Disruptive Mood Dysregulation Disorder (DMDD) in Children and Adolescents Ages 6 to 17 Years Old: Recommendations

Note:

Disruptive Mood Dysregulation Disorder (DMDD) is a new diagnosis in DSM-5 characterized by irritability and temper outbursts.

- *The core symptoms of DMDD are irritability, anger, aggression, and temper outbursts (verbal or behavioral/physical) that are disproportionate to the situation and significantly more severe than the typical reaction of same-aged peers.*
- *Irritability and temper outbursts are distinct symptoms. Irritability is defined as becoming extremely angry with what most would feel is minor provocation (Copeland, et al., 2015). Temper outbursts manifests verbally (e.g. verbal rages) or behaviorally (e.g. physical aggression toward people or property).*

Due to the current lack of evidence-based specific and suitable pharmacological treatment options for DMDD, clinical judgment is paramount in the choice of medications, dose, length of treatment, and measurement of treatment response.

Medications are only part of the treatment plan and are provided in combination with psychosocial interventions.

Level 0

Comprehensive assessment:

- Systematic interview covering other psychiatric conditions in which irritability may be a presenting symptom:
  - ADHD
  - ODD and/or conduct disorder
  - Bipolar disorder (mania)
  - Depressive disorders
  - Anxiety disorders (including obsessive-compulsive disorder)
  - PTSD and trauma related conditions
  - Autism Spectrum Disorder
  - Intermittent explosive disorder
  - Psychosis
  - Drug/alcohol use/abuse
- Family history of psychopathology including depressive disorders, anxiety disorders, and bipolar disorder (with specific assessment for mania).
- Information from collateral sources (e.g., teachers, caregivers) to establish duration of symptoms.

Use rating scales to assess for psychiatric conditions as noted above. Refer to relevant sections in these *Practice Guidelines*.

- Assess for other medical conditions or medications that may be contributing to symptoms.
  - If other medical conditions are present, make appropriate referrals to primary care or specialists to ensure conditions are treated adequately.
  - If symptoms are medication-induced, consider tapering or stopping the offending agent.

Level 0 ***(continued)***

- ✦ Assess for psychosocial stressors (e.g., conflict at home, classroom situation, bullying) that may be contributing to the child's symptoms (i.e., irritability, anger, temper outbursts disproportionate to the situation and more severe than the typical reaction of same-aged peers).
- ✦ Assess and document the severity of symptoms (frequency, intensity, number and duration of outbursts, and irritability) using rating scales.
  - ✧ Recommended rating scales for irritability:
    - Affective Reactivity Index (quick assessment, focuses on frequency of irritability only)
    - Review of irritability items on standardized ADHD rating scales such as the Vanderbilt ADHD Diagnostic Rating Scale (VADRS) and Swanson, Nolan and Pelham Teacher and Parent Rating Scale (SNAP) (e.g., Irritability Subscale: sum of "loses temper", "touchy or easily annoyed", "angry/resentful from Vanderbilt); Disruptive Behavior Disorder Revised Scale (Items 24, 26, and 28)
    - Child Behavior Checklist (comprehensive scale that includes irritability sub-scale)
    - Aberrant Behavior Checklist (used in children with developmental disorders, has irritability sub-scale)

  Note: The Child Behavior Checklist and Aberrant Behavior Checklist are not available in the public domain.

  - ✧ Recommended scales for aggression and outbursts:
    - Overt Aggression Scale-Modified (measures nature and severity of aggression)

For available clinical rating scales, refer to ***https://floridabhcenter.org/.***

- ✦ Assess and document degree of impairment, which is based on the severity, frequency, and duration of outbursts.

Note: Once other medical and psychiatric conditions have been assessed or/ruled out, and treatment has been optimized for known conditions (medical, psychiatric) in which irritability and aggression may be presenting symptoms and for which there are evidence based treatments, if DSM-5 criteria are met for Disruptive Mood Dysregulation Disorder, that diagnosis may be made.

Level 1

The core symptoms of DMDD are irritability, anger, aggression, and temper outbursts (verbal or behavioral/physical) that are disproportionate to the situation and significantly more severe than the typical reaction of same-aged peers. Irritability and aggression are distinct symptoms. Irritability is defined as becoming extremely angry with what most would feel is minor provocation (Copeland, et al., 2015). Aggression refers to hostile, injurious, or destructive behaviors.

- ✦ **1a.** Treat co-morbid disorders optimally (eg., ADHD + irritability – optimize stimulants).
- ✦ **1b.** Address psychosocial stressors that are directly contributing to or worsening the child's symptoms (e.g., irritability, anger, aggression, temper outbursts).
- ✦ **1c.** Address the severity of the child's symptoms.
  - ✧ If symptoms are mild, implement psychosocial interventions (e.g., targeted case management, crisis intervention programs, parent training).
  - ✧ If symptoms are moderate to severe (e.g., child is removed from school, has been seen in emergency room or psychiatrically hospitalized), psychosocial interventions alone are unlikely to suffice. Consider interventions in Level 2.

→	**Level 2** Currently, limited scientific evidence exists for the use of medications for DMDD. If symptoms persist, may consider use of treatments targeted toward aggression, including atypical antipsychotics, mood stabilizers, alpha-agonists, or antidepressants in conjunction with psychotherapeutic and psychosocial interventions. Refer to Table 8 on page 30 for dosing recommendations for aggression. Consider referral to a specialist.
Not Recommended: Use of medications alone.	

For a full list of references, visit ***https://floridabhcenter.org/***.