

DISRUPTIVE MOOD DYSREGULATION DISORDER

SIGNS & TREATMENT



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Introduction

Disruptive mood dysregulation disorder is a new diagnosis, recently added to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013. Disruptive mood dysregulation disorder (DMDD) is a condition in which children experience chronic irritability. They experience frequent and severe outburst of rage, [anger](#), or temper tantrums. These outbursts seem out of proportion for the age of the child and the situation.

DMDD was a diagnosis that was created to better categorize children who had previously been diagnosed with bipolar disorder or pediatric [bipolar disorder](#). Child Mind explains that children with diagnoses of DMDD do not experience the manic or hypomanic episodes that are typically characteristic of bipolar disorder. Children diagnosed with DMDD also do not develop bipolar disorder as adults. They are, however, prone to [depression](#) and anxiety later in life. Unlike bipolar disorder, DMDD is more likely to occur in boys than it is in girls.

Psychiatry Advisor suggests that disruptive mood dysregulation disorder most closely resembles the symptoms of [oppositional defiant disorder \(ODD\)](#). Studies say that it may be possible that DMDD represents the top 15% of ODD sufferers. Disruptive mood dysregulation disorder may overlap a variety of other mood disorders as well, such as [ADHD](#), [anxiety](#), [bipolar disorder](#), autism, and intermittent explosive disorder. This can make it difficult to determine DMDD as a diagnosis in a child.

Symptoms of Disruptive Mood Dysregulation Disorder in Children

Disruptive mood dysregulation disorder is characterized not only by the frequent and severe outbursts of the child, but also by the mood of the child in between outbursts. Some signs and symptoms of disruptive mood dysregulation disorder include:

- Three or More Severe Temper Tantrums Per Week
- Persistently Irritable Mood Between Episodes
- No Evidence of Mania or Hypomania
- Sad, Irritable, Angry Mood
- Reaction is Greater than Expected

In order for a child to be diagnosed with disruptive mood dysregulation disorder, certain criteria must be met:

- Symptoms Must Persist Longer Than 1 Year
- Symptoms Must be Present Both Inside and Outside the Home
- Severe Outbursts 3+ Times Per Week
- Child Must be at Least 6 Years Old
- Child Must Be Under the Age of 18

Psychiatry Advisor cites that severe tantrums occur in 81% of preschoolers. Over 20% have severe tantrums more than three times per week. While many children may exhibit tempers and tantrums on a large scale, determining a diagnosis of DMDD comes down to the degree of impairment. Oftentimes, children with disruptive mood dysregulation disorder will be asked to leave school, as their actions and disruptions cannot be handled in a typical setting. They will be unable to maintain friendships and relationships. Parents of children with DMDD are often afraid to take their children out in public, fearing they will act out. DMDD is severely disabling.

DMDD Diagnosis in Children

Children with a history of chronic irritability are like to be diagnosed with disruptive mood dysregulation disorder. According to the National Institute of Mental Health, it is unclear as to how widespread DMDD is in the United States. It is, however, common among children who visit pediatric mental health clinics. Researchers are exploring risk factors and brain mechanisms that may put an individual at risk for DMDD.

Treatment for DMDD

If you believe that your child may have disruptive mood dysregulation disorder it is important to seek treatment. DMDD can severely impair a child's life. It is not yet clear as to if a child will 'grow out of' DMDD. Personal relationships, personal development, academic success, and more can be disrupted by the presence of disruptive mood dysregulation disorder. Having DMDD also increases the risk for developing [anxiety disorders](#) and depression in adulthood.

Because the diagnosis for disruptive mood dysregulation disorder is a new one, researchers are still determining the ideal course of action for children suffering from DMDD. Researchers do suggest that psychotherapy, including therapies such as cognitive behavioral therapies, may prove to be most effective.