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Psychiatric Morbidity in a Mental Retardation Unit

By A. Okasha, M. R. AL-Fiky, N. A. Youssef and F. Lotaief

ABSTRACT

This study is an attempt to classify mental disorders in mentally retarded patients within the existing psychiatric diagnostic framework. Prevalence of psychiatric disorders was estimated to be 58% among 31 patients in a private hospital for mentally handicapped in Cairo. Depression, schizophrenia and early childhood autism were present in 3 cases, while neurotic disorders, behaviour disorders, hyperkinetic syndrome and hypomania presented themselves in 2 patients. Organic catatonia was detected in 1 case. Epilepsy showed itself in 11 retarded patients (35.5%), chiefly of grand mal type (63.6%). Aggression was a common symptom found especially in epileptic retarded patients, particularly in females and those with severe retardation. A plea is made for further studies on psychiatric morbidity of mentally retarded patients.

INTRODUCTION

The presence of psychiatric disorder in a mentally handicapped person is often overlooked, misdiagnosed or inadequately treated. Along with physical dependency needs, psychiatric disorder is also accepted as one of the principal criteria for admission to hospital of a mentally retarded person (SMMD & SED, 1979). Kraepelin (1896) took the view that 'imbecility may form the basis for the development of

other psychoses such as manic-depressive insanity, the psychoses of involution and dementia praecox'. Psychiatric symptomatology is often modified by intellectual retardation and brain damage (O'Conner, 1975; Lishman, 1978; Hierons et al., 1978; Reid, 1982). The overall prevalence of psychiatric disorders in mentally handicapped subjects ranged from 32–58.8% from the figures available (Reid,1982). This increased vulnerability of mentally retarded patients to psychiatric disorders applies across the range of clinical psychiatric diagnoses.

MATERIAL AND METHOD

The study included 31 in-patients at a private hospital (Hekma) for the mentally handicapped in Cairo, in which a network of medical, psychological, educational, speech therapy, physiotherapy, occupational and recreational horizons exist and reflect the perspectives viewed for the mentally retarded in 1982. The various caring staff and professional disciplines were involved in the study and all had a valuable contribution to this work. Patients who could not be interviewed because of communication difficulties were assessed by short frequent contacts for observation of their gestures, postures, social responsiveness and activity levels over 3 months duration.

RESULTS AND DISCUSSION

Out of the 31 retarded patients, 21 were males (67.7%) and 10 were females (32.3%). The mean of their ages was 11.2years, with a minimum of 1.5 year and a maximum of 35 years. They were classified according to I.Q. (Table I), and it was found that 15 patients (48.3%) were moderately retarded, 7 patients (22.9%) were severely retarded, 6 (19.2%) were mildly retarded and 3 (9.6%) were of borderline intelligence.

TABLE I

Distribution of Patients of the Study According to I.Q.

(American Association for Mental Deficiency)

Borderline (84 – 70)		Mild (69 –55)		Moderate (54 – 40)		Severe (◄ 40)		TOTAL	
No.	%	No.	%	No.	%	No.	%	No.	%
3	9.6	6	1.92	15	48.3	7	22.9	31	100

Rutter et al. (1970b) reported that brain damage in these patients predisposes to seizure activity and psychiatric disorders. In the present study, 11 retarded patients (35.5%) manifested epilepsy. This result is in agreement with the conclusions made by Penrose (1928) who showed that approximately 30% of the residents in any mental deficiency hospital will be epileptic and Reid et al. (1978a) whose percentage reached 43%. Seven of the epiletic retarded patients (63.6%) showed grand mal type, 2 (18.2%) manifested subclinical epilepsy in EEG only and psychomotor and Salam fits presented themselves in one case only. This high percentage of grand mal type may be related to the organic brain damage from one side and to the age of patients from the other side (54.9% of cases were between 15 – 20 years). Epilepsy was associated with hyperkinesis, early childhood autism and schizo-affective disorders in two cases each (18.2%) and with organic brain reaction and behaviour disorder in one case each (9.1%) and 3 (27.2%) were free from other psychiatric disorders.

Ounsted et al. (1966) and Eyman et al. (1969) found a special association between epilepsy in retarded patients and overactivity and aggressiveness. Our results were consistent with their findings as it showed that aggression as a symptom was found among 10 epileptic retarded patients (90.9%), while aggression in general was detected in 21 patients (67.8%); 13 males (61.9%) and 8 females (80%), i.e. about half of those who presented with aggressiveness (47.6%) were epileptics,

but not with the study of Corbett et al. (1975) who reported this association to be negative. Further deep psychological study can interpret the prevalence of aggression among females. Aggressive behaviour was manifested by 10 cases (47.6%) who are moderately retarded, 6 patients (28.6%) who are severely retarded, 3 (14.3%) who are of mild retardation and 2 cases (9.5%) who are rated as of borderline intelligence; in other words moderately and severely retarded patients showed more aggressive behaviour (76.2%). Though classification of patients on the dimension of I.Q. reported that both constitute the major group (71.2%), but it was clear that aggression was associated with high degrees of retardation, that agrees with the findings of Reid et al. (1978b).

Evaluation of the sample studied, though it was a small one, revealed that 13 cases (42%) had no psychiatric disorders, while 18 retarded patients (58%) manifested psychiatric disorders superimposed on mental retardation. This percentage is consistent with the figures available, and this high rate may realise the urgency for admission to a hospital of a mentally retarded person as noted by SHHD and SED (1979) (Table II).

TABLE II

Demonstration of Psychiatric Disorders Superimposed on Mental Retardation in the Study Sample

Psychiatric Disorders on M.R.	No.	%
A. No psychiatric disorder other than M.R.	13	42.0
B. Psychiatric disorders on M.R.	18	58.0
1. Hyperkinetic syndrome	2	6.4
2. Early childhood autism	3	9.7
3. Depression	3	9.7
4. Hypomania	2	6.4
5. Schizophrenia	3	9.7
6. Organic catatonia	1	3.3
7. Neurotic disorder	2	6.4
8. Conduct disorder	2	6.4
TOTAL	31	100.0

The concept of a hyperkinetic syndrome has emerged by Strauss and Lehtinen (1947) and is characterized as a chronic, sustained, excessive level of motor activity relative to the age of the child, accompanied by distractibility and short span of attention, impulsivity, excitability and explosive outbursts such as temper tantrum and low frustration tolerance (Reid, 1982). O'Malley and Eisenberger (1973) considered aggressive and antisocial behaviour, specific learning problems and emotional lability as part of the syndrome. Corbett et al. (1975) reported that hyperkinetic behaviour is common in mentally retarded patients, particularly in those with epilepsy and with more severe degrees of retardation. Hyperkinetic behaviour was detected in 8 cases (25.8٪) and hyperkinetic syndrome was found in 2 cases (6.4٪), a result that goes with those of Corbett (1979) and Reid (1980b) who estimated that over 8٪ of the severely retarded children showed hyperkinesis.

Early childhood autism was present in 3 cases (9.7٪) and all were boys, of severe retardation. This prevalence rate exceeds much that of other workers (Lotter, 1966, 1967; Brask, 1972; Wing, 1976) who arrived at a prevalence rate of autism of 4.5 per 10,000 children aged 8 – 10 years and noted that around 70٪ had an I.Q. below 55 and that boys were more often affected than girls (2.75 : 1). The small number of cases included in this study may be responsible for this difference in prevalence.

Several workers (Gordon, 1918; Prideaux, 1921; Duncan, 1936; Rohan, 1936; Payne, 1968; Reid, 1972 Hucker, 1975; Corbett, 1979) affirmed that manic-depressive disorders could occur in retarded patients, a matter that was confirmed by our study as depression was diagnosed in 3 cases (9.7٪) and hypomania in 2 patients (6.4٪). In 2 depressed retarded patients behaviour disorder was present. Reid (1982) reported a ratio of episodes of depression to those of mania of 3 : 1, in the study sample depression to mania occurred in 3 : 2 ratio. A point prevalence rate for manic-depressive disorders of 12 – 20 per 1000 was studied by Reid (1972), Heaton-Ward (1977) and Corbett (1979). Our results express a higher prevalence rate. Some workers

(Perris, 1966; Tsuang et al., 1980) noted that manic-depressive disorders start earlier and recur more frequently, and this early presentation might be facilitated by the structural brain abnormality (Reid, 1980). As the mean of the ages of the study sample shows, the early onset was noticed.

Kreapelin (1896) believed that approximately 7% of cases of dementia praecox arose upon the basis of imbecility. In the opinion of Hayman (1939) and Herskovitz and Plesset (1941) schizophrenia cannot be diagnosed on clinical grounds in patients with an I.Q. much below 50. Penrose (1972) agrees but notes that typical schizophrenic psychosis can occur in mildly retarded patients. Reid (1972) and Heaton-Ward (1977) have stated that it is impossible to identify subgroups of schizophrenia, while Earl (1961) and Shapiro (1979) have maintained that simple schizophrenia is particularly common. Reid (1972), Heaton-Ward (1977) and Corbett (1979) reported a point prevalence rate for schizophrenia of 32 – 35 per 1000. In the present investigation schizophrenia was detected in 3 cases (9.7%), 2 cases were of undifferentiated type and were of mild and moderate degrees of retardation, however depression could colour the presentation from the start of the other case, i.e. schizo-affective subgroup could be identified. Borderline intelligence was rated in this case. Reid (1972), Heaton-Ward (1977) and Hucker et al. (1979) all considered that patients with persistent delusional state could be found, but Berkley (1915), Gordon (1918) and Tredgold and Soddy (1956) queried whether paranoia could develop in retarded patients. This study on the described small sample could not identify paranoia among its cases. Catatonia was detected in one case (3.3%) but organic aetiology was assumed.

The subject of dementia or chronic organic reaction type is important, and becoming more so, since the life expectation of mentally handicapped people is rising (Reid, 1982). The concept was proposed to occur in the setting of mental retardation by Kaplan (1956), Kerman and Bicknell (1975) and others. Reid and Aungle (1974) reported that 25% of the mongol population aged 45 years or over showed clinical evidence of presenile dementia in life. Sylvester (1974) and others (Ried

et al., 1978b; Whally and Buckton, 1979; Yates et al., 1981) confirmed this finding and realised the presence of abnormalities in choline acetyltransferase and acetyl-cholinesterase. In the present study, and because of the small age range of the subjects, no case of dementia was reported.

Abnormalities of behaviour and problems with restlessness, noisiness and self-injury are also encountered widely in mentally retarded patients, particularly in the severely retarded ones (Mutter et al., 1975; Matin and Rundle, 1980; Reid, 1980b) and was estimated to be in more than 20% (Ballinger, 1971). Hierons et al. (1978) suggested that abnormality of beta endorphin system may be a relevant factor, as it may be that excitement might mediate the production of beta endorphins leading to diminution of pain sensitivity, thereby facilitating self-injury. Diminished pain sensation was detected in one case of a mildly retarded female aged 6 years.

Emotional disorders in retarded patients of any age in which reality sense is preserved, including state of disproportionate anxiety, panic, phobias, hypochondriasis, misery, unhappiness, depression and relationship problems as sibling jealousy were shown by several investigators (Rutter et al. 1970b; Forrest, 1979; Reid, 1980b). Corbett (1979) reported that 4% of the severely retarded children were suffering from neurotic disorders. In our investigation, neurotic disorders per se were detected in 2 retarded patients (6.4%), in whom hypochondriasis was the prevailing symptom.

Conduct disorders involving aggressiveness and destructive behaviour including delinquency, minor sexual misdemeanours and other socially unacceptable behaviour that is not part of any other psychiatric condition were described by Rutter et al. (1970a). Corbett (1979) reported that its prevalence is 4% of severely retarded patients, and Reid (1980b) found that 27% of retarded out-patient children manifest it. Two cases (6.4%) in our sample manifested conduct disorder per se.

The existence of psychopathy as a clinical entity is disputed and Clare (1976) has pointed out many of the discrepancies in this concept.

Earl (1961) was one of the earliest clinicians to recognise deeply engrained maladaptive patterns of behaviour and marked eccentricities that stem from an imbalance of components of personality, taking the form of schizoid, immature, unstable, explosive, paranoid or anxious groups. Corbett (1979) estimated that 4 – 25% of the retarded adults in the Camberwell survey manifested a personality disorder. No cases with personality disorder were revealed in the sample, this may be due to the small number of cases studied, the protective attitude and psychological management inside the hospital atmosphere and lastly to the relatively young age of the whole group, a matter that may be apparent by time as the patients grow older.

Laboratory investigations showed cystinuria in one case (3.2%) presented with mental retardation and hyperkinesis and atrophy in the CT in another case with mental retardation and epilepsy.

CONCLUSION

Psychiatry is a field in which there is widely conceptual frameworks, and little agreement on 'caseness' and prevalence rates. Mental retardation reflects this diagnostic confusion. This study is an attempt to classify psychiatric disorders in mentally retarded patients. The reason for doing so is that mentally retarded patients manifest these disorders with great frequency and it is often these disorders which determine whether a retarded patient can continue to be cared for within the family or whether residential placement is sought. The study could identify this high prevalence, but many important gaps in our knowledge still exists and far more research is required; biological, clinical, psychosocial and educational.

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الموجـــــز

المرض النفسى فى وحدة التخلف العقلى

تعتبر هذه الدراسة محاولة لتقسيم الاضطرابات النفسية لدى الأطفال المعوقين ، وذلك فى الاطار التشخيصى الحالى للأمراض النفســـية . وقدر مدى انتشار الاضطرابات النفسية بـ ٥٨٪ بين ٣١ مريضا فى مستشـــفى خاص للمتخلفين عقليا فى القاهرة . وظهر الاكتئاب والفصام الطفلى المبكر فى ثلاث حالات ، أما كل من الاضطرابات العصابية واضطرابات السلوك والمرض الحركى المفرط والهوس الخفيف فقـــد ظهر فى حالتين لكل نوع ، والكتاتونيا العضوية فى حالة واحدة ، والصرع فى ١١ متخلف (٣٥ر٥٪) وأغلبه كان من نوع النوبة العظمى (٦٣ر٦٪) . وكان العدوان عرضـــا شائعا خاصة فى المعوقين المصابين بالصرع ، وبالذات فى الاناث وفى شديدى التخلف . وفى النهاية دعى الباحثون الى مزيد من الدراسات فى هذا المجال .

ABSTRAIT

La Morbidité Psychiatrique dans une Unité pour les Arriérations Mentales.

Cette étude représente un tentative pour classer les troubles mentaux existant chez les arriérés mentaux, à l'intérieur du cadre diagnostique psychiatrique disponible. La prévalence des troubles psychiatriques a été estimée d'être de 58% parmi 31 patients dans un hôpital privé pour les handicapés mentaux au Caire. La dépréssion, la schizophréni, et l'autisme d'enfance se trouvaient en trois cas, tandis que les troubles névrotiques, les troubles de conduite, le syndrome d'hyperkinésie et l'hypomanie ont été représentés en deux patients. La catatonie organique en un cas. L'épilepsie dans onze arriérés (35.5%) principallement du type grand mal (63.6%). L'aggression a été un symptôme fréquent, spéciallement parmi les arriérés épileptiques surtout les femelles, et les arrierations sévères.

Nous recommendons que le sujet de la morbidité psychiatrique parmi les arriérés mentaux, soit plus profondemment étudié.

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Suicide in Egyptian Prisons

By F. Lotaief, S. Tobia, A. Ashour and A. Hamed

ABSTRACT

This study comprises 32 cases of suicide collected from the Egyptian prisons' files from the year 1931 to 1980 in an attempt to study rate and circumstances contributing to suicide in Egyptian prisons.

Results emphasized that despite the decline of suicide rate over 50 years, yet it is much higher than that of the general population.

Majority of cases were married young males of low socio-economic class according to their occupation and level of education. They were convicted for crimes of violence and they were sentenced for more than three years. They committed suicide by hanging, falling from a height and burning, more commonly during the first year of imprisonment. Emotional problems, bereavement, disruption of social relationship were important determining factors for suicide.

INTRODUCTION

Suicide, like all forms of crime, is becoming more and more precocious (Rohn et al., 1977). Suicide reflects severe motivational determinants : death is considered as a release from despair, pain or a sense of a gloomy future. It is also a sign of severe pathology; certainly the suicide rate is one criterion of mental illness (Laufer, 1973).

Just as every death represents much sickness in the population at large, so does every suicide in prison represent much bodily and mental suffering (Topp, 1979).