



# Disruptive Mood Dysregulation Disorder

## Overview

Disruptive mood dysregulation disorder (DMDD) is a childhood condition of extreme irritability, anger, and frequent, intense temper outbursts. DMDD symptoms go beyond a being a “moody” child—children with DMDD experience severe impairment that requires clinical attention. DMDD is a fairly new diagnosis, appearing for the first time in the [Diagnostic and Statistical Manual of Mental Disorders \(DSM-5\), published in 2013](#).

[Read transcript.](#)

## Signs and Symptoms

DMDD symptoms typically begin before the age of 10, but the diagnosis is not given to children under 6 or adolescents over 18. A child with DMDD experiences:

- Irritable or angry mood most of the day, nearly every day
- Severe temper outbursts (verbal or behavioral) at an average of three or more times per week that are out of keeping with the situation and the child’s developmental level
- Trouble functioning due to irritability in more than one place (e.g., home, school, with peers)

To be diagnosed with DMDD, a child must have these symptoms steadily for 12 or more months.

## Risk Factors

It is not clear how widespread DMDD is in the general population, but it is common among children who visit pediatric mental health clinics. Researchers are exploring risk factors and brain mechanisms of this disorder.

## Treatment and Therapies

DMDD is a new diagnosis. Therefore, [treatment is often based on what has been helpful for other disorders that share the symptoms of irritability and temper tantrums](#). These disorders include attention deficit hyperactivity disorder (ADHD), anxiety disorders, oppositional defiant disorder, and major depressive disorder.

**If you think your child has DMDD, it is important to seek treatment.** DMDD can impair a child's quality of life and school performance and disrupt relationships with his or her family and peers. Children with DMDD may find it hard to participate in activities or make friends. Having DMDD also increases the risk of developing depression or anxiety disorders in adulthood.

While researchers are still determining which treatments work best, two major types of treatment are currently used to treat DMDD symptoms:

- Medication
- Psychological treatments
- Psychotherapy
- Parent training
- Computer based training

Psychological treatments should be considered first, with medication added later if necessary, or psychological treatments can be provided along with medication from the beginning.

It is important for parents or caregivers to work closely with the doctor to make a treatment decision that is best for their child.

## Medication

Many medications used to treat children and adolescents with mental illness are effective in relieving symptoms. However, some of these medications have not been studied in depth and/or do not have [U.S. Food and Drug Administration \(FDA\)](#) approval for use with children or adolescents. All medications have side effects and the need for continuing them should be reviewed frequently with your child's doctor.

For basic information about these and other mental health medications, you can visit the [NIMH Mental Health Medications](#) webpage. For the most up-to-date information on medications, side effects, and warnings, visit the [FDA website](#).

## Stimulants

[Stimulants](#) are medications that are commonly used to treat ADHD. There is evidence that, in children with irritability and ADHD, stimulant medications also decrease irritability.

Stimulants should not be used in individuals with serious heart problems. According to the [FDA](#), people on stimulant medications should be periodically monitored for change in heart rate and blood pressure.

## Antidepressants

Antidepressant medication is sometimes used to treat the irritability and mood problems associated with DMDD. Ongoing studies are testing whether these medicines are effective for this problem. It is important to note that, although antidepressants are safe and effective for many people, they carry a risk of suicidal thoughts and behavior in children and teens. A "black box" warning—the most serious type of warning that a prescription can carry—has been added to the labels of these medications to alert parents and patients to this risk. For this reason, a child taking an antidepressant should be monitored closely, especially when they first start taking the medication.

## Atypical Antipsychotic

An atypical antipsychotic medication may be prescribed for children with very severe temper outbursts that involve physical aggression toward people or property. [Risperidone](#) and [aripiprazole](#) are FDA-approved for the treatment of irritability associated with autism and are sometimes used to treat DMDD. Atypical antipsychotic medications are associated with many significant side-effects, including suicidal ideation/behaviors, weight gain, metabolic abnormalities, sedation, movement disorders, hormone changes, and others.

## Psychological treatments

### Psychotherapy

Cognitive-behavioral therapy, a type of psychotherapy, is commonly used to teach children and teens how to deal with thoughts and feelings that contribute to their feeling depressed or anxious. Clinicians can use similar techniques to teach children to more effectively regulate their mood and to increase their tolerance for frustration. The therapy also teaches coping skills for regulating anger and ways to identify and re-label the distorted perceptions that contribute to outbursts. Other research psychotherapies are being explored at the NIMH.

### Parent Training

Parent training aims to help parents interact with a child in a way that will reduce aggression and irritable behavior and improve the parent-child relationship. Multiple studies show that such interventions can be effective. Specifically, parent training teaches parents more effective ways to respond to irritable behavior, such as anticipating events that might lead a child to have a temper outburst and working ahead to avert the outburst. Training also focuses on the importance of predictability, being consistent with children, and rewarding positive behavior.

### Computer-based training

Evidence suggests that irritable youth with DMDD may be prone to [misperceiving](#) ambiguous facial expressions as angry. There is preliminary evidence that computer-based training designed to correct this problem may help youth with [DMDD or severe irritability](#).

## Join a Study

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. During clinical trials, treatments might be new drugs or combinations of drugs, new psychotherapies or devices, or new ways to use existing treatments. The goal of clinical trials is to determine if a new test or treatment works and is safe. Although individual participants may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

**Please note:** Decisions about whether to participate in a clinical trial and which ones are best suited for a given individual are best made in collaboration with your licensed health professional.

## Clinical Trials at NIMH/NIH

Scientists at the NIMH campus conduct research on numerous areas of study, including cognition, genetics, epidemiology, and psychiatry. The studies take place at the NIH Clinical Center in Bethesda, Maryland and usually require regular visits. After an initial phone interview to see if any of the clinical trials recruiting subjects are a good match for you, you will come to an appointment at the clinic and meet with a clinician. Visit the [NIMH Clinical Trials — Participants](#) or [Join a Study: Disruptive Mood Dysregulation Disorder](#) for more information.

## How Do I Find a Clinical Trial Near Me?

To find a clinical trial near you, you can visit [ClinicalTrials.gov](#). This is a searchable registry and results database of federally and privately supported clinical trials conducted in the United States and around the world. ClinicalTrials.gov gives you information about a trial's purpose, who may participate, locations, and contact information for more details. This information should be used in conjunction with advice from your health provider.

## Learn More

### Multimedia

- **Watch: Disruptive Mood Dysregulation Disorder:** Dr. Ellen Leibenluft, Senior Investigator and Chief of the NIMH Emotion and Development Branch, explains the history of Disruptive Mood Dysregulation Disorder.
- **Watch: Irritability in Children - Dr. Ellen Leibenluft:** Dr. Ellen Leibenluft, Senior Investigator and Chief of the NIMH Emotion and Development Branch, discusses research on irritability in children.
- **Webinar: Severe Irritability and DMDD in Youth -- Dr. Kenneth Towbin:** NIMH child and adolescent psychiatrist Dr. Kenneth Towbin discusses NIMH research into childhood severe irritability and disruptive mood dysregulation.
- [NIMH Twitter Chat on Disruptive Mood Dysregulation Disorder](#) (Archived Transcript)

### Research and Statistics

- **ClinicalTrials.gov: Disruptive Mood Dysregulation Disorder**
- **Journal Articles:** [References and abstracts from MEDLINE/PubMed \(National Library of Medicine\)](#)
- [Join a Study: Disruptive Mood Dysregulation Disorder](#)

**Last Revised:** January 2017

Retrieved From: <https://www.nimh.nih.gov/health/topics/disruptive-mood-dysregulation-disorder-dmdd/disruptive-mood-dysregulation-disorder.sht>