Attention Deficit Hyperactivity Disorder Among Adults with Severe and Profound Mental Retardation

Robert A. Fox and Erin J. Wade

Marquette University

The present study investigated the incidence of attention deficit hyperactivity disorder in a sample of 86 adults with severe to profound mental retardation. Participants were evaluated by supervisory staff using the diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994) and Conners’ (1990) Hyperactivity Index. Using the most conservative measure, 15% of the sample met the diagnostic criteria. This measure was not influenced by the subjects’ chronological age, adaptive age, IQ, or gender. Implications of this finding for continued research and practice were discussed.

The prevalence of attention deficit hyperactivity disorder (ADHD) in school-aged children with average intelligence is estimated at 3 to 5%, with a 4:1 male-to-female ratio (American Psychiatric Association, 1994). Using a sample (N = 245) of 6- to 18-year-old children with mental retardation, Epstein, Cullinan, and Gadow (1986) reported 19.7% of the boys and 15.7% of the girls were hyperactive, based on a cutoff score of 15 on the abbreviated version of the Conners Rating Scale (Conners, 1973).

Historically, ADHD was considered a problem of childhood and presumed to dissipate during adolescence. However, more recent evidence indicates that this disorder persists into adolescence and adult life (Wender, 1987). The prevalence of ADHD in adults is not known (Shaffer, 1994), but is considered to affect up...
to 3% of the adult population (Feifel, 1996). The prevalence of ADHD in adults
with mental retardation has been only indirectly studied. In a recent study by
Cherry, Matson, and Paclawaskyj (1997), 52.4% of younger adults and 60.7% of
older adults with severe and profound mental retardation met the diagnostic
criterion for Impulse Control and Miscellaneous Problems. Impulsivity is con-
sidered one of the hallmark characteristics of ADHD (Barkley, 1990).

Given that the prevalence of ADHD is considered higher in children with
mental retardation than children with normal intelligence (Handen, McAuliffe,
Janosky, Feldman, & Breaux, 1994; Pearson, Yaffee, Loveland, & Lewis,
1996), coupled with a growing consensus that ADHD continues into adulthood
(Barkley, 1990), it seems logical that this disorder would be present in adults
with mental retardation, possibly to a greater extent than adults with normal
intelligence. The purpose of the present study was to investigate the incidence
of ADHD in a sample of adults with mental retardation.

SUBJECTS AND PROCEDURES

The subjects were selected from a Midwestern residential facility serving 182
adults with mental retardation. The subject selection criteria for this study
included being ambulatory, a diagnosis of severe to profound mental retarda-
tion, and the absence of psychotropic medications. Eighty-six subjects (61
males, 25 females) met these criteria with an average age of 41.4 years (SD =
12.4; range = 21 to 72), an average IQ of 22.2 (SD = 12.89; range = 12 to 49),
and an average adaptive age of 3.3 years (SD = 1.91; range = 0.5 to 8.2).

Two instruments were used. The first instrument included the diagnostic
criteria for ADHD from the Diagnostic and Statistical Manual of Mental
Disorders, Fourth Edition (DSM-IV; American Psychiatric Association, 1994)
and were represented by two subscales. Included were nine items representing
an Inattention Scale and nine additional items representing a Hyperactivity and
Impulsivity Scale. Each item is rated for the presence (scored 1) or absence
(scored 0) of each criterion, resulting in scale scores ranging from 0 to 9 for
inattention and ranging from 0 to 9 for hyperactivity and impulsivity, respec-
tively. The second instrument was the Hyperactivity Index from the Conners’
Rating Scales (Conners, 1990), which includes 10 items that are rated on a four
point scale (0 = not at all, 1 = just a little, 2 = pretty much, and 3 = very
much). Hyperactivity Index scores could range from 0 to 30.

Ten supervisory staff members, responsible for ensuring the quality of the
subjects’ daily programs and monitoring their effectiveness, were selected to
rate subjects using the two instruments. All staff had a minimum of a bachelor’s
degree, at least 1 year of experience working with individuals with mental
retardation, and at least 6 months of experience working with the subjects they
were assigned to rate. Staff were given instructions regarding administration of
the study’s measures. Each rater was given a list of subjects who they were
familiar with and instructed to rate the subjects relative to other adults with
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