

# **Behavioral Disturbances In a Sample of Mentally Subnormal Egyptian Patients**

(A Descriptive Study)

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# REVIEW OF LITERATURE



## INTRODUCTION

Intelligence can be considered as the sum of these cognitive abilities that underlie adaptation to the environment. On the other hand, arrested intellectual development, which is widespread, may affect most aspects of cognition and consequently the everyday life adaptation.

More than most branches of medical practice, the field of "mental subnormality" is difficult to bind up due to its different facets.

One of the skills of the practitioner in this field lies in selecting a way of looking at the problems of a mentally subnormal that helps him and the family to understand them better and, if possible, relieve their associated distress.

Mental retardation is a condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities. Retardation can occur with or without any other mental or physical disorder.

However, mentally retarded individuals can experience the full range of mental disorders, and the prevalence of other mental disorders is at least three to four times greater in this population than in the general population.

In addition, mentally retarded individuals are at greater risk of exploitation and physical/sexual abuse. Adaptive behavior is always impaired, but in protected social environments where support is available this impairment may not be at all obvious in subjects with mild mental retardation.

For a diagnosis of mental subnormality to be appropriate, there are various components of consideration: the determination of the level of functioning, investigations of the cause, identification of associated physical and psychiatric conditions and assessment of family care, expectations as well

as coping capacity. At least as important as an estimate of the subnormal's ability and his level of functioning in everyday life is an assessment of the presence of associated physical and psychiatric problems.

The central focus of the current work is these behavioral and/or emotional problems (see page 26) that may be encountered in the subnormal subject, regarding the degree to which they affect different aspects of the life of the subnormal and the family. A confusing element, not just for the beginner, but also for the experienced practitioner, is the multiplicity of the theoretical models available to explain and treat such disturbances. A vital principle of practice involves the need for all practitioner, no matter to which discipline they belong, to respect the contribution that other discipline may make, to be aware of the point at which another discipline may need to be involved, and to maintain as close communication with other disciplines.

Findings described in this work are related particularly to hospitalized subnormals living in Cairo but different rates may be found in inner cities and in other economically developed countries.

The investigators hope to stimulate future wider comparative studies in these places as well as in the general population.

### **Aim of The Work:**

- 1- Reviewing the available literature on the subject.
- 2- Identifying various behavioral disorders encountered in a sample of mentally subnormal patients, their characteristics and correlated factors.
- 3- To put forward recommendations concerning prevention of the behavioural problems in its primary, secondary and tertiary levels if possible.

## DEFINITION

The term mental handicap has generally been used although the following are also in common use:

- amentia.
- mental subnormality.
- mental deficiency.
- mental retardation.
- intellectual retardation.

The American Association on Mental Deficiency in 1973 referred to the term mental subnormality as, significantly sub-average intellectual functioning existing concurrently with defects in adaptive behavior and manifested during the developmental period, the upper limit of the latter period being regarded as 18 years.

### **Mental Health Act 1983**

*Severe mental impairment* - a state of arrested or incomplete development of mind which includes severe impairment of intelligence and social functioning and is associated with abnormally aggressive or seriously irresponsible conduct.

*Mental impairment* - as for, but not amounting to, severe mental impairment, with significant (not severe) impairments.

Another definition :- Mental retardation is defined as a disorder characterised by significant impairment in adaptive and intellectual function. (American Psychiatric Association, 1987).

## **ICD-10 Classification of Mental Retardation**

### **Mild Mental retardation**

Mildly retarded people acquire language with some delay but most achieve the ability to use speech for everyday purposes, to hold conversations, and to engage in the clinical interview.

The main difficulties are usually seen in academic school work, and many have particular problems in reading and writing. In a sociocultural context requiring little academic achievement, some degree of mild retardation may not itself represent a problem. However, if there is also noticeable emotional and social immaturity, the consequences of the handicap, e.g. inability to cope with the demands of marriage or child-rearing, or difficulty fitting in with cultural traditions and expectations, will be apparent.

#### ***Diagnostic guidelines:-***

If The proper standardized IQ tests are used, the range 50 to 69 is indicative of mild retardation.

### **Moderate mental retardation:**

Individuals in this category are slow in developing comprehension and use of language, and their eventual achievement in this area is limited. Achievement of self-care and motor skills is also retarded, and some need supervision throughout life.

Generally, however, such people are fully mobile and physically active and the majority show evidence of social development in their ability

to establish contact, to communicate with others, and to engage in simple social activities.

### ***Diagnostic guidelines:-***

The IQ is usually in the ranges 35 to 49. An organic etiology can be identified in the majority of moderately mentally retarded people.

## **Severe mental retardation**

This category is broadly similar to that of moderate mental retardation in terms of the clinical picture, the presence of an organic etiology, and the associated conditions. Most people in this category suffer from a marked degree of motor impairment or other associated deficits, indicating the presence of clinically significant damage to or maldevelopment of the central nervous system.

### ***Diagnostic guidelines***

The IQ is usually in the range of 20 to 34.

## **Profound mental retardation:**

The IQ in this category is estimated to be under 20, which means in practice that affected individuals are severely limited in their ability to understand or comply with requests or instructions.

Most such individuals are immobile or severely restricted in mobility, incontinent, and capable at most of only very rudimentary forms of nonverbal communication. They possess little or no ability to care for their own basic needs, and require constant help and supervision.

## ***Diagnostic guidelines***

The IQ is under 20.

An organic etiology can be identified in most cases. Severe neurological or other physical disabilities affecting mobility are common, as are epilepsy and visual and hearing impairments. Pervasive developmental disorders in their most severe form, especially atypical autism, are particularly frequent, especially in those who are mobile.

## **Other mental retardation**

This category should be used only when assessment of the degree of intellectual retardation by means of the usual procedures is rendered particularly difficult or impossible by associated sensory or physical impairments, as in blind, deaf-mute, and severely behaviorally disturbed or physically disabled people.

## **Unspecified mental retardation**

There is evidence of mental retardation, but insufficient information is available to assign the patient to one of the above categories.

*A fourth character* may be used to specify the extent of the behavioral impairment, if this is not due to an associated disorder:

- 1 - No, or minimal, impairment of behavior.
- 2 - Significant impairment of behavior requiring attention or treatment.
- 3 - Other impairments of behavior.
- 4 - Without mention of impairment of behavior.

## **DSM-IV Classification of Mental Retardation**

**A.** significantly subaverage intellectual functioning : an IQ of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly subaverage intellectual functioning .

**B.** Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for his or her age, by his or her cultural group ) in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure, health, and safety .

**C.** The onset is before age 18 year.

Code based on degree of severity reflecting level of intellectual impairment :

**Mild Mental Retardation :**

IQ level 50-55 to approximately 70

**Moderate Mental Retardation :**

IQ level 35-40 to 50-55

**Severe Mental Retardation :**

IQ level 20-25 to 35-40

**Profound Mental Retardation :**

IQ level below 20 or 25