

Family Guide to Understanding Aggression in Persons with Mental Retardation and Developmental Disabilities (MR/DD)

Definition of Aggression

Aggression can occur in all types of mental retardation with severity of disability. Aggression can be towards others or self (See **DDMED 63** or **DDMED 7**). Aggression towards others can be provoked or spontaneous. Provoked aggression means that the patient strikes out when staff or family is making demands on the patient. Unprovoked aggression means that the patient attacks others without a clear reason. Aggression can be physical, verbal, or sexual.

Common Causes of Aggression

The sudden occurrence of aggression in a mentally retarded person warrants a careful examination to search for health problems, pain, psychiatric problems, or environmental stressors that might cause this behavior. Depression, mania, and psychosis can cause aggression. Pain, delirium, and other medical problems may cause this new behavior. Environmental stressors such as change of roommate, change of teacher, or change of schedule can precipitate aggression. Patients with mild mental retardation may become aggressive when abusing alcohol or drugs such as methamphetamine.

Medical Evaluation of Aggression

The medical doctor and behavioral team should search for the potential cause of the aggression. The patient needs a physical examination and appropriate laboratory testing, e.g., urinalysis, to exclude bladder infection. The doctor should review all medications consumed by the patient.

Treatment of Aggression

Behavioral interventions are always preferable to medications. Patients with acute onset, severe aggression may require immediate medication with injectable antipsychotic medication and transfer to an emergency room where they can be evaluated for psychiatric hospitalization. Chronic aggression requires a combination of behavioral interventions and medication. Antidepressants, antipsychotic medications, and certain anti-impulse medications such as anticonvulsants or lithium can be used to diminish this dangerous behavior. Dangerous aggression requires evaluation by mental health professionals and careful prescription of medication to reduce the risk to others and to the patient. Behavioral management can occur after the crisis is controlled.

Setting Realistic Goals

The goal of treatment is to reduce the overall risk to patient, family, staff or other residents. Some patients may continue to show occasional episodes of hostility or impulsivity. Total elimination of the symptoms may not be possible with medication and behavioral management. Staff and family must set realistic expectations for the behavioral interventions.

Dealing with Insurance Companies

Health insurance and pharmacy benefit managers may restrict the number of medications available within the class of drugs used to treat aggression. Patients should not have abrupt discontinuation of anti-aggression medications, but rather a cross-titration to another equivalent medication that is available through the prescription benefit program. Cross-titration means that the doctor slowly decreases one medicine while slowly building up the other medicine with assessment to determine how well the patient is responding to the new drug. This process may take several weeks to several months for completion. Abruptly stopping of medication or abrupt change to a different medication may cause significant behavioral relapse.