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Disability Specialization

At least 2-3 percent of Indian population are mentally handicapped in any form.

Cognitive impairment is also used as synonym for mentally challenged or mentally retarded.

INTELLECTUAL DISABILITY (ID)

Intellectual disability also called intellectual development disorder (IDD) and formerly known as mental retardation (MR). MR is in a developmental disability that first appears in children under the age of 18. It is characterized as a level of intellectual intelligence tests that is well below average and results in significant limitations in persons' daily living skills (adaptive functioning). The term MR is offensive and the term intellectual disability or intellectually challenged

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is ~~now~~ now preferred by most advocates in most English speaking countries.

DEFINATION :-

(AMERICAN ASSOCIATION
ON MENTAL DEFICIENCY
1983)

* Mental retardation :-

Mental retardation refers to significantly sub average general intellectual functioning (below 70) resulting in or associated with concurrent impairments in adaptive behaviour and manifested during the developmental period.

* Significant Sub average :-

This is defined as an intelligence quotient (IQ) of 70 or below on standardized measures of intelligence.

* Adaptive behaviour :-

This is defined as the degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group. The expectations of adaptive behaviour vary with chronological age.

MR Adaptive Skill Areas

(1) CONCEPTUAL SKILLS

(2) SOCIAL SKILLS

(3) PRACTICAL SKILLS

(1) Conceptual Skills :-

- Language
- Reading and writing
- Money concept
- Self-direction

- (2) **Social :-**
- Interpersonal
 - Responsibility
 - Self Esteem
 - Follow Rules
 - Obeys Laws
 - Avoids victimization
 - Avoid gullibility and Naivety

(3) **Practical skills -**

- Activities of daily living :
 - Lating
 - Toileting
 - Dressing
- Instrumental activities of daily living
 - Meal Preparation
 - House Keeping
 - Transportation
 - Taking Medication
 - Money Management
 - Telephone use
 - Occupational Skills
 - Maintains safe environment.

Classification of Mental Retardation

- Mild IQ Ranges from 50-70.
- Moderate IQ Ranges from 30-50.
- Severe IQ Ranges from 20-35
- Profound IQ Ranges Below 20.

(A) Mild Mental Retardation

IQ range from 50-70.

→ Individual in this group can often live on their own with community support.

→ These individuals have minimum retardation in sensory - motor areas.

(B) Moderate Mental Retardation

IQ Ranges from 35-50.

→ They are challenged academically and

often are not able to achieve academically above a second to third grade level.

→ As adults, persons with moderate mental retardation may be able to perform semiskilled work under appropriate supervision.

(c) Severe Mental Retardation

IQ range from 20-35

→ Individuals in this category can often master the most basic skills of living such as cleaning and dressing themselves. Such as cleaning.

→ Is often recognized early in life with poor motor development & absent or markedly delayed speech & communication skills.

(D) Profound Mental Retardation

IQ Range below 20.

→ Individuals at this level can often develop basic communication and self care skills.

→ Most individuals with profound mental Retardation have indentifiable causes for their condition.

Causes of Mental Retardation

1. Infection (present at birth or occurring after birth)
2. Congenital CMV
3. Congenital Rubella
4. Congenital toxoplasmosis

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5. Encephalities

6. HIV Infection

7. Meningitis

8. Chromosomal abnormalities,

9. More chromosome than usual (Chromosome Addition)

10. Chromosome deletion,

11. Defect in chromosome or chromosomal Inheritance, fragile-X syndrome.

12. Down syndrome.

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Types of Mental Retardation

1. Chromosomal abnormalities :-

- Down's Syndrome
- Fragile X - Syndrome
- Trisomy X - Syndrome
- Turner's Syndrome

2. Metabolic Disorders :-

- Phenyl ketonuria
- Wilson's Syndrome
- Galactosemia

3. Cranial Malformation :-

- Hydrocephaly
- Microcephaly

4. Gross Diseases of Brain

- Tuberculous Sclerosis
- Neurofibromatosis
- Epilepsy

Responsible Factors :

- 1) Prenatal factor
- 2) post natal factor
- 3) Environmental and social-cultural factors.
- 4) Predisposing factors.

(1) Prenatal factors:-

Infections (STROCH)

- Rubella
- Cytomegalovirus
- Syphilis
- Toxoplasmosis
- Herpes simplex

Endocrine Disorders :-

- (1) Hypothyroidism
- (2) Hypoparathyroidism
- (3) Diabetes mellitus

Physical Damage and disorders :-

- Injury
- Hypoxia
- Radiation
- Hypertension
- Anemia
- Emphysema

Intoxication

- Lead
- Certain drugs
- Substance abuse

Placental Distention :-

- Toxemia of pregnancy.

- Placenta previa
- Cord prolapse
- Cord prolapse
- Nutritional growth retardation.

Perinatal factors :-

- Birth asphyxia
- Prolonged and difficult birth.
- Prematurity (due to complications)
- Kernicterus
- Instrumental delivery (resulting in head injury, intraventricular haemorrhage)

(2) Postnatal factors :-

- Infections — Encephalitis
Measles
Meningitis
Septicemia
- Accidents
- Lead poisoning.

(3) Environmental and Social-cultural factors

- Cultural deprivation
- Low socio-economic status
- Inadequate care takers.
- child abuse.

(4) Predisposing factors :-

- Low socioeconomic status or poverty.
- Low birth weight of children.
- Advanced maternal age.
- Consanguinity.
- Extreme malnutrition
- Lack of stimulating environment poor sensory experience.
- Poor sensory experience.
- Defective low standard education due to defective scholastic environment.
- Psychological disadvantage. Eg poor health practice, poor housing, disuse of language etc.
- Parental deprivation.
- Prolonged isolation of care takers during developmental period.

Deprivation.

SIGNS and Symptoms

1. Failure to achieve developmental milestones.
2. Deficiencies in cognitive function such as inability to follow commands or directions.
3. Reduce ability to learn or to meet academic demands.
4. Expressive or receptive language problems.
5. Psychomotor skill deficits
6. Difficulty performing self care activities.
7. Neurologic impairment.
8. Medical problems such as seizures.

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9. Low self-esteem, depression and labile moods.

10. Irritability when frustrated or upset.

11. Acting-out behavior.

12. Lack of curiosity.

Treatment Modalities for MR

1. Behavior management.

2. Environment supervision.

3. Monitoring the child's developmental need and problems.

4. Programs that maximize speech, language, cognitive, psychomotor, social, self-care and occupational skills.

5. On going evaluation for over lapping, Psychiatric disorders, such as depression, Bipolar and ADHD.

6. Family Therapy to help parents develop coping skills and deal with guilt or anger.

7. Early intervention programs for children younger than age 3 with mental retardation. provide day schools to train the child in basic skills, such as bathing feeding.

8. Vocational Training.

PREVENTION

- * Primary Prevention.
- * Secondary Prevention.
- * Tertiary Prevention.

(1) Primary Prevention

Pre-Conception —

- Genetic Counselling.
- Immunization for matern-Rubella.

- Blood Test for marriage licenses can identify the presence of venereal
- Adequate maternal nutrition.
- Family planning

During Gestation

Pre-natal care - adequate nutrition, fetal monitoring and protection from disease.

Avoid alcohol and drugs consumption.

Analysis of fetus for possible genetic disorders.

At Delivery

• Delivery conducted by expert doctors and staff, especially in cases of high risk pregnancy.

- Apgar scoring after 1-5 min of child birth.

- Injection of gamma globulin, to protect the child not to get Rh incompatibility.

childhood

- Proper Nutrition throughout the development period and particularly during the first 6 months after birth.
- Dietary restriction for specific metabolic disorders until no longer needed.
- Avoidance of hazards in the child's env. to avoid brain injury from causes such as lead poisoning, ingestion of chemical, or accidents.

Secondary Precaution

- Early detection and treatment of preventable disorders. For eg- phenyl ketonuria, hypothyroidism can be effectively treated at

an early stage by dietary control or hormone replacement therapy.

- Early recognition of presence of MR. A delay in diagnosis may causes unfortunate delay in rehabilitation.
- For psychiatric treatment for emotional and behavioral difficulties.

Tertiary Prevention

- This includes rehabilitation in vocational physical and social areas according to the level of challenged.
- Rehabilitation is aimed at reducing disability and providing optimal functioning in a child with MR.

CARE AND REHABILITATION OF MR

1. The prevention and early detection of MR.
2. Regular assessment of the mentally retarded persons attainments and disabilities.
3. Advice, Support and practical measure facilities.
4. Provision for education, training, occupation or work appropriate for each handicapped person.
5. Housing and social support to enable self-care.
6. Medical, nursing, psychiatric and psychological services those who require them as outpatients, day patients or in patients.