

173 - 6C70 Pyromania

6C70 Pyromania

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders

Pyromania

Essential (required) features

- The presentation is characterized by a recurrent failure to control strong impulses to set fires, resulting in multiple acts of, or attempts at, setting fire to property or other objects.
- There is a lack of apparent motive (e.g. monetary gain, revenge, sabotage, political statement, attracting recognition) for the acts of, or attempts at, fire setting.
- The individual exhibits persistent fascination or preoccupation with fire and related stimuli (e.g. watching fires, building fires, fascination with firefighting equipment).
- The individual experiences increased tension or affective arousal prior to instances of, or attempts at, fire setting.
- The individual experiences pleasure, excitement, relief or gratification during and immediately following the act of setting the fire, and while witnessing its effects or participating in its aftermath.
- Acts of, or attempts at, fire setting are not better accounted for by a disorder of intellectual development, another mental disorder (e.g. a manic episode) or substance intoxication.

Additional clinical features

- The impulse to set fires in individuals with pyromania may involve a careful planning phase to determine how to commit the act, with a concomitant gradual increase of tension or affective arousal; in other instances, fire setting may occur opportunistically without planning. In both cases, there is a lack of control over urges or impulses to set fires.
- In individuals with pyromania, fire setting may occur in response to feelings of depressed mood, anxiety, boredom, loneliness or other negative affective states. Although not diagnostically determinative, consideration of the relationship between emotional and behavioural cues and fire-setting behaviour may be an important aspect of treatment planning.
- Many individuals with pyromania exhibit impairments in social skills and a history of learning difficulties. Furthermore, individuals with pyromania – particularly women – often report histories of exposure to trauma, including sexual abuse, and self-harm.
- Conduct-dissocial disorder, attention deficit hyperactivity disorder and adjustment disorder are frequently associated with fire setting. Furthermore, pyromania appears commonly to co-occur with disorders due to substance use, gambling disorder, mood disorders, impulse control disorders, and disruptive behaviour and dissocial disorders.

6C70 Impulse control disorders | Pyromania

521 Impulse control disorders

Impulse control disorders | Pyromania

Boundary with normality (threshold)

- Intentional fire setting can occur for a variety of reasons. Individuals may set fires for profit or to conceal a crime, as an act of revenge, to commit sabotage or make a political statement, or to attract recognition (e.g. deliberately setting a fire to then be the first one to discover it and put it out). Moreover, interest in fires is typical during early childhood, and young children may accidentally or intentionally set fires as a part of developmental experimentation (e.g. playing with matches, lighters, fire). A diagnosis of pyromania is not appropriate in such cases.

Course features • Although the longitudinal course is unknown, pyromania appears to be chronic if untreated. • Among individuals with pyromania, fire-setting events tend to be episodic, to wax and wane over time, and progressively to become more frequent and intense. Developmental presentations • The typical age of onset has not yet been definitively established, but current evidence suggests that most fire-setting behaviour begins during adolescence or early adulthood. • Prevalence rates of pyromania, as distinct from fire setting and arson, suggest that the disorder is rare, particularly among children. In contrast, interest in fires among young children is common, and children may set fires accidentally (e.g. playing with matches) or purposefully without having the additional required diagnostic features of pyromania. A diagnosis of pyromania is not appropriate under these circumstances. However, firesetting behaviour among children and adolescents is a significant problem, as nearly half of arson arrests are among young people below the age of 18 years. Lifetime prevalence of fire setting among adults is estimated at 1.13%, and is lowest among older adults. • Limited information about the presentation of pyromania in adolescents is available, making it difficult to determine whether it is similar to the adult presentation of the disorder. The rising tension and relief reported among adults has not been as clearly documented among young people.

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders Sex- and/or gender-related features • Pyromania and fire-setting behaviour is more common among males. Boundaries with other disorders and conditions (differential diagnosis) Boundary with attention deficit hyperactivity disorder Individuals with attention deficit hyperactivity disorder – particularly children and adolescents – may set fires impulsively. However, impulsivity and disregard for consequences in attention deficit hyperactivity disorder are typically observed across multiple contexts and situations. Furthermore, individuals with attention deficit hyperactivity disorder do not exhibit the diagnostic features of preoccupation with fire, tension or affective arousal prior to fire setting, and gratification or relief once the act is committed that are characteristic of pyromania. Boundary with bipolar type I disorder and schizophrenia and other primary psychotic disorders Fire setting may, in rare instances, be associated with manic or mixed episodes in individuals with bipolar type I disorder. However, in such cases, fire-setting does not continue once the mood episode has ended, whereas in individuals with pyromania fire setting is not exclusively associated with manic or mixed episodes. Some individuals with delusions or hallucinations may set fires in response to command hallucinations or in the context of a delusional system, and pyromania should not be assigned in these cases. Boundary with obsessive-compulsive disorder Fire setting can sometimes be described as “compulsive” by lay people and also by some health professionals. Compulsions observed in obsessive-compulsive disorder are almost never experienced as inherently pleasurable; they typically occur in response to intrusive, unwanted and typically anxiety-provoking obsessions. In contrast, fire setting in pyromania is preceded by an increasing sense of tension or affective arousal, and is followed by an experience of pleasure, excitement or gratification. Boundary with conduct-dissocial disorder and personality disorder with prominent dissocial features Individuals with conduct-dissocial disorder and personality disorder with prominent dissocial features may set fires as part of a more pervasive pattern of antisocial behaviour, and often for discernible motives such as personal gain or revenge rather than to relieve tension or affective arousal. Individuals with pyromania do not typically exhibit antisocial behaviour apart from their fire setting. Boundary with the effects of psychoactive substances, including medications Fire setting may occur during substance intoxication. Pyromania should not be diagnosed if the fire setting is better accounted for by intoxication or the disinhibiting effects of alcohol, Impulse control

Revision #1

Created 2026-01-04 19:44:15 UTC by Omar Ayman

Updated 2026-01-04 19:44:15 UTC by Omar Ayman