

Pediatric Mental Health Care Access Grant

# **Disruptive Mood Dysregulation Disorder & Childhood Bipolar Disorder:**

Toward Understanding the Rise in Childhood Mood Variability, Irritability,  
and Aggression

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## **OBJECTIVES**

- 1. Identify diagnostic criteria, and observable presentation, of Disruptive Mood Dysregulation Disorder and Bipolar Disorder**
- 2. Recognize differences between Disruptive Mood Dysregulation Disorder and Bipolar Disorder**
- 3. Identify treatment approaches for Disruptive Mood Dysregulation Disorder and Bipolar Disorder**



## DEPRESSIVE DISORDERS

- **Disruptive Mood Dysregulation Disorder**
- **Major Depressive Disorder**
- **Persistent Depressive Disorder (Dysthymia)**
- **Premenstrual Dysphoric Disorder**
- **Substance/Medication-Induced Depressive Disorder**
- **Depressive Disorder Due to Another Medical Condition**
- **Other Specified Depressive Disorder**
- **Unspecified Depressive Disorder**



## DISRUPTIVE MOOD DYSREGULATION DISORDER

- **Severe recurrent temper outbursts manifested verbally and/or behaviorally**
  - A. **Verbal rages**
  - B. **Physical aggression toward people or property**
- **Temper outbursts are inconsistent with developmental level**
- **Temper outbursts occur 3+ times per week**



## **DISRUPTIVE MOOD DYSREGULATION DISORDER**

- **Mood between temper outbursts is:**
  - **Persistently irritable or angry most of the day**
  - **Nearly every day**
  - **Observable by others**



## **DISRUPTIVE MOOD DYSREGULATION DISORDER**

- **Symptoms have been present for at least 1 year**
- **Symptoms are present in at least two of three settings**
  - **Home**
  - **School**
  - **Peers**
- **Diagnosis should not be made before age 6**
- **Criteria are met before age 10**
- **A manic/hypomanic episode has not been present lasting more than 1 day**



## **DISRUPTIVE MOOD DYSREGULATION DISORDER**

- **Behaviors are not better explained by another disorder:**
  - Autism Spectrum Disorder
  - Posttraumatic Stress Disorder
  - Separation Anxiety Disorder
  - Persistent Depressive Disorder
- **Can co-exist with**
  - Major Depressive Disorder
  - Attention-Deficit/Hyperactivity Disorder
  - Conduct Disorder
  - Substance Use Disorder



## **DISRUPTIVE MOOD DYSREGULATION DISORDER**

- **Cannot co-exist with**
  - Oppositional Defiant Disorder (although defiance is common)
  - Bipolar Disorder
  - Intermittent Explosive Disorder
- **Symptoms are not attributable to effects of a substance or another medical condition**



## **DISRUPTIVE MOOD DYSREGULATION DISORDER**

- **Relatively common mental health clinic referral**
  - **Likely secondary to chronic/severe persistent irritability**
- **Prevalence rate is approximately 2-5%**
- **Rates are higher in:**
  - **Children (under 10y/o)**
  - **Males**
- **Rates are lower in:**
  - **Adolescents (10-19y/o)**
  - **Females**



## **DISRUPTIVE MOOD DYSREGULATION DISORDER**

- **Core differences between Disruptive Mood Dysregulation Disorder and Bipolar Disorder**
- **Children with Bipolar Disorder have:**
  - **Discrete episodes of mood change that are significantly different from their typical presentation**
  - **Manic/Hypomanic episode = worsening of:**
    - **Cognition (distractibility)**
    - **Behavior (Increased goal-directed activity)**
    - **Physical symptoms (Sleeplessness)**



## **DISRUPTIVE MOOD DYSREGULATION DISORDER**

- **Core differences between Disruptive Mood Dysregulation Disorder and Bipolar Disorder**
- **Children with Disruptive Mood Dysregulation have:**
  - Irritability that is persistent and is present over many months
  - Bipolar disorders are episodic conditions
  - Disruptive Mood Dysregulation Disorder IS NOT



## **BIPOLAR AND RELATED DISORDERS**

- **Bipolar I Disorder**
  - Requires a manic episode
- **Bipolar II Disorder**
  - Requires a hypomanic episode AND current/past Major Depressive episode
- **Cyclothymic Disorder**
  - 1 year (in children/adolescents) of numerous hypomanic symptoms and numerous periods of depressive symptoms



## **BIPOLAR AND RELATED DISORDERS**

- **Substance/Medication-Induced Bipolar- and Related- Disorder**
- **Bipolar and Related Disorder Due to Another Medical Condition**
- **Other Specified Bipolar and Related Disorder**
- **Unspecified Bipolar and Related Disorder**



## **BIPOLAR DISORDER**

- **“Childhood Bipolar Disorder” is a controversial topic**
- **Agreement on the clinical presentation of Childhood Bipolar Disorder is not clear**
- **Bipolar Disorder is largely considered a lifelong condition**
- **Researchers and clinicians rely on adult criteria**
- **Neuropsychologically, performance on quantifiable test scores is scarce/nonexistent differentiating between the two**
- **Childhood with Bipolar Disorder and ADHD manifest common symptoms**



## **BIPOLAR DISORDER**

- **Chronic irritability is not Bipolar Disorder**
- **Chronic attention problems are not indicative of Bipolar Disorder**
- **The cardinal symptom of mania/hypomania must be present**
- **There is a strong genetic link**
  - **Taking a thorough family history is important**



## **BIPOLAR DISORDER**

- **Young people with Bipolar Disorder may display significant impairment in functioning:**
  - **Previous hospitalizations (suicidal/homicidal ideation/plan/intent)**
  - **Medication treatment**
  - **Co-occurring disruptive/destructive behavior**
  - **Chronic/severe anxiety disorders**
- **History of psychotic symptoms and suicidal ideation/attempts are common**





## **BIPOLAR DISORDER**

- **Lifetime estimates of Childhood Bipolar Disorder range from 0.5% to 2.5%**
  - **Extremely rare in young children**
  - **Rate increases after puberty**
- **In children, milder Bipolar II and Cyclothymic Disorder are much more likely than Bipolar I Disorder**
- **About 60% of those with Bipolar Disorder have a first episode prior to age 19**



## **BIPOLAR DISORDER**

- **High rates of co-occurring disorders are highly common**
  - **Most typical are**
    - **Separation Anxiety Disorder**
    - **Generalized Anxiety Disorder**
    - **ADHD**
    - **Oppositional and conduct disorders**
    - **Substance use disorders**
    - **Suicidal/homicidal ideation/plan/intent**



## **BIPOLAR DISORDER**

- **There is no “cure” for Disruptive Mood Dysregulation Disorder or Bipolar Disorder (like most disorders)**
- **Treatment requires a multimodal plan which includes:**
  - **Medication**
  - **Addressing symptoms and related psychosocial impairments with therapeutic interventions**
    - **Psychotherapy – individual and family**
    - **Behavior-based therapy**
  - **Monitoring symptoms closely – mood charting**