

# Medical and Psychiatric Management of PICA or Swallowing Behaviors in Adults with Mental Retardation and Developmental Disorders (MR/DD)

## 1. Overview

PICA or swallowing behavior can be a disturbing, disruptive symptom in persons with intellectual disability. The patient with MR/DD may ingest anything from feces to sharp or dangerous objects. The differential diagnosis of PICA or swallowing behavior depends upon the severity of retardation and the underlying cause (1). Most swallowing behavior requires behavioral management techniques which are not described in this document. Lead intoxication and iron deficiency are described but not confirmed as associated with PICA (2), (3).

## 2. Differential Diagnosis

Patients with mild mental retardation should not swallow objects or substances unless other behavioral or psychiatric problems occur (See **Self-Injurious Behavior-DDMED 29**). Swallowing behavior can be seen in persons with borderline intellect or mild retardation who also manifest evidence of Cluster B personality disorders, including borderline, antisocial, histrionic features (4). PICA may also occur as a response to distressing symptoms produced by other psychiatric problems (See **Table 1**).

A few individuals with borderline intellect or mild retardation enjoy the masochistic experience of surgical procedures or endoscopic removals of sharp or dangerous objects. Swallowing behavior in persons with severe MR/DD is rarely an intentional manipulation of caregivers. The overall prognosis for such individuals who swallow dangerous objects is serious; however, behavioral interventions are usually most appropriate for these individuals. Unrecognized health problems may provoke this behavior (5), (6), (7).

**Table 1**

### Psychiatric Conditions that can Produce PICA Based on Intellect

#### A. Mild Mental Retardation

1. Cluster-B personality disorder
2. Factitious disorder

#### B. Moderate to Severe Mental Retardation

1. Psychosis
2. Depression
3. Anxiety Disorder
4. Mania
5. Delirium

### **3. Evaluation**

PICA or swallowing behaviors may be a response to underlying medical problems. Although PICA is reported in certain rare neurological or medical conditions, a detailed medical evaluation may not be indicated, except to exclude unrecognized health problems.

People who eat feces need a regular, supervised toileting schedule and bowel management program to reduce time periods where feces are present in a diaper or within the rectal vault. Fecal smearing and eating may result from hemorrhoids, obstipation, constipation, impaction, or other GU problems. Fecal picking or fecal smearing is a serious hygiene problem and these individuals should have meticulous cleansing of hands, face, and careful attention to maintain tightly clipped fingernails. Fecal smearing can produce eye infections in the patient. These individuals should be screened for hepatitis carrier status to clarify the risk to family and caregivers.

A behavioral assessment is required to identify individuals who swallow objects in response to hallucinations, delusions, or in reaction to mood or anxiety symptoms. Once there is reasonable certainty that there are no medical explanations for the PICA, an assessment of psychiatric symptoms should be conducted. Individuals with intellectual disabilities are more likely to have behavioral manifestations of psychiatric symptoms when they occur and are less likely to be able to verbalize in a sophisticated way about what they are experiencing. Some assessment tools designed for aiding the identification of psychiatric symptoms in individuals with intellectual disabilities include the DASH-II (Diagnostic Assessment for the Severely Handicapped – II), the ADD (Assessment of Dual Diagnosis), and the REISS Screen. These instruments have taken symptoms for the various diagnostic categories in the DSM and translated them into descriptions of behaviors that have been associated with particular diagnostic categories. This kind of assessment can also help sort out which behaviors are manifestations of a psychiatric disorder and which behaviors are results of learning. Functional behavioral assessments need to be conducted for the latter when identified.

### **4. Treatment**

The natural consensus treatment criteria recommend no specific pharmacological medication for PICA or swallowing behaviors (5). These symptoms are best managed with behavioral therapy. Individuals with moderate, severe, or profound retardation swallow feces or objects in response

to environmental stressors or as a form of self-stimulation. These patients require careful behavioral assessment with behavioral and environmental interventions.

Patients who develop PICA in response to distressing psychiatric symptoms also require behavioral interventions. Behavior analytic procedures can be included with other treatment modalities for a person who has both a psychiatric diagnosis and intellectual disabilities. Behavioral specialists can determine appropriate training strategies to assist a person with intellectual disabilities to gain better coping skills for dealing with their psychiatric symptoms. Triggers for the symptoms can be identified and strategies taught to staff, family members, and the individual to prevent escalation of the behavioral symptom. Counseling can be provided, keeping in mind that discussions need to be geared toward the level of understanding of the individual. Most counseling should take the form of skill-building and include the chance for positive, enhancing environment reinforcement that “competes” with the behavior during the learning process, e.g., daily scheduled nutritional snacks, free access to food items, etc. For example, if an individual becomes angry easily due to an impulse control problem, anger management training may be successful when presented in simplistic terms, modeled by the clinician, and practiced repeatedly by the individual in more than one or two sessions. As the person learns the management techniques, positive reinforcement should be delivered to assist with the acquisition and maintenance of the skills.

## **5. Conclusion**

PICA and other swallowing behaviors are problems that can be dangerous to the patient and disturbing to family or staff. Swallowing behaviors, especially dangerous materials, can be quite harmful to the patient. These behavioral problems are best managed with behavioral interventions.

## REFERENCES:

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