



Stringaris, A., Vidal, R. P., Brotman, M. A., & Leibenluft, E. (2018). Practitioner Review: Definition, recognition, and treatment challenges of irritability in young people. *Journal of Child Psychology & Psychiatry*, 59(7), 721–739. <https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1111/jcpp.12823>

With Disruptive Mood Dysregulation Disorder (DMDD) as a new diagnosis in the DSM-5, many questions arise in diagnosis, intervention, medication, and long term outcomes for individuals who may receive this rare diagnosis. Stringaris et al (2018) explore the defining criteria of DMDD along with and alongside other diagnoses such as Bipolar Disorder, Autism Spectrum Disorder, ADHD, ODD, OCD, and anxiety disorders particularly because irritability appears across these other diagnoses as well. The main questions in this article investigate how one diagnosis is different from the other, assessments that targets irritability, and interventions and medication treatments for irritability challenges in DMDD and other diagnoses. Another focus of this article was to review the existing literature, determine clinical practice solutions, and recommend areas where further research is needed in the challenging area of irritability. Due to increased childhood irritability reports from parents and educators, there has been an increase in the diagnosis of childhood Bipolar Disorder. This has resulted in an increase in the prescription of antipsychotic medications in young children which has been proven to be a problem if there is no need for this category of medication and has resulted in a public health concern.

Irritability can be defined as a response to social environmental stimuli in two ways. Aberrant responding to frustrative non-reward, in other words possible aggression when access to a desired item or activity is blocked, or reacting in a fight response to something that appears to be a threat. While individuals with severe irritability may think angry faces are threatening, healthy children typically find neutral faces threatening. The complications demonstrated in threat processing and responses to non-rewards has shown further difficulties in family dynamics, which then can reinforce even more negative responses resulting in even more angry behavior.

How irritability is similar and different across different diagnoses is also discussed. These differences can have an impact on assessment, medication treatment solutions, behavioral interventions, and outcomes. While there tends to be evidence of irritability across diagnoses such as ASD, ADHD, BD, etc. the defining mechanisms for irritability in ASD, DMDD, and BD may be different than what is defined in ADHD. Another examination in the article discussed the question of self-reporting as compared to parent and/or educator reporting. Self-reporting of irritability may be more strongly associated with other emotional problems and typically would include a self-awareness of internalized emotions that others may not be able to see. On the contrary is parent/educator reporting of behaviors in young children, children with intellectual disabilities who can't self-report, etc. and is considered more of an externalized demonstration of angry behaviors. Individualized treatments and interventions would need to be considered in these two different scenarios as well. Assessment of the severity of irritability behaviors as well as mood in between episodes is discussed. Questionnaires,



semi-structured and structured interviews, rating scales, observation, and technology are all ways in which irritability can be measured and provide insight into treatment solutions.

The variables in irritability across diagnoses, the complications in defining comorbidity diagnostics due to internalization and externalization factors, the necessary involvement of parent management training and involvement, and the rareness and complicated specifiers that define DMDD from other diagnoses continues to pose challenges in assessment and treatment. The authors discuss the importance of further research and exploration across these categories so that future diagnostics concerning irritability are more reliable which will likely then improve medication prescriptions and behavioral interventions.