

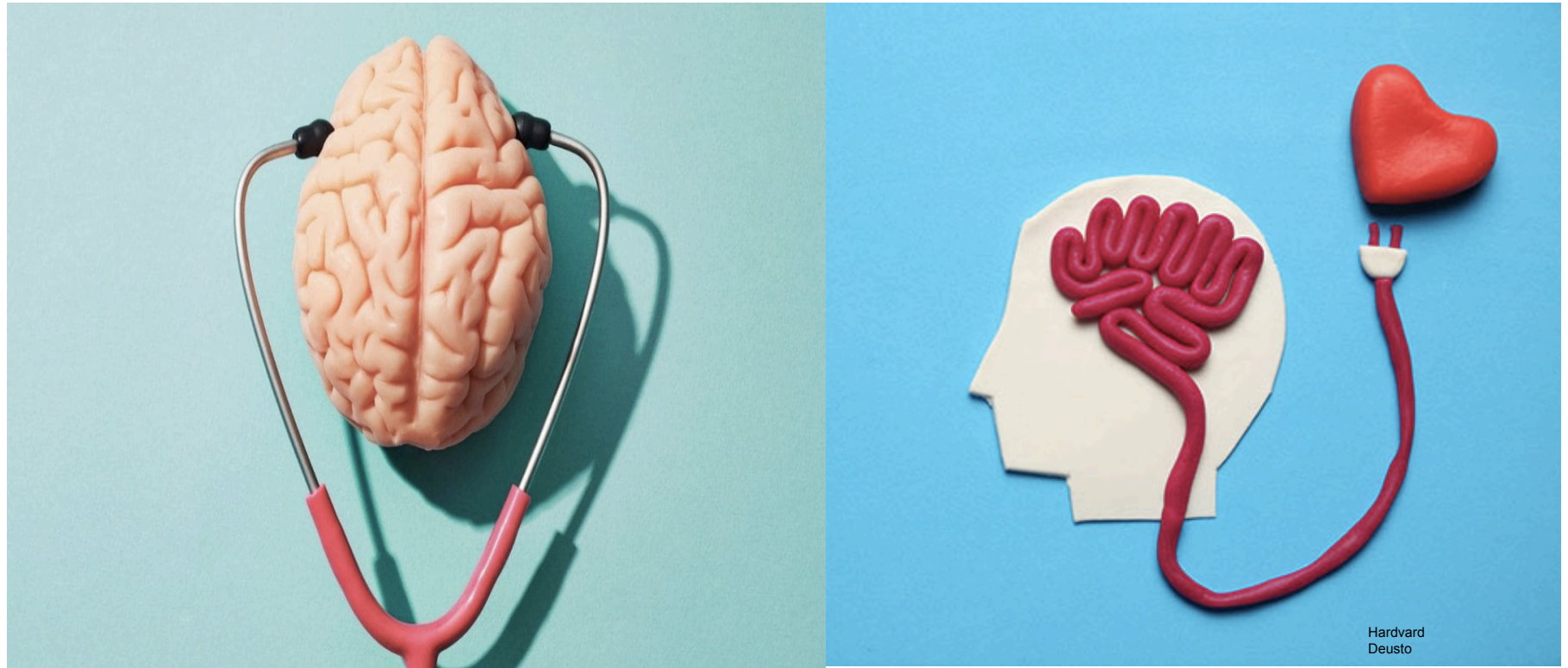
PROBLEMAS DE SALUD MENTAL EN POBLACIÓN ADULTA CON DISCAPACIDAD INTELECTUAL

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¿Qué es la salud mental?

SJD Parc Sanitari
Sant Joan de Déu



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La salud mental es un estado de bienestar en el que la persona realiza sus capacidades y es capaz de hacer frente al estrés normal de la vida, de trabajar de forma productiva y de contribuir a su comunidad. En este sentido positivo, la salud mental es el fundamento del bienestar individual y del funcionamiento eficaz de la comunidad.



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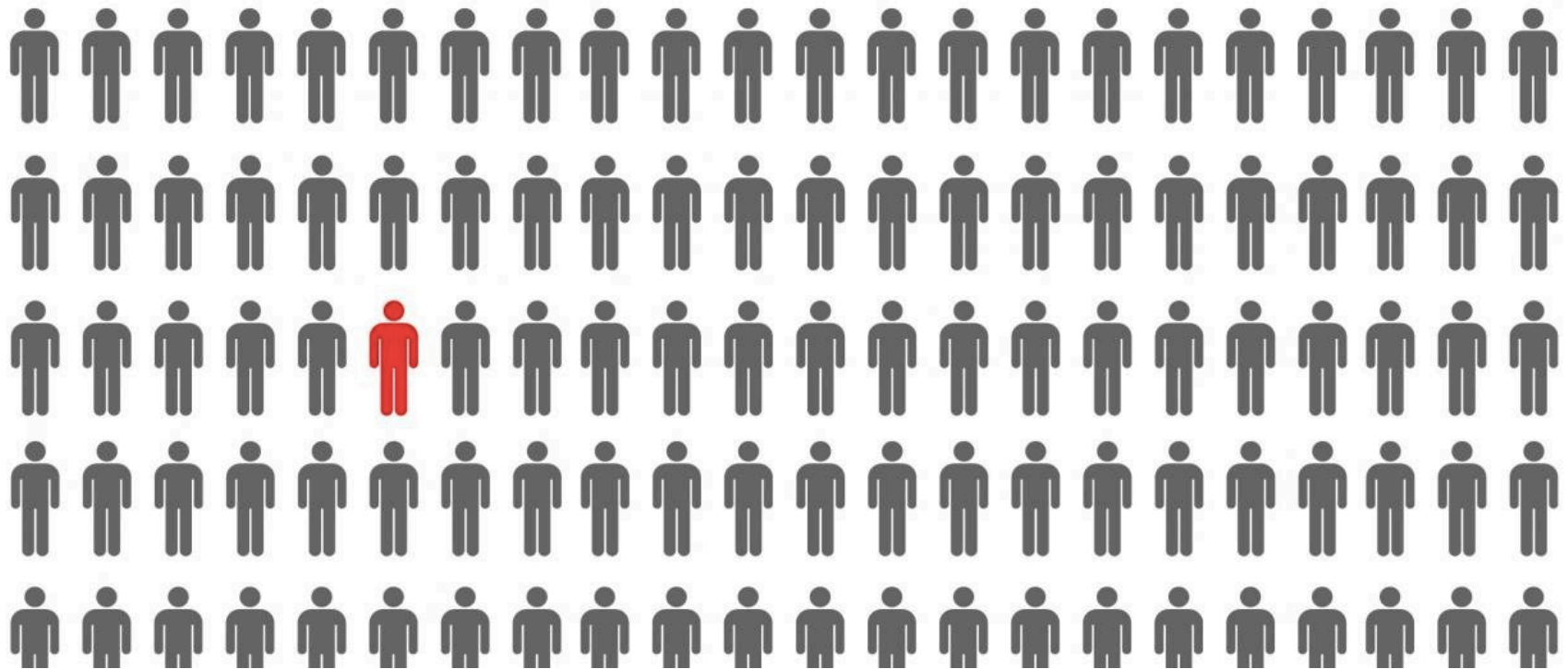
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¿Cuántas personas sufren un trastorno mental?

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Prevalencia de trastornos psiquiátricos en población general

SJD Parc Sanitari
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Advance Access Publication Date: 19 March 2014
Original article



Original article

The global prevalence of common mental disorders: a systematic review and meta-analysis 1980–2013

Zachary Steel,^{1,2*} Claire Marnane,¹ Changiz Iranpour,¹ Tien Chey,²
John W Jackson,^{3,4} Vikram Patel^{5,6,7} and Derrick Silove^{1,2}

Abstract

Background: Since the introduction of specified diagnostic criteria for mental disorders in the 1970s, there has been a rapid expansion in the number of large-scale mental health surveys providing population estimates of the combined prevalence of common mental disorders (most commonly involving mood, anxiety and substance use disorders). In this study we undertake a systematic review and meta-analysis of this literature.

Methods: We applied an optimized search strategy across the Medline, PsycINFO, EMBASE and PubMed databases, supplemented by hand searching to identify relevant surveys. We identified 174 surveys across 63 countries providing period prevalence estimates (155 surveys) and lifetime prevalence estimates (85 surveys). Random effects meta-analysis was undertaken on logit-transformed prevalence rates to calculate pooled prevalence estimates, stratified according to methodological and substantive groupings.

Results: Pooling across all studies, approximately 1 in 5 respondents (17.6%, 95% confidence interval:16.3–18.9%) were identified as meeting criteria for a common mental disorder during the 12-months preceding assessment; 29.2% (25.9–32.6%) of respondents were identified as having experienced a common mental disorder at some time during their lifetimes. A consistent gender effect in the prevalence of common mental disorder was evident; women having higher rates of mood (7.3%:4.0%) and anxiety (8.7%:4.3%) disorders during the previous 12 months and men having higher rates of substance use disorders (2.0%:7.5%), with a similar pattern for lifetime prevalence. There was also evidence of consistent regional variation in the prevalence of common mental disorder. Countries within North and South East Asia in particular displayed consistently lower one-year and lifetime prevalence estimates than other regions. One-year prevalence

¿Y en las personas con discapacidad intelectual?

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REVIEW

JARID WILEY

Prevalence of co-occurring psychiatric disorders in adults and adolescents with intellectual disability: A systematic review and meta-analysis

Mario G. Mazza¹ | Aurora Rossetti¹ | Giovanna Crespi² | Massimo Clerici¹

Abstract

Background: Subjects with intellectual disability (ID) are vulnerable to experience psychiatric disorders. The present authors performed a systematic review and meta-analysis to estimate the prevalence of co-occurring psychiatric disorders, excluding co-occurring autism spectrum disorders, in subjects with intellectual disability.

Method: The present authors performed a random-effects meta-analysis of the prevalence of psychiatric disorders in adults and adolescents with intellectual disability.

Results: Twenty-two studies were included. The pooled prevalence of any co-occurring psychiatric disorders in intellectual disability was 33.6% (95% CI: 25.2%–43.1%) with high heterogeneity but no publication bias. Prevalence was lower in population-based studies, in studies that used ICD criteria for the psychopathology and in studies with low risk of bias. The prevalence was higher in mild, moderate and severe intellectual disability than in profound intellectual disability.

Conclusions: Psychiatric disorders are common in subjects with intellectual disability, and the present authors found that clinical and methodological moderators affect the pooled prevalence.

¿Y cuáles son los trastornos psiquiátricos más frecuentes en las personas con discapacidad intelectual?

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Mental ill-health in adults with intellectual disabilities: prevalence and associated factors

SALLY-ANN COOPER, ELITA SMILEY, JILLIAN MORRISON,
ANDREW WILLIAMSON and LINDA ALLAN



Table 1 Point prevalence rates of mental ill-health as defined by clinical, DC-LD, ICD-10-DCR, and DSM-IV-TR diagnostic criteria

Diagnostic category	Clinical diagnosis (n=1023) %	DC-LD diagnosis (n=1023) %	ICD-10-DCR diagnosis (n=1023) %	DSM-IV-TR diagnosis (n=1023) %
Psychotic disorder ¹	4.4	3.8	2.6	3.4
Affective disorder	6.6	5.7	4.8	3.6
Anxiety disorder ²	3.8	3.1	2.8	2.4
OCD	0.7	0.5	0.2	0.2
Organic disorder	2.2	2.1	1.9	1.7
Alcohol/substance use disorder	1.0	0.8	0.8	0.8
Pica	2.0	2.0	0	0.9
Sleep disorder	0.6	0.4	0.2	0.2
ADHD	1.5	1.2	0.5	0.4
Autistic-spectrum disorder	7.5	4.4	2.2	2.0
Problem behaviour	22.5	18.7	0.1	0.1
Personality disorder	1.0	0.8	0.7	0.7
Other mental ill-health	1.4	0.8	0.7	0.4
Mental ill-health of any type, excluding problem behaviours and autistic-spectrum disorder²	22.4	19.1	14.5	13.9
Mental ill-health of any type, excluding autistic-spectrum disorder ²	37.0	32.8	14.6	14.0
Mental ill-health of any type, excluding problem behaviours ²	28.3	22.4	16.5	15.6
Mental ill-health of any type²	40.9	35.2	16.6	15.7

ADHD, attention-deficit hyperactivity disorder; OCD, obsessive-compulsive disorder.

1. Includes schizoaffective disorders.

2. Excludes specific phobias.

Autism spectrum disorders and intellectual disability

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- The **prevalence of autism spectrum disorder (ASD) in the general population** oscillates between **13,1-29,3%0** (Center for Disease control and prevention, 2014)
- A concomitant intellectual disability (ID) it was described in 46,7% (Postorino, 2016)



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Intellectual disability in Autism Spectrum Disorder: Investigation of prevalence in an Italian sample of children and adolescents



Valentina Postorino^{a,b,*}, Laura Maria Fatta^a, Veronica Sanges^a,
Giulia Giovagnoli^{a,c}, Lavinia De Peppo^{a,c}, Stefano Vicari^a, Luigi Mazzone^a

3.2. Prevalence rate of ID in ASD

Of the 666 children with a diagnosis of ASD, only 592 participants performed a developmental and cognitive evaluation, and were included in our analysis. In more detail, 60.8% performed the GMDS-ER (mean age \pm SD: 4.13 \pm 1.61, age range 2–8 years; Males: mean age \pm SD: 4.11 \pm 1.61; Females: mean age \pm SD: 4.20 \pm 1.63; DQ: mean \pm SD: 65.21 \pm 22.04), and 39.2% performed the Leiter-R (mean age \pm SD: 7.84 \pm 3.19, age range 2–17 years; Males mean age \pm SD: 7.81 \pm 3.18; Females, mean age \pm SD: 7.97 \pm 3.25; Brief IQ: mean \pm SD: 87.84 \pm 24.55).

A total of 282 (47.6%, 95% CI: 43.6–51.6) reported a DQ/Brief IQ < 70; 225 participants (38%, 95% CI: 34.1–41.9) assessed through the GMDS-ER, and 57 participants (9.6%, 95% CI: 7.5–12.2) evaluated through the Leiter-R. Whereas a total of 310 (52.4%, 95% CI: 48.3–56.3) reported a DQ/Brief IQ > 70; 135 participants (22.8%, 95% CI: 19.6–26.3) assessed through the GMDS-ER, and 175 participants (29.6%, 95% CI: 26.0–33.3) evaluated through the Leiter-R.

Table 2 shows the distribution of developmental and intellectual quotients of the ASD sample with a developmental and cognitive evaluation.

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BRITISH JOURNAL OF PSYCHIATRY (2007), 190, 27–35. doi: 10.1192/bjp.bp.106.022483

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¿ Cómo sabemos si una persona con DI presenta un trastorno psiquiátrico?

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CRITERIOS DIAGNÓSTICOS EN DI

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- **DM-ID** (Diagnostic manual of intellectual disability), basados en criterios DSM-IV
- **CIE-10 DI** (Criterios CI-10 adaptados a discapacidad intelectual)
- **DC-LD** (Diagnostic Criteria for Psychiatric Disorders for Use with Adults with Learning Disabilities)



Un problema común...

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- Conducta problema



Conducta problema ¿Qué es?



- Challenging behavior has been defined as culturally **abnormal behavior**(s) of such an **intensity, frequency or duration** that (1) **the physical safety of the individual or others** is placed in serious jeopardy or (2) it **constitutes behavior** which is likely to **seriously limit the use** of, or lead to denial of access to **ordinary community facilities** (Emerson & Einfeld, 2011).

¿Cómo de común?

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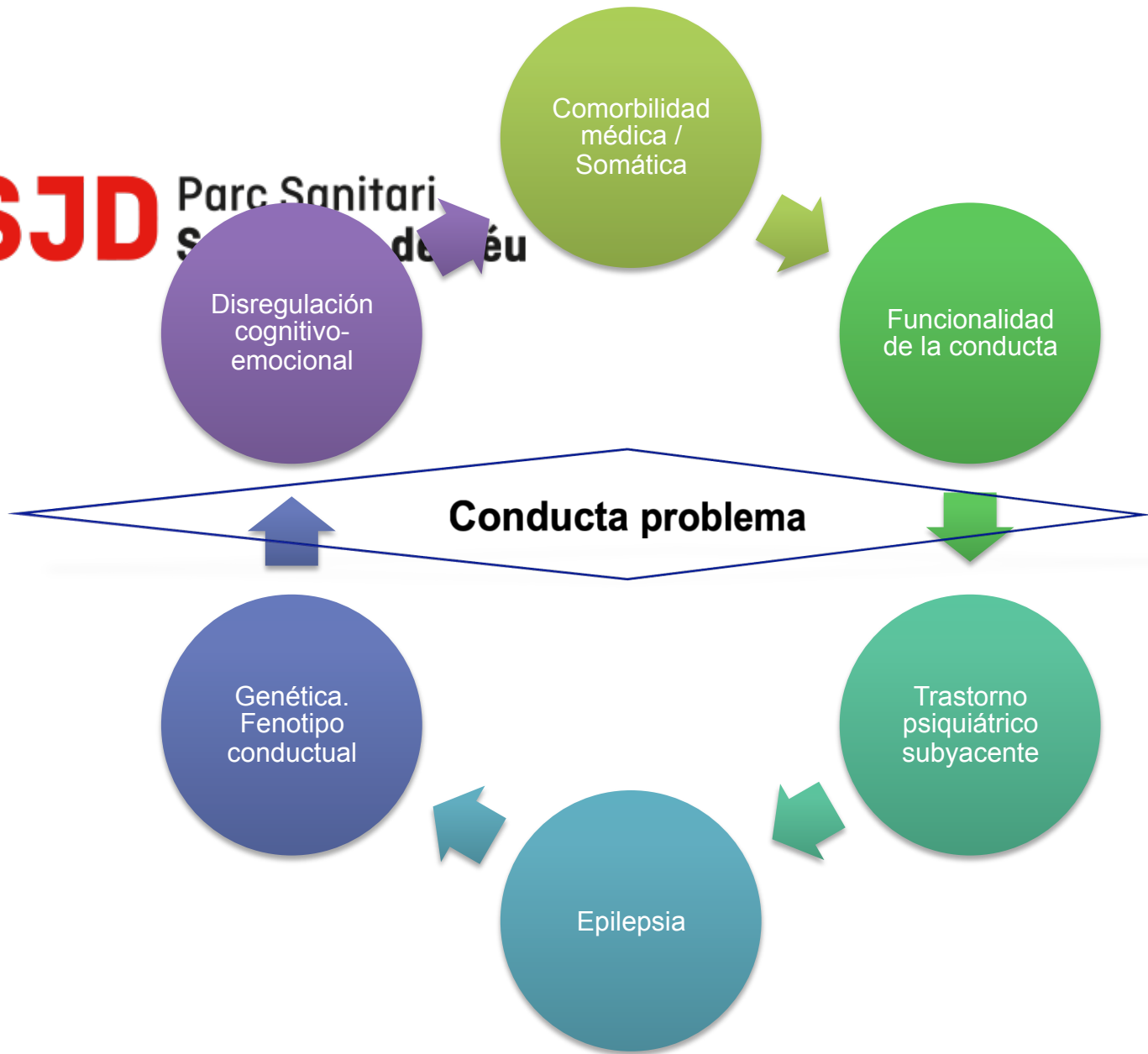
- 30-60% de la población con DI (Cohen, 2010; Schützwohl, 2016)
- Extremadamente frecuente en población con TEA y DI (Matson & Schoemaker, 2009)



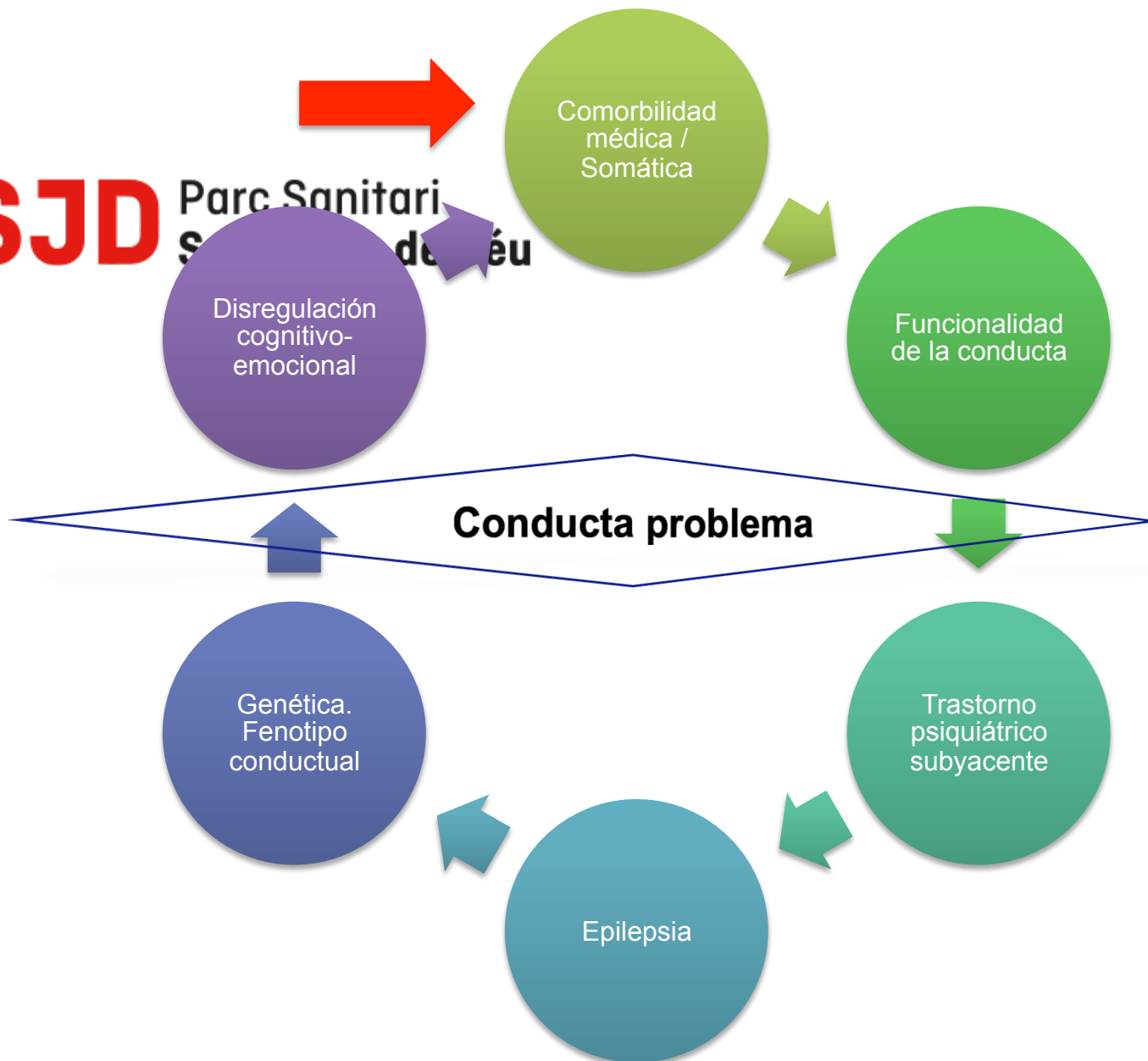
¿Por qué se desencadena la conducta problema?

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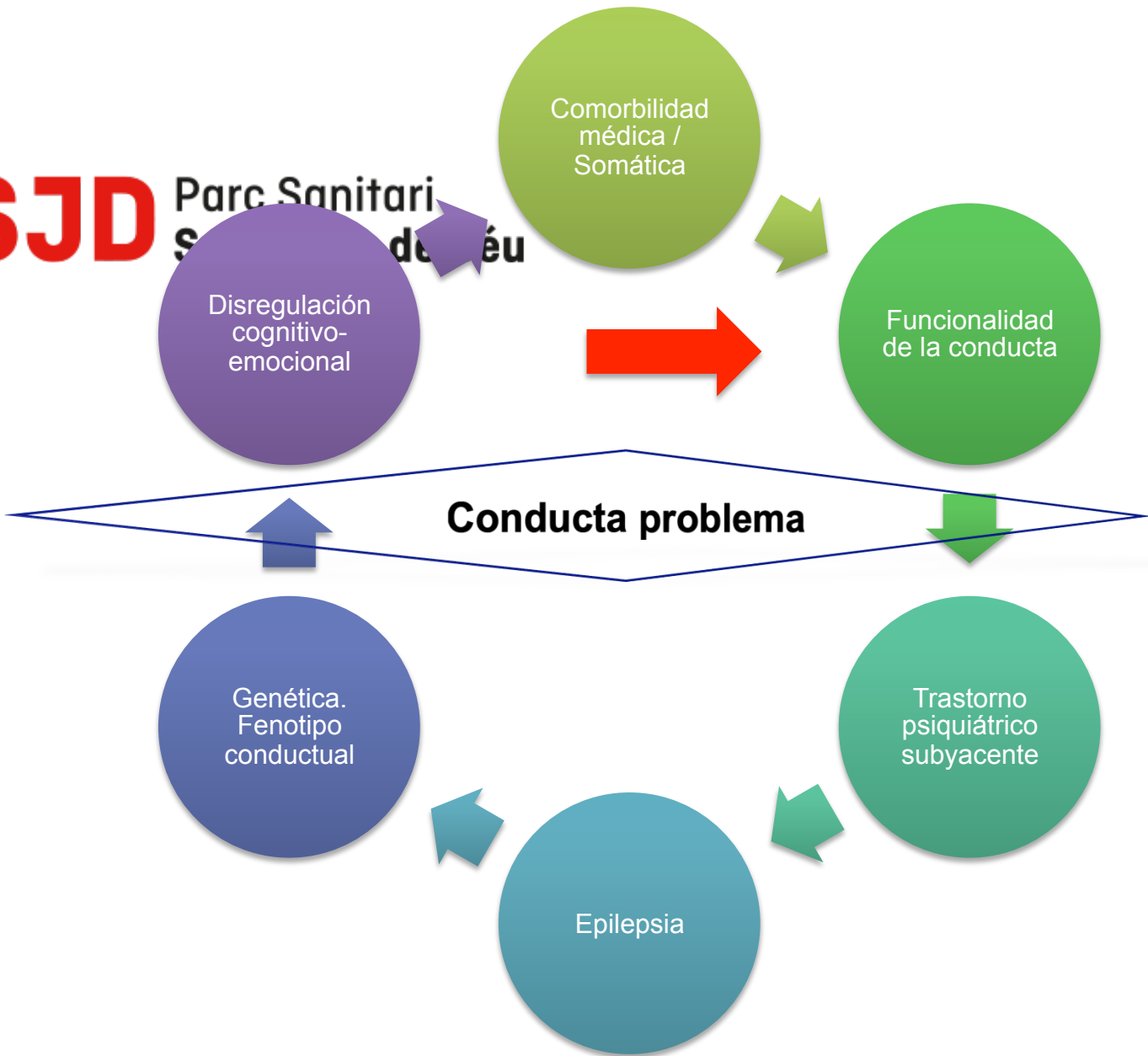


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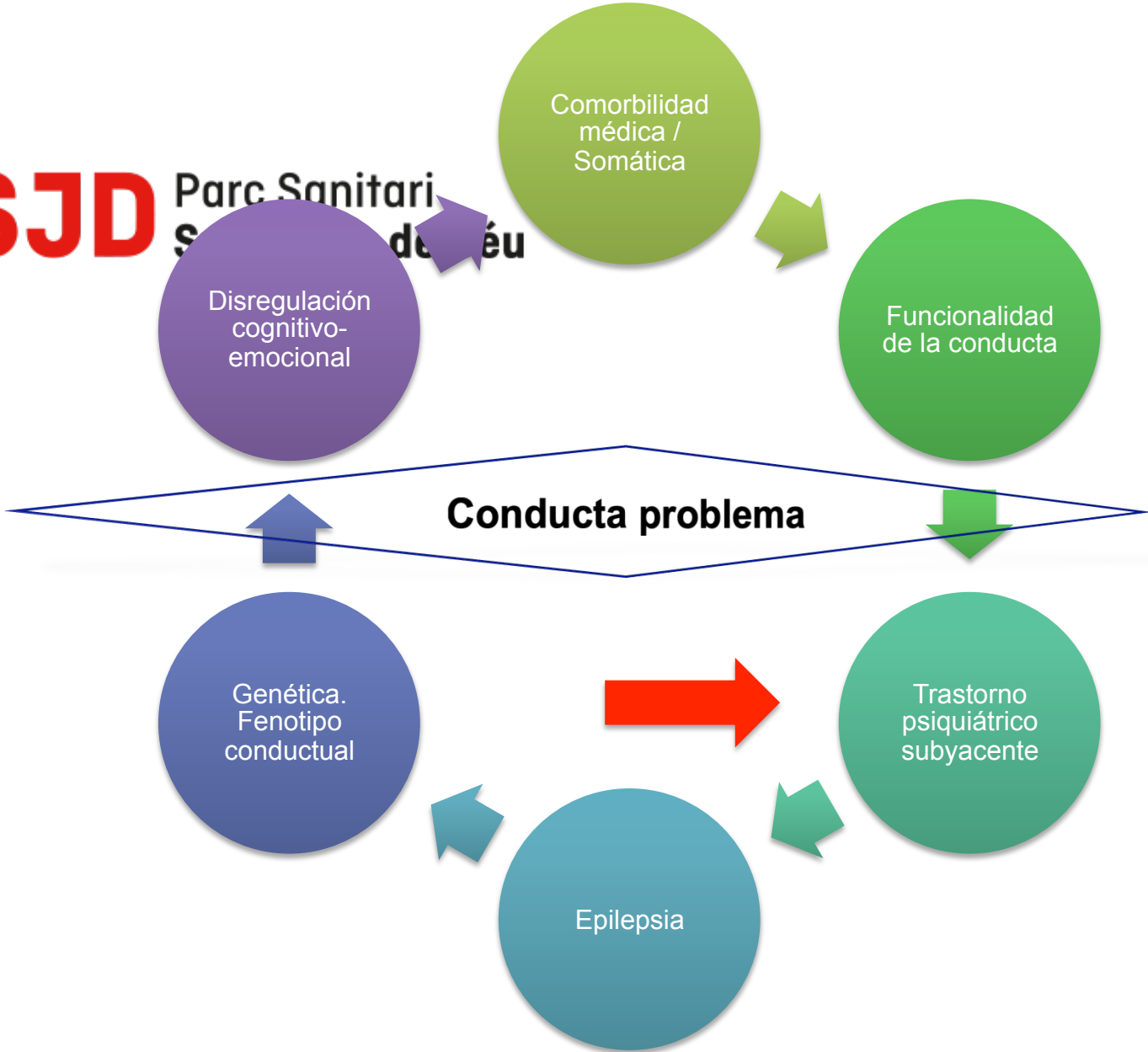
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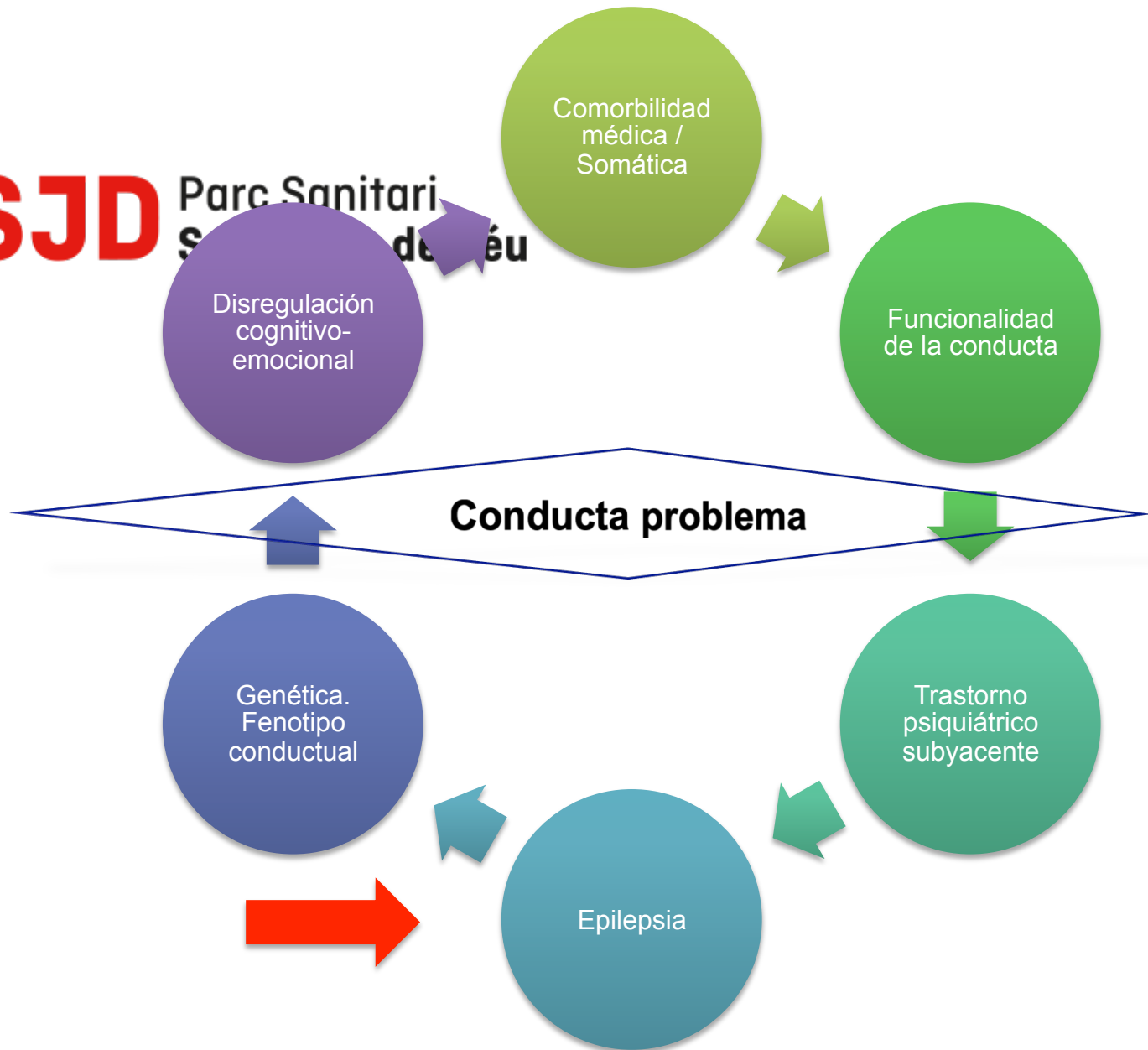
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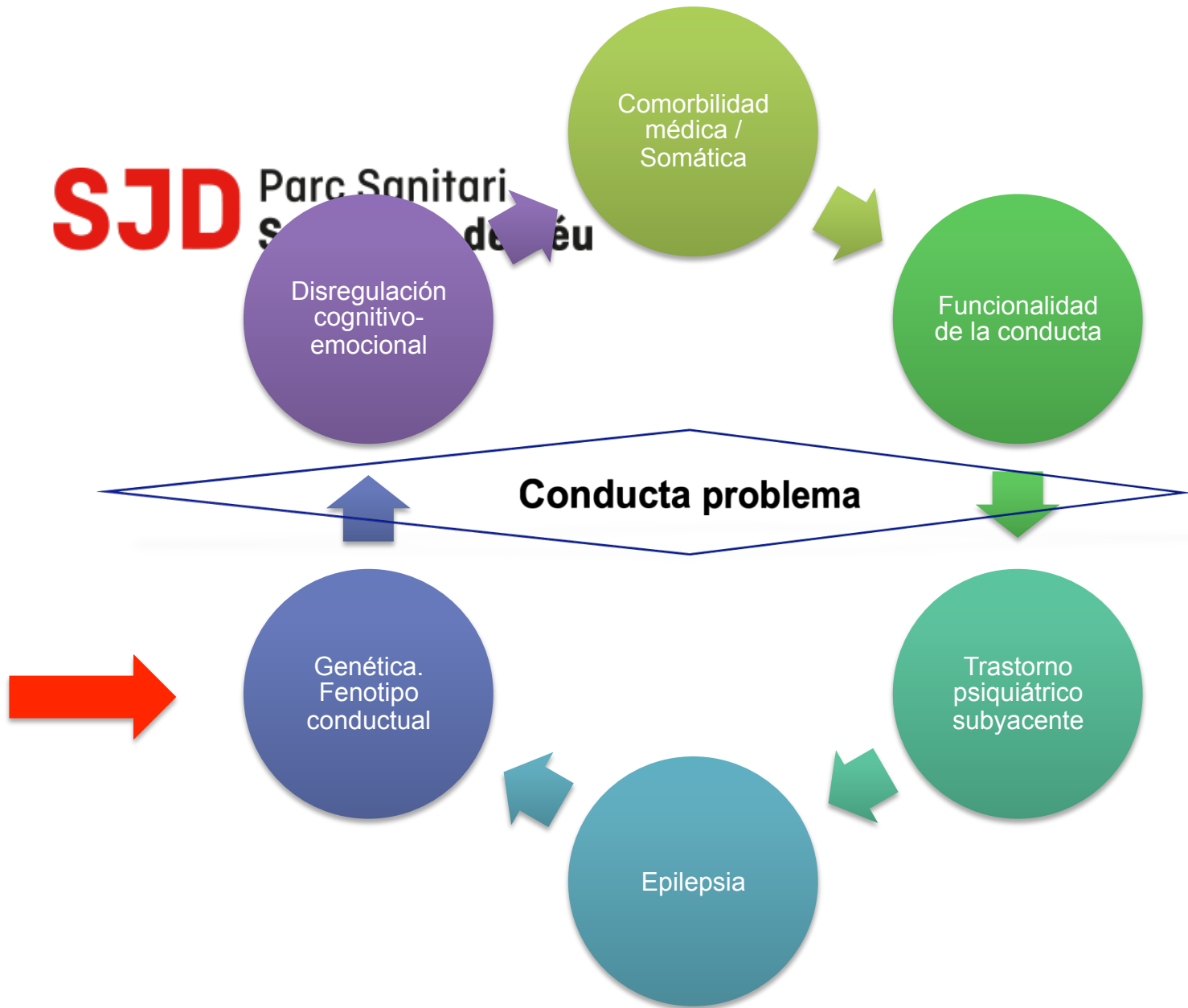
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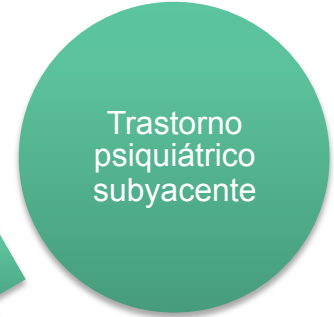
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Message to take home

SJD Parc Sanitari
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- 1) Las personas con DI tienen más prevalencia de trastornos psiquiátricos que la población con DI
- 2) Los trastornos de conducta pueden tener diversas etiologías
- 3) Se requiere de un correcto diagnóstico y de un abordaje multidisciplinar
- 4) El objetivo prioritario es ofrecer una asistencia de calidad y mejorar la calidad de vida de las personas con DI



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MUCHAS GRACIAS

