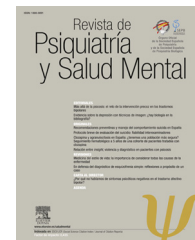




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## ORIGINAL ARTICLE

### Prevalence of oppositional defiant disorder in Spain<sup>☆</sup>

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#### KEYWORDS

Prevalence;  
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Disruptive behaviour  
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Child;  
Adolescent

#### Abstract

**Introduction:** Oppositional defiant disorder (ODD) is characterised by a pattern of negative, defiant, disobedient and hostile behaviour towards authority figures. ODD is one of the most frequent reasons for clinical consultation on mental health during childhood and adolescence. ODD has a high morbidity and dysfunction, and has important implications for the future if not treated early.

**Objective:** To determine the prevalence of ODD in schoolchildren aged 6–16 years in Castile and Leon (Spain).

**Materials and methods:** Population study with a stratified multistage sample, and a proportional cluster design. Sample analysed: 1049. Cases were defined according to DSM-IV criteria.

**Results:** An overall prevalence rate of 5.6% was found (95% CI: 4.2–7%). Male gender prevalence = 6.8%; female = 4.3%. Prevalence in secondary education = 6.2%; primary education = 5.3%. No significant differences by gender, age, grade, type of school, or demographic area were found. ODD prevalence without considering functional impairment, such as is performed in some research, would increase the prevalence to 7.4%. ODD cases have significantly worse academic outcomes (overall academic performance, reading, maths and writing), and worse classroom behaviour (relationship with peers, respect for rules, organisational skills, academic tasks, and disruption of the class).

**Conclusions:** Castile and Leon has a prevalence rate of ODD slightly higher to that observed in international publications. Depending on the distribution by age, morbidity and clinical dysfunctional impact, an early diagnosis and a preventive intervention are required for health planning.

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**PALABRAS CLAVE**

Prevalencia;  
Trastorno negativista  
desafiante;  
Trastornos del  
comportamiento  
perturbador;  
Niño;  
Adolescente

**Prevalencia del trastorno negativista desafiante en España****Resumen**

**Introducción:** El trastorno negativista desafiante (TND) se caracteriza por un patrón de comportamiento negativista, desafiante, desobediente y hostil, dirigido a las figuras de autoridad. El TND es uno de los motivos más frecuentes de consulta clínica en salud mental durante la infancia y adolescencia. Presenta gran morbilidad y disfuncionalidad, mostrando repercusiones futuras si no es tratado de forma temprana.

**Objetivo:** Determinar la tasa de prevalencia de TND en escolares de 6-16 años de Castilla y León (España).

**Material y métodos:** Estudio epidemiológico poblacional, con diseño muestral polietápico estratificado, proporcional y por conglomerados. Muestra analizada: 1.049 sujetos. Casos definidos según criterios DSM-IV.

**Resultados:** La prevalencia de TND es 5,6% (IC 95%: 4,2-7%). Prevalencia género masculino = 6,8%; femenino = 4,3%. Prevalencia educación secundaria = 6,2%; educación primaria = 5,3%. No existen diferencias significativas en función del sexo, edad, tipo de centro, ni por zona sociodemográfica. La prevalencia de TND sin considerar deterioro funcional aumentaría al 7,4%. Los casos de TND presentan significativamente peores resultados académicos (resultados académicos globales, lectura, matemáticas y expresión escrita) y peor conducta en clase (relación con compañeros, respeto a las normas, destrezas de organización, realización de tareas académicas e interrupción de la clase).

**Conclusiones:** Castilla y León presenta una tasa de prevalencia de TND levemente superior a la observada en publicaciones internacionales. En función de su distribución por edad, morbilidad y repercusión clínica disfuncional, parece necesaria una planificación sanitaria que incida en un diagnóstico temprano e intervención preventiva.

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**Introduction**

Oppositional defiant disorder (ODD), according to DSMIV-TR criteria,<sup>1</sup> is characterised by a recurring pattern of negative, defiant, disobedient and hostile behaviour against authority figures. The various types of behaviour should appear with greater frequency than the behaviour typically observed in subjects of similar age and development level, producing significant deterioration of work, educational or social activities.

This disorder is of relevant interest currently and, in children, is a frequent motive for referral to child psychiatrists and clinical psychologists.<sup>2-4</sup> The symptoms of ODD usually appear before 8 years of age, present little variability in development and continue from pre-school up until adolescence.<sup>5</sup>

Various comorbidities are frequently found with ODD: attention deficit hyperactivity disorder (ADHD), antisocial personality disorder (ASPD), anxiety disorder, depressive disorder and learning disorder.<sup>1,6,7</sup>

In this context, several authors have suggested that ODD and ASPD are very much related to each other, considering that the first is a mild form of the second or that it is its precursor. However, recent studies tend to consider that ODD is a separate entity that has different genetic and socio-cultural factors.<sup>8</sup>

Studies on ODD reflect that it predicts disorders such as depression, anxiety, ADHD and ASPD; it also predicts poor psychosocial adjustment in the form of future criminal actions and more social and family problems.<sup>6,7,9,10</sup> Along this same predictive line, longitudinal studies

indicate that children with behavioural problems are more likely as adults to commit crimes, abuse drugs, suffer from anxiety or depression, attempt to kill themselves, have multiple sexual partners, display violence and have children prematurely.<sup>4</sup>

A specific longitudinal study reflected similar predictive variables for ODD and ASPD. These included tobacco use by the mother during pregnancy, exposure to socioeconomic adversity, unsuitable paternal behaviour, exposure to abuse and violence between parents, deficient cognitive abilities and association with inappropriate friends during adolescence.<sup>9</sup>

After reviewing the concept of ODD, comorbidity and dimensions that the disorders predicts or that are predicted by the disorder, we realise that ODD is a disorder that has important clinical relevance and great dysfunctionality.

The most referenced prevalence rates for school-age children are 2-16%.<sup>1</sup> We note a group of studies whose rates range from 1.8% to 14.1% (Table 1) and have the use of DSM-IV criteria and an age margin that includes the one we utilised in our research as a common element.

The variability seen in these prevalence rates is influenced by the method of establishing the sample, the clinical and/or psychometric strategy, cut-off point used in the scales, informant or number of informants, age, information source, diagnostic criteria and the inclusion of deterioration in the definition.

Previous studies have found that the estimations of population prevalence for the majority of child disorders vary depending on the presence or absence of social, work or academic dysfunction as diagnostic criteria. Table 1 reflects the

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