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## Conduct Disorder

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### Introduction

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Conduct disorder (CD) is one of the most difficult and intractable mental health problems in children and adolescents. CD involves a number of problematic behaviors, including oppositional and defiant behaviors and antisocial activities (eg, lying, stealing, running away, physical violence, sexually coercive behaviors).

This disorder is marked by chronic conflict with parents, teachers, and peers and can result in damage to property and physical injury to the patient and others. These patterns of behavior are consistent over time. Formal classification with the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* defines the essential characteristics as "a persistent pattern of behavior in which the basic rights of others or major age-appropriate social norms are violated."

Behaviors used to classify CD fall into the 4 main categories of (1) aggression toward people and animals; (2) destruction of property without aggression toward people or animals; (3) deceitfulness, lying, and theft; and (4) serious violations of rules.

CD usually appears in early or middle childhood as oppositional defiant behavior. Nearly one half of children with early oppositional defiant behavior have an affective disorder, CD, or both by adolescence. Thus, careful diagnosis to exclude irritability due to another unrecognized internalizing disorder is important in childhood cases. Evaluation of parent-child interactions and teacher-child interactions is also critical. Even in a stable home environment, a small number of preschool-aged children display significant irritability and aggression that results in disruption severe enough to be classified as CD.

The *DSM-IV* specifies that CD can be diagnosed in children younger than 10 years if they demonstrate even one of the criterion antisocial behaviors. Diagnosis after 10 years of age requires the presence of 3 of the criteria behaviors from the categories of (1) aggression toward people and animals; (2) nonaggressive destruction of property; (3) deceitfulness, lying, and theft; and (4) serious violations of rules.

Oppositional defiant disorder (ODD) is discriminated from CD based on the defiance of rules and argumentative verbal interactions involved in ODD; CD involves more deliberate aggression, destruction, deceit, and serious rule violations, such as staying out all night or chronic school truancy.

The *DSM-IV* defines the 2 major subtypes of CD as childhood-onset type and adolescent-onset type.

The childhood-onset type is defined by the presence of 1 criterion characteristic of CD before an individual is aged 10 years; these individuals are typically boys displaying high levels of aggressive behavior. These individuals often also meet criteria for attention deficit/hyperactivity disorder (ADHD). Poor peer and family relationships are present, and these problems tend to persist through adolescence into adult years. These children are more likely to develop adult antisocial personality disorder than individuals with the adolescent-onset type.

Adolescent-onset type is defined by the absence of any criterion characteristic of CD before an individual is aged 10 years. These individuals tend to be less aggressive and have more normative peer relationships. They often display their conduct behaviors in the company of a peer group engaged in these behaviors, such as a gang. These patients are less likely to fit criteria for ADHD; however, the diagnosis of ADHD is still possible. These individuals are also far less likely to develop adult antisocial personality disorder. While boys are identified more often, the estimated sex ratio of this type of CD approaches 50%