INTELLECTUAL DISABILITY
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THE QUESTIONS

1. What kind of diagnosis is "MR" or intellectual disability: medical, educational, social, political?
2. Why does the "label" selected to describe individuals with intellectual disabilities make a difference?
3. Which classification system (DSM IV TR or AAIDD) works best for you in your clinical area?
4. Should anyone really care about "why" these individuals are affected?
5. How will this information change your clinical practice / interactions?

THE DIAGNOSIS

What kind of diagnosis is "MR" or intellectual disability: medical, educational, social, political?
THE CONSTRUCT OF ID

View in the broad construct of “Disability”
Limitations in individual functioning within a social context that represents a substantial disadvantage to the individual.
Disability results from a health condition that gives rise to impairments in body function and structures, activity limitation and participatory restrictions.
Over time “Disability” has changed.

ICF

Health Condition

Body Function and Structure → Activities ↔ Participation

Environmental Factors → Personal Factors

THE LABEL

Why does the "label" selected to describe individuals with intellectual disabilities make a difference?
“LABELS” OVER TIME

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<tbody>
<tr>
<td>55-69</td>
<td>Moron</td>
<td>Educable</td>
<td>Mild</td>
<td>Mild</td>
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<tr>
<td>40-54</td>
<td>Imbecile</td>
<td>Trainable</td>
<td>Moderate</td>
<td>Severe</td>
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<tr>
<td>25-39</td>
<td>Idiot</td>
<td>Custodial</td>
<td>Severe</td>
<td>Severe</td>
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<tr>
<td>&lt;24</td>
<td>Idiot</td>
<td></td>
<td>Profound</td>
<td>Severe</td>
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THE SYSTEM

• Which classification system (DSM IV TR or AAIDD) works best for you in your clinical area?

DEFINITIONS

• AAIDD
  - COGNITIVE
  - ADAPTIVE
  - LEVELS OF SUPPORT

• DSM IV
  - COGNITIVE
  - ADAPTIVE
  - LEVELS OF SEVERITY
LEVELS OF “MR”

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<thead>
<tr>
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<th>DSM</th>
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<th>AAIDD</th>
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<tbody>
<tr>
<td>Mild*</td>
<td>55 - 69</td>
<td>**</td>
<td>Mild</td>
<td>51 - 75</td>
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<tr>
<td>Moderate</td>
<td>40 - 54</td>
<td></td>
<td>Moderate</td>
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<tr>
<td>Severe</td>
<td>25 - 39</td>
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<td>Severe</td>
<td>&lt; 50</td>
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<tr>
<td>Profound</td>
<td>&lt;24</td>
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<td>Profound</td>
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*Vast majority in mild range
**Scores vary +/- 5 points
Based on more natural functional criteria such as the ability to benefit from formal academic instruction

THE REASON

- Should anyone really care about "why" these individuals are affected?

WHY ASK WHY?

For the Patient
- Appropriate medical and nonmedical therapies
- Indicated medical interventions / referrals
- Presymptomatic screening for complications
- Educational planning
- Eliminate unnecessary testing and evaluations

For the Parents
- Anticipatory guidance
- Education and advocacy
- Referrals
- Reproductive counseling
- Family networking
THE IMPACT

- How will this information change your clinical practice / interactions?

AAIDD DIMENSIONS
STRENGTHS & WEAKNESSES

Intellectual Abilities
  Communication, functional academics, vocational
Adaptive Behavior
  Self-care, home living, integrated vocational opportunities
Social Roles, Participation, Interactions (NEW)
  Community living, friendships, self-esteem, social, leisure
Health (physical, mental, etiological) Concerns
  Comorbid mental illness in 30-60%
  Etiology and conditions related to biologic processes (E.g.: thyroid disorders in Down Syndrome)
Context Considerations
  Environments, cultures

WHAT DO THE EXPERTS SAY?

NEUROLOGY
Practice parameter: Evaluation of the child with global developmental delay
Neurology 60: 367-380, 2003

GENETICS
Diagnostic Evaluation of Developmental Delay / Mental Retardation: An Overview
American Journal of Medical Genetics 117C: 3-14, 2003

PEDIATRICS
Clinical Genetic Evaluation of the Child with Mental Retardation.

PSYCHIATRY
Practice Parameters for the Assessment and Treatment of Children, Adolescents and Adults with Mental Retardation and Comorbid Mental Disorders.
“Persons with intellectual disabilities, as other human beings, are born free and equal in dignity and rights.”

“To recognize that persons with intellectual disabilities are full citizens in society.”