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**LETTER TO THE EDITOR**

# Conduct Disorders in Children and Adolescents

# Çocuk ve Ergenlerde Davranım Bozuklukları

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**ABSTRACT**

Conduct disorders are a subset of psychological disorders that can have catastrophic repercussions and are difficult to treat. They are seen in children and adolescents and can have serious impacts ranging from criminal activity to suicidal ideation. Similarly, a delayed or missed diagnosis might have permanent repercussions. Since they are the disorders that, unless treated, can have a long-term impact on children, their families, and society, it is critical to work with both the family and the immediate environment during treatment.

**Keywords:** Conduct disorder, suicidal ideation, repercussions.

**ÖZ**

Davranım bozuklukları çok ciddi sonuçlara neden olabilecek ve tedavisi zor olan bir hastalık grubudur. Çocuk ve ergen yaş grubunda görülmekte ve bu yaş grubu çocukların suça karışmasından intihara kalkışmasına kadar ciddi sonuçları olabilmektedir. Aynı şekilde tanının da gecikmesi ya da atlanması geri dönüşü olmayan sonuçlara neden olabilmektedir. Kontrol altında olmadığında çocuğun, ailesinin ve toplumun tüm yaşamını etkileyebilecek bir hastalık olduğundan tedavi edilirken de hem aile hem de yakın çevreyle birlikte çalışılmalıdır.

**Anahtar Kelimeler:** Davranım bozukluğu, intihara kalkışma, sonuçlar.

Dear Editor,

Conduct disorder, which is common in children and adolescents, is a major issue that affects not only the patient but also his or her family and society. Hence, it is critical that the diagnosis of conduct disorder not be delayed or overlooked, as it may have an impact on the patient's, his/her family's, and society's health. The treatment process is equally crucial and as hard as the diagnosis.. With 15 diagnostic criteria, the condition is identified more precisely (1-3).

Diagnosed with conduct disorder constitute 2-8% of children and adolescents. The fact that it is more prevalent in Black Africans, less common in Hispanics in the United States, and less common in Asians in the United Kingdom compared to whites shows that it has a genetic basis. It is 4-10 times more common in males than females, owing to more prevalent risk factors like hyperactivity and neurodevelopmental delays in males (1,2-9).

Individual factors such as genetics, low birth weight, and perinatal complications such as smoking during pregnancy all play a role in the pathogenesis. Furthermore, the etiology includes antisocial disposition, language impairment, and disruption in executive functions such as abstract thought and problem-solving (6-9).

Intra-familial risk factors include genetics, low economic level, problems in the parent-child attachment relationship, discipline and parenting issues, exposure to marital conflicts and domestic violence and maltreatment. The child's environment and peers are extra-familial risk factors (8).

The most common cause of missed diagnoses is underestimating the child's conduct disorder behaviors even if the diagnosis is not particularly challenging. In the diagnosis, 15 items in 4 key topics are employed. These elements truly do an excellent job of describing the disease. When 3 or more of the 15 symptoms listed in Table1 continue for at least six months, a diagnosis is made (1-5).

The classification based on the age of the beginning of conduct disorder is the most frequently used strategy for diagnostic classification. Those diagnosed before the age of 10 are classified as childhood/early onset, whereas those diagnosed after the age of 10 are classified as adolescent onset. Additionally, there are categories for mild, moderate, and severe disorders based on the severity of the disorder. However, this way of categorization may not be recommended because it is based on clinical observation and is, therefore, subjective (2,4-7).

Comorbidity is the most crucial condition in the differential diagnosis. Attention deficit and hyperactivity disorder (ADHD), stress-related reactions, mood disorders, and autism spectrum disorder should all come to mind as comorbidities. Specific and general learning difficulties should be thoroughly assessed in cases with conduct disorder. One-third of youngsters with behavior disorders struggle with reading. In terms

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of cognitive disorders, a conduct disorder may be a pioneer symptom (5-7).

Risk factors for a poor prognosis in children include early onset of conduct disorder with significant issues, severe, frequent, and diverse antisocial activities, comorbid psychiatric disorders, low IQ, family history of crime and addiction, and low socioeconomic status. Conduct disorder usually begins before age 8, and it frequently persists into adulthood with significant issues. More than 85% of people with adolescent-onset conduct disorder stop their antisocial behaviors in their

20s (1,5-9). Antisocial actions, psychiatric disorders, failure in education, problems in getting a career, weakness in social contacts, and problems in interpersonal relationships may arise in adulthood if conduct disorder is not treated or managed. This circumstance increases the patient's need for healthcare services and, unfortunately, may cause suicide attempts, resulting in early death (4-10).

Treatment for conduct disorder is a challenging procedure that must be approached with caution. First and foremost, family-oriented interventions should be implemented because family dropout rates are around 60%. It is critical to form a strong bond with the family. The therapist should explain clearly that he or she understands the family and their concerns, develop a treatment plan with the family, and tell them. Family involvement in the treatment process boosts treatment success by 15% (10-13)

First, the type of treatment should be chosen by going over each issue one by one. The priority should be to ensure the family's cooperation through parent education because the use of medication in treatment is still controversial. The teacher should be informed as well, and collaboration should be developed. Comorbid diseases should be treated if there are any. Instead of using medical facilities for treatment, every attempt should be made to treat the child in his or her natural setting (1,7,9-13).

One of the most effective particular intervention approaches for behavior change is functional family therapy. These therapies have been shown to reduce recidivism rates in children by up to 30% (14-16)

There are no recognized pharmaceutical treatments for conduct disorders. Methylphenidate has been demonstrated to be useful for behavioral issues in the presence of comorbid ADHD. However, investigations into these have yielded contradictory results. Antipsychotics should be avoided unless there are exceptional circumstances, such as prolonged outbursts of aggression (8-13).

However, other than the diagnosis, what can be done in primary healthcare services for conduct disorder is limited to assisting in the referral of the patient and providing support to the family. It is critical that the patient see a child psychiatric professional as soon as feasible. However, if the patient exhibits suicidal thoughts, a visit to the child psychiatry department should be arranged as soon as possible. If there is even a remote possibility of neglect or abuse in the patient, legal authorities should be notified (10-17).

Although conduct disorder is frequently misdiagnosed, it is a challenging disorder to treat and monitor. It has a far-reaching impact on the lives of patients who are not under control and can even have fatal repercussions. For all these reasons, children with conduct disorder should be constantly observed, and efforts should be made to ensure that effective treatment is easily accessible.

**Table 1.** Diagnostic Items (1-5)

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|---|
| **Aggression towards People and Animals** |
| 1. Lying for personal gain or to avoid responsibility |
| 2. Starting physical fights regularly (except with siblings) |
| 3. Using a tool to inflict severe injury on others (stick, broken bottle, knife, gun) |
| 4. Despite the parental prohibition, staying out after sunset (starting before the age of 13) |
| 5. Brutalizing others physically (tying, cutting, burning) |
| 6. Animal cruelty on a physical level. |
| **Property Damage** |
| 7. Deliberately harming others' property (except starting a fire) |
| 8. Starting a fire with the goal of causing dangerous and considerable damage (arson) |
| **Fraud-Theft** |
| 9. Stealing objects of significant value from houses or other places |
| **Severe Rule Violations** |
| 10. Repeated truancy beginning before the age of 13<br>Running away from parents' or surrogate parents' homes at least twice, or running away from home for more than one night (excluding running away to avoid physical violence or sexual abuse) |
| 11. Committing a crime in the presence of the victim (purse snatching, extortion, robbery) |
| 12. Coercing another person into sexual behavior. |
| 13. Consistently bullying others (tormenting to cause pain and suffering). |
| 14. Threatening, tormenting or molesting for the aim of intimidating. |
| 15. Causing damage to someone else's home or car. |

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