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Research in Autism Spectrum Disorders 1 (2007) 218–228
Research in Autism Spectrum Disorders
http://ees.elsevier.com/RASD/default.asp

The relationship between autism and psychiatric disorders in Intellectually Disabled Adults

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Received 16 October 2006; accepted 17 October 2006

Abstract

Intellectual Disability (ID) shows a high comorbidity with psychiatric disorders with a great variability in the prevalence rates. An important subgroup is represented by subjects with ID and autism or other autistic spectrum disorders (PDD). The purpose of the present study was to assess PDD with specific screening tools in a population of people with ID and compare the groups with or without PDD through the administration of a psychopathological scale in order to verify the differences of psychiatric disorders' rates. The study was conducted on 90 subjects attending daily centres or residential centres in Florence, Italy. In order to assess the presence of PDD, the PDD-MRS was administrated, while for the assessment of the psychopathological aspects we have used the DASH-II. The presence of a psychiatric disorder has a significant effect on anxiety, depression and organic syndromes and statistically significant differences have been registered in many DASH-II subscales. The statistical comparison between the two groups shows that PDD was clearly correlated with an increased presence of psychiatric disorders. The variable PDD could be considered as a vulnerability factor for psychiatric disorders. However there was still the need to focus on categorical diagnoses, in order to increase our knowledge about the concept of vulnerability in people with ID.

Keywords: Intellectual Disability; Autism; Pervasive developmental disorders; Vulnerability; Psychiatric disorders

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1750-9467/$ – see front matter
doi:10.1016/j.rasd.2006.10.004

1. Introduction

Intellectual Disability (ID)[1] shows a recurrent comorbidity with psychiatric disorders. However, a high variability has been observed in prevalence percentages, which go from 20 percent to 74 percent (Dosen & Day, 2001). It is important to keep in mind that people with ID present with a wide variability in their individual characteristics and in the context they live in. Moreover, studies use different sampling methods, clinical criteria and evaluative approaches (Bortwich-Duffy, 1994). The concept of ''vulnerability'' is often used to explain the higher prevalence of psychiatric disorders in people with ID. This concept does not simply imply the presence of a risk factor for a particular disease, but it refers to a wider epistemological frame composed of different pathological levels still under study. Indeed, a wide range of interacting factors such as biological (e.g., genetic factors, cerebral injuries), psychological (e.g., these subjects are not able to think about themselves and about the world in a positive way, sense of impotence), relational (insufficient relational capacities, stigma), and social (poor environment, lack of supports), could lead a person to develop psychiatric and/or behavioural problems (Glenn, Bihm, & Lammers, 2003). Pinpointing subgroups of homogeneous ID can be useful in order to deepen our knowledge. For example, ''behavioural phenotypes'' associating genetic syndromes, ID and psychiatric disorders have already been established (O'Brien & Yule, 1995). Subjects with ID and Autistic Disorder or other Autistic Spectrum Disorders, defined as Pervasive Developmental Disorders (PDD) in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994) represent an important subgroup because of the involved theoretical and clinical problems. This work takes into account this whole diagnostic grouping, since, in order to approach the person with ID, recognising the presence of a comorbidity Axis I disorder may be more important than differentiating the particular subcategory of PDD (Kraijer, 1997).

An important question is if PDD is linked to a higher prevalence of psychiatric and behavioural disorders, as some authors suggest (Bryson, 1996).

Diagnosing PDD in a person with ID is difficult because of a wide behavioural and symptomatological overlapping in the two conditions. In particular, children and adults with both severe ID and low functioning PDD, can present communicative behavioural disorders and similar stereotypies.

In clinical practice the current gold standard for diagnosing PDD is the combined use of the Autism Diagnostic Interview-Revised (ADI-R; Lord & Rutter, 1994) and the Autism Diagnostic Observation Schedule-Generic (ADOS-G; DiLavore, Lord, & Ruter, 1995). Although the level of agreement between the two tools is not high because of different theoretical algorithms, they are correlated to the DSM-IV-TR diagnostic criteria (DeBildt et al., 2004). However, since the administration of these tools is complex and time consuming, it is not suitable on a large scale. Although screening tools do not allow the formulation of a PDD categorical diagnosis, they have been useful, as an initial marker of PDD. The Aberrant Behaviour Checklist (ABC; Krug, Arick, & Almond, 1980) correlates with the ADI-R, while the Scale of Pervasive Developmental Disorders in Mentally Retarded Persons (PDD–MRS; Kraijer, 1997) correlates well with the ADOS-G. From the comparison between ABC and PDD-MRS, ABC has a higher specificity while PDD-MRS has a higher sensitivity (DeBildt et al., 2003).

[1] The term Intellectual Disability will be used as synonymous of Mental Retardation and Learning Disability.