



“A Study to Assess the Prevalence of Disruptive Mood Dysregulation Disorder among Adolescence At Selected Schools, Puducherry.”

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ABSTRACT

Disruptive mood dysregulation disorder (DMDD), is characterized by chronic, severe persistent irritability in children and adolescents. Disruptive mood dysregulation disorder characterizes behavior that is considered outside of the normal range of childhood behavior; the major features of this disorder include severe recurrent temper outbursts manifested verbally (e.g., verbal rages) and/or behaviorally (e.g., physical aggression toward people or property) that are grossly out of proportion in intensity or duration to the situation or provocation. DMDD is a mental health disorder and thus, prevalence estimates are unclear. Based on prevalence rates of chronic irritability, a diagnostic criterion of DMDD, one might postulate that the prevalence of disruptive mood dysregulation disorder among children and adolescents is estimated to fall into the 2%–5% range. This study was conducted in selected schools for adolescence by using purposive sampling technique 30 samples. It revealed that Out of 30 samples Level of knowledge on prevalence rate in adolescence shows that zero percentage of adequate knowledge, 14(46.7%) of moderately adequate knowledge, 16(53.3%) of inadequate knowledge on prevalence rate among adolescence. The overall result shows that significant and non-significant relationship with the demographic variables the level of $p < 0.05$.

Keywords: prevalence of disruptive mood dysregulation disorder

I. INTRODUCTION

Disruptive mood dysregulation disorder (DMDD), is characterized by chronic, severe persistent irritability in children and adolescents. Disruptive mood dysregulation disorder characterizes behavior that is considered outside of the normal range of childhood behavior; the major features of this disorder include severe recurrent temper outbursts manifested verbally (e.g., verbal rages) and/or behaviorally (e.g., physical aggression toward people or property) that are grossly out of proportion in intensity or duration to the situation or provocation. Children with Disruptive mood dysregulation disorder demonstrate low frustration tolerance and exhibit difficulties with emotional regulation, distress tolerance, and behavioral self-control. In order to meet the diagnostic criteria for Disruptive mood dysregulation disorder, children must demonstrate outbursts at least three times per week for a period of at least one year across at least two of the following settings: home, school, and with peers.

Disruptive mood dysregulation disorder may affect between 2% and 5% of children, but the exact incidence is not known. Children with DMDD have extreme temper tantrums and remain irritable almost all day, every day. Unlike pediatric bipolar disorder, which occurs more often in girls, DMDD is more prevalent among boys.

Children who meet the criteria for Disruptive mood dysregulation disorder will often present as irritable and angry throughout the day. Professional counselors should refrain from assigning this diagnosis to those either under the age of six or over the age 18. There must be clear evidence of an onset of symptoms prior to age 10.

Symptoms are Severe temper tantrums: These may take the form of verbal outbursts (yelling, screaming) or behavioral outbursts (physical aggression toward people or things). Temper tantrums that aren't normal for a child's age: It's not uncommon for toddlers to have meltdowns or for older children to yell when they don't get their way. In DMDD, the tantrums aren't what you would expect for a child's developmental level in terms of how often they occur and how bad the episodes are. For example, you wouldn't expect an 11 year-old to regularly destroy property when they're angry.

Outbursts occur approximately three or more times a week: This isn't a hard-and-fast rule. For example, a child wouldn't be disqualified for diagnosis if they have two tantrums one week, but usually have more than two. Irritable and angry mood between tantrums: Even when the child isn't in an explosive episode, caregivers will see a disturbance in mood for most of the day, nearly every day. Parents may regularly feel like they are "walking on eggshells" to avoid an episode. Tantrums occur in multiple settings: DMDD may not be the right diagnosis if a child only has outbursts in certain situations, like with one parent or a particular caregiver. For diagnosis, symptoms should be present in at least two settings, such as at home, in school, or with peers.

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Treatment There is no set way to treat DMDD; however, studies have found certain treatments to be effective at lessening the outbursts and decreasing the effects. These include: □ Medication , Antipsychotics , Antidepressants (SSRI,SNRI) ,Anticonvulsants (AEDs) ,Sleep aids , Psychotherapy , Combination of the two Pharmacotherapy ,SSRI-first choice for DMDD • Antidepressants have been recommended as the first choice for the management of DMDD as the underlying disorder is one of mood.

AIM OF THE STUDY

The Aim of the study to assess the prevalence of disruptive mood dysregulation disorder among adolescence at selected school, puducherry.

OBJECTIVES OF STUDY

- To assess the prevalence of Disruptive mood dysregulation disorder among adolescence.
- To associate the prevalence of Disruptive mood dysregulation disorder in selected demographic variables.

II. METHODOLOGY

The research approach used for this study was quantitative research approach. A descriptive research design was used to assess the prevalence of disruptive mood dysregulation disorder among adolescence at government higher secondary school, puducherry.

By using purposive sampling technique 30 sample was selected for the present study. The period of data collection was two week. The tool consists of demographic data, assessment tools for prevalence of disruptive mood dysregulation disorder . The outcome of the study was evaluated by using descriptive and inferential statistics

DESCRIPTION OF TOOL:

Section A: This section consists of demographic variables such as age, sex, residential area ,religion, educational status, types of school, father's occupation and mother's occupation, family status, number of siblings, previous knowledge about disruptive mood dysregulation disorder.

Table 1:- Frequency and percentage wise distribution of demographic variables among adolescence.

(N=30)

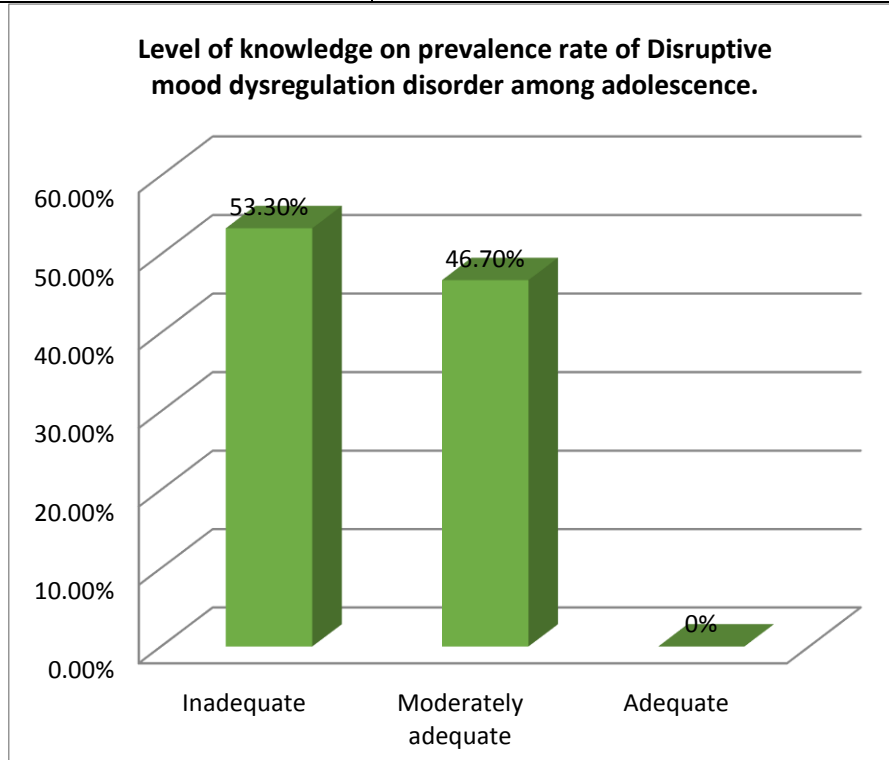
SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (N)	PERCENTAGE (%)
1	Age in years		
	10-13 years	3	10

	14-15 years	14	46.7
	16-18 years	13	43.3
	Above 19 years	0	0
2	Sex		
	Male	6	20
	Female	24	80
3	Residential area		
	Urban	1	3.3
	Rural	29	96.7
4	Religion		
	Hindu	29	96.7
	Muslim	1	3.3
	Christian	0	0
	Others	0	0
5	Educational status		
	Primary	3	10
	Secondary	27	90
	Graduate	0	0
	Non formal education	0	0
6	Types of school		
	Private	0	0
	Government	30	100
	Home schooling	0	0
7	Father's occupation and mother's occupation		
	Father Working and mother not working	18	60
	Father Not working and mother working	2	6.7
	Both are working	10	33.3
8	Family status		
	Poor economic status	2	6.7
	Middle class	28	93.3
	Rich economic status	0	0
9	Number of siblings		
	Nil	2	6.6
	1 person	17	56.7
	2 persons	8	26.7
	Above 2 persons	3	10
10	Previous knowledge about disruptive mood dysregulation disorder		
	Yes	14	46.7
	No	16	53.3

Table 2:- Frequency and percentage wise distribution of the prevalence rate of Disruptive mood dysregulation disorder among adolescence.

LEVEL OF KNOWLEDGE ON PREVALENCE RATE	FREQUENCY (n)	PERCENTAGE (%)
Inadequate	16	53.3
Moderately adequate	14	46.7
Adequate	0	0
Total	30	100
Mean±Standard deviation	5.43±2.063	

(N = 30)



Section B: this consists of “assessment tool for prevalence of disruptive mood dysregulation disorder” interpretation of inadequate knowledge, moderately adequate knowledge, and adequate knowledge.

SCORING INTERPRETATION	
1-5	Inadequate knowledge
6-10	Moderately adequate knowledge
11-15	Adequate knowledge

Table –3: Association between the prevalence rate of Disruptive mood dysregulation disorder among adolescence with their selected demographic variables.

(N=30)

SL. NO	DEMOGRAPHIC VARIABLES	LEVEL OF KNOWLEDGE ON PREVALENCE RATE				Chi-square X ²
		INADEQUATE		MODERTAE		
		N	%	N	%	
1	Age					X ² =3.47 Df=2 p =0.176 NS
	10-13 years	1	6.3	2	14.3	
	14-15 years	10	62.5	4	28.6	

	16-18 years	5	31.3	8	57.1	
	Above 19 years	0	0	0	0	
2	Sex					$X^2=0.033$ Df=1 p =0.855 NS
	Male	3	18.8	3	21.4	
	Female	13	81.3	11	78.6	
3	Residential area					$X^2=1.18$ Df=1 p =0.277 NS
	Urban	0	0	1	7.1	
	Rural	16	100	13	92.9	
4	Religion					$X^2=0.905$ Df=1 p =0.341 NS
	Hindu	15	93.8	14	100	
	Muslim	1	6.3	0	0	
	Christian	0	0	0	0	
	Others	0	0	0	0	
5	Educational status					$X^2=8.91$ Df=1 p =0.008 *S
	Primary	3	18.8	0	0	
	Secondary	13	81.3	14	100	
	Graduate	0	0	0	0	
	Non formal education	0	0	0	0	
6	Types of school					constant
	Private	0	0	0	0	
	Government	16	100	14	100	
	Home schooling	0	0	0	0	
7	Father's occupation and mother's occupation					$X^2=2.50$ Df=2 p =0.287 NS
	Father Working and mother not working	10	62.5	8	57.1	
	Father Not working and mother working	2	12.5	0	0	
	Both are working	4	25	6	42.9	
8	Family status					$X^2=2.44$ Df=1 p =0.118 NS
	Poor economic status	0	0	2	14.3	
	Middle class	16	100	12	85.7	
	Rich economic status	0	0	0	0	
9	Number of siblings					$X^2=6.95$ Df=2 p =0.013 *S
	Nil	2	12.5	0	0	
	1 person	9	56.3	8	57.1	

	2 person	2	12.5	6	42.9	
	Above 2	3	18.8	0	0	
10	Previous knowledge about disruptive mood dysregulation disorder					$X^2=0.11$ Df=1 p =0.732 NS
	Yes	7	43.9	7	50	
	No	9	56.3	7	50	

*-p < 0.05 significant, , NS-Non significant

III. RESULTS

The major findings of the study were;

- Level of knowledge on prevalence rate in adolescence shows that zero percentage of adequate knowledge, 14(46.7%) of moderately adequate knowledge , 16(53.3%) of inadequate knowledge on prevalence rate among adolescence.
- Mean (5.43) and standard deviation (2.063) of adolescence regarding level of knowledge on prevalence rate.
- Association shows the significant relationship with the demographic variables. The Educational status (p =0.008) and Number of siblings (p =0.013) had shown statistically significant association between the prevalence rates of Disruptive mood dysregulation disorder among adolescence with their selected demographic variables.

IV. RECOMMEDATIONS:

- The study can be conducted to assess the attitudes and coping strategy of nurse towards adolescence with disruptive mood disregulation disorder.
- Comparative study can be done between urban and rural areas.
- A quasi experimental study can be conducted with control group for the effective comparison.
- Similar study can be conducted in a large group to generalize the study findings.

V. CONCLUSION:

A descriptive study to assess the prevalence of disruptive mood dysregulation disorder among adolescence at selected school, puducherry. The findings of the study revealed that Out of 30 samples Level of knowledge on prevalence rate in adolescence shows that zero percentage of adequate knowledge, 14(46.7%) of moderately adequate knowledge , 16(53.3%) of inadequate knowledge on prevalence rate among adolescence in selected school, puducherry.

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