



GV Basavaraja
National President 2024

Yogesh Parikh
Secretary 2024–25

Atanu Bhadra
Treasurer 2024–25

Advisor
Gnanamurthy Narasimha
National Scientific Convenor
Sumitha Nayak

Core Team Members

B Rajsekhar
Janani Shankar
Kripasindhu Chatterjee
Nehal Patel
Rupesh Masand

Section Editor
Sumitha Nayak

Section Co-Editor
Priya Shivalli

An Algorithm Approach to Pediatric Diagnosis

Temper Tantrums

121

Mahima Mittal

Introduction

- Any behavior that comes across as unpleasant, disruptive, or associated with emotional outbursts are referred to as temper tantrums.
- They usually occur in response to the child's unmet needs or desires.
- Younger children who cannot express their needs/control their emotions are commonly affected.
- These occur at least once a day, lasting approximately 3 minutes in children below 5 years of age.

Etiology

- In toddlers, temper tantrums occur due to a need for parental attention.
- These are a result of desire for independence with limited capacity to self-regulate.

Children who have difficulty in expression due to language deficits may have more frequent and aggressive tantrum behaviors.

Presentation

- Temper tantrums may occur in varied forms such as episodes of excessive crying, loud screaming, flailing, hitting self/objects, throwing large items, breath-holding and going limp, head banging, pushing objects/others, biting people/objects.
- The tantrum usually lasts anywhere between 0.5 and 1 minute. The behavior and mood are normal between episodes.

Red Flag Signs

- Children >5 years with a repeated pattern
- Episodes lasting >15 minutes
- Occurring over five times per day
- Extreme aggression with physical injury/destruction of property
- Associated sleep disorders, enuresis, or negative moods between episodes

Associated Features

Temper tantrums may be associated with the following:

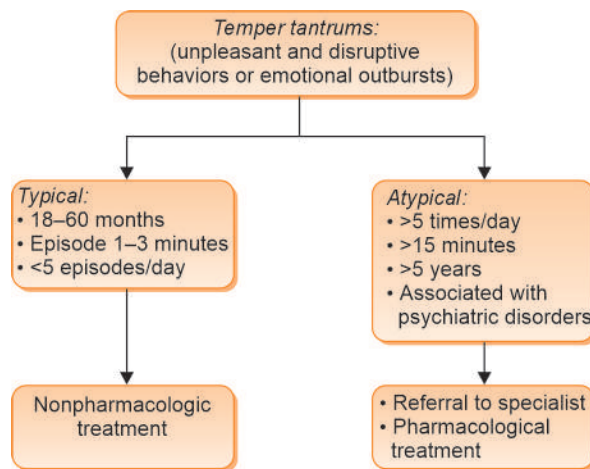
- Deficits of behavior development
- *Psychiatric problems*: Disruptive impulse control
- *Conduct disorders*: Oppositional defiant disorder
- *Trauma-related disorders*: Post-traumatic stress disorder
- *Neurodevelopmental problems*: Attention deficit hyperactivity disorder, autistic features, learning disorders, and vision/hearing deficits

Approach to Diagnosis

- Detailed history
- Thorough physical examination
- An assessment of family dynamics and their reaction to the tantrum

The approach to diagnosis and managing temper tantrums is given in **Flowchart 1**.

FLOWCHART 1: Approach to temper tantrums in children.



Nonpharmacological Approach

- *RIDD strategy*:
 - *Remain calm*: Keep a neutral voice with a quiet approach and emphasize redirection and distraction.
 - *Ignore*: Do not pay too much attention.
 - *Distract the child/leave the area with the child*.
 - *Do say "yes"* to ensure child's physical and safety needs, but do not give in to demands as it may reinforce undesired behaviors.
- Parent-child interaction therapy (PCIT) can be used to decrease behavioral problems in children aged 2–7 years.

Suggested Reading

- Bruno A, Celebre L, Torre G, Pandolfo G, Mento C, Cedro C, et al. Focus on disruptive mood dysregulation disorder: A review of the literature. *Psychiatry Res.* 2019;279:323-30.
- Daniels E, Mandleco B, Luthy KE. Assessment, management, and prevention of childhood temper tantrums. *J Am Acad Nurse Pract.* 2012;24(10):569-73.
- Sisterhen LL, Wy PAW. Temper Tantrums. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023. Available from <https://www.ncbi.nlm.nih.gov/books/NBK544286/> [Last accessed August, 2024].