

UPDATE

June 2022

Disruptive Mood Dysregulation Disorder (DMDD): A Home for Children with Severe Temper Problems

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All children – and more than a few adults – throw tantrums from time to time. They ‘lose their temper,’ become agitated, shout, slam doors, and otherwise express their anger. Although often unpleasant, such episodes typically occur for understandable reasons. Although the expression of anger may be upsetting it is within the range of that which is normally expected for the person’s age and they regain their composure within a short time. Even for individuals who described as having a ‘bad temper,’ these flare ups are relatively infrequent and they are often limited to a single setting (e.g., home, school, etc.). However, there is a subgroup of children whose explosive temper is qualitatively different. Their outbursts are far more frequent, their behavior is beyond the norms for their age, their response seems far out of proportion to the situation, it is hard for them to calm down or regain their composure, and their outbursts occur in multiple settings. Moreover, between outbursts they seem persistently irritable or angry most of the time. Their pervasive irritability and dramatic explosions are extremely disruptive to their home and family life, peer relationships, and school adjustment.

In the past these children were often diagnosed as suffering from a bipolar disorder, since irritability and emotional dyscontrol are symptoms of manic episodes. However, their irritability was stable and persistent, and did not come and go in episodes accompanied by the other manic symptoms. The problems of these children did not follow the pattern of bipolar disorder, they did not tend to have family histories of bipolar disorder, and they did not respond to the most widely recognized treatments for that condition. Therefore, it seemed that this was ‘something else’ not covered in the categories then available. In recognition of this issue the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5: APA, 2013) included a new condition called Disruptive Mood Dysregulation Disorder (DMDD). This diagnosis requires that a child experience “severe recurrent temper outbursts ... grossly out of proportion in intensity or duration to the situation or provocation”; that are “inconsistent with (the) developmental level” of the child; that occur an average of three or more times per week for at least 12 months starting prior to age 10; that occur in multiple



settings and between outbursts the child is “persistently irritable or angry.”

This new ‘home’ for children with severe temper problems was not received without controversy. Some authorities expressed concern that it might be defined so loosely that it could be assigned to any child who loses his or her temper (Francis, 2013), while others suggested that the criteria were so extreme that almost no child could legitimately receive this diagnosis. In response to these competing concerns researchers at Four Winds-Westchester (Chase, Harvey, & Pogge, 2020) did a rigorous review of a series of 200 children admitted to this setting. They discovered that 18% would meet the criteria for DMDD. Thus, it appears that a significant number of children with problems sufficient to require hospitalization suffer from this condition, but it is not a label that can be casually assigned to most children with serious emotional problems.

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Because DMDD is a new category much remains unknown about its causes and development, course, and treatment. However, the availability of this category allows scientists to systematically pursue the answers to these questions, and provide clinicians with a way of identifying these children while avoiding labels that are incorrect and treatments that may be less effective.

American Psychiatric Association (2013). Diagnostic and Statistical

Manual of Mental Disorders, 5th Edition. Arlington, VA: American Psychiatric Association.

Chase, D. Harvey, P.D., & Pogge, D.L. (2020). Disruptive mood dysregulation disorder (DMDD) in psychiatric inpatient child admissions: Prevalence among consecutive admissions and in children receiving NOS diagnoses. Neurology, Psychiatry, and Brain Research. 38, 102-106.

Francis, A. (2013). Saving Normal. An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life. New York, NY: HarperCollins Publishers.

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