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CASE STUDY

CONDUCT DISORDER – A CASE STUDY

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INTRODUCTION

Conduct disorder (CD) is a psychological disorder diagnosed in childhood or adolescence that presents itself through a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate norms are violated. These behaviours are often referred to as "antisocial behaviours" It is often seen as the precursor to antisocial personality disorder.

Teen agers with this disorder has been described as delinquent or anti-social. Some teenagers with conduct disorder may have symptoms of other psychiatric disorder.

Case study of master x

Master x 12 years old male presented with the history of learning difficulty, lack of empathy aggressive behaviour. There is no history of psychiatric illness. Reports of blood and urine were normal. Master x was diagnosed to have conduct disorder

Epidemiology

Conduct disorder is estimated to affect 51.1 million people globally as of 2013. The percentage of children affected by conduct disorder is estimates to range from 1-10%. However, among incarcerated youth or youth in juvenile detention facilities, rates of conduct disorder are between 23% and 87%.

Signs and symptoms

Empathy is recognizing feelings that other people are experiencing; lack of empathy is inability to recognize feelings of others. The child diagnosed with CD often presents with a lack of empathy. Because the child with CD is unable to place themselves in the other person's shoes, they are unable to understand their consequences. One of the factors of conduct disorder is a lower level of fear. Research performed on the impact of toddlers exposed to fear and distress shows that negative emotionality (fear) predicts toddlers' empathy-related response to distress. The findings support that if a caregiver is able to respond to infant cues, the toddler has a better ability to respond to fear and distress. If a child does not learn how to handle fear or distress the child will be more likely to lash out at other children. If the caregiver is able to provide therapeutic intervention teaching children at risk better empathy skills, the child will have a lower incident level of conduct disorder.

Associated conditions

- Attention deficit hyperactivity disorder
- Substance use disorders

Cause

- cognitive variables,
- neurological factors,
- intra individual factors,
- familial and peer influences

Risks

- Prenatal alcohol abuse
- Maternal smoking during pregnancy.
- high IQ
- Learning disabilities
- Cognitive factors
- Brain differences
- Intra-individual factors
- Family and peer influences

Diagnosis

Conduct disorder is classified in the fourth edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM). It is diagnosed based on a prolonged pattern of antisocial behaviour such as serious violation of laws and social norms and rules in people younger than the age of 18. According to DSM-5 criteria for conduct disorder, there are four categories that could be present in the child's behaviour: aggression to people and animals, destruction of property, deceitfulness or theft, and serious violation of rules.[42]

Treatment

The most effective treatment for an individual with conduct disorder is one that seeks to integrate individual, school, and family settings. Additionally, treatment should also seek to address familial conflict such as marital discord or maternal depression. In this manner, a treatment would serve to address many of the possible triggers of conduct problems. Several treatments currently exist, the most effective of which is multi-systemic treatment (MST).

Nursing Management

- Psycho therapy
- Family therapy
- Behaviour therapy
- Placement in correctional schools
- Multi systemic treatment

Medical management

- Mood stabilizers
- Neuro leptic's
- CNS stimulants

Summary

Master x was co-operative after hospital admission, although his symptoms were well responding to treatment, it was recurring, he did not develop any complication during the hospital stay.

CONCLUSION

As the developmental approach focus on the normal stress of life process, the nurse need to have sound knowledge to identify the potential problems and help people to cope with the developmental crisis by strengthening the coping skills.. Nurses are prepared to assume the variety of roles in the programme aimed at primary and secondary prevention and treatment of mental illness in children

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