PSYCHOPATHOLOGICAL ASSESSMENT IN PERSONS WITH NEURO-DEVELOPMENTAL DISORDERS AND COMMUNICATION DIFFICULTIES

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ABSTRACT

Introduction. The last decades' considerable advances of the psychiatric assessment in people with Intellectual Disability (PwID) do not include the ability to identify Behavioural Equivalents (BE) of psychopathological symptoms and their relationship with different psychiatric syndromes. Recent research has found BE to be differentially associated with one or more specific Psychiatric Disorders (PD).
Aims. The present study was aimed at evaluating the correlations between BE and DSM-5 syndromic groups of symptoms, in a wide multicentric sample of PwID and/or low-functioning Autism Spectrum Disorder (LF-ASD).
Methods. An observational cross-sectional analysis was performed for a sample of 843 adults with ID and/or LF-ASD, randomly or consecutively recruited among those living in residential facilities, attending rehabilitative day centres, or psychiatric outpatient clinics. The total sample was administered with the SPAIDD-G (Systematic Psychopathological Assessment for persons with Intellectual and Developmental Disabilities - General version), which is a checklist for the detection of significant behavioural changes from the baseline. The items of the checklist represent BE of the symptoms of the main psychiatric disorders included in the DSM-5.
Results. Many significant correlations were found, some of the most relevant were for mood disorders. Psychomotor agitation, aggressive behaviour, disorganised behaviour, and distractibility had the strongest correlations with bipolar disorders' scores, while irritability and weight loss with unipolar depression scores.
Conclusions. This line of research seems to be able to satisfy one of the major needs of current psychiatry of ID and LF-ASD, that is a more specific definition and clustering of psychopathological symptoms.

INTRODUCTION

Intellectual Disability (ID) is associated to a high vulnerability to develop mental health problems. It is estimated that the prevalence rate of Psychiatric Disorders (PD) in People with ID (PwID) is up to four times higher than in the general population (Cooper et al., 2007). The assessment of PD in PwID requires appropriate modifications in respect to the general population, to adjust for cognitive dysfunctions, language and communication limitations, sensory impairments, skill deficits, adaptations difficulties, physical disabilities, which are often present in PwID. Moreover, some scientific contributions highlight the interference of many frequent Problem Behaviours (PB) in the psychiatric diagnostic process (Reiss et al., 1982; Reiss and Szyszko, 1983). In some cases these manifestations seem to be supported by genetic causes that are expressed in specific behavioural phenotypes (O'Brien and Yule, 1995), others are the result of a complex etiopathogenesis of bio-psycho-social factors (Griffiths and Gardner, 2002). Determining whether PB are the result of organic conditions, co-occurrent PD, environmental influences, or a combination of these, is always very difficult and the same behaviour can be interpreted very differently by the different professionals, even in the same staff, with relevant implications for intervention. Some studies demonstrated a relationship between PB and PD (Emerson et al., 1999; Felce et al., 2009; Hemmings et al., 2006; Kishore et al., 2005; Moss et al., 2000; Rojahn et al., 2004) particularly strong in individuals with lower level of functioning (Felce et al., 2009), and some Behavioural Equivalents (BE) have been identified for specific symptoms (Hurley, 2008). According to other findings the course of the behaviour in respect to other possible symptoms of a specific PD could be a main reference to decide whether the behaviour can be considered a symptom equivalent (Charlot, 2005; Bertelli et al., 2015). Several researchers have emphasised the difficulties of using psychiatric diagnostic criteria designed for the general population on PwID, and a variety of modifications of the standard diagnostic systems have been proposed (Cain et al., 2003; Clarke and Gomez, 1999; Davis et al., 1997; Marston et al., 1997; Moss et al., 1997; Ross and Oliver, 2003; Szymanski et al., 1998). The Royal College of Psychiatrists (UK) and the National Association for Dual Diagnosis (USA), respectively have produced adaptations of the International Classification of Diseases, Tenth Edition (ICD-10; WHO, 1993) and the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5; APA, 2013), called Diagnostic Criteria for Learning Disability (DC-LD) (Royal College of Psychiatrists, 2001) and Diagnostic Manual-Intellectual Disability 2nd edition (DM-ID 2) (Fletcher et al., 2016). Even if they require some significant improvements, these manuals have been shown to effectively support clinicians in better identifying psychopathological symptoms and syndromes in PwID.

in the last three decades considerable advances have been reported in the instrumental assessment of PD in PwID with severe communication and cognitive difficulties. Nevertheless, problems of reliability and validity have been detected for most of the tools and only few tools have a solid database to support the study of psychometric characteristics. The Systematic Psychopathological Assessment for people with Intellectual and Developmental Disabilities (SPAIDD; Bertelli et al., 2012) was created in response to the scientific need of acquiring a deeper knowledge on the issues related to mental ill-health in ID, especially in terms of clinical and epidemiological features, and to provide the multidisciplinary teams with a tool for psychopathological evaluation that is valid, reliable, and easy-to-use. To overcome the limits of the other tools in distinguishing specific psychiatric disorders, SPAIDD was designed not as a single instrument but a package of tools, which includes a general version (SPAIDD-G; Bertelli et al., 2012) for screening, and area-specific checklists to carry out a differential diagnosis between disorders belonging to the same group. All the items included in the SPAIDD system were elaborated basing on the possibility of identifying psychiatric symptoms starting from the observation of behaviours, which is the only survey method applicable to all ID cases, including the most severe.

AIM

The present study was aimed at evaluating the correlations between SPAIDD-G items (observable / behavioural changes) and DSM-5 syndromic

groups of symptoms in persons with ID and Low-Functioning Autism Spectrum Disorder (LF-ASD).

METHODS

Design: observational cross-sectional study.
Sample: 843 adults with ID and or LF-ASD, randomly or consecutively chosen among those living in residential facilities, or attending day rehabilitative centres or psychiatric outpatient clinics.
Instruments: Systematic Psychopathological Assessment for people with Intellectual and Developmental Disabilities - General version (SPAIDD-G).
Raters: 20 psychiatrists, 50 psychologists, and 20 nurses working with PwID.
Informants: mental health workers, caregivers, familiars.
Length: from January 2014 to January 2018.
Statistic analysis: descriptive analyses, Pearson correlation coefficient.

RESULTS

The sample is composed of 843 participants, 516 male (62.2%) and 313 female (37.8%). The M/F gender ratio is 1.64. Gender data on 14 participants are not available. Age range is 16–90 years, mean age 50.07 (SD ±13.40). The ID degree is distributed as follows: borderline intellectual functioning in 19 participants (2.5%), mild in 116 (15.5%), moderate in 234 (31.4%), severe in 243 (32.6%) and profound in 134 (18%). For the rest of the sample (97 participants) info on the level of ID were not available. 604 participants (75.7%) live in residential facilities, 48 (6%) with their own family, 146 (18.3%) attend day centers. Data on living arrangement were missing for 45 participants. Autistic spectrum disorders, impulse control disorders, cluster C personality disorders, and cluster A personality disorders result to be most frequent over threshold (OT) scores. The highest number of OT scores was found in the moderate ID subgroup. Although not diagnostically specific, some SPAIDD-G items seem to be more strongly related with specific PD. Most significant correlations were found for mood disorders, particularly bipolar disorders (a trans-categorical equivalence of excessive mood swinging?). Psychomotor agitation, irritability, mood lability, aggression and distractibility were most pronounced in this diagnostic group. For depressed patients, changes in appetite and sleep had higher correlations than in other diagnostic groups (see the table below for details).

CONCLUSIONS

This line of research seems to be able to satisfy one of the highest need of current psychiatry of ID and LF-ASD, that is a more specific definition and clustering of psychopathological symptoms.

CORRELATION BETWEEN BE AND DIAGNOSTIC ORIENTATION GROUPS

	DEPRESSIVE DISORDERS	BIPOLAR AND RELATED DISORDERS
act behaviours that can cause death	0,18	0,32
distractibility	0,29	0,56
no adequate reactions to the emotional environmental climate	0,14	0,28
sleep reduction	0,32	0,44
excessive sleep	0,25	0,24
irritability	0,31	0,44
mood lability	0,31	0,49
repeated seeking	0,29	0,43
weight loss	0,27	0,22
pressure for communicative interaction	0,18	0,48
psychomotor retardation	0,28	0,20
withdrawn	0,27	0,15
reduction in usual activities	0,40	0,33
interact with others with the prevailing aim to take advantage	0,10	0,33
elation	0,19	0,40
attitudes inadequate with respect to sexual acts (paraphilias)	0,07	0,15

	DEPRESSIVE DISORDERS	BIPOLAR AND RELATED DISORDERS
binge eating	0,21	0,36
psychomotor agitation	0,27	0,48
auditory hallucination	0,21	0,41
visual hallucination	0,22	0,45
anhedonia	0,30	0,25
apathy	0,12	0,24
excessive involvement in activities	0,13	0,37
aggression	0,24	0,43
behaviours that can hurt people (spite)	0,17	0,39
self-injurious behaviour	0,07	0,23
avoidance	0,23	0,17
disorganized behaviour	0,32	0,42
strange behaviours from altered associative thinking	0,21	0,32
repetitive behaviours	0,12	0,47
difficulty in actions sequencing	0,29	0,47
switching from one action to another	0,21	0,55
inflated self-esteem or grandiosity	0,10	0,31

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