



Treatment of Severe Behavioral Problems in Adults with Intellectual Disabilities



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Abstract

A significant number of individuals with intellectual disabilities also display serious behavioral problems. These behaviors can be both severely intense and very frequent, and thus require some sort of intervention. We believe that improving the care and medical treatment for this population is essential. As it stands, there is a great disparity in care between these individuals and the general population, and for the following reasons: (1) Limited access to services, (2) Poor quality of care, (3) Lack of professional knowledge in the area of mental disabilities.

This article will briefly review the initial results obtained in the care of 420 adult patients with intellectual disabilities and psychiatric comorbidities who were treated in a psychiatric unit specialized in the treatment of this particular population.

Keywords: Intellectual disability; Adulthood ; Severe behavioral problems

Introduction

The care and treatment of severe behavioral problems in adults with intellectual disabilities is a complex problem. Numerous studies [1-7] have shown that the health needs of individuals with intellectual disabilities are greater and more complicated. In its most recent report on disability, the World Health Organization [8] suggested that these differences may be attributed to a limited access to services and to a poor quality of care. Ouellette-Kuntz et al. [9] have shown that medical students who receive improved supervision when treating patients with intellectual disabilities are much more likely to be favorable to the social inclusion of this group.

According to Wachtel and Hagopian [10], the problematic behaviors of individuals with an intellectual disability have been much considered and studied in recent decades and remain a challenge for health professionals.

Studies conducted on adults with intellectual disabilities have shown a variable prevalence of all problematic behaviors, from 6.1% in the general community to 40% in long-term hospitals [11-14]. A prospective study on the incidence of poor mental health in an epidemiological sample of adults with intellectual disabilities found a 4.6% incidence rate of problematic behaviors over two years [15].

The equifinality of problematic behaviors remains central and most experts agree that severe behavioral problems have

multiple determinants [16,17]. Numerous studies have shown a high prevalence of severe behavioral problems such as: aggressivity (2-28%), destructive behaviors (10-31%), self-harm (7-30%) [18] and these serious behaviors have a significant impact on social exclusion and long-term hospitalization [19]. These are very worrying behaviors as they have real physical, social, educational and economic consequences [17]. Not only does self-harm and aggression cause physically serious injuries, but they can also lead to understimulation [17,20].

In Switzerland, the accepted diagnostic criteria for serious behavioral problems in adults with intellectual disabilities are the following: (Problem Behavior Severity Scale, PBSS-IIR, French version EGCP-IIR) [21]: "A problematic behavior is deemed severe if it actually or potentially places the individual in question, another individual, or the environment, in physical or psychological harm, or if it involves any compromise of the individual's freedom, social integration or relationships."

- i. The problematic behavior is significantly frequent, serious, or chronic to the extent that it requires clinical evaluations and interventions or special support;
- ii. The problematic behavior should not be a direct consequence of other psychiatric conditions (for example, Autism Spectrum Disorders, non-affective psychotic disorders, depression, generalized anxiety, personality disorder), medicines, or physical disorders;

- iii. One of the following elements must be present:
 - a. The problematic behavior leads to significant negative repercussions on the quality of life of the individual or of others.
 - b. The problematic behavior poses significant health and safety risks for the individual or others.
- iv. The problematic behavior is persistent and omnipresent.

We studied 420 case files of adults with an intellectual disability and psychiatric comorbidities under care in a psychiatric unit specializing in the treatment of adult mental handicaps. The severe behavioral problems were documented using the French version EGCP-IIR scale (PBSS-IIR) [21], meaning:

- i. Stereotypical behaviors
- ii. Sexually perverse behaviors
- iii. Disturbing social behaviors
- iv. Physically aggressive behaviors toward others
- v. Socially offensive behaviors
- vi. Withdrawal behaviors
- vii. Behaviors that are materially destructive
- viii. Self-harm behaviors
- ix. Non-cooperative and provocative behaviors

Conclusion

The first results of our study show that amongst the 420 individuals with an intellectual disability being treated in our specialized psychiatric department, 63% were men. The average age was 37.6 +/- 0.59. The Global Assessment of Functioning [22] was 50.6, meaning that there was a significant occurrence of the following symptoms: suicidal ideation, severe obsessive rituals and significant handicap in social functioning. 24% of our sample did not have any severe behavioral problems but did present psychiatric comorbidities. 320 adults with intellectual disabilities presented with severe behavioral problems, a total of 76%. For this category we reported a majority of aggressive-type behaviors (aggressive, destructive, provocative, sexual, offensive and disturbing (70%); self-mutilation and stereotypical (19%), and withdrawal (11%) were a minority. Our results were in line with several other studies [1,4-7,18-19,23-26].

We note that in Switzerland, like many other countries, a large majority of health professionals are hesitant to treat individuals with intellectual disabilities [1,27,28]. Insufficient training [29,30], a lack of time by professionals [31] and a poor access to services for this population may be responsible for the decline in mental health of adults with intellectual disabilities.

Acknowledgement

The study is currently undergoing statistical analyses, and this is being done by our colleague, Mr. Medhi Mohammad Gholamrezaee, a statistician at the CHUV.

Conflict of Interest

The author declares there are no economic interests or any conflicts of interests.

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