

자해 증상을 가진 발달장애아의 약물치료*

DRUG THERAPY FOR DEVELOPMENTAL DISORDER PATIENTS WITH SELF-MUTILATION

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요 약 : Leo Kanner가 1943년 발표한 자해 증상을 가진 발달장애아에 대한 연구는, 자해 증상을 가진 발달장애아의 약물치료를 위한 기초를 제공하였다. 자해 증상을 가진 발달장애아는 DSM-IV에 정의된 발달장애아 중에서도 가장 흔한 증상이다. 자해 증상을 가진 발달장애아는 주로 자해 증상을 동반한 우울증, 불안장애, 양극성 장애, 그리고 정신병을 동반한다. 자해 증상을 가진 발달장애아의 약물치료는 주로 기분안정제, 항우울제, 항불안제, 그리고 항정신병제를 사용한다. 자해 증상을 가진 발달장애아의 약물치료는 증상 완화와 자해 예방을 위한 것이다. 자해 증상을 가진 발달장애아의 약물치료는 증상 완화와 자해 예방을 위한 것이다.

중심 단어 : 자해, 발달장애아, 약물치료

서 론

자해 증상을 가진 발달장애아는 DSM-IV에 정의된 발달장애아 중에서도 가장 흔한 증상이다. 자해 증상을 가진 발달장애아는 주로 자해 증상을 동반한 우울증, 불안장애, 양극성 장애, 그리고 정신병을 동반한다. 자해 증상을 가진 발달장애아의 약물치료는 주로 기분안정제, 항우울제, 항불안제, 그리고 항정신병제를 사용한다. 자해 증상을 가진 발달장애아의 약물치료는 증상 완화와 자해 예방을 위한 것이다. 자해 증상을 가진 발달장애아의 약물치료는 증상 완화와 자해 예방을 위한 것이다.

1943년 Leo Kanner¹⁾는 자해 증상을 가진 발달장애아에 대한 연구를 발표하였다. 그는 자해 증상을 가진 발달장애아는 주로 자해 증상을 동반한 우울증, 불안장애, 양극성 장애, 그리고 정신병을 동반한다고 보고하였다. 자해 증상을 가진 발달장애아의 약물치료는 주로 기분안정제, 항우울제, 항불안제, 그리고 항정신병제를 사용한다. 자해 증상을 가진 발달장애아의 약물치료는 증상 완화와 자해 예방을 위한 것이다. 자해 증상을 가진 발달장애아의 약물치료는 증상 완화와 자해 예방을 위한 것이다.

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가 . 가 가 5-8). 가 2 가
가 가 32). 가 33), 가 34).
0% 8). 69% 가 가
가 9).
10~15% 35-37).
10). 가 38).
, , (Self - mutilation, SM)
11). , ,
12 Favazza 가
가 3가 39).
12). (Major SM) , ,
(secretin) , ,
13). 가 . 가 .
, , (Stereotypic SM) ,
, , / (Su-
perficial/moderate SM) , 가
10 1000 40).
, , Entorhinal cortex, , 가 /
가 41), 42) 43),
가 14)15). 가 44), 45) 46)
. 가 . 가
39)47)48).
16).
10~20% .
17), 가가 18-20), 가 . 가
가 21-23). ,
3~4 가 가
24). 가 가
49)50).
25). , , , , , 가
Homovalinic , , , ,
acid가 가 26-28). 가 .
가 29-31), 가 Baumeister

system 가 가 51). 1) nigrostriatal (가 70).)⁵²⁾⁵³⁾, 2) ()⁵⁴⁾⁵⁵⁾, 3) ()⁵⁶⁾⁵⁷⁾ (5) (Sertraline) 2

1. 자폐증의 증상(일반적 증상 및 자해 증상)에 대한 약물 치료

1) 세로토닌계 작용약물

(6) (Paroxetine) 15 가 73). 15 가 74). (7) (Citalopram) open study 12 가 75). (1) (Fenfluramine) 가 62)63).

(2) (Clomipramine) 1a open study 가 76)77). 가 78). (3) (Fluvoxamine) 12 가 78)80). 가 81)82). 가 83)84). 가 85-91). Cook 23 15 가 86)87)89).)⁶²⁾,)⁶⁴⁾⁶⁵⁾,)⁶⁶⁾,)⁶⁷⁾.

2) 도파민계 작용약물

(4) (Fluoxetine) 12 가 86)87)89).)⁶⁸⁾,)⁶⁹⁾,)³⁷⁾.

(1) (108)
⁹²⁾ (Chlopromazine)⁹³⁾ (olanzapine)
(Trifluoperazine)⁹⁴⁾⁹⁵⁾ (Thiothixene)⁹⁵⁾ 109-111) Po-
nazine)⁹⁶⁾ (Trifluoperidol)⁹³⁾ (Fluphe- tenza
(Molindone)⁹⁷⁾ 112) , ,
(haloperidol) (quitiapine)
가 가 16 open study , 가
6 71.5% 113)
20% 가 8.5% 가 12 (ziprasidone)
¹⁰⁰⁾ open label study , 114)
101) , 가 (3)
87 (pimizide) 102)
103) 가 115)116) 10
(2) 117)
가 45
2 118)
20 (rispedidone) 3) 펌타이드계 작용약물
가 가 104) (1) (Naltrexone)
1.0~6.0mg 105)106) 14 controlled study 119-121)
가 107) 가 122)123)
8 12 (clozapine) 6 open label
가 가 124)
(2) (Secretin)

가 125)

가 가 126)

4) 노아드레날린계 작용약물

가

가 127)

(1) (Clonidine)

2

128) . 2

129)130)

가

(2) (Propranolol)

open trial

131)

5) 그 외의 사용약물

(1) (Lithium)

142)143)

가 가 가 132)

가 가 가 133)

134)

(2)

(carbamazepine)

가

135)

(valproate)

open study

136)

(lamotrigine)

NMDA

. Devanzo King

13

8

137)

138)

(3) (Amantadine)

NMDA

가 139)

140)

(4) (Donepezil)

가 141)

결론

가

가

가

가

142)143)

Table 1. Clinical guideline of pharmacotherapy

Target	Medications
Hyperactivity, Impulsivity	Methylphenidate & other stimulants Atypical antipsychotics Clonidine Naltrexone
Rigidity, Rituals	SSRI Atypical antipsychotics
Aggression, Self-injury	Atypical antipsychotics Li Anticonvulsants Clonidine
Anxiety, Affective Symptoms	Buspirone Atypical antipsychotics Clonidine

가
가
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가
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가

Table 1

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ABSTRACT

Korean J Child & Adol Psychiatr 14 : 53-63, 2003

**DRUG THERAPY FOR DEVELOPMENTAL DISORDER
PATIENTS WITH SELF-MUTILATION**

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The autistic disorder is identified as an independent clinical entity, since the first description of Leo Kanner. The etiologies of the autistic disorder are almost unclear and the autistic disorder has several abnormalities in aspect of morphology and function of brain. Self-mutilation is observed in the low functioning autistic patients, and early treatment for self mutilation are needed in order not to be chronic. This article reviewed the drugs for the several symptoms of the autistic disorder, especially for self-mutilation. The serotonin reuptake inhibitors does not have clear primary anti-aggressive effects. The dopamine blockers have considerable effects in order to decrease aggression and self injury, and the risperidone is most recommended because of side effects of conventional drugs. The naltrexone does not have consistent study results yet. The clonidine has aggression-decreasing effect. Also lithium is effective on the treatment for aggressive and self-injurious behaviors. And the anticonvulsants including carbamazepine are effective on aggressive explosive behaviors. In the future the pharmacotherapy for self-mutilation will be advanced through stable diagnosis and measurement of treatment response.

KEY WORDS : Autistic disorder · Self-mutilation · Drug therapy.