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**Research Paper**

# "A study to assess the level of attitude among adolescence towards disruptive mood dysregulation disorder at selected community area, puducherry"

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***ABSTRACT:***
*Disruptive mood dysregulation disorder (DMDD) is a mental disorder in children and adolescents characterized by a persistently irritable or angry mood and frequent temper outbursts that are disproportionate to the situation and significantly more severe than the typical reaction of same-aged peers. DMDD was added to the DSM-5 as a type of depressive disorder diagnosis for youths. The symptoms of DMDD resemble those of attention deficit hyperactivity disorder, oppositional defiant disorder, anxiety disorders, and childhood bipolar disorder.Disruptive mood dysregulation disorder is a childhood condition that is characterized by severe anger, irritability, and frequent temper outbursts. While temper tantrums tend to be quite common in kids, DMDD is more than just normal childhood moodiness. The angry outbursts that kids experience are extreme, intense, and can lead to significant disruption in many areas of a child's life.*

## I. INTRODUCTION

**Make no mistake .,Every child has his own lights ,No matter how difficult or defiant or unlikeable he or she might seem.**

**Nancy Rose**

Disruptive mood dysregulation disorder (DMDD) is a mental disorder in children and adolescents characterized by a persistently irritable or angry mood and frequent temper outbursts that are disproportionate to the situation and significantly more severe than the typical reaction of same-aged peers. DMDD was added to the DSM-5 as a type of depressive disorder diagnosis for youths. The symptoms of DMDD resemble those of attention deficit hyperactivity disorder, oppositional defiant disorder, anxiety disorders, and childhood bipolar disorder.

Disruptive mood dysregulation disorder is a childhood condition that is characterized by severe anger, irritability, and frequent temper outbursts. While temper tantrums tend to be quite common in kids, DMDD is more than just normal childhood moodiness. The angry outbursts that kids experience are extreme, intense, and can lead to significant disruption in many areas of a child's life.

## II. REVIEW OF LITERATURE:

**Raman Baweja et al, (2021)** Conducted a study on Disruptive mood dysregulation disorder (DMDD) was introduced as a new diagnostic entity under the category of depressive disorders in Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). It was included in DSM-5 primarily to address concerns about the misdiagnosis and consequent overtreatment of bipolar disorder in children and adolescence . DMDD does provide a home for a large Percentage of referred children with severe persistent irritability that did not fit well into any DSM, Fourth Edition (DSM-IV) diagnostic category. However, it has been a controversial addition to the DSM-5 due to lack of published validity studies, leading to questions about its validity as a distinct disorder. In this article, the authors discuss the diagnostic criteria, assessment, epidemiology, criticism of the diagnosis, and pathophysiology, as well as treatment and future directions for DMDD. They also review

the literature on severe mood dysregulation, as described by the National Institute of Mental Health, as the scientific support for DMDD is based primarily on studies of severe mood dysregulation

**STATEMENT OF THE PROBLEM:**
"A Study to assess the level of attitude among adolescence towards Disruptive mood dysregulation disorder at selected community area , puducherry"

**OBJECTIVES:**
The objectives of the study are:

- To assess the level of attitude among adolescence towards disruptive mood dysregulation disorder.
- To associate the level of attitude among adolescence with disruptive mood dysregulation disorder with selected demographic variables.

**ASSUMPTION:**
Adolescents who experience the symptoms of DMDD (disruptive mood dysregulation disorder)

## 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 'level of attitude questionnaire' with the survey interpretation of low level and high level.

**SCORING INTERPRETATION:**

| LEVEL OF ATTITUDE | SCORE |
|---|---|
| Low level | 1-10 |
| High level | 11 -20 |

**RESEARCH APPROACH:**
A Quantitative research approach is adopted for this study.
**RESEARCH DESIGN:**
A Descriptive research design was adopted for this study.
**SETTINGS:**
A Study was conducted at selected community area, Kalitheerthalkuppam , Puducherry .It is located between the Puducherry to villupuram National Highway .There are more than 200 house present in community .Hence all the adolescence in community area taken as study sample.
**POPULATION:**
A target. population for this study imclude adolescence who are living in Kalitheerthalkupam,puducherry.
**SAMPLE:**
The sample of this study consists of adolescence residing athu kalitheerthalkuppam.
**SAMPLE SIZE:**
In this study ,sample 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 are available at the time of data collection

**Exclusion criteria:**
Adolescence who are not willing to participate in this study.

## IV. RESULTS:

- Level of attitude towards adolescence shows frequency and percentage wise distribution of level of attitude among adolescence towards disruptive mood dysregulation disorder. Majority of the adolescence 27 (90%) had high level of attitude, and 3(10%) had low level of attitude and the mean and standard deviation level of attitude among adolescence towards disruptive mood dysregulation disorder is (13.87+2.315) respectively.

- Association shows significant relationship with the demographic variable, Age and Number of siblings had shown statistically significant association between the level of attitude among adolescence towards disruptive mood dysregulation disorder with their selected demographic variables.
- The other demographic variable had not shown statistically significant association between the level of attitude among adolescence towards disruptive mood dysregulation disorder with their selected demographic variables respectively.

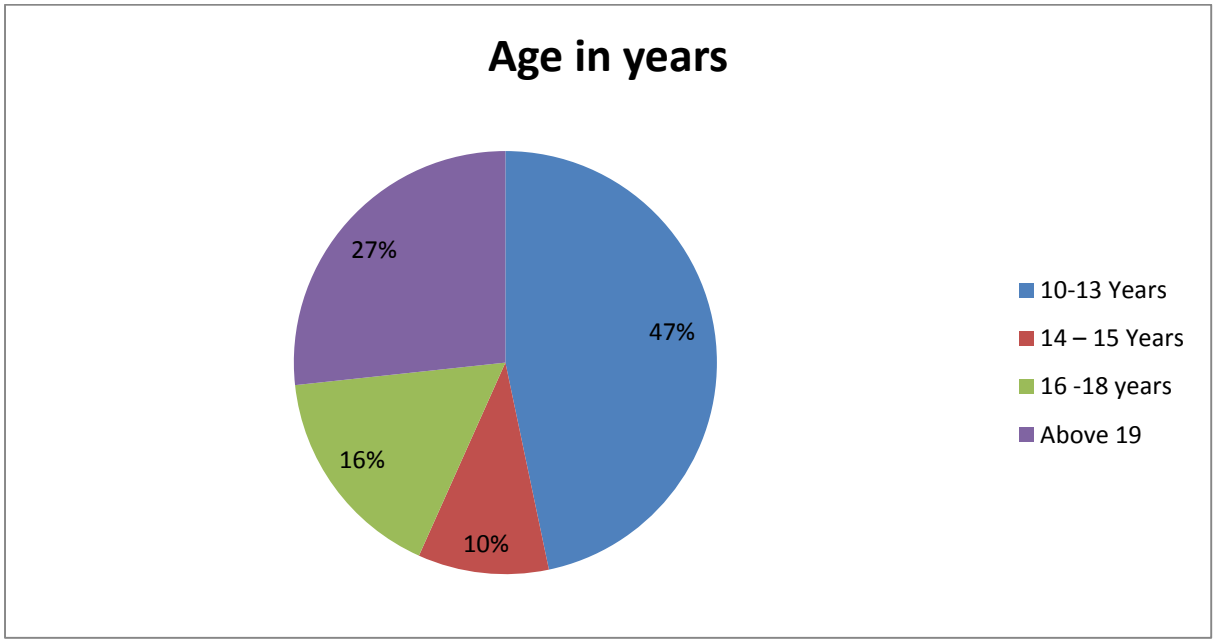
**Frequency and percentage wise distribution of demographic variables among adolescence.**

**(N=30)**

| SL. NO | DEMOGRAPHIC VARIABLES | FREQUENCY (N) | PERCENTAGE (%) |
|---|---|---|---|
| **1** | **Age in years** | | |
| | 10-13 Years | 14 | 46.7 |
| | 14 – 15 Years | 3 | 10 |
| | 16 -18 years | 5 | 16.6 |
| | Above 19 | 8 | 26.7 |
| **2** | **Sex** | | |
| | Male | 11 | 36.7 |
| | Female | 19 | 63.3 |
| **3** | **Residential area** | | |
| | Urban | 27 | 90 |
| | Rural | 3 | 10 |
| **4** | **Religion** | | |
| | Hindu | 8 | 26.7 |
| | Muslim | 3 | 10 |
| | Christian | 3 | 10 |
| | Others | 16 | 53.3 |
| **5** | **Educational status** | | |
| | Primary | 19 | 63.3 |
| | Secondary | 11 | 36.7 |
| | Graduate | 0 | 0 |
| | Non formal education | 0 | 0 |
| **6** | **Socio economic status** | | |
| | Poor socio economic status | 8 | 26.7 |
| | Moderate socio economic status | 21 | 70 |
| | High socio economic status | 1 | 3.3 |
| **7** | **Number of siblings** | | |
| | 1 | 2 | 6.7 |
| | 2 | 4 | 13.3 |
| | More than 2 | 12 | 40 |
| | None | 12 | 40 |
| **8** | **Is DMDD a neurological disorder** | | |
| | Yes | 16 | 53.3 |
| | No | 14 | 46.7 |
| **9** | **Is DMDD a mental illness** | | |
| | Yes | 7 | 23.3 |
| | No | 23 | 76.7 |

| | | | |
|---|---|---|---|
| **10** | **Do you feel happy at home** | | |
| | Yes | 6 | 20 |
| | No | 24 | 80 |
| **11** | **Do your parents often scold you** | | |
| | Yes | 14 | 46.7 |
| | No | 16 | 53.3 |

**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 14(46.7%) of study population were in the age group are 10-13 years. Majority of the adolescence were Female 19(63.3%).Majority of the adolescence were Urban 27(90%). Majority of the adolescence were followed by others religion 16(53.3%). Most of the adolescence were Primary in education 19(63.3%). Majority of the adolescence were Moderate socio economic status 21(70%). Majority of the adolescence were More than 2 siblings and None 12(40%). Majority of the adolescence were having DMDD a neurological disorder 16(53.3%). Majority of the adolescence were not having DMDD a mental illness 23(76.7%). Majority of the adolescence were not feel happy at home 24(80%). Majority of the adolescence were not parents often scold 16(53.3%) respectively.

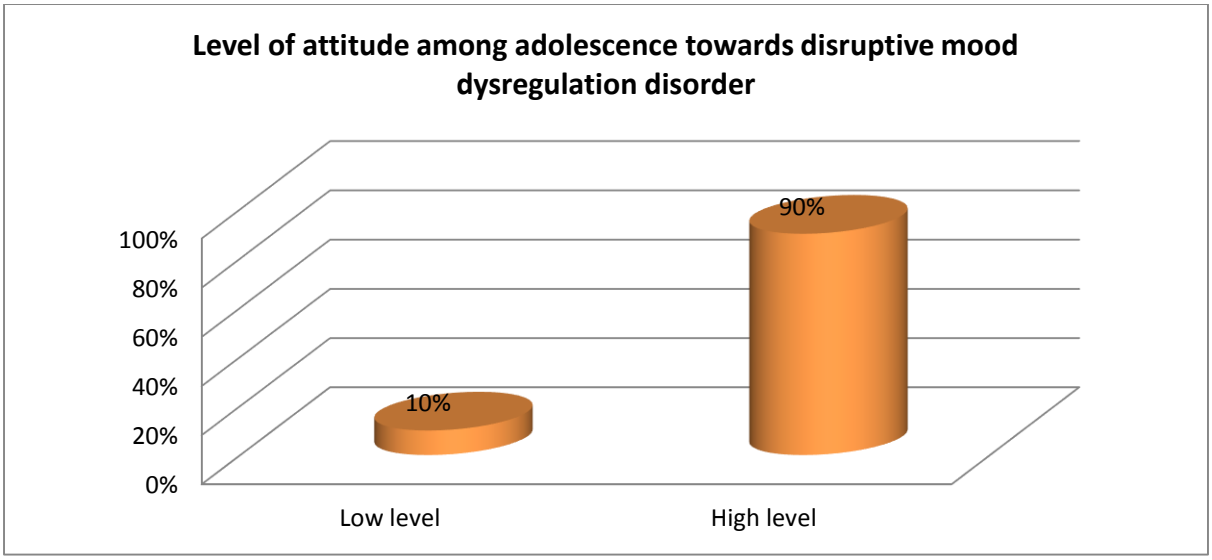



**Frequency and percentage wise distribution of level of attitude among adolescence towards disruptive mood dysregulation disorder.**

**(N = 30)**

| LEVEL OF ATTITUDE | FREQUENCY (n) | PERCENTAGE (%) |
|---|---|---|
| **Low level** | 3 | 10 |
| **High level** | 27 | 90 |
| **Total** | **30** | **100** |
| **Mean±Standard deviation** | 13.87±2.315 | |

**Table –2** shows frequency and percentage wise distribution of level of attitude among adolescence towards disruptive mood dysregulation disorder. Majority of the adolescence 27 (90%) had high level of attitude, and 3(10%) had low level of attitude and the mean and standard deviation level of attitude among adolescence towards disruptive mood dysregulation disorder is (13.87±2.315) respectively.




**Association between the level of attitude among adolescence towards disruptive mood dysregulation disorder with their selected demographic variables.**

**(N=30)**

| SL. NO | DEMOGRAPHIC VARIABLES | LEVEL OF ATTITUDE | | | | Chi-square $X^2$ |
|---|---|---|---|---|---|---|
| | | LOW LEVEL | | HIGH LEVEL | | |
| | | N | % | N | % | |
| **1** | **Age** | | | | | **$X^2$=0.8.06 Df=2 p =0.009 *S** |
| | 10-13 Years | 2 | 66.7 | 12 | 44.4 | |
| | 13 – 15 Years | 0 | 0 | 3 | 11.2 | |
| | 16 -18 years | 1 | 33.3 | 4 | 14.8 | |
| | Above 19 | 0 | 0 | 8 | 29.6 | |
| **2** | **Sex** | | | | | $X^2$=0.016 Df=1 p =0.9 NS |
| | Male | 1 | 33.3 | 10 | 37 | |
| | Female | 2 | 66.7 | 17 | 63 | |
| **3** | **Residential area** | | | | | $X^2$=0.37 Df=1 p =0.543 NS |
| | Urban | 3 | 100 | 24 | 88.9 | |
| | Rural | 0 | 0 | 3 | 11.1 | |
| **4** | **Religion** | | | | | $X^2$=0.833 Df=3 p =0.841 NS |
| | Hindu | 1 | 33.3 | 7 | 25.9 | |
| | Muslim | 0 | 0 | 3 | 11.1 | |
| | Christian | 0 | 0 | 3 | 11.1 | |
| | Others | 2 | 66.7 | 14 | 51.9 | |
| **5** | **Educational status** | | | | | $X^2$=0.016 Df=1 p =0.900 NS |
| | Primary | 2 | 66.7 | 17 | 63 | |
| | Secondary | 1 | 33.3 | 10 | 37 | |
| | Graduate | 0 | 0 | 0 | 0 | |
| | Non formal education | 0 | 0 | 0 | 0 | |
| **6** | **Socio economic status** | | | | | $X^2$=1.42 Df=2 p =0.49 NS |
| | Poor socio economic status | 0 | 0 | 8 | 29.6 | |
| | Moderate socio economic status | 3 | 100 | 18 | 66.7 | |
| | High socio economic status | 0 | 0 | 1 | 3.7 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **7** | **Number of siblings** | | | | | **$X^2$=6 Df=2 p =0.017 *S** |
| | 1 | 0 | 0 | 2 | 7.4 | |
| | 2 | 0 | 0 | 4 | 14.8 | |
| | More than 2 | 3 | 100 | 9 | 33.3 | |
| | None | 0 | 0 | 12 | 44.4 | |
| **8** | **Is DMDD a neurological disorder** | | | | | $X^2$=0.238 Df=1 p =0.626 NS |
| | Yes | 2 | 66.7 | 14 | 51.9 | |
| | No | 1 | 33.3 | 13 | 48.1 | |
| **9** | **Is DMDD a mental illness** | | | | | $X^2$=1.01 Df=1 p =0.314 NS |
| | Yes | 0 | 0 | 7 | 25.9 | |
| | No | 3 | 100 | 20 | 74.1 | |
| **10** | **Do you feel happy at home** | | | | | $X^2$=0.37 Df=1 p =0.543 NS |
| | Yes | 1 | 33.3 | 5 | 18.5 | |
| | No | 2 | 66.7 | 22 | 81.5 | |
| **11** | **Do your parents often scold you?** | | | | | $X^2$=0.536 Df=1 p =0.464 NS |
| | Yes | 2 | 66.7 | 12 | 44.4 | |
| | No | 1 | 33.3 | 15 | 55.6 | |

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

**The table3** depicts that the demographic variable, **Age and Number of siblings** had shown statistically significant association between the level of attitude among adolescence towards disruptive mood dysregulation disorder with their selected demographic variables.

The other demographic variable had not shown statistically significant association between the level of attitude among adolescence towards disruptive mood dysregulation disorder with their selected demographic variables respectively.

## V. CONCLUSION AND RECOMMENDATION:

A descriptive study to assess the level of attitude among adolescence at selected community area,Puducherry. The findings of the study revealed that majority of the adolescence 27 (90%) had high level of attitude, and 3(10%) had low level of attitude and the mean and standard deviation level of attitude among adolescence towards disruptive mood dysregulation disorder is (13.87+2.315) respectively. The study can be conducted to assess the attitudes and coping strategy of nurse towards children with disruptive mood dysregulation 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.

**NURSING IMPLICATION:**

The study has implications for nursing practice, nursing education, nursing administration and nursing research.

**NURSING PRACTICE:**

The nurses working in the hospital ,clinical setting and in the community should practice health education as an integral part of nursing profession. This module was developed by the investigator can also be used by the nurses to educate and instruct about disruptive mood dysregulation disorder. Through this effective health education the prevention and control of disruptive mood dysregulation disorder.

**NURSING ADMINISTRATION:**

The nursing administrator should take an active role in organizing and implementing health education camps in community setting and also conducting mass media communication regarding prevention of disruptive mood dysregulation disorder. The nurse administrator plays a vital role for ongoing educational programs provide knowledge on prevention and control of disruptive mood dysregulation disorder .

**NURSING RESEARCH:**

The effectiveness of the research study is verified by the utility by the nurses in the practical field the finding of the study also help the professional nurses and students to develop inquiry by proverbs by provide a base. This study helps the nurse researcher to develop inside to education regarding prevention and control of disruptive mood dysregulation disorder.

**NURSING EDUCATION:**

The psychology and mental health nursing needs to strengthen in order to enable the nursing students to learn about the risk of disruptive mood dysregulation disorder among adolescents. Nurse educators when planning and instructing nursing students, shall provide opportunities for students to assess the attitude level. The nursing students need to organize many workshops, in-service education programme to nurses, students regarding awareness of assessing the attitude towards disruptive mood dysregulation disorder in community .

**RECOMMENDATION:**

- The study can be conducted to assess the attitudes and coping strategy of nurse towards children with disruptive mood dysregulation 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.

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