

## Appendix B

### Common Psychiatric Conditions Associated with Developmental Disabilities

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Common Psychiatric Conditions Associated with DD	Behavioural Profile	Medical/medication Vulnerability	Psychological Vulnerabilities Associated with Psychiatric Condition	Social Implications/Vulnerabilities
<p><b>Attention deficit/hyperactivity Disorder</b></p> <ul style="list-style-type: none"> <li>• 3-5% of school age children</li> <li>• Genetic cause, possibly a single dopamine transported gene and a variation in the dopamine (D4) receptor gene</li> <li>• Exposure to various toxins in utero, such as alcohol, cocaine, lead and vapour abuse can lead to this syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• Impulsivity</li> <li>• Inattention</li> <li>• Hyperactivity</li> <li>• Difficult temperament</li> <li>• Low frustration threshold</li> <li>• High intensity of response</li> <li>• 70% develop school problems</li> <li>• Speech and language problems</li> </ul>	<ul style="list-style-type: none"> <li>• ADHD is associated with many other genetic/ chromosomal disorders: Fragile X Turner Syndrome Tourette neurofibromatosis glucose-6-deficiency sickle cell anemia phenylketonuria Noonan's Syndrome Williams Syndrome</li> <li>• Dysfunction of multiple control systems, including: vocal, sensory, social, associative, appetite, motor, behavioural, communicative, and affective control systems</li> <li>• Medication amphetamines SSRI's Clonidine antipsychotics mood stabilizers</li> </ul>	<ul style="list-style-type: none"> <li>• Tasks with deficits that are found in ADHD are: perceptual tasks logical search task memory tasks motor control tasks</li> </ul>	<ul style="list-style-type: none"> <li>• Within school settings appear to be hampered by their temperaments and learning deficits</li> <li>• They are isolated and are not chosen by their peers as friends</li> <li>• They experience either high incidence-low impact problems/poor social acceptability</li> <li>• Low incidence/ high impact problem/ social rejection</li> </ul>

(table continues)

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<p><b>Anxiety Disorders</b></p> <ul style="list-style-type: none"> <li>Genetics are commonly linked with panic disorder but less in other types of anxiety</li> <li>They seem to be related to genetics of the mood disorders</li> <li>Developmental disabilities are frequently associated with anxiety disorders as a result of genetic and environmental factors</li> </ul>	<ul style="list-style-type: none"> <li>Fears</li> <li>Panic attacks</li> <li>Feelings of impending doom</li> <li>Excessive worries</li> <li>Obsessions</li> <li>Compulsions</li> <li>Specific social phobias</li> </ul>	<ul style="list-style-type: none"> <li>SSRI's (antidepressants)</li> <li>TCA (antidepressants)</li> <li>Antianxiety medication</li> <li>Benzodiazepine</li> <li>Beta-Blockers</li> <li>Behavioural techniques</li> <li>Cognitive behavioural therapy</li> <li>Family therapy</li> <li>Psychodynamic therapy</li> </ul>	<ul style="list-style-type: none"> <li>May burden the already limited cognition of the person with DD</li> <li>Symptoms of fears and/or worries become identifiable as an anxiety disorder when the worry/fear impairs functioning; presence of autonomic symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Anxieties and fears can become so incapacitating that they interfere with the person's life</li> <li>Social or specific phobias are very common in the person with DD</li> <li>OCD is very frequent in these persons</li> <li>Social isolation/ withdrawal</li> <li>Behavioural problems such as tantrums, SIB, aggressivity, common</li> </ul>
<p><b>Learning Disabilities</b></p> <ul style="list-style-type: none"> <li>Most prevalent group of neurobehavioural disorders affecting children and adults</li> <li>Strong genetic component</li> <li>Extremely heterogeneous group of learning problems with diverse characteristics</li> <li>- genetic</li> <li>- environmental insults of the brain</li> <li>- environmental lack of stimulation</li> </ul>	<ul style="list-style-type: none"> <li>Severe LD 1-5%</li> <li>Mild 4-5%</li> <li>Reading disabilities- dyslexia</li> <li>Math deficits</li> <li>Graphomotor production</li> <li>When combined math and reading disabilities is the manifestation of a single pattern of neurocognitive deficit (26% due to genetic factors)</li> </ul>	<ul style="list-style-type: none"> <li>Comorbidity with ADHD</li> <li>Major social emotional manifestation in small subgroup of LD</li> <li>Comorbidity with specific syndromes, e.g., Turner, Klinefelter, Fragile- X, Tourette, neurofibromatosis</li> <li>Comorbidity with sex chromosomal observations</li> <li>Comorbidity with other neurocognitive disorders</li> <li>Medication is only used for the comorbid disorders</li> <li>Psychoeducational and behavioural program</li> </ul>	<ul style="list-style-type: none"> <li>Boder (1973) described 3 groups: <ul style="list-style-type: none"> <li>dysphonetic type (lacks word analysis)</li> <li>dysideitic type (impairment in visual memory)</li> <li>mixed type</li> </ul> </li> <li>Bakker (1979) described: <ul style="list-style-type: none"> <li>read quickly- make errors of omission</li> <li>P-type (read slowly- make time consuming errors)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Attention deficits</li> <li>Social isolation</li> <li>Behavioural disorders</li> <li>Anxiety disorders</li> <li>Depressive disorders</li> <li>Disruptive disorders</li> <li>Adolescent years of a person with LD can be very tumultuous</li> </ul>