



# The relationship between Axis I psychopathology and quality of life in adults with mild to moderate intellectual disability



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## ABSTRACT

Individuals with intellectual disability are at risk for impaired quality of life (QOL) compared to the general population. Little is known, however, about factors that may affect QOL in those with intellectual disability. The current study examined the role that Axis I psychopathology plays in the QOL of 138 adults with moderate to borderline intellectual disability. Scores on the Quality of Life Questionnaire (QOL-Q) were compared between those with a Psychotic Disorder, those with a Mood/Anxiety Disorder, and those with no Axis I diagnosis. Additionally, the effects of number of Axis I diagnoses was explored. Those with no Axis I diagnosis were found to have significantly higher QOL-Q scores than those in either diagnostic group. No significant differences were found between the two diagnostic groups. Additionally, those with no Axis I diagnosis were found to have significantly higher QOL-Q scores than those presenting with two or more Axis I diagnoses. The results and their implications are discussed.

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## 1. Introduction

In recent years, increased focus is being given to the quality of life (QOL) of individuals with intellectual and developmental disabilities (IDD) (Kober & Eggleton, 2009; Schalock et al., 2002; Townsend-White, Pham, & Vassos, 2012; Verdugo & Schalock, 2009; Wang, Schalock, Verdugo, & Jenaro, 2010). QOL is increasingly being used as an indicator of outcomes achieved by service providers for individuals with IDD (Kober & Eggleton, 2009; Schalock et al., 2002; Townsend-White et al., 2012), as individuals with IDD are often rated to have a lower QOL than those in the general population (Keith & Bonham, 2005; Sabaz, Cairns, Lawson, Bleasel, & Bye, 2001). However, little is known about variables that serve as risk factors for lower QOL in individuals with IDD. Therefore, the current study proposed to examine the relationship between Axis I psychopathology and QOL in adults with IDD.

QOL is a multi-dimensional term that relates to an individual's happiness, satisfaction, opportunity, and well-being (Schalock et al., 2002; Townsend-White et al., 2012). More specifically, eight core domains of QOL have been identified: emotional well-being, interpersonal relationships, material well-being, personal development, physical well-being, self-determination, social inclusion, and rights (Schalock et al., 2002; Townsend-White et al., 2012; Wang et al., 2010). Despite the importance of QOL, little is known about variables that may affect the QOL of individuals with IDD. Knowledge of such variables would help to better identify those with a lower QOL and highlight areas of need, thereby allowing for more appropriate services to be rendered to those in need. Unfortunately, there has been a dearth of research examining such variables in the IDD population. One possible reason for this is the difficulty that exists in measuring QOL in the IDD

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population (Townsend-White et al., 2012). In a review of QOL measures for individuals with IDD, Townsend-White et al. (2012) found only six measures with clearly researched psychometric properties. Among these six instruments, a number of flaws existed, such as a general lack of replication and a lack of available information on the reviewed instruments. These difficulties in assessing QOL in individuals with IDD have hampered the ability of researchers to examine variables that may affect levels of QOL.

Nevertheless, some factors affecting the QOL of individuals with IDD have been identified. Haber (2011) looked at the relationship between a number of variables and QOL in adults with IDD. Results showed no significant differences in QOL based on gender, campus-based or community living, or time since admission to a residential program. Conversely, proxy ratings were found to be significantly lower than those given independently or with minimal assistance. Additionally, those with an autism spectrum disorder diagnosis had significantly lower ratings in the area of empowerment/independence, although no significant differences were found in total QOL or any other areas of QOL. Finally, while a significant effect of age was found, with individuals in the oldest age group (i.e., over 71 years) having significantly lower scores, this difference was due to the effects of retirement on QOL scores, rather than true differences in QOL. Chowdhury and Benson (2011) conducted a review of 15 studies looking at the effects of deinstitutionalization on QOL. They found that improvements in QOL were found immediately after deinstitutionalization, but that these gains plateaued or even declined after about one year. Additionally, they found community involvement to be low, even after individuals moved into the community. Nota, Ferrari, Soresi, and Wehmeyer (2007) conducted a discriminant function analysis on individuals with IDD, separating them into high and low QOL groups using a median split. Of the eight predictor variables (IQ, age, four self-determination variables, basic social abilities, and interaction management skills), IQ and basic social abilities were the only significant predictors of group membership. Renty and Roeyers (2006) looked at QOL and a number of variables in high-functioning (i.e., IQ > 70) adults with an autism spectrum disorder. They found no significant relationship between QOL and a number of demographic variables, including age, gender, education, living arrangements, and intimate relationships. Additionally they found IQ and autism symptomatology to have little predictive value when it came to QOL. Conversely, they found support characteristics to be the most significant predictor of QOL.

The above research is a start in understanding variables that affect QOL in individuals with IDD. However, much more research is clearly needed. One area that has received little attention is the presence of comorbid psychopathology. Comorbid psychopathology has often been ignored in the IDD literature for a multitude of reasons, including diagnostic overshadowing and difficulties in assessment (Matson, Smirolfo, Hamilton, & Baglio, 1997; Reiss & Syzsko, 1983). Yet various estimates have found that approximately 40% of individuals with an intellectual disability have a comorbid Axis I condition (Dekker & Koot, 2003; Iverson & Fox, 1989). As there is an overall scarcity of research on comorbidity in the IDD population, it is not surprising that there is a lack of research examining the impact of comorbidity on QOL in those with IDD. However, given the high rates of Axis I psychopathology in this population, such an understanding is of critical importance. While the effects of Axis I psychopathology have yet to be examined in the IDD population, numerous such studies have been conducted on Axis I psychopathology in the general population. For example, researchers have shown that individuals presenting with anxiety, mood, and psychotic disorders all had significantly impaired QOL when compared to the general population (Chan & Yu, 2003; Goosens, Martong, Knoppert-van der Klein, & Achterberg, 2008; Guan, Cohen, Deng, & Chen, 2011; Masthoff, Trompenaars, Van Heck, Hodiament, & De Vries, 2006; Mendlowicz & Stein, 2000; Norberg, Diefenbach, & Toli, 2008; Olatunji, Cisler, & Tolin, 2007).

Of further interest are comparisons between different types of psychopathology, an area that has received less attention. Some trends have been found, however, by the researchers who have made such comparisons. Researchers have shown that the presence of multiple conditions (i.e., comorbidity) is associated with poorer QOL, with increasing numbers of disorders predicting more impaired QOL (Masthoff et al., 2006; Norberg et al., 2008). Yet the effects of comorbidity between Axis I psychopathology and IDD is less understood. Significant differences in QOL within categories of Axis I psychopathology (e.g., mood disorders, anxiety disorders) have rarely been shown by researchers. For example, Olatunji et al. (2007) found large effect sizes for individual anxiety disorders, but no significant differences were found between the anxiety disorders. A trend shown by researchers is the significance of mood disorders, particularly depressive disorders, when compared to other Axis I diagnoses. Norberg, Diefenbach, and Toli (2008) found no differences in QOL based on number of anxiety disorders; however, those with a comorbid depressive disorder had significantly more impaired QOL compared to those with only anxiety disorders, who in turn had significantly more impaired QOL compared to the general population. Similarly, Guan et al. (2011) found mood disorders, particularly major depressive disorder, to have a stronger relationship with impaired QOL than anxiety disorders. Finally, in a comparison of individuals with schizophrenia and those with dysthymia, QOL was found to be significantly lower in a number of domains in those with dysthymia (Gupta, Kulhara, & Verma, 1998).

In summary, QOL is an essential indicator of outcomes in individuals with IDD. As such, an understanding of the variables affecting QOL in the IDD population is of utmost importance. While the effects of Axis I psychopathology on QOL have been frequently examined in the general population, little research has been conducted in this area with individuals with IDD. Therefore, the purpose of this study was to examine and compare the effects of various types of Axis I psychopathology on QOL in individuals with IDD. More specifically, the current study examined if those with and without Axis I psychopathology differed in ratings of QOL and if differences between various categories of Axis I psychopathology existed. Additionally, the effect of number of Axis I diagnoses was examined.

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