Changes in Intellectual disability in DSM- 5

Mahour, P. * & Panday, S. **

*Lecturer Department of Psychiatry, KGMU, UP Lucknow
**M.Phil, Department of Psychiatry, KGMU, UP Lucknow

Abstarct

The American Psychiatric Associations' fifth revision of Diagnostic and Statistical Manual, known as DSM-5 observed various changes from DSM-IV-TR, among them the changes in diagnostic category of mental retardation as specified in DSM-IV-TR will have greatest impact on practicing Clinical Psychologists. The changes range from changing the terminology of mental retardation to intellectual disability, further there is also a shift away from primary reliance on IQ scores to adaptive behavior in the diagnosis of Intellectual disability. This review paper discusses the major changes in the diagnostic category of Mental Retardation, need for such changes and implications of these changes.

Keywords: DSM-5, DSM-IV-TR, Mental Retardation, Intellectual disability.

Diagnostic term 'mental retardation' is finally being eliminated from APA's fifth revision of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) now it has becomes Intellectual Disability (Intellectual Developmental Disorder ID/IDD) further the diagnosis of ID relies more on adaptive functioning as compared to IQ score than the DSM-IV-TR did, both for diagnosing intellectual disability and for determining its level of severity. The idea behind may be to made the changes more comprehendible, objectivity oriented and current functioning based.

The diagnosis in DSM-5 will emphasize both clinical judgment and standardized intelligence testing; however, less emphasis is expected to be placed on the IQ score, but greater emphasis will be placed on the adaptive reasoning in academic, social, and practical settings.

- Conceptual -language, reading, writing, math, reasoning, knowledge, and memory, among others, used to solve problems.
- Social -awareness of others' experiences, empathy, interpersonal communication skills, friendship abilities, social judgment, and self-regulation, among others.
- Practical-self management across life settings, including personal

care, job responsibilities, money management, recreation, managing one's behaviour, and organizing school and work tasks, among others.

Mental retardation has long been divided into four levels of severity reflecting the extent of intellectual impairment: mild, moderate, severe and profound. These levels of severity are proposed to remain unchanged in ICD-11(Salvador-Carulla et al, 2011). In DSM-5, the proposal is to use specifiers instead of subtypes to designate the extent of adaptive dysfunction in academic, social, and practical domains

Table 1: Comparing DSM IV TR and DSM 5 changes with regard to intellectual disability-

DSM IV TR	DSM 5
Terminology: Mental Retardation	Terminology: Intellectual Disability
IQ 70 or below	Deficits in general mental abilities
Concurrent deficits or impairments in present adaptive functioning	Impairment in adaptive functioning for the individual's age and socio-cultural background
The onset is before age 18 years	All symptoms must have an onset during the developmental period
Severity: Mild, Moderate, Severe, Profound, Based on IQ level	Severity: Mild, Moderate, Severe, based on Adaptive Behaviour

Need a change in terminology-

The term 'mental retardation' was introduced by the American Association on Mental Retardation in 1961 and soon afterwards was adopted by the American Psychiatric Association (APA) in its Diagnostic and Statistical Manual for Mental Disorders (Greenspan et al 2006, Harris et al 2006).

Mental retardation replaced older terms such as feeblemindedness, idiocy, and mental sub normality that had become pejorative. Now, over 5 decades later, the term 'mental retardation' is being eliminated for similar reasons. The ICD-11 working group also proposes replacing mental retardation with intellectual developmental disorders (IDDs), a term it defines as a group of developmental conditions characterized by significant impairment of cognitive functions, which are associated with limitations of learning, adaptive behaviour and skills (Salvador-Carulla et al., 2011)

Why more emphasis on adaptive functioning-

DSM-5 criteria marks a shift from relying exclusively on IQ scores and toward using additional measures of adaptive functioning. DSM-IV TR criteria had required an IQ score of 70 as the cut off for diagnosis; the new criteria recommend IQ testing and describe "deficits in adaptive functioning that result in failure to meet developmental and socio cultural standards for personal independence and social responsibility."

The need of giving more focus on Adaptive functioning was felt because of the 2002 Supreme Court decision in Atkins vs. Virginia. In this case, Atkins, who's initial IQ was 59, when retested after several years in prison scored above 70, making him again eligible for the death penalty under Virginia law. His case highlights the importance of measuring adaptive intelligence and functioning in making the diagnosis.

In forensic situations, a multidimensional (Schalock, 2011) model as proposed for DSM-5. Swedo explained that forensic psychiatrists consulting with the work group had testified to the problematic nature of using IQ scores alone for diagnosis. They have sometimes had to assess someone with an IQ of, say 71, as not having intellectual disability in the presence of severe deficits in adaptive functioning, because the IQ score alone gave a cntradictory impression of their judgmental capacity, therefore making that person eligible for the death penalty.

Both the AAIDD and DSM-5 define intelligence as a general mental ability that involves reasoning, problem solving, planning, thinking abstractly, comprehending complex ideas, judgment, academic learning, and learning from experience thereby a comprehensive assessment is required in assessing intelligence.

IQ scores are approximations of conceptual functioning but may be insufficient to assess reasoning in real life situation and mastery of practical tasks. For example, a person with IQ score above 70 may have such severe adaptive behaviour problems in social judgement, social understanding and other areas of adaptive functioning that the persons actual functioning is comparable to

that of individuals with lower IQ score. Thus clinical judgement is needed in interpreting the results of IQ tests

Implications of Change-

Less relevance of intellectual assessment and thereby reducing the need of IQ assessment and assessment tools.

More people with autism spectrum disorder, particularly those with borderline intellectual functioning, are likely to be diagnosed with both intellectual disability and autism spectrum disorder.

Categorical approach to the severity classification of intellectual disabilities will lack specificity however its advantage is simplicity.

References

- American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Washington, DC: American Psychiatric Association; 2013.
- American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th ed. Text rev. Washington, DC: American Psychiatric Association; 2000
- Cohen, A. (22 October 2013). "At Last, the Supreme Court Turns to Mental Disability and the Death Penalty". *The Atlantic*. Retrieved 26 October 2013.
- Greenspan, S. & Switzky, H.N (2006). Forty years of American Association on mental retardation manuals. In: Switzky H, Greenspan S, editors. What is mental retardation: ideas for an evolving disability in the 21st century. Washington, DC: American Association on Mental Retardation.
- Harris, J.C. Intellectual disability: understanding its development, causes, classification, evaluation, and treatment. New York: Oxford University Press; 2006.
- Salvador-Carulla, L., Reed, G.M., Vaez-Azizi, L.M et al.(2011). Intellectual developmental disorders: towards

a new name, definition and framework for 'mental retardation/intellectual disability' in ICD-11. *World Psychiatry 2011, 10*; 175–180.

- Schalock, R. L (2011). The evolving understanding of the construct of intellectual disability. *J Intellect Dev Disability, 36*; 223–233.
- Swedo., Kupfer, D. and Jeste, D. video interview on the development of *DSM-5*, posted at http://www.psychiatry.org/dsm5.