

EPP0021

Specific cognitive dysfunctioning and vulnerability to specific psychopathology: A descriptive study on intellectual developmental disorder (intellectual disability)

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Introduction: Intellectual Developmental Disorder (IDD) is diagnosed with cognitive and adaptive behaviour evaluations. There is increasing evidence of a high prevalence of psychiatric disorders comorbid with IDD. The relationship between specific cognitive dysfunctions and psychiatric vulnerability may provide the basis for a paradigm shift from “intellectually below average IQ” to “neuro-psychological characterization”.

Objectives: 1) reassessing an IDD sample in cognitive profile and psychiatric comorbidities 2) investigating the correlations between specific cognitive dysfunctions and specific psychiatric diagnoses in IDD.

Methods: 120 individuals with IDD from 3 Italian facilities were consecutively evaluated, one group with mild IDD, using WAIS-IV or Leiter-3, TMT, Stroop and TOL tests, after which a professional caregiver did individual interviews (Vineland Adaptive Behavior Scale-II, SPAIDD-G, and STA-DI) to evaluate the patient adaptive behaviour, psychiatric comorbidities and presence of ASD. The second group (more severe IDD), was evaluated only with professional caregiver assessment tools.

Results: 90 males and 30 females, mean age 57 years, institutionalized for a mean period of 36.44 years. 52% had no education, 19% a middle school diploma. IDD diagnoses: borderline 3%, mild 16%, moderate 11%, moderate-severe 4%, severe 59%, profound 0.11% comorbid ASD diagnosis, 29% with ASD after diagnostic re-assessment (STA-DI). 89% physical comorbidities, 58% psychiatric comorbidities, 56% psychoses (Fig. 1). Psychiatric comorbidities re-assessment (SPAIDD-G) identified a significant number of disorders (Fig. 2), despite the medical records showed a low prevalence of psychiatric diagnoses. The consistent quantity of psychotropic drugs prescribed in the sample, possibly reflects the real prevalence of psychopathology. Pearson correlations ($p < 0.05$). WAIS-IV and SPAIDD-G (N=29): *Verbal Comprehension Index* correlates with anxiety disorder and impulse control disorder; *Perceptual Reasoning Index* correlates with nutrition/feeding disorder; *Processing Speed Index* correlates with nutrition/feeding

disorder and sexual disorder; *IQ* correlates with ASD, nutrition/feeding, anxiety, sexual disorders. Leiter-3 and SPAIDD-G (N=14): *Form Completion* and *non-verbal IQ* correlate with OCD negatively.

Image:

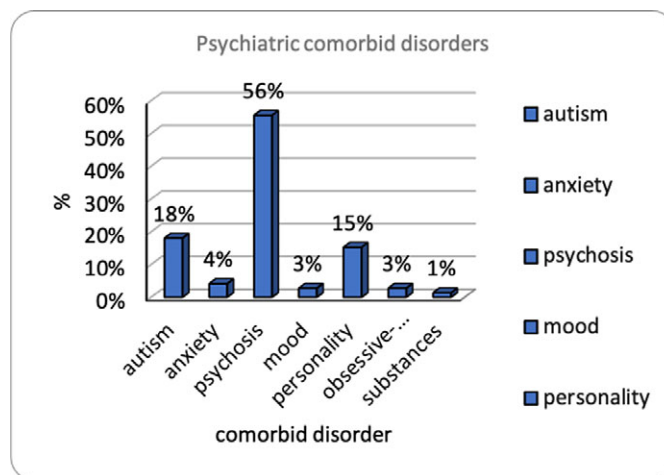
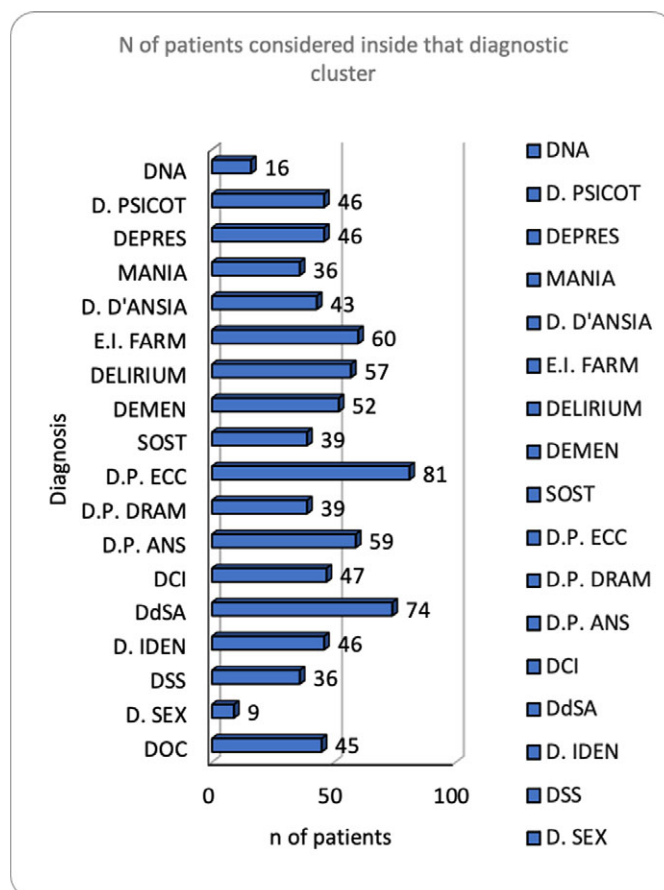


Image 2:



Conclusions: In conclusion, the SPAIDD-G evaluations revealed a greater prevalence of psychopathology than reported in the medical records. Using psychopathological screening tools can improve the diagnostic process in residential facilities for IDD cases. Pearson's analyses revealed the need to further investigate the correlation between cognitive dysfunctions and psychopathological vulnerability, studying intelligence as a multi-component model and identifying specific behavioural and cognitive phenotypes in IDD cases.

Disclosure of Interest: None Declared

EPP0022

Clinical experience with clozapine in patients with severe intellectual disability and behavioral disorders.

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Introduction: It is estimated that the prevalence of severe Intellectual Disability (ID) is 6 per 1,000 people. ID is sometimes the cause of Behavioral Disorders (BD) with aggressive and impulsive behaviors that make family and social life difficult. However, despite its high prevalence, the number of studies on it is very scarce.

When BD appears, it should be evaluated if there is a physical or psychiatric cause that causes it and assess non-pharmacological treatments. If they are insufficient, treatments such as risperidone are used to manage BD. When these are ineffective, the use of drugs with greater difficulties in their effects and clinical management, such as clozapine, is required.

Objectives: The objective is to describe the use of clozapine in patients with severe ID associated with BD.

Methods: Retrospective descriptive study. Patients older than 18 years with severe ID and BD, treated with clozapine for at least two years were included. Those with medical or psychiatric comorbidity were excluded.

Results: The sample consisted of 12 patients, 16.67% women (n=2) and 83.33% men (n=10), aged 47.57 ± 9.27 years. Prior to the introduction of clozapine, a mean of 2.67 ± 1.21 antipsychotics had been tested. The mean dose of clozapine was 264.24 ± 70.50 mg/day. The patients had received treatment for 51.57 ± 25.67 months, following the usual controls. None had hematological adverse effects or other serious adverse effects.

Conclusions: Clozapine can be an effective and safe therapeutic alternative in the treatment of BD in intellectual disabled patients which do not respond to other treatments. The clinical benefits of clozapine treatment seem to outweigh the potential risks associated with the treatment. However, more studies are needed to evaluate the effects of clozapine in patients with intellectual disabilities.

Disclosure of Interest: None Declared

EPP0023

Reducing Inequality for Persons with Disabilities: Demystifying the 'and' Between Disability and Development

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Introduction: The aim of this paper lies in demystifying, historicizing, and de-alienating the relationship between disability and development. Both disability and development inform each other and are informed by each other in various ways which are on one hand similar and on the other hand unique. Disability is heterogeneous in nature. Disability and development are about power, access, solidarity, advocacy, inequality, rights, voice, and support. It is about accessing accessibility. It is important to understand the politics of language—how we conceptualize persons with disabilities.

Objectives: The paper theorizes the 'and' between disability and development. What is that bridging telling us? There is already an invisible 'and' which joins disability and development even before this visible 'and' was placed in between them. It is to understand how disability is related to gender, caste, class, and poverty. The paper also looks at the government policies and adds suggestions as to what can be done practically to reduce inequality for persons with disabilities for developing a new India.

Methods: This research used primary sources like books, articles, government programmes, and policies to make sense of how disability is understood and experienced in India.

Results: It shows how disability and development inform each other and are informed by each other. The paper shows how each person has disabling parts and "normal" parts. Representation helps one to know the multifarious dimensions of what is awful, reprehensible, acceptable, possible, desirable, etc. Representation structures reality. Hence, they are a critical component of bringing about rights.

Conclusions: It is crucial to look at the needs and challenges at the ground level contextually. It is important to understand why survival is considered sufficient and not full participation. Policies need to resonate culturally as otherwise, they tend to be confined to particular classes and groups in societies with access to technology, information, and the English language. What matters is the visibility of disability.

Disclosure of Interest: None Declared

COVID-19 and related topics 01

EPP0024

Prevalence of depression among Iraqi dentistry students during COVID-19 returning to onsite learning: A cross-sectional study

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