Disruptive Mood Dysregulation Disorder Basics Guide

In this guide you’ll learn the signs and symptoms of disruptive mood dysregulation disorder, how it’s diagnosed and how it’s treated.

What Is Disruptive Mood Dysregulation Disorder?
Disruptive mood dysregulation disorder (DMDD) is a condition in which a child is chronically irritable and experiences frequent, severe temper outbursts that seem out of proportion to the situation at hand. Children diagnosed with DMDD struggle to regulate their emotions in an age-appropriate way. In between outbursts they are irritable most of the time.

DMDD is a new disorder created to more accurately diagnose children who were previously diagnosed with pediatric bipolar disorder, even though they did not experience the episodic mania or hypomania characteristic of bipolar disorder.

What to look for
Disruptive mood dysregulation disorder is characterized by temper outbursts that are frequent, severe, inconsistent with the situation at hand, and inappropriate to a child’s developmental level. Parents describe children with DMDD as having very big emotions. They seem to experience things more powerfully than their peers, and lack age-appropriate self-regulation skills to control those feelings.

Key to the disorder is not just the frequency of a child’s outbursts but his mood between outbursts, which is persistently irritable or angry. To be diagnosed with DMDD, this irritable or angry mood must occur with parents, teachers and peers. That is, strained interactions between only a child and his parents, or only the child and his teacher, are not a sign of DMDD.

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Diagnosis
A clinician considering disruptive mood dysregulation disorder would look for severe temper outbursts that occur, on average, three or more times per week for at least a year. In addition, the child’s mood between outbursts must be angry or irritable. The symptoms must be consistent, without a break of three or more months. Outbursts or elevated or expansive moods that last for longer than a few hours or for days on end are more likely to be signs of mania, which would rule out DMDD. The diagnosis of DMDD should not be made before age 6 (when outbursts or tantrums are part of typical development) or after age 18, and the onset of symptoms typically takes place before age 10.

Risk Factors
Children with a history of chronic irritability are more likely to be diagnosed with disruptive mood dysregulation disorder. This includes children who from a very young age have struggled to deal with frustration or adapt to change without losing their temper.

Sometimes children with an earlier diagnosis of ADHD or anxiety can get an alternative or additional diagnosis of DMDD. DMDD is thought to occur more often in boys than girls.

Treatment
DMDD is treatable, usually with behavioral therapy or a combination of behavioral therapy and medication.

Psychotherapeutic: The goal in DMDD treatment is to help children learn to regulate their emotions and avoid extreme or prolonged outbursts. A combination of dialectical behavior therapy for children (DBT-C) and parent management training has been found to be very effective in treating disruptive mood dysregulation disorder.

In DBT-C, instead of dismissing a child’s emotions, the therapist validates those emotions and then helps the child develop skills to cope when her feelings become too intense or unmanageable. The child learns mindfulness, emotional regulation, distress tolerance and interpersonal effectiveness skills. Parents, too, learn these skills, both to help their child and to use in managing their own emotional response to their child’s outbursts.

In parent management training, parents are taught specific strategies they can use when responding to a child’s disruptive behavior, to avoid reinforcing outbursts and instead reward desired behaviors.
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**Pharmacological**: Medication can be prescribed when therapy and parent training are not available, or not effective alone. Stimulant medication, which helps kids rein in impulses, and an antidepressant with mild side effects, like SSRIs, are usually a first step when medication seems necessary. If that combination doesn’t work, or if there’s an urgency to the situation, a low dose of an atypical antipsychotic such as Risperdal can be prescribed.

**Risk for Other Disorders**

The diagnostic criteria for disruptive mood dysregulation disorder are meant to separate children who have chronic trouble regulating their moods from children who have different mental health disorders that may also lead to intermittent outbursts, irritability and anger, including bipolar disorder, autism, intermittent explosive disorder, or oppositional defiant disorder.

But DMDD can occur alongside ADHD, major depressive disorder, conduct disorder, an anxiety disorder, or substance use disorder. In particular, children diagnosed with DMDD are at elevated risk for depression and anxiety as adults.