Age of Onset of Aggressive Conduct Disorder: A Pilot Study

Mark A. Stewart, MD,
Linda E. Copeland, MD
C. Susan deBlois, PhD

University of Iowa College of Medicine

ABSTRACT: We explored parents' reports on the ages at which aggressive conduct disorder (ACD) started in their children. The hypothesis that both the parents of younger children with ACD and the parents of older, date the onset of the behavior problems to the same early period, was not confirmed. Instead, the reported ages of onset ranged widely. However, the interesting finding emerged that early presentation was associated with a high prevalence of antisocial personality and substance abuse among the parents.

KEY WORDS: Age of Onset, Conduct Disorder, Family History

Children with aggressive conduct disorder (ACD) account for a third or more of admissions to child psychiatry clinics and their treatment consumes much effort, but we still lack facts on important aspects of this disorder. The age of onset, which is a predictor of outcome, is a good example. We rely on parents' memories for dating onset, but the validity of this information has not been tested.

In papers which have reported data on the age of onset, most of the children were said to have started to misbehave in the first six years of life. This observation led us to the idea that if we could show that parents dated the start of problems to the same time, regardless of the age at which they first brought a child to our clinic, the reported age of onset would gain some credibility. For a preliminary test of this hypothesis we abstracted data from the records of two groups of children with ACD; one of children who were under the age

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Requests for reprints should be sent to Dr. Mark A. Stewart, Department of Psychiatry, 500 Newton Road, Iowa City, IA 52242.
of six when they were first seen in our service, and one of children aged eight through 11 years old at the first visit.

**Method**

Data were abstracted from the charts on 28 different variables, which broke down as follows: demographic, 12; child's problems, 12; and parents' history of psychiatric disorder, four.

Children were diagnosed as having ACD if the information in their charts, which came from several sources (parents, teachers and referring agencies), showed evidence of persistent and marked physical aggressiveness, noncompliance and either destructiveness or cruelty, or both. They were excluded from the study if they had IQ's less than 55, or were definitely brain damaged, autistic or psychotic. Clinic records over the period 1976 to mid 1981 were searched for potential subjects. Thirty-nine children, 35 boys and four girls, were found for the younger group and the first 39 children seen over the same period, who were in the older age range, made the second group (38 boys, one girl).

The onset was defined as the time when the first behavior problem began; for example, overactivity or temper tantrums. Some charts did not contain an exact age of onset, but statements such as “he has been difficult since birth” were taken to mean that the onset was at one year of age.

Ratings of the children's problems were taken from questionnaires filled out by parents and teachers or day care workers. These were modified versions of the Rutter Scales A and B and each included ten of the symptoms which are commonly associated with ACD. We took the number of these items that were rated by parent or teacher as “definitely true” as measures of severity. Complaints from the referring source were checked against a similar list of 15 symptoms and again the total number mentioned was taken as a measure of severity.

In dealing with the data on family histories, we focused on the diagnoses of antisocial personality and substance abuse in the biologic parents, together with somatization disorder and treated depression in the mothers, these being the disorders most often seen in the parents of boys with ACD. Thirty-eight fathers met the criteria of Feighner et al. for antisocial personality or substance abuse, or both. Five other fathers were put in this category because they had a history of three or more antisocial behaviors (e.g. violence, promiscuity, and deserting their families). Mothers were put in this diagnostic group on the same basis or if they had been examined and met the criteria for somatization disorder. One subject was adopted and when the family histories were abstracted three charts could not be found. The criteria of Feighner et al. were used rather than those of DSM-III because in the former system the diagnosis of antisocial personality does not call for as much information on a subject's childhood behavior as the latter. The family histories in the charts were detailed but tended to focus on the parents' adult lives, rather than their childhood behavior.