



Review

Irritability in child and adolescent psychopathology: An integrative review for ICD-11



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HIGHLIGHTS

- Severe irritability in youth poses a significant challenge for assessment and diagnosis.
- The development of ICD-11 aims to improve the diagnostic classification of youth irritability.
- To this end, we first review the literature on severe mood dysregulation and DMDD.
- Second, we summarize the research on the irritable dimension of ODD symptoms.
- Based on the evidence, we recommend a subtype, ODD with chronic irritability-anger, for ICD-11.

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ABSTRACT

In preparation for the World Health Organization's development of the Eleventh Revision of the *International Classification of Diseases and Related Health Problems* (ICD-11) chapter on Mental and Behavioral Disorders, this article reviews the literature pertaining to severe irritability in child and adolescent psychopathology. First, research on severe mood dysregulation suggests that youth with irritability and temper outbursts, among other features of hyperactivity and arousal, demonstrate cross-sectional correlates and developmental outcomes that distinguish them from youth with bipolar disorder. Second, other evidence points to an irritable dimension of Oppositional Defiant Disorder symptomatology, which is uniquely associated with concurrent and subsequent internalizing problems. In contrast to the *Diagnostic and Statistical Manual of Mental Disorders*' (5th ed.) Disruptive Mood Dysregulation Disorder, our review of the literature supports a different solution: a subtype, *Oppositional Defiant Disorder with chronic irritability/anger* (proposal included in Appendix). This solution is more consistent with the available evidence and is a better fit with global public health considerations such as harm/benefit potential, clinical utility, and cross-cultural applicability. Implications for assessment, treatment, and research are discussed.

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1. Introduction

The World Health Organization (WHO) is revising its *International Classification of Diseases and Related Health Problems*, currently in its Tenth Revision (ICD-10; WHO, 1993), including the chapter on Mental and Behavioral Disorders (WHO, 1993). The forthcoming Eleventh Revision (ICD-11) is anticipated in 2018 (WHO, 2016). Several recent reviews (e.g., Leibenluft, 2011; Rutter, 2011) have underscored the need for changes in the diagnostic classification of child behavioral and emotional disorders in ICD-11. In addition, the recent revision of the American Psychiatric Association's (APA; 2013) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) has illustrated some of the difficulties, possible solutions, and unresolved questions in the classification of child psychopathology. For ICD-11, the necessity of proposed changes must be weighed against considerations of clinical utility, global public health, and implications for clinicians, families, and children affected (Keeley et al., 2016; Reed, 2010).

An important question facing the present ICD revision is whether to include a new diagnostic entity representing a syndrome of frequent temper outbursts and persistent irritability in children and adolescents (Axelson et al., 2011; Leibenluft, 2011; Lochman et al., 2015; Parens, Johnston, & Carlson, 2010; Stringaris, 2011). Irritability is both a normal human emotion with typical developmental manifestations as well as a diagnostic feature of over a dozen common psychological conditions (e.g., ODD, depression, generalized anxiety) and an associated feature of many more (e.g., ADHD, autism spectrum disorders, sleep problems; APA, 2013; Carlson, 2016; Stringaris & Taylor, 2015; Vidal-Ribas, Brotman, Valdivieso, Leibenluft, & Stringaris, 2016). It is therefore not surprising that irritability poses challenges for assessment and diagnosis, and may also help account for the high rates of comorbidity in child and adolescent mental health (Angold et al., 1999; Caron & Rutter, 1991). A rapidly growing body of evidence shows that children with severe irritability, anger, and temper outbursts are likely to exhibit a pattern of correlates and outcomes that differentiates them from other children who may have the same diagnosis. Such findings are clearly relevant to the classification of emotional and behavioral disorders in ICD-11. And this is more than an esoteric nosological question. The manner in which ICD-11 handles irritability will affect the identification of youth in need of services and the accuracy of the diagnosis they receive, which, in turn, determines the selection of appropriate

interventions and the outcome expectancies of parents and clinicians (Lochman et al., 2015).

The aims of this article are to provide a comprehensive and integrative review of the available research on severe irritability/anger in children, and present the empirical basis and public health rationale for how childhood irritability and anger should be considered in ICD-11. Specifically, this paper reviews two distinct but related bodies of research on youth irritability. These are briefly introduced below, with more thorough discussion later in the article (see Table 1 for abbreviations used in this article).

First, Leibenluft and colleagues (Leibenluft, 2011; Leibenluft, Charney, Towbin, Bhangoo, & Pine, 2003) have carried out a program of longitudinal and laboratory-based research investigating severe mood dysregulation (SMD)—a provisional research syndrome characterized by chronic irritability, temper outbursts, and hyperarousal—in order to clarify the diagnostic boundaries of pediatric bipolar disorder (BD). Unlike BD, SMD was found to be associated with later anxiety and depressive episodes, but not manic episodes (Leibenluft, 2011). The subsequent decision to include Disruptive Mood Dysregulation Disorder (DMDD) in DSM-5 was based in large measure on these investigations of SMD (APA, 2013; Leibenluft, 2011), despite several key differences in how these diagnostic constructs have been defined and operationalized. The literature on SMD and DMDD is summarized in part 1 of this review.

Table 1
Abbreviations.

APA	American Psychiatric Association
ADHD	Attention-deficit/hyperactivity disorder
BD	Bipolar disorder
CD	Conduct disorder
CFA	Confirmatory factor analysis
DSM	Diagnostic and Statistical Manual of Mental Disorders
DBD	Disruptive behavior disorder
DMDD	Disruptive Mood Dysregulation Disorder
EFA	Exploratory factor analysis
ICD	International Classification of Diseases
LCA	Latent class analysis
ODD	Oppositional Defiant Disorder
SMD	Severe mood dysregulation
WHO	World Health Organization

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