UNDERSTANDING YOUR DIAGNOSIS

Explosive Anger

Also called Intermittent Explosive Disorder

Anger goes from nothing to full blast in seconds, does damage you would never plan, and leaves you sick about it after.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 3 in 100 adults a year	Late childhood or the teens	Yes - therapy and medicine	About 7 in 100 at some point

What this is

- The outbursts are impulsive, not planned. They blow up in seconds and are usually over inside **30 minutes**.
- The reaction is far bigger than whatever set it off, and afterward you are usually ashamed and completely drained.
- This is not the same as being a violent person. Between episodes, most people with this get on with life fine.
- You are not gaining anything from it. This is a brakes problem rather than a strategy, and brakes can be rebuilt.

What it can look and feel like

- A small thing - a spilled drink, a driver cutting in - sets off a reaction far past anything it deserved.
- You go from calm to maximum with nothing in between. There is no middle gear to catch yourself in.
- You shout, swear, or threaten in ways you would never choose with a clear head, then hear it played back later.
- Walls get punched, doors slammed, phones thrown. Your knuckles and your bank account both have a history.
- Afterward comes remorse, embarrassment, and exhaustion, and sometimes the middle of it is a blur.
- The costs stack up: a job, a relationship, a court date, a night in a cell, a partner who is now wary of you.
- People say you are two different people, and part of you knows exactly what they mean, even when it stings.

What is happening in your brain and body

- Serotonin, a brain chemical that helps put brakes on impulses, works less well in people with impulsive anger.
- The brain's alarm center fires hard at an angry face while the thinking part that calms it down does not keep up.
- Roughly **40 to 50 percent** of the tendency toward impulsive aggression appears to be inherited.
- Signs of inflammation run higher in the blood of people with lifelong aggression, and heart risks climb with it.
- Head injuries, lost sleep, alcohol, and stimulants all lower the threshold, which is why they matter so much.

What can make it more likely

- Growing up around violence teaches that this is simply what people do when frustrated. It is learned early.
- Childhood trauma and head injury both raise the risk, and neither of those was ever something you chose.
- Reading a neutral face as hostile is a common pattern, and it pulls the trigger before you have thought anything.
- Anger works in the short run: the bad feeling stops and people back down. That is exactly why it sticks around.

What to expect

- Untreated, this runs for years in waves. With treatment, outbursts get less frequent, shorter, and less destructive.
- Most people do not reach zero episodes. The realistic goal is fewer, smaller, and nobody getting hurt.
- You will get good at spotting the ramp-up and leaving the room before you get good at feeling calm inside.
- Repairing relationships takes longer than getting the anger down. Both are worth starting on right now.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy** for anger, over about **12 weeks**, reduced aggression in a trial and is first choice.
- You learn to slow the body first, with breathing and muscle release, because the body escalates before the mind does.
- You practice checking the story you told yourself, since "he did that on purpose" is often wrong and always costly.
- **Dialectical behavior therapy** skills teach riding out the surge without acting, and they transfer well to anger.
- A log of trigger, intensity, and what happened next is the backbone. What gets written down starts to change.

Medicines

- **Fluoxetine** reduced impulsive aggression against a placebo in a trial, and other **SSRIs** are used the same way.
- These act on serotonin, the brain chemical that helps brake impulses. Your prescriber works out the dose with you.
- Give it **8 to 12 weeks** at a full dose before deciding whether it is doing anything for your anger.
- Mood stabilizers such as **divalproex** or oxcarbazepine are sometimes added, with blood tests along the way.
- **Benzodiazepines** such as alprazolam loosen the brakes and can make outbursts worse. Wrong medicine for this.

Everyday things that help

- Get firearms out of the house, at least for now. That single step prevents more harm than anything else here.
- Alcohol and stimulants are the most common thing present right before an outburst. Cutting them shifts the odds fast.
- Lost sleep and ongoing pain both lower your threshold, so treating them is part of the anger treatment.
- Agree on a leave-the-room signal with the people you live with, worked out in advance rather than mid-argument.
- Exercise regularly. It burns off the background tension you are carrying around between the episodes.

Get help right away if

- If you are thinking about hurting yourself, call or text **988** right now.
- If you might hurt someone tonight, leave, call **988**, or go to an emergency room.
- If someone at home is afraid of you, tell your clinician today so you both get help.

Questions to ask your care team

- *Which anger therapy do you offer, and how long does a full course run?*
- *How long before we know whether this medicine is helping my anger?*
- *How do I make my home safer while we are getting treatment started?*
- *Should my partner come to a session so they know what the plan is?*

Where this information comes from

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.