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Psychiatric Disorders in Patients with Mental Retardation

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Psychiatric Disorders in Patients with Mental Retardation

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INTRODUCTION

Until recently, the diagnosis and treatment of psychiatric disorders in individuals with mental retardation has been a long-neglected aspect of the practice of psychiatry. Individuals with mental retardation and developmental delays experience the same psychiatric disorders and associated morbidities as the general population. In fact, the prevalence of mental illness associated with mental retardation is considered to be several times greater than that of individuals with no significant deficit in cognitive ability and adaptive functioning. A complete and competent psychiatric evaluation of patients with mental retardation does not greatly differ from the assessment of those without mental retardation. With mindful consideration of a patient's developmental abilities, largely related to language use and comprehension, the general psychiatrist has the capacity to profoundly improve the quality of life for those with the greatest of needs.

MENTAL RETARDATION

DEFINITION

Mental retardation is a generalized deficit in cognitive ability together with adaptive functioning below the average range. The *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, text revision (*DSM-IV-TR*)[1] and the 10th revision of the *International Statistical Classification of Diseases and Related Health Problems*[2] consider an IQ of 70 or less to indicate mental retardation. Impairment in social adaptation and functioning also must be apparent in order to meet diagnostic criteria. Adaptive skills include abilities on the job and at school, as well as with friends or at home. Adaptive functioning is diminished when the individual has the ability to perform certain behaviors, but the behaviors are not reliably executed. In order to meet the diagnostic criteria for mental retardation, the diagnosis must occur before age 18 years. The American Association on Mental Retardation's definition is similar to that of the *DSM-IV-TR*.[3]

The *DSM-IV-TR* divides mental retardation into 4 categories of severity (**Table 1**): mild, moderate, severe, and profound.[1] Of those with mental retardation, approximately 85% have the mild form of the disorder, 10% have the moderate form, 3% to 4% have the severe form, and 1% to 2% have the profound form.[4]

EPIDEMIOLOGY

According to most estimates, approximately 1% of the US population meets the criteria for mental retardation. Mental retardation is approximately 1.5 times more common in males than in females. An IQ below 70 is equivalent to 2 standard deviations below the mean on most psychometric tests. If IQ were the sole criterion for diagnosing mental retardation, the prevalence rate would increase to 3%, thus demonstrating the importance of adaptive functioning impairment in making the diagnosis. These prevalence rates assume that IQ remains constant, but in some cases that assumption is incorrect. Persons with Down syndrome may demonstrate their highest IQ scores within their first year of life.[4] These scores gradually decline until middle childhood. Boys with fragile X syndrome often begin to show a decline in IQ when they are between the ages of 10 and 15 years.[4]

ETIOLOGY

The most common known causes of mental retardation are Down syndrome, fragile X syndrome, and fetal alcohol syndrome (FAS). In combination, these 3 causes are responsible for 30% of identified cases of mental retardation. The body of knowledge regarding the many etiologies of mental retardation continues to expand. These causes include genetic syndromes (eg, Down syndrome, fragile X syndrome), a variety of developmental and metabolic disorders, and pre- and postnatal toxic

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