



## **Disruptive Mood Dysregulation Disorder Resource Guide**

### **Overview**

Disruptive Mood Dysregulation Disorder, or DMDD, is a relatively new diagnosis in the field of mental health. Children with DMDD have severe and frequent temper tantrums that interfere with their ability to function at home, in school or with their friends. Some of these children were previously diagnosed with bipolar disorder, even though they often did not have all the signs and symptoms. Research has also demonstrated that children with DMDD usually do not go on to have bipolar disorder in adulthood. They are more likely to develop problems with depression or anxiety.

Many children are irritable, upset or moody from time to time. Occasional temper tantrums were also a normal part of growing up. However, when children are usually irritable or angry or when temper tantrums are frequent, intense and ongoing, it may be signs of a mood disorder such as DMDD.

### **Symptoms of DMDD**

- Severe temper outbursts at least three times a week
- Sad, irritable or angry mood almost every day
- Reaction is bigger than expected
- Child must be at least six years old
- Symptoms begin before age ten
- Symptoms are present for at least a year
- Child has trouble functioning in more than once place (e.g., home, school and/or with friends)

### **What are the Causes and Risk Factors of DMDD?**

Children with a history of chronic irritability are more likely to be diagnosed with disruptive mood dysregulation disorder.

There is no consensus on the exact cause of the disorder. However, many believe some causes could be early psychological trauma and abuse, change in family structure (e.g., divorce or death of a family member), poor diet, and neurological disabilities (e.g., migraine headaches).



## Treatment and Diagnosis

The onset of symptoms must be before age 10, and a diagnosis should not be made for the first time before age 6 or after age 18. In order for a child to be diagnosed, they must meet the symptoms listed above as well as the following:

- Outbursts must be consistently and observably angry or irritable
- Child does not experience a break of three or more months without symptoms

The treatment for DMDD is individualized and is completed in coordination with the child's family and/or school. It may include individual therapy, medication to address certain symptoms, or a combination of the two.

Some studies have found the following interventions to be helpful in the treatment of DMDD:

- Educating family and teachers about DMDD and how to deal with the outbursts instead of punishment
- Observing the children for their individual triggers
- Timeout strategies
- Preventative measures, such as assigning children a safe place to alleviate their outbursts
- Giving children a person they can confide in when on the verge of an outbreak
- Giving children unlimited drinking fountain breaks to alleviate the tension they are experiencing
- Counseling from school psychologists
- Prescribing Risperidone, an antipsychotic
- Classroom support
- Modified time allotted for tests and homework
- Addressing family dysfunction
- Modifying the child's diet

## How do I know if my child has DMDD?

Parents should look out for temper outbursts that are frequent and severe as well as inconsistent with the situation at hand or inconsistent with the child's developmental level. The key to identifying the disorder is to look at the child's behavior between outbursts; children who are consistently angry or irritable are more likely to have DMDD. If a child is experiencing episodes of mania or strained interactions with only certain individuals than the child more than likely does not have DMDD. DMDD is thought to occur more often in boys than in girls.



### **How does DMDD Affect School and Social Life?**

Children with DMDD are thought to have a higher risk of suicidal ideation and substance use disorder. Low tolerance for frustration means that the child frequently loses his or her temper in class, during play and when interacting with family. They usually have few friends and other children typically avoid playing with the child after an outburst.

### **What Other Disorders Commonly Occur With DMDD?**

- Oppositional Defiant Disorder
- Attention Deficit/Hyperactive Disorder
- Anxiety
- Conduct Disorder
- Substance Use Disorder

### **Prognosis**

Young adults with a history of DMDD in childhood are more likely to have anxiety and depression. They are also more likely to meet criteria for more than one adult disorder than those with no history of childhood psychological disorders. Young adults with a history of DMDD in childhood are more likely to have adverse health outcomes, be impoverished, have reported police contact, and have low education attainment.

### *Acknowledgements*

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