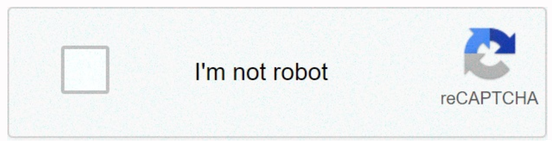

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Treatment guidelines for intermittent explosive disorder

Harvard Mental Health Letter Emerging Data shows that medication and cognitive behavioral therapy may help some patients. A person who is usually calm and collected under sufficient serious stress may be angry up to the point of violence. However, some people who suffer from intermittent explosive disorders repeatedly lose their air - tension increases until there is explosive release. Intermittent explosive disorders are characterized by disproportionate anger reactions, leading to serious harm through violent words and actions. Intermittent explosive disorders are more common than experts believed in at first, and it can be very destructive. National Co-existing Research Replication, a community survey conducted by the National Institutes of Mental Health, has set the lifetime incidence from 5% to 7% and the current morbidity rate from 3% to 4%, depending on how the state is defined. We also found that people with IEDs are often young and the majority are male. In the most severe cases (at least three angry attacks per year), a person with intermittent explosive disorder has dozens of episodes over time and can cause injuries or property damage of thousands of dollars that require medical attention. Intermittent explosive disorder is debacle, especially when diagnosed in individuals who are detained to explain violent behavior. Epidemiological data is still limited and has extensive overlap with many disorders characterized by impulsive and aggressive behavior. From clinicians to clinicians, there are a wide variety of diagnostic methods. Nevertheless, the cost to the perpetrators and their victims is so high that new insights into the biology of this group of patients are more than conveying interest. In one controlled study (using strictly defined research criteria and evaluators who did not know who was diagnosed with IED), first-class relatives of patients with intermittent explosive disorder had a significantly higher risk of IED. Some studies suggest that disorders are associated with abnormal activity of serotonin, a neurotransmitter in some parts of the brain that play a role in regulating, even inhibition, aggressive behavior. People with intermittent explosive disorders were performed in the same way as patients who had been damaged in the pre frontal field. The biggest challenge is that people who are struggling to resist violent impulses are very unlikely to seek treatment, whatever the cause. Many people with intermittent explosive disorders have received some psychiatric treatment.Of them, less than 20% of them have been treated specially for impulsive anger attacks in two studies. People receiving treatment often wait more than 10 years after the onset of symptoms to seek help, either after serious violence occurs or because they are seeking treatment for secondary disorders. Many drugs are known to reduce attack and prevent outrunding of anger, including antidepressants (i.e. selective serotonin re-up inhibitors, or SSRIs), mood stabilizers (lithium and anticonvulsants), and antipsychotics. In a study of 100 patients, researchers found that people who took fluoxetine for 12 weeks experienced a statistically significant decrease in impulsive aggressive behavior compared to people who took placebo. The researchers warned that less than half of patients taking fluoxetine had achieved complete or partial remission, even though the effects looked robust. Cognitive behavioral therapy (CBT), which combines cognitive restructure, response skill training, and relaxation training, looks promising. A small randomized controlled trial by researchers at the University of Chicago compared groups and individual CBTs for the treatment of IEDs with waiting list control groups. After 12 sessions each week, patients participating in individual or group therapy were significantly more aggressive, less angry, and less depressed than 10 in the control group. People who participated in individual therapy sessions also reported improved overall quality of life. After three months, the improvement was sustained. Considering the relatively early onset of intermittent explosive disorders (13 years of age in men, 19 years of age in women, on average in one study), school-based anti-violence programs may help identify adolescent conditions and spur their treatment. For more references, see www.health.hardard.edu/mentalextra. Image: © - Getty Images Disclaimer: As a service to readers, Harvard Health Publishing provides access to a library of archived content. Make a note of the date of the last review or update of all articles. The content on this site should not be used in place of direct medical advice from your doctor or other qualified clinician, regardless of date. The purpose of this study is to examine the effectiveness of two forms of psychotherapy (also known as talk therapy) for individuals with anger and attack problems. Anger and attack are everywhere - on the road, at school, in small league games, at home, and at work. In this study, we test the usefulness of anger management techniques and impulsive and aggressive behavior in reducing the symptoms of intermittent explosive disorder (IED). Condition or disease Intervention/treatment stage: Cognitive behavioral therapy behavior: Supportive psychotherapy phase 2 Eligible participants are randomly assigned to 12 cognitive behavioral therapy or supportive sessionsTo participate in this survey, 16 visits are required in about four months, and three follow-up sessions are held over a 12-month period. Treatment is provided free of charge, and each study participant receives a comprehensive psychological assessment. In this study, two types of talk therapy are provided. One form of treatment focuses on thoughts and actions related to anger and aggression. This type of treatment is known as cognitive behavioral therapy. Other types of treatments focus on anger/attack and personal feelings about the situation leading to this anger. It is known as supporting therapy. The form of treatment you are given is determined randomly (e.touting coins, etc.). Arm Intervention/Treatment Active Comparator: 2 Actions: Supportive Psychotherapy 12 Weeks Treatment Session, Active Comparator Duration Approximately 1 Hour: 1 Cognitive Behavioral Therapy (Cognitive Restruction, Relaxation, and Response Skills Training: CRCST) Behavior: Cognitive Behavior Therapy 1 week therapy session, 1 week treatment session, about 1 hour other name in duration: cognitive restructuring, relaxation, and dealing skill training main results scale: overt invasion scale - changed (OASM) [time frame: screen visit, Pretherapy Visits, 8,12,Post-Treatment Visits,Follow-up Vistas for 3,6,12 Months] State Characteristic Anger Expression Inventory - Trait Anger Scale [STAXI-T] [TimeFrame: Pre-Treatment Visit, Treatment Session 7, Post-Treatment Visits] Intermittent Explosive Disorder Interviews [TimeFrame: Diagnostic Interviews, Post-Treatment Visits (Corrections), 3, 6, and 12 Months Follower v (Fix): Action Invasion Measures (Taylor Aggression Paradigm [TAP], Point Subtraction Invasion Paradigm [PSAP] Time frame: pre-treatment visit, post-treatment visit, follow-up visit of 3, 6, and 12 months] inclusion criteria: anger, anger, rampage, hypersensitivity, impulsive / aggressive behavior there is a problem to get into trouble at work or at home. Between the ages of 18 and 55. Meet other eligibility requirements outlined in the research protocol. Exclusion Criteria: University of Illinois at Chicago, U.S.A., Illinois, U.S.A., 60637 Layout Table for Investigator Information: Michael Macrosky, University of Chicago