the literature describes that are great challenges for psychiatry. Both in relation to differential diagnoses and mainly to assist the Justice how to treat them, in the field in forensic psychiatry. Patients who were previously diagnosed with behavioral disorders in childhood and exhibit psychopathic behavior after adulthood and commit serial homicides need special attention because of the high probability of criminal recidivism [11].

Final Considerations

Conduct Disorder consists of a series of behavioral and emotional problems presented by some children and adolescents in which they cause various social problems, with great loss of interpersonal relations.

In general there is a repetitive and persistent pattern of aggressive, challenging and antisocial behavior engaging in dangerous and even illegal activities. One of the most striking features is the lack of empathy.

To differentiate normality from psychopathology, it is important to verify whether these behaviors occur sporadically and in isolation or constitute syndromes, representing a deviation from the pattern of behavior expected for people of the same age and sex in a given culture.

Transgressive behaviors may be observed in adolescence as isolated and transient symptoms. However, these may arise early in childhood and persist throughout life, constituting psychiatric conditions that are difficult to treat. Individual, family and social factors are implicated in the development and persistence of this behavioral profile, interacting in a complex and still unclarified way. As behavior becomes more stable and less modifiable over time, children and adolescents with conduct disorder need to be identified as early as possible so that they have greater opportunity to benefit from therapeutic interventions and preventive actions.

The most effective treatment involves combining different behaviors with the child or adolescent, the family and the school. When it is not possible to access complementary interventions, the mental health professional must identify the priority therapeutic behavior in each specific case.

There are no national studies that show the frequency and behavioral factors associated with the problem. Thus, it is necessary to estimate the prevalence and behavioral factors associated with conduct disorder in adolescents so that it can help in the establishment of preventive strategies. In the literature, there are studies that indicate the existence of strategies of cognitive-behavioral treatments, with young and familiar, effective to reduce the symptomatology of the conduct disorder.

Early diagnosis is essential because children and adolescents with behavioral disorders tend to remain with these disorders in adulthood, and these tend to raise children with behavioral disorders, establishing a difficult cycle for society.

The Diagnosis of Conduct Disorder is performed by the child psychiatrist, and the recommended intervention is multidisciplinary in character where the child psychiatrist, psychologist, pediatrician and others are involved, depending on the case and comorbidities, besides the family and school professionals.

Thus, dialogue and greater understanding are essential, strengthening ties between paediatricians, child psychiatrists, family members and the school, in order to provide a comprehensive and holistic treatment of the child. The most effective interventions are those performed immediately in the pre-school age group. Therefore early diagnosis is essential for the best prognosis of the case.

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