DISRUPTIVE MOOD DYSREGULATION DISORDER

Finding a Home in DSM

The road to mental health begins with an accurate diagnosis. Consider a recent Wall Street Journal article describing nearly a decade of suffering for an 11-year-old boy who, although diagnosed with bipolar disorder at age 4, has never been successfully treated for his extreme, explosive rages. Too many severely impaired children like this are falling through the cracks because they suffer from a disorder that has not yet been defined. A new diagnosis in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) aims to give these children a diagnostic home and ensure they get the care they need.

Characteristics of the Disorder

This disorder is called Disruptive Mood Dysregulation Disorder (DMDD), and its symptoms go beyond describing temperamental children to those with a severe impairment that requires clinical attention. Far beyond temper tantrums, DMDD is characterized by severe and recurrent temper outbursts that are grossly out of proportion in intensity or duration to the situation. These occur, on average, three or more times each week for one year or more.

Between outbursts, children with DMDD display a persistently irritable or angry mood, most of the day and nearly every day, that is observable by parents, teachers, or peers. A diagnosis requires the above symptoms to be present in at least two settings (at home, at school, or with peers) for 12 or more months, and symptoms must be severe in at least one of these settings. During this period, the child must not have gone three or more consecutive months without symptoms.

The onset of symptoms must be before age 10, and a DMDD diagnosis should not be made for the first time before age 6 or after age 18.

Process for New Diagnosis

A new *DSM* diagnosis is included only after a comprehensive review of the scientific literature; full discussion by Work Group members; review by the *DSM-5* Task Force, Scientific Review Committee, Clinical and Public Health Committee; and, finally, approval by the American Psychiatric Association's Board of Trustees.

The DMDD diagnosis, like every other new disorder, also received review and feedback from other mental health clinicians and advocacy organizations during three open-comment periods facilitated through the *DSM-5* website, www.DSM5.org.

Throughout this rigorous process, considerable discussion about DMDD focused on the need for developmentally appropriate diagnostic criteria for severe irritability in children and adolescents. *DSM-IV* provided no guidance on an appropriate diagnosis for children with such severely impairing symptoms.

Improving Diagnosis and Care

While *DSM* does include two diagnoses with related symptoms to DMDD, oppositional defiant disorder (ODD) and Bipolar Disorder (BD), the symptoms described in DMDD are significantly different than these two diagnoses.

ODD is an ongoing pattern of anger-guided disobedience, hostilely defiant behavior toward authority figures that goes beyond the bounds of normal childhood behavior. While some of its symptoms may overlap with the criteria for DMDD, the symptom threshold for DMDD is higher since the condition is considered more severe. To avoid any artificial comorbidity of the two disorders, it is recommended that children who meet criteria for both ODD and DMDD should only be diagnosed with DMDD.

BD also has similar symptoms. And while clinicians may have been assigning a BD diagnosis to these severely irritable youth to ensure their access to treatment resources and services, these children's behaviors may not present in an episodic way as is the case with BD. In an effort to address this issue, research was conducted comparing youth with severe non-episodic symptoms to those with the classic presentations of BD as defined in *DSM-IV*.

Results of that extensive research showed that children diagnosed with BD who experience constant, rather than episodic, irritability often are at risk for major depressive disorder or generalized anxiety disorder later in life, but not life-long BD. This finding pointed to the need for a new diagnosis for children suffering from constant, debilitating irritability. The hope is that by defining this condition more accurately, clinicians will be able to improve diagnosis and care.

Defining this disorder as a distinct condition will likely have a considerable impact on clinical practice and thus treatment. For example, the medication and psychotherapy treatment recommended for BD is entirely different from that of other disorders, such as depressive and anxiety disorders.

The unique features of DMDD necessitated a new diagnosis to ensure that children affected by this disorder get the clinical help they need.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish *DSM-5* in 2013, culminating a 14-year revision process. For more information, go to www.*DSM5*.org.

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org and www.healthyminds.org.