making process. People with Down syndrome and dementia should not be denied access to antidementia drugs.


An alternative perspective on Cooper et al's finding of a high incidence of mania in individuals with intellectual disabilities

Cooper et al (2018) note that despite high use of mood stabilisers (22.4%), the 2-year incidence of mania in individuals with intellectual disabilities is 1.1%. This is higher than in the general population. They infer that clinicians need to consider mania in their differential diagnosis, highlighting the risk of misdiagnosis. The authors specifically note the similarity of symptoms across diagnostic categories, including those for mania, attention-deficit hyperactivity disorder (ADHD) and problem behaviours.

This raises an interesting point of symptom overlap between ADHD and bipolar disorder, which, as the authors suggest, can lead to diagnostic overshadowing. However, it is possible that this overlap could result in clinicians primarily diagnosing bipolar disorder, with ADHD remaining undiagnosed. This alternative perspective could offer an explanation for the high incidence of mania in the context of high mood stabiliser use.

In Cooper et al’s (2007) original study, it is of interest that there were no individuals with ADHD identified within the cohort of mild intellectual disability. Although the authors acknowledged they might not have fully identified this group, the finding is noteworthy given the average prevalence in the general population is 3.4% (range 1.2–7.3%). This baseline comparative data used in Cooper et al's (2018) report underlines their comments pertaining to the diagnostic challenge of mental illness in the population with intellectual disabilities.

Overall, Cooper et al's recent paper highlights a need for clinicians to be more aware of symptom overlap in the area of...