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"A study to identify the risk factor among adolescence with disruptive mood dysregulation disorder at selected school, Puducherry."

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ABSTRACT
Disruptive mood dysregulation disorder (DMDD), a condition characterized by severe and chronic irritability, was recently added to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) for childhood and adolescent disorders. DMDD is defined by severe temper tantrums that are disproportionate to the situation, inconsistent with developmental level, and occur at least three times per week. Mood between outbursts is persistently angry or irritable, and symptoms must be present for at least 12 months in at least two contexts. DMDD cannot be diagnosed in children before the age of 6 years and must be observed by 10 years.

I. INTRODUCTION

This feeling will pass. the fear is real but the danger is not" -Cammie McGovern

Disruptive mood dysregulation disorder (DMDD), a condition characterized by severe and chronic irritability, was recently added to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) for childhood and adolescent disorders. DMDD is defined by severe temper tantrums that are disproportionate to the situation, inconsistent with developmental level, and occur at least three times per week. Mood between outbursts is persistently angry or irritable, and symptoms must be present for at least 12 months in at least two contexts. DMDD cannot be diagnosed in children before the age of 6 years and must be observed by 10 years.

Psychotherapy is usually considered a first-line treatment and may include cognitive behavioral therapy (CBT) and parent training. CBT helps kids learn to recognize the thoughts that contribute to feelings of anger and learn new ways of responding to different situations. Therapists may also work with parents to help them learn new ways of responding to their child's anger and outbursts. While more research is needed to help determine which types of medication may be the most effective for treating this condition, psychiatrists may prescribe stimulants, antipsychotics, mood stabilizers, or antidepressants to treat symptoms of DMDD.

II. REVIEW OF LITERATURE:

Anne Roselle. J (2019) et.al The current article discusses the diagnosis of bipolar disorder in children throughout the years as it has evolved, focusing on very early-onset and early-onset bipolar disorder. Proper care of children with bipolar disorder requires a thorough understanding of the subtleties in symptoms at different developmental ages, as well as a shift in diagnostic thinking, which grew to include disruptive mood dysregulation disorder (DMDD). DMDD was added to address potential over diagnosis of an already unusual diagnosis in young children. Critical discussion of risk factors, protective factors, and lack of data to support protective factors in the literature follows. Implications for advanced practice RNs are included, as these children transition from pediatric practice to adult practice. [Journal of Psychosocial Nursing and Mental Health Services

STATEMENT OF THE PROBLEM:

- A study to identify the risk factor among adolescence with disruptive mood dysregulation disorder at selected school, Puducherry.

OBJECTIVES OF STUDY

- To identify the risk factors among adolescence with disruptive mood dysregulation disorder
- To associate the risk factors among adolescence with disruptive mood dysregulation disorder with their selected demographic variables.

ASSUMPTION:

Adolescence may experience the symptoms of DMMD (disruptive mood dysregulation of age.

III. MATERIALS AND METHODS:

This chapter describes the research methodology followed to assess the level of attitude among adolescence towards Disruptive mood dysregulation disorder at selected community area , puducherry

Section A- This section consists of demographic variables such as Age, sex, religion, educational status, Residential area, Family history and socio economic status.

Section B- This section consists of 'tools for risk factors of disruptive mood dysregulation disorder interpretation strongly disagree, disagree, neutral, agree and strongly agree.

SCORING INTERPRETATION	
1-20	Strongly disagree
21-40	disagree
41-60	neutral
61-80	Agree
81-100	Strongly agree

RESEARCH APPROACH:

- A Quantitative research approach is adopted for this study.

RESEARCH DESIGN:

- A Descriptive research design was adopted for this study.

SETTINGS:

- The study was conducted in Government High School, Madagadipet Palayam at selected school, Puducherry.

POPULATION:

- A target. population for this study include adolescence who are living in Kalitheerthalkupam, puducherry.

SAMPLE:

- In this study, the sample comprises of adolescence.

SAMPLE SIZE:

- In this study ample size consist of 30 adolescence.

SAMPLING TECHNIQUE:

- A purposive smoking technique waste adopted form this study.

SAMPLING CRITERIA:

Inclusion criteria:

- Adolescence both male and female
- Adolescence who are willing to participate in data collection.
- Adolescence who experience disruptive mood dysregulation disorder. Adolescence are available at the time of data collection

Exclusion criteria:

- Adolescent with other illness

Section A: Description of the demographic variables among adolescence.

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

(N=30)

SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (N)	PERCENTAGE (%)
1	**Age**		
	10-12 years	0	0
	13-14 years	21	70
	15-17 years	9	30
	18-19 years	0	0
2	**Gender**		
	Male	17	56.7
	Female	13	43.3
3	**Place of residence**		
	Rural	12	40
	Urban	18	60
4	**Religion**		
	Hindu	28	93.3
	Muslim	2	6.7
	Christian	0	0
	Others	0	0
5	**Educational status**		
	Primary	0	0
	Secondary	30	100
	Graduate	0	0
	Non formal education	0	0
6	**Parent occupation**		
	Private	21	70
	Government	7	23.3
	Not working	2	6.7
7	**Family income**		
	1000-3000	11	36.7
	3001-5000	13	43.3
	5001-10000	6	20
8	**Number of siblings**		
	0	1	3.3
	1	13	43.3
	2	16	53.4
	Above 3	0	0
9	**Did you got any experience like aggression**		
	Yes	22	73.3
	No	8	26.7
10	**Did you got experience fight event any**		
	Yes	16	53.3
	No	14	46.7

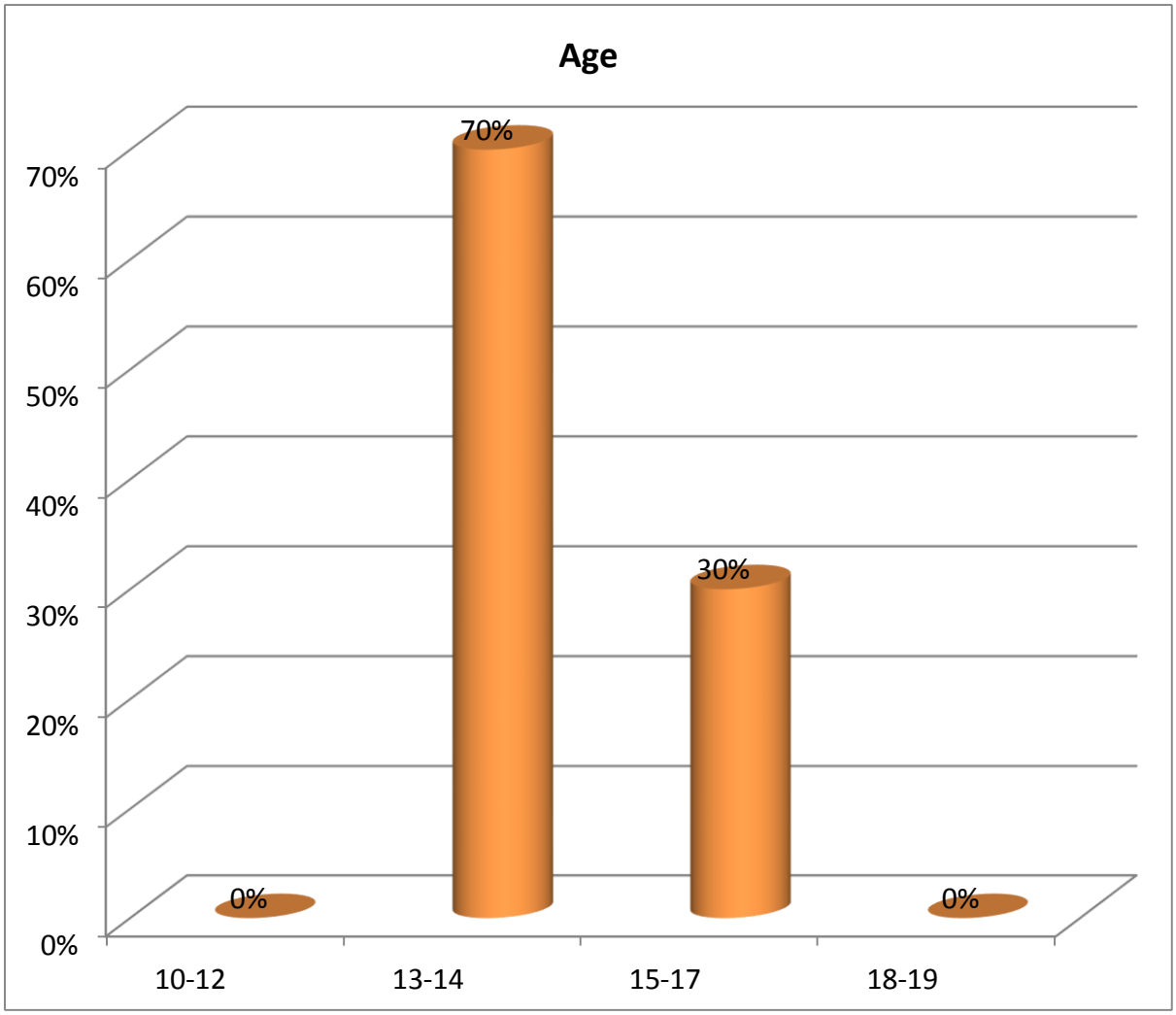


Table 1 shows frequency and Percentage wise distribution of demographic variables among adolescence. Out of the 30 adolescence who were interviewed, Majority of the adolescence 21(70%) of study population were in the age group are 13-14 years Majority of the adolescence were male 17(56.7%). ,Majority of the adolescence were Urban 18(60%). ,Majority of the adolescence were followed by Hindu religion 28(93.3%).,All of the adolescence were Secondary in education 30(100%).,Majority of the adolescence, Parent occupation were Private 21(70%). Majority of the adolescence, 13(43.3%) Family income was 3001-5000. Majority of the adolescence were have 2 siblings 16(53.4%). Majority of the adolescence were got experience like aggression 22(73.3%). Majority of the adolescence were got experience fight event 16(53.3%

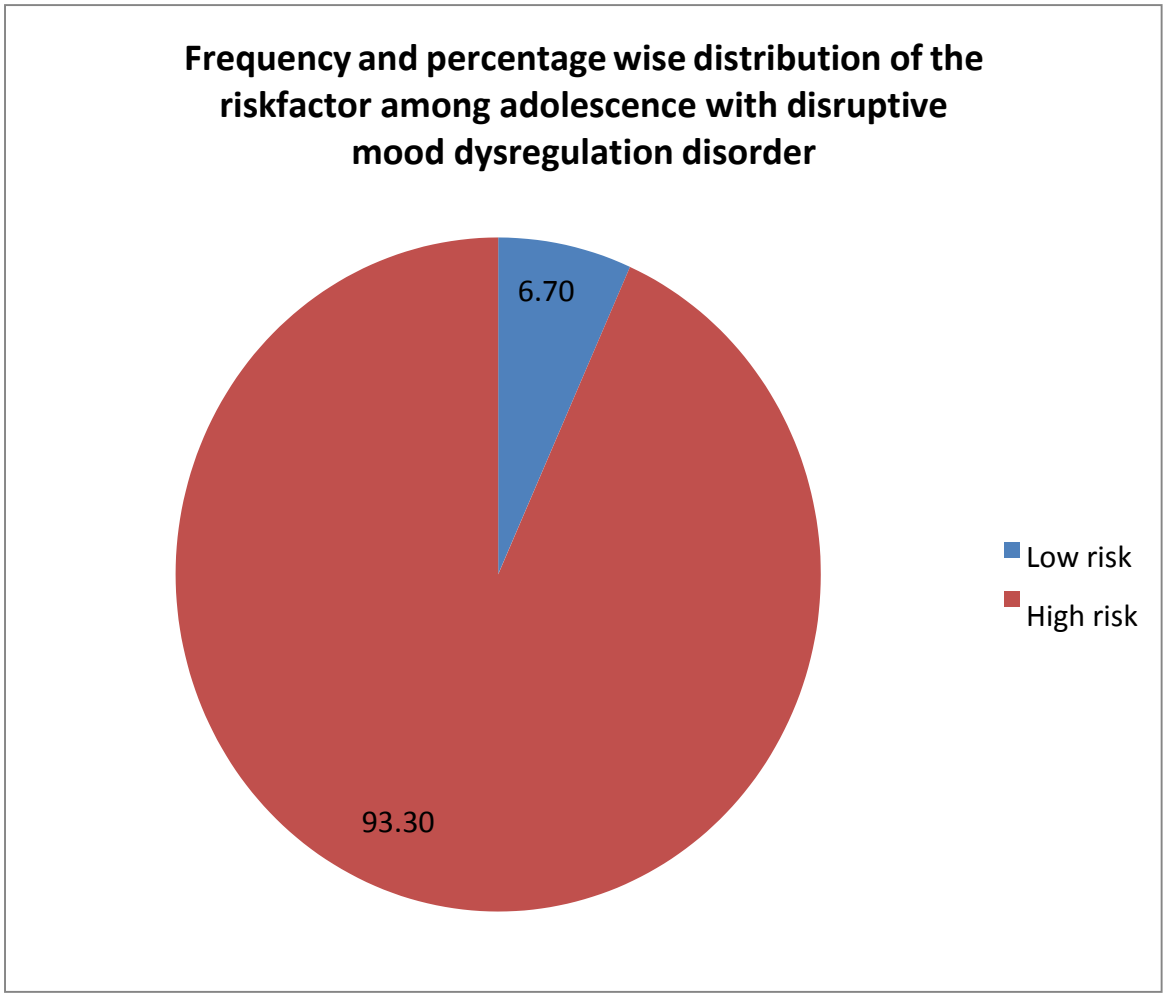
Section B: Assessment of the risk factor among adolescence with disruptive mood dysregulation disorder.

Table 2:- Frequency and percentage wise distribution of the risk factor among adolescence with disruptive mood dysregulation disorder.

(N = 30)

Level of risk factor	**FREQUENCY (n)**	**PERCENTAGE (%)**
Low risk	2	6.7
High risk	28	93.3
Total	30	100
Mean ± Standard deviation	64.307±6.758	

Table –2 shows frequency and percentage wise distribution of the risk factor among adolescence with disruptive mood dysregulation disorder. Majority of the adolescence 28(93.3%) had level of high risk, and 2(6.7%) had level of low risk and the mean and standard deviation the risk factor among adolescence with disruptive mood dysregulation disorder is (64.307±6.758) respectively.



Section C: Association between the risk factor among adolescence with disruptive mood dysregulation disorder with selected demographic variables.

Table –3: Association between the risk factor among adolescence with disruptive mood dysregulation disorder with selected demographic variables.

(N=30)

SL. NO	DEMOGRAPHIC VARIABLES	Level of risk factor				Chi-square X2
		Low risk		High risk		
		N	%	N	%	
1	**Age**					X^2=0.408 Df=1 p =0.523 NS
	10-12 years	0	0	0	0	
	13-14 years	1	50	20	71.4	
	15-17 years	1	50	8	28.6	
	18-19 years	0	0	0	0	
2	**Gender**					X^2=0.039 Df=1 p =0.844

	Male	1	50	16	57.1	NS
	Female	1	50	12	42.9	
3	**Place of residence**					X^2=0.089 Df=1 p =0.765 NS
	Rural	1	50	11	39.3	
	Urban	1	50	17	60.7	
4	**Religion**					X^2=0.153 Df=1 p =0.696 NS
	Hindu	2	100	26	92.9	
	Muslim	0	0	2	7.1	
	Christian	0	0	0	0	
	Others	0	0	0	0	
5	**Educational status**					CONSTANT
	Primary	0	0	0	0	
	Secondary	2	100	28	100	
	Graduate	0	0	0	0	
	Non formal education	0	0	0	0	
6	**Parent occupation**					X^2=0.918 Df=2 p =0.632 NS
	Private	2	100	19	67.9	
	Government	0	0	7	25	
	Not working	0	0	2	7.1	
7	**Family income**					X^2=0.554 Df=2 p =0.758 NS
	1000-3000	1	50	10	35.7	
	3001-5000	1	50	12	42.9	
	5001-10000	0	0	6	21.4	
8	**Number of siblings**					X^2=0.098 Df=2 p =0.952 NS
	0	0	0	1	3.6	
	1	1	50	12	42.9	
	2	1	50	15	53.6	
	Above 3	0	0	0	0	
9	**Did you got any experience like aggression**					**X^2=8.59 Df=1 p =0.040 *S**
	Yes	1	50	21	75	
	No	1	50	7	25	
10	**Did you got experience fight event any**					X^2=0.010 Df=1 p =0.922 NS
	Yes	1	50	15	53.6	
	No	1	50	13	46.4	

***-p < 0.05 significant, *-p < 0.001highly significant, NS-Non significant**

The table 3 depicts that the demographic variable, Did you got any experience like **aggression** had shown statistically significant association between risk factor among adolescence with disruptive mood dysregulation disorder with selected demographic variables.

The other demographic variable had not shown statistically significant association between the risk factor among adolescence with disruptive mood dysregulation disorder with selected demographic variables respectively.

IV. CONCLUSION AND RECOMMENDATION:

A descriptive study to identify the risk factor among adolescence with disruptive mood dysregulation disorder at selected school, Puducherry.

The findings of the study revealed that Out of 30 samples Risk factor among adolescence with disruptive mood dysregulation disorder. Majority of the adolescence 28(93.3%) had level of high risk, and 2(6.7%) had level of low risk

NURSING IMPLICATIONS:
The study has implicated for nursing practice, nursing education, nursing administration and nursing research

NURSING PRACTICE:

- This study emphasis in improving the knowledge regarding the risk factor among adolescence with disruptive mood dysregulation disorder through educative measures.
- More knowledge regarding the risk factor among adolescence with disruptive mood disregulation disorder will help for early identification of the adolescence with disruptive mood disregulation disorder.
- Visual information can also provide with slide show which will help the client to increase the knowledge regarding the risk factor among adolescence with disruptive mood dysregulation disorder Nurses' active participation in school health programmes by providing direct and indirect care helps to achieve the goals of health services.
- Adolescence in knowledge regarding the risk factor among adolescence with disruptive mood dysregulation disorder indicate the needs for arranging health education session in related topics

NURSING EDUCATION:

- Nurse educator should emphasize more on preparing students to impact health information to the public regarding the risk factor among adolescence with disruptive mood dysregulation disorder
- The study has clearly proved that video teaching programme was effective in improving the knowledge regarding the risk factor among adolescence with disruptive mood dysregulation disorder.
- To practice this, nursing personal needs to be equipped with high risk and practice regarding video teaching programme.
- The curriculum of nursing education should enable student nurse to equip themselves within the knowledge of the risk factor among adolescence with disruptive mood dysregulation disorder

NURSING ADMINISTRATION:

- Nurse as an administrator should take limitation in formulating policies and protocols for health teaching.
- The nursing administration should motivate the subordinate for participating in various educational programmes and improve their knowledge and skills.
- The administrator serves as a reserve's person for young nursing students, parents and school teachers for proving guidance and counselling for adolescence with disruptive mood dysregulation disorder The nurse administrator has given through slides show for the awareness of prevalence of disruptive mood dysregulation disorder among adolescence.

RECOMMEDATIONS:

- Any therapy regarding DMDD
- 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

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