정신지체의 공존질환 및 정신의학적 치료

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Highly Prevalent Psychiatric Symptoms in MR

- ✓ Hyperactivity, short attention span, self – injurious behaviors, stereotyped behaviors
- ✓ Negative self-image, low self- esteem, poor frustration tolerance
- ✓ Interpersonal dependence, rigid problem solving style

Prevalence of Comorbid Mental disorder in MR

- ✓ 30.4% of MR have comorbid mental disorders (Rutter et al, 1970)
  47.7% of MR for at least one psychiatric disorder (Jacobson, 1982)
- ✓ Age and Sex did not affect the prevalence of psychiatric disorder.
- ✓ Correlated with the severity of mental retardation.
  Mild group : disruptive and conduct-disorder behaviors
  Severe group : autistic, self stimulation, self mutilation.

Possible Contributions to Increased Vulnerability to Mental Disorders in MR

1. Neuropathological process responsible for MR
2. Increased likelihood of loss or separation, particulary in out-of-home placement.
3. Communiation deficits
4. Vulnerability to expoition or abuse by others

5. Inadequate coping skills
6. Family stress may be heightened
7. Limited network of social relationships and social skills
8. Reduced opportunities for development and exercise of recreational and occupational skills
9. Adverse effect on self esteem of disability, possible dysmorphology

Comorbid Mental disorder in MR (Behavior)

- ADHD
  9 and 18 % of MR(Handen at al.,1994)
- Impulse control disorder
  ; self injury, aggression
  increase as cognitive disability becomes more severe
- Oppositional defiant disorder, Conduct disorder ;33% of mild MR

Comorbid Mental disorder in MR (Anxiety)

- Inability to describe the subjective symptoms of anxiety but common : 25% of MR
- Common symptoms of anxiety in MR
  aggression, agitation, avoidance, compulsive or repetitive behaviors, self injury, insomnia, autonomic arousal Sn.
- Panic
  agitation, screaming, crying, cling, delusional or paranoid behavior.
- Phobia is more common in MR

Comorbid Mental disorder in MR (Psychosis)

- Increased risk of Schizophrenia, bipolar disorder, and other mental illness in MR.
- 2~3 % of mentally retarded children and adults : Schizophrenia
- Hallucinatory behavior in nonverbal profound MR : Psychotic disorder NOS

Comorbid Mental disorder in MR (Mood)

- Diagnosis of mood disorder is fairly straightforward
- Mood disorders are common in MR(50%of MR).
- Learning problems, social skill deficits, and low self esteem are risk factors for the development of mood disorders.
- Behavioral manifestations of dysphoria in MR
  : Aggression or self injurious behavior

Comorbid Mental disorder in MR (Others)

◆ Tourett's disorder

Difficult to distinguish between stereotyped or intentional movements and tic in profound MR

◆ Eating disorders

- Difficult to identify distortions in body image or guilt feelings with bingeing
- Food refusal, self induced vomiting ; Eating disorder NOS
- Pica is most common eating disorder in MR

Comorbid Mental disorder in MR (Others)

◆ PTSD

vulnerable to abuse but underdiagnosed in MR.

◆ OCD

- Difficult to differentiate between self-stimulatory, stereotypic behaviors and compulsions in profound MR.
- Self injurious behavior are accompanied by self restraint.

◆ Personality disorder(trait)

distrust, suspiciousness, attention seeking, dependency

Treatment of Comorbid Mental disorder in MR (General)

◆ Basic principles of treatment are the same.

◆ But needed modified approach according to the individual needs, circumstances, cognitive and communicative skills.

◆ Goal of Treatment

Not merely removal of symptoms, but helping the patient to achive maximally feasible quality of life.

Treatment of Comorbid Mental disorder in MR
(Psychotherapy)

- To improve emotional expression, enhance self-esteem, increase personal independence, and broaden social interactions.
- Goal of psychotherapy
  - set realistic goals and plan to reach them
  - reflect on maladaptive behaviors, especially social ones, and understand them from someone else's viewpoint
  - find other ways of expressing anger
  - separate from an overprotective family or exploitative peer relationships.

Treatment of Comorbid Mental disorder in MR
(Pharmacotherapy I)

- The response of retarded persons to stimulant, psychotropic, and antidepressant is similar to that of the non retarded
- "Start low, Slow go" , Dose reduction gradually
- Antidepressants
  - TCA ~ lowering seizure threshold, Cardiac anomaly, anticholinergic side effect
  - SSRI ~ disinhibition is more common,

Treatment of Comorbid Mental disorder in MR
(Pharmacotherapy II)

- Anticonvulsants
  - cyclic mood disorders, impulsive aggression
  - Phenobarbital : increase self injurious behavior, aggression
- Anxiolytics
  more increase confusion, cognitive impairment, unsteady, paradoxical excitement (self injury, stereotypies)etc.
- Antipsychotics
  - most widely prescribed and more commonly than anticonvulsant
  - greater risk of developing tardive dyskinesia(18~30%)
  - recommended SDA ; reduced risk of TD and cognitive toxicity

Treatment of Comorbid Mental disorder in MR

(Pharmacotherapy III)

- Psychostimulant
  - Effective in MR as in normal intelligence
  - paradoxical responses
  - higher than expected rate of tic and emotional lability
- Opioid antagonist(Naltrexon)
  - self injurious behavior, aggression
- Others
  - beta adrenergic receptor antagonist, dextromethopan, lamotrigine self injurious behavior, stereotyped behavior

Medication Side Effects With Possible Increased Frequency in Persons With Mental Retardation(I)

Drug	Side Effect(s) Reported in Patients With MR
Aminophylline (ethylenediamine)	Aggression
Anticholinergic drugs	Greater likelihood of cognitive impairment, delirium in persons with Down syndrome
Carbamazepine	Inconspicuous elevation of carbamazepine-epoxide levels during polytherapy with seizure exacerbation; hyponatremia; hypovitaminosis D; folic acid and riboflavin deficiency in persons with marginal diet; irritability
Clobazam	Aggression, agitation, SIB, insomnia, hyperactivity
Gabapentin	Aggression; choreoathetosis reported in persons with significant brain abnormality
Lithium	Cognitive dulling, increased likelihood of toxicity due to erratic fluid intake or regulation of same

Medication Side Effects With Possible Increased Frequency in Persons With Mental Retardation(II)

Drug	Side Effect(s) Reported in Patients With MR
Lorazepam, other benzodiazepines	Hyperactivity, SIB, withdrawal-induced manic symptoms
Methylphenidate	Social withdrawal, motor tics
Neuroleptic drugs	Greater likelihood for development of tardive and other dyskinesia, parkinsonism, withdrawal irritability, self-injury, akathisia
Phenobarbital	Irritability, SIB, aggression, hyperactivity, propensity to osteomalacia
Phenytoin	Increased susceptibility to intoxication; cerebellar, brainstem atrophy; osteomalacia
Valproate	Pancreatitis, hepatotoxicity, myelodysplasia

Note: MR = mental retardation; SIB = self-injurious behavior.