



Primary Care Fact Sheet on Dual Diagnosis of Adults with Mental Retardation and Developmental Disabilities (MR/DD)

Epidemiology

1. Intellectual disability is common in the general population (1%); however, most are mildly retarded (85%).
2. Serious mental illness (SMI) is common in the persons with MR/DD regardless of the cause of intellectual disability (30-60%).
3. SMI is more common in older persons or those with seizure disorder.
4. Anxiety, depression, and psychosis are common in patients with MR/DD.
5. Self-injurious behavior (SIB) and aggression occur in persons with moderate to severe MR/DD (up to 4%).
6. Substance abuse is as common in young persons with mild retardation as in other individuals.

Assessment

1. Accurate assessment of psychiatric problems requires a comprehensive medical, psychiatric, and behavioral evaluation.
2. Unrecognized medical problems or pain can produce significant behavioral problems.
3. Environmental stressors can produce new psychiatric symptoms.
4. Underlying psychiatric problems, e.g., depression, anxiety, psychosis, can cause behavioral problems.
5. A pain evaluation includes assessment for unrecognized medical problems and dental disease.
6. A careful behavioral assessment is essential to minimize the use of psychotropic medications.
7. Drug screening is indicated in mildly retarded persons with sudden onset behavioral changes.

Treatment

1. Behavioral management is always preferable to psychotropic medications.
2. The prescription of psychotropic medications requires a precise diagnosis and specific target symptoms.

3. Antipsychotic medications should be prescribed for psychosis when symptoms disturb or endanger the patient.
4. Antipsychotic medications have limited benefit for behavioral problems.
5. Benzodiazepines have numerous side effects that limit their use in the population with MR/DD.
6. Antihistamines can produce significant confusion and this class of medication is not indicated for sedation.
7. Moderate to severely retarded persons require lower doses of psychotropic medications and increased monitoring for side effects.
8. Old antipsychotic medications produce more side effects than newer drugs.
9. Anticonvulsant medications can reduce impulsive behavior or episodic aggression.

Medical Problems

1. Many medical problems (19%) are missed in patients with MR/DD that may produce behavioral symptoms.
2. Disabled patients have fewer doctor visits and less specialty consultation.
3. Seizures are common in the population with MR/DD, especially those with severe retardation (14% to 44%).
4. Seizure-control in the patient with MR/DD is often more challenging than normal individuals.
5. Cerebral palsy is common; however, motor impairment does not predict intellectual disability.
6. Chronic pain is common (over 25%) and often under-recognized in the patient with MR/DD (61%).
7. Patients with MR/DD need regular preventive medical and dental care, e.g., immunizations, dental checks.
8. Weight control and exercise are important health interventions.
9. Some medical problems, e.g., thyroid disease, seizures, neurological disease, are more common in persons with MR/DD.

Principles of Behavioral Management for Primary Care

1. Exclude medical causes before diagnosing behavioral problems
2. Avoid medications when behavioral interventions control symptoms.
3. Use smaller doses of medications in frail or severely retarded persons.
4. Beware of unrecognized side effects when prescribing psychotropic medications.