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Disruptive Mood Dysregulation Disorder [DMDD]

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ABSTRACT

Definition: DMDD causes intense irritability and frequent anger outbursts in children. **Causes:** It's a complex combination of biological, genetic and environmental factors. **Symptoms:** Frequent display of tantrums, irritable or angry mood most of the day, trouble functioning. **Treatment:** It includes therapy, medication, or a combination of both.

Keywords: DMDD, Bipolar Disorder, Treatment.

INTRODUCTION

Disruptive Mood Dysregulation Disorder (DMDD) is a relatively new diagnosis in the field of mental health. It is a condition in children and adolescents that goes beyond a 'Bad mood'. Children usually experience periods of moodiness, but children with DMDD exhibit symptoms that impact their daily lives between ages 6 to 18. DMDD results in a child feeling angry, and it can lead to tantrums occurring over minor issues. A child who has DMDD may not be able to control their emotions as well as other children their age.

Definition:

Disruptive mood dysregulation disorder (DMDD) is a mental health condition that causes chronic, intense irritability and frequent anger outbursts in children.

Every child has temper tantrums. But for the child with DMDD, irritability, sadness, or anger happens every day — and outbursts can happen several times a week. Usually, the temper outbursts are greatly out of proportion in intensity and/or duration to the situation. This affects the daily life of the child. Symptoms need to begin before the age of 10 to meet diagnostic criteria.

Incidence:

- The prevalence rate is estimated between 2 to 5%.

- Research shows that up to 85% of children with Attention Deficit Hyperactivity Disorder (ADHD) also have DMDD.
- DMDD is significantly present among the offsprings of bipolar parents.
- Children or adolescents presenting to clinical attention are most commonly male having a family history of anxiety, depression, abuse, or trauma, and being ill-tempered before the age of 10.
- DMDD symptoms typically begin before the age of 10.
- Healthcare providers don't diagnose DMDD in children under 6 or adolescents over 18.

Causes:

- Imbalances in certain brain chemicals and disruptions in how the brain regulates emotions.
- Environmental factors such as family conflict, violence, chronic stress, parental divorce or socioeconomic background.
- Childhood abuse
- Relationship problems with siblings.
- Certain genetic variation adds the risk of DMDD.

The signs and symptoms of DMDD:

- Frequent display of tantrums both verbal and behavioral that are not age appropriate.
- Outbursts and tantrums that have been happening regularly for at least 12 months.
- Chronically irritable or angry mood most of the day, nearly every day.
- Trouble functioning due to irritability in more than one place, such as at home, at school, or with peers.
- Persistent low mood lasts for more than 3 months.
- Children with DMDD may have trouble in school and difficulty maintaining healthy relationships with family or peers.
- They also may have a hard time in social settings or participating in activities such as team sports.

Disruptive Mood Dysregulation Disorder (DMDD) And Bipolar Disorder (BD)

Bipolar disorder develops during late adolescence or early adulthood, and it is a lifelong condition. On the other hand, DMDD develops in children aged 6–18 years.

Both the disorders can cause extreme irritation that affects the daily functioning. However, irritability in BD only occurs during manic episodes. In between manic episodes, a person returns to feeling a regular level of emotion. Whereas, a child with DMDD experiences irritation and anger most of the

time.

A person who has BD may experience episodes of elation or depression, whereas a child with DMDD feels mainly angry or irritated.

The criteria for a DMDD diagnosis:

- Regular occurrence of severe temper outbursts (3 times a week or more)
- Out-of-proportion, or bigger, emotional reaction to events
- Daily occurrence of sadness, irritability, or anger
- Trouble functioning in multiple settings — at home, school, or with friends or peers
- To meet the diagnostic test, symptoms must be present for at least a year.

Treatment:

Treatment for DMDD typically includes therapy, medication, or a combination of both.

- Cognitive behavioral therapy (CBT) teaches children how to identify and control their anger. It helps children increase their ability to tolerate frustration without having an outburst.
- **Parent training** teaches parents or caregivers more effective ways to respond to irritable behavior, such as anticipating events that might lead a child to temper outbursts and working ahead to avert them. “It’s about identifying triggers, praising and attending to positive behaviors, and limiting the time they spend getting sucked into arguing,” says James Waxmonsky, MD, division chief, Child Psychiatry at Penn State Health.
- **Computer-based training** - children with DMDD have a tendency to misinterpret situations specifically, facial expressions. This training help children accurately identify emotions could lead to more appropriate responses. It teaches children to have more happy judgments about ambiguous expressions — resulted in less irritability.
- **Dialectical behavior therapy for children (DBT)** focuses on the emotional and social aspects of living.

Medications:

- **Stimulants** - these drugs ease irritability in children.
- **Antidepressants** are used to treat irritability and mood problems in children with DMDD. The antidepressant citalopram combined with the stimulant methylphenidate, may decrease irritability in youth.
- **Atypical antipsychotic medications** are used to treat children with irritability, severe outbursts, or aggression.

Parenting Strategies:

- Set clear and consistent boundaries.
- Stick to their treatment plan
- Practice effective communication
- Encourage emotional expression
- Celebrate positive behaviors
- Teach them healthy coping skills
- Work on improving the relationship
- Encourage regular exercise and healthy nutrition

CONCLUSION

Disruptive Mood Dysregulation Disorder (DMDD) is a mental health condition that may be diagnosed in children and adolescents who are frequently angry and hostile. Children and adolescents with the condition typically have temper tantrums or angry outbursts several days per week for at least one year. Psychotherapy and medications may help to treat patients with DMDD.

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