

key points

SELECTED BY

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The age at which individuals are most physically aggressive is 22 months. However, some children fail to inhibit this normal aggression and by the time they are three or four are showing signs of oppositional defiant disorder.

In older children persistent antisocial behaviour is classified as conduct disorder. At any age, antisocial behaviour is on a continuum, and while the most severe 5% or so will meet diagnostic criteria, those falling short are often described as having conduct problems. Epidemiological follow-up surveys repeatedly show that the risk of poor outcomes in antisocial children is very high.

The causes are multiple but two sets of factors stand out. First, genetic predisposition. Even children adopted away from violent or criminal parents have three or four times the rate of antisocial behaviour and second, poor parenting.

Watching and waiting is a reasonable strategy if the antisocial behaviour is not very severe. If the parent wants specific advice, a self-help book on parenting with proven techniques is effective for some. It is important to be vigilant for severe tantrums or aggression occurring almost every day, harsh, rough, or inconsistent parenting and coexistent ADHD.

If severity is moderate, referral to an evidence-based parenting group would be a good first move. If this fails to make things better, or if the child or parent has a comorbid condition, referral to CAMHS is indicated. For older children, aged 10 to 17, there are effective interventions such as anger management CBT and parenting groups for adolescents.

Parents and teachers can find out whether or not a child is likely to be suffering from a significant antisocial behaviour problem by filling in the widely validated Strengths and Difficulties Questionnaire online at the Youth in Mind website: www.youthinmind.info

At any age there is no convincing evidence that medication is a suitable treatment for antisocial behaviour. In exceptional circumstances, after everything else has been tried, under specialist supervision low doses of antipsychotics such as risperidone may be given for short periods. However, there are serious side-effects such as metabolic changes and marked weight gain. Where there is coexistent ADHD, stimulants often not only improve the ADHD symptoms but also improve the antisocial behaviour. This is not true in the absence of ADHD.