



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

Symptoms of Anxiety

Anxiety symptoms and anxiety disorders are common in all types of mental retardation and all levels of disability. Many persons with mental retardation may exhibit symptoms of anxiety. The mildly retarded person can describe the inner sensation of jitteriness and being on edge, while the moderate or severely retarded person may exhibit behavioral problems such as irritability, restlessness, agitation, and other related symptoms. Anxiety disorders can occur in all types of mental retardation. Patients need a thorough evaluation and careful treatment with behavioral management and medications as needed.

Types of Anxiety

There are many types of anxiety disorders and some “nervous” people do not have a disorder. **Table 1** includes that most common types and symptoms.

Table 1
Common Types of Anxiety Disorder in Persons with MR/DD

DIAGNOSIS	SYMPTOMS
Generalized Anxiety Disorder (GAD)	Nervous most of the time
Panic Disorder	Sudden onset of severe nervousness and sometimes rapid breathing, shaking
Agoraphobia	Refusal to leave their residence
Post Traumatic Stress Disorder (PTSD)	Reaction to old, mental or physical trauma through nervousness, nightmares and excessive self defense.

Causes of Anxiety

The appearance of anxiety symptoms in persons with mental retardation may differ from symptoms in persons with normal intellect and the doctor should conduct an evaluation to understand the cause of the change. Medications, medical problems, environmental changes, depression and psychosis (hearing voices, false beliefs) can produce anxiety. Primary anxiety disorders, such as post-traumatic stress disorder and generalized anxiety disorder, do occur in persons with mental retardation.

Treatment of Anxiety

The first treatment of choice for anxiety is behavioral management. Medications can be used with severe anxiety and new antidepressants are highly effective in some cases. Nerve pills, called benzodiazepines, such as Valium, Librium, Klonopin, Ativan, and Xanax should be used as a therapy of last resort in the person with mental retardation. These drugs produce confusion, health problems and other side effects that can worsen the condition of persons with mental retardation.

Benzodiazepines are addictive. Persons who take these medications for more than one or two months should not abruptly stop these drugs. Benzodiazepines must be tapered over weeks to months to avoid withdrawal.

Dealing with Insurance Companies

Health insurance and pharmacy benefit managers may restrict the number of medications available to treat anxiety. Patients should not have abrupt discontinuation of anxiety medications but rather a cross-titration to another equivalent medication that is available through the prescription benefit program or a gradual dose reduction over time. 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. Abrupt stoppage of medication or abrupt change to a different medication may cause significant behavioral relapse.