

Mental Illness and Intellectual Disability

A review of



Diagnostic Manual—Intellectual Disability: A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability

by Robert Fletcher, Earl Loschen, Chrissoula Stavrakaki, and Michael First (Eds.)

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Reviewed by

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The *Diagnostic Manual—Intellectual Disability: A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability (DM-ID)* provides adaptations of the diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000)* that will facilitate more accurate diagnosis of psychiatric conditions in people with intellectual disability (ID). The text also provides a review of the relevant scientific literature for each condition and a rating of the strength of the evidence supporting assertions in the literature. The volume is the product of considerable effort; the four editors were assisted in their task by a 10-member advisory board, seven external peer reviewers, dozens of

scholars making up the work groups for each chapter, and scores of clinicians participating in the field trials.

Each of the chapters was produced by a work group consisting of from two to eight authors. A strength of the work is the common structured outline imposed on each of the chapters devoted to a class of disorders (e.g., learning disorders, mood disorders, schizophrenia, and psychotic disorders). Thus, the reader may quickly and easily move from one chapter to the next, knowing what to expect in each section and where to find the material of interest. The structured chapter outline begins with a review of diagnostic criteria, including a general description of the disorder and a summary of diagnostic criteria as they exist in the *DSM-IV-TR*. For each disorder, the authors then review issues related to diagnosis in people with ID.

The second major section of each chapter addresses the application of diagnostic criteria to people with ID. This section generally includes the bulk of the scientific literature related to the disorder as it appears in individuals with ID, along with ratings of the strength of the evidence using the Cochrane method (Cochrane Collaboration, 2001). The section also includes special considerations for diagnosis in subpopulations (i.e., adults with mild to moderate ID, adults with severe or profound ID, children and adolescents with ID) and a summary of the limitations encountered when applying *DSM-IV-TR* criteria to people with ID.

Each chapter then offers a section addressing the etiology and pathogenesis of the disorder, with a consideration of related risk factors, biological factors, psychosocial factors, and genetic syndromes. Chapters conclude with a discussion of adaptation of diagnostic criteria and a table of adapted criteria that includes, first, the diagnostic criteria as they appear in *DSM-IV-TR*, followed by suggested adaptations of the criteria for people with mild to moderate ID and then by suggested adaptations for people with severe to profound ID (although in some cases adaptations are not broken down by severity of ID).

Consideration of the various psychiatric conditions generally follows the arrangement of the *DSM-IV-TR* with a few exceptions. First, disorders in the *DSM-IV-TR* category Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence are separated into 10 chapters.

Thus, disorder categories such as learning disorders or pervasive developmental disorders are given the same weight in the volume as are mood disorders or eating disorders.

Second, the *DM-ID* does not include all disorders in the *DSM*; excluded is the chapter in the *DSM-IV-TR* "Other Conditions That May Be a Focus of Clinical Attention," although adaptations to criteria for many of the *DSM-IV-TR* V Codes are included in the chapter "Adjustment Disorders." Curiously, separation anxiety disorder and selective mutism are omitted from the chapter "Other Disorders of Infancy, Childhood, or Adolescence" (the section in which they appear in *DSM-IV-TR*), nor are they addressed elsewhere. In some cases, disorders not otherwise specified are not included in the tables of adapted criteria (e.g., Eating Disorders Not Otherwise Specified).

Other departures from the *DSM-IV-TR* include the fact that the chapter "Substance-Related Disorders" is not broken down into specific substances; rather, the authors address the four major categories of substance-related disorders: substance dependence, substance abuse, substance intoxication, and substance withdrawal. The "Mood Disorders" chapter does not include mood disorder due to a general medical condition, substance-induced mood disorder, or mood disorder not otherwise specified in the adapted criteria table. The chapter "Somatoform, Factitious, and Dissociative Disorders" does not include adapted criteria for dissociative fugue. Finally, the text includes a chapter on obsessive-compulsive disorder and one on posttraumatic stress disorder, separate from the chapter on anxiety disorders. The editors justify this departure on the basis of "their importance to the ID population and because they are frequently underdiagnosed" (p. 6).

In addition to the extensive discussion of specific disorders and a general introduction, the volume addresses general assessment and diagnostic procedures. Here the authors provide a helpful overview of many of the issues encountered in the diagnosis of mental illness in people with ID. Also included are an overview of screening and assessment instruments and a discussion of special provisions for ID in completing multiaxial diagnosis.

Diagnosticians who work with individuals with intellectual disabilities must deal with the fact that the developmental disabilities

literature includes descriptions of a sizeable number of specific syndromes with distinctive emotional and behavioral features. The authors' discussion of behavioral phenotypes of genetic disorders addresses the fact that many of these specific syndromes include features that overlap with psychiatric disorders. The text provides a summary of proposed behavioral phenotypes for 12 such syndromes, including Angelman syndrome, Down syndrome, Prader-Willi syndrome, Smith-Magenis syndrome, and others.

The text promises to be a valuable resource for clinicians and researchers interested in the diagnosis and treatment of mental illness in people with ID. The tables of adapted criteria offer useful guidelines in clinical assessment. What is most surprising to me is the frequency with which the authors conclude that no adaptation is required. As an example, the adaptations suggested for the diagnosis of a major depressive episode for the first criterion require only four (rather than five) symptoms and add "irritable mood" at the end of the criterion such that it reads: "At least one of the symptoms is either (1) depressed mood, or (2) loss of interest or pleasure or (3) irritable mood" (p. 294). The only other adaptation is to the first symptom, changing "depressed mood most of the day" to "depressed or irritable mood most of the day" (p. 294), thus making the criterion for people with ID similar to that for children or adolescents in *DSM-IV-TR*. All other criteria for a major depressive episode are judged to need no adaptation, although the authors provide extensive notes for each criterion, clarifying how it might be manifested in people with ID.

The case of Asperger's disorder presents something of a dilemma. It is a special case in that the *DSM-IV-TR* diagnostic criteria include a specific statement precluding the diagnosis in individuals with a significant delay in cognitive development. The authors acknowledge this limitation but subsequently note that "some individuals with Mild ID meet the criteria for Asperger's Disorder" (p. 112). Oddly, the authors suggest no adaptations to the Asperger's disorder diagnostic criteria for individuals with mild to profound ID, not even for the criterion that precludes the diagnosis in individuals with cognitive delay.

The many scholars involved in the development of the *DM-ID* have provided a valuable reference work. What is perhaps most striking

to me, however, is how little strong scientific evidence is available to guide their conclusions. An informal scan of the text indicates that many of the findings cited are based on Type V evidence, that is, "expert opinion, influential reports, and studies" (p. 7). A smaller number of findings cite Type IV evidence ("well-designed observational studies," p. 7), and citations of stronger evidence of Types I, II, and III are rarely to be found. The apparent conclusion is that, while this text represents an important step forward in supporting improved diagnosis among people with ID, the scientific basis for the work is underdeveloped.

Nonetheless, the text represents the best expertise available on the subject of mental illness in persons with ID. As such, it fills an important gap in the clinical literature until such time as systematic investigation offers a more comprehensive empirical basis for diagnosis in the population.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
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