# Intellectual Disabilities Fact Sheet

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**Introduction**
Patients with intellectual disabilities (ID) may be admitted to adult inpatient units for a range of issues, often related to self-harm or impulsive violence toward caregivers. This fact sheet offers a concise review of intellectual disabilities and provides guidelines for their management in an adult inpatient unit.

**DSM-5 Criteria**
Intellectual disability was formerly known by the stigmatizing term "mental retardation," and is characterized by significant limitations in both intellectual functioning and adaptive behavior, which manifest during the developmental period. The diagnosis is based on:

1. **Intellectual Impairment**: Measured through standardized IQ testing, typically an IQ score of 70 or lower. An IQ of 70 is two standard deviations below the mean IQ of 100—meaning that these individuals are in the lowest 2.3% of the population. Mild ID is defined as an IQ of 55-70, moderate is 40-55, severe is 25-40, and profound is below 25. Another related term is "borderline intellectual functioning", defined as IQ from 71-84.
2. **Adaptive Functioning Deficit**: To meet the criteria, the intellectual impairment must interfere with functioning, such as the ability to graduate high school, maintain a job, or have significant social skills.

**Psychiatric/behavioral issues**
The most common comorbidities that bring ID patients into the inpatient unit are depressive disorders, anxiety disorders, autism, impulse control disorders, conduct disorders, and schizophrenia. Behavioral issues that you may have to manage on the unit include:

- **Aggression:** May include hitting, biting, or throwing objects; yelling, threats, or use of offensive language.
- **Self-Injury:** Such as hitting oneself, head-banging, or biting oneself.
- **Hyperactivity**: Difficulty sitting still, running around the unit, or continuously talking.
- **Inappropriate Social Interactions**: Such as invading personal space, inappropriate touching, or making socially inappropriate comments.
- **Isolation**: Difficulty in forming connections, leading to withdrawal from social interactions.
- **Emotional Dysregulation**: Rapid and unpredictable changes between emotional states such as happiness, irritability, and sadness.
- **Overreaction to Stimuli**: Extreme reactions to sounds, lights, or textures, which can cause distress or disruptive behavior.
- **Rigidity**: Difficulty adapting to new routines or changes in the environment, leading to stress or agitation.

**Initial Assessment**
Validate the diagnosis through a thorough review of prior medical records and discussions with caregivers or family members. In interview, patients with ID may present with speech that is slow; simple vocabulary; inability to understand complex language or inability to follow your train of thought if you are speaking fast; inability to process complex thoughts.

**Interviewing ID patients**
1. **Simple Language**: Use simple, clear, and straightforward language. Avoid medical jargon or complex phrases.
2. **Repeat and Rephrase**: It might be necessary to repeat questions or rephrase them if the patient appears confused or non-responsive.
3. **Visual Aids**: Use visual aids like pictures, or demonstrate with body language, to support verbal communication.
4. **Allow Time**: Some patients with intellectual disabilities may require more time to process information and respond. Do not rush them.

**Teaching Coping Skills**
1. **Deep Breathing**: Teach the basics of deep breathing by counting breaths, using visual cues, or using tactile objects like a soft ball that they can squeeze and release.
2. **Grounding Techniques**: Use the "5-4-3-2-1" method or similar techniques to help ground them in the present moment. Adapt the method by utilizing textures or objects that the patient finds comforting or engaging.
3. **Positive Self-Talk**: Introduce simple affirmations or comforting phrases that the patient can repeat to themselves.

**Medication**

Medications can be crucial to target specific symptoms and behaviors.

- Agitation/self harm/aggression
    - Mood stabilizers, such as lithium and Depakote
    - Antipsychotics such as risperidone and aripiprazole
- Depression/anxiety
    - SSRIs
    - Benzodiazepines
- ADHD symptoms (especially hyperactive/impulsivity)
    - Psychostimulants
    - Alpha-2 agonists (eg., clonidine)