SAVING NORMAL

An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, *Big Pharma, and the Medicalization of Ordinary Life*

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Turning Tantrums into Psychiatric Disorder

Child psychiatrists often dare to go where no one has gone before—and children wind up paying the price. They keep inventing new ways to wildly overdiagnose psychiatric illness in kids. Previously I mentioned a study that found 83 percent of kids qualify for mental disorder diagnosis by the time they are twenty-one. Now the child researchers have taken it a step further—introducing a new *DSM-5* diagnosis that may get the number even closer to 100 percent. First called "temper dysregulation," then rechristened with the tongue-twisting disruptive mood dysregulation disorder (DMDD); the idea of turning temper tantrums into a mental disorder is terrible, however named. We should not have the ambition to label as mental disorder every inconvenient or distressing aspect of childhood.

The experts working on *DSM-5* meant well. Recognizing the catastrophic misdiagnosis of childhood bipolar disorder, they hoped to replace it with DMDD, which doesn't carry the same implication of lifetime illness and is less likely to be overmedicated with obesity-inducing drugs. This was a silly solution just on the face of it. The child experts were missing an obvious risk. Instead of simply replacing childhood bipolar, DMDD will likely become wildly overinclusive, used to describe all manner of kids who require no diagnosis at all or a more specific one. Kids have only so many ways of responding to the world and frequently resort to temper tantrums as a way of communicating anger and distress. Almost always, this is not indicative of a mental disorder but rather represents a developmental stage or a temperamental variant or a response to stress or a symptom of any number of mental disorders. "Run-of-the-mill" temper tantrums are usually best ignored; severe and persistent tantrums may require evaluation to determine their underlying cause; but temper tantrums by themselves should never be given the status of a separate official diagnosis. By turning a common, nonspecific symptom into a mental disorder, DMDD is likely to increase inappropriate antipsychotic use, not reduce it.

The research evidence on DMDD is almost nonexistent, based only on a few years of work by just one research group.[14] Nothing is known about its likely prevalence in the general population of kids; whether it can be distinguished from normal temper tantrums; its relation to all the many other disorders that present with angry outbursts; its course; its preferred treatment; and the trade-off between treatment response and adverse complications.

The criteria for diagnosing DMDD were pretty much conjured out of thin air and are not nearly restrictive enough. While trying to rescue kids currently misdiagnosed as bipolar, it will undoubtedly open the door to the misdiagnosis of normal kids who are going through a stage or are normally temperamental. There is no bright line distinguishing normal temper tantrums from abnormal ones. And there is enormous variability in what is considered appropriate across different families, subcultures, and developmental periods. Tantrums are so common precisely because they have had great survival value—natural selection favors the squeaky wheel, providing it with extra grease. Baby chimps dominate their parents just the same way.

The way the diagnosis of DMDD is made will vary greatly, depending on the tolerance of the clinician, family, school, and peer group. The "stresses" that trigger the episodes may be minimal in some cases but remarkably provocative and causing readily understandable temper outbursts in others. Family fights may be translated into individual psychopathology. In the heat of battle, it will doubtless be forgotten that most kids will outgrow their developmental or situational temper problems and gradually acquire self-control and better ways of getting needs met. My experience tells me that this unstudied diagnosis may well become very popular and will spread to normal kids, who would do a lot better without it.

Atypical antipsychotic drugs may be helpful in reducing some forms of explosive temper outbursts. But their beneficial effects for the few must be balanced against their very great dangers when used inappropriately for the many. Even in severely disturbed kids, there are

serious clinical and ethical questions, but medicine may be needed in extremely exigent circumstances. In kids who have disturbing (but essentially "normal") developmental or situational storms or are irritable for other reasons (e.g., substance use, ADHD), antipsychotics are a disastrously bad choice. DMDD could turn out to be the most dangerous epidemic caused by *DSM-5*.[15] The sensible thing would have been to face down childhood bipolar directly with a bold warning against it in *DSM-5* and by carrying out a campaign to reeducate physicians, parents, and teachers previously brainwashed by pharmaceutical hype. Fighting fire with fire sometimes leads to more fire.