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## DIAGNOSIS AND TREATMENT OF DEPRESSION IN PERSONS WITH INTELLECTUAL DISABILITY

Katarina Tomić<sup>1</sup>, Goran Mihajlović<sup>2</sup>, Natalija Jovanović Mihajlović<sup>3</sup>, Slavica Đukić Dejanović<sup>2</sup>, Katarina Mihajlović<sup>4</sup> and Goran Petrović<sup>2</sup>

This paper considers, from the theoretical point of view, the problem of diagnosing and treatment of depressive disorders in people with intellectual disability (ID), relying primarily on the results of previous researches, which stress the etiological, symptomatic, diagnostic and therapeutic specifics when it comes to depression and its correlates in this population. The interest in mental health and psychopathology of people with ID intensified during the seventh decade of the previous century, when it became clear that some cognitive and behavioral symptoms are not, as hitherto thought, only a part or a consequence of the syndrome of intellectual disability, but a sign of ongoing mental disorder. So, the idea of "dual diagnosis" was born, and now it provides guidelines for the growing number of studies which theoretically and empirically review different issues of mental health problems in people with ID. Likewise, the observation of syndrome groups of genetic disorders resulting in intellectual disability has led to the narrowing of the circle of genetic syndromes that carry increased risk for the onset of depression and its correlates, such as: Down syndrome, Fragile X syndrome and Prader-Willi syndrome. Potential diagnostic problem in people with ID, when it comes to depression, may arise from "diagnostic overshadowing" of depression symptoms, which often remain hidden under abnormal behavior and adjustment disorders, especially in patients with severe forms of ID. As a possible way to overcome these problems some authors have proposed the concept of "behavioral equivalents of depression" or behavioral disorders that evidently can be associated with depression, such as social withdrawal, aggression, hostility, irritability, psychomotor agitation or retardation. Intensification of these forms of behavior may be a sign of developing depression, and in that sense, this view represents a useful starting point. When it comes to therapeutic approaches, there is a general tendency in favour of psycho pharmacotherapy in the treatment of depression, although there is a growing number of researches that prove the favourable effects of cognitive-behavioral and psychoanalytic psychotherapy. *Acta Medica Medianae* 2011;50(3):81-89.

**Key words:** intellectual disability, depression, diagnosis of depression, treatment of depression

Vocational College for Preschool Teachers Krusevac, Serbia<sup>1</sup>  
Psychiatry Clinic, Clinical Centre Kragujevac, Serbia<sup>2</sup>  
Department of Neurology, Clinical Centre Kragujevac, Serbia<sup>3</sup>  
University of Kragujevac, Medical Faculty, Kragujevac, Serbia<sup>4</sup>

Contact: Tomić Katarina  
Omladinska 66, 37000 Kruševac, Serbia  
E-mail: katarinat@vaspks.edu.rs

### Introduction

New researches in field of mental health and mental illness have shown an increasing trend in the number of patients suffering from various forms of depressive disorders. Depression is becoming the leading disease of modern times, and with the anxiety disorder it is one of the leading causes for seeking help from psychiatric services (1). Ranging from mild manifestation of depressive symptoms to clinically diagnosed disorder, depression lies deeply in the sphere of emotional, cognitive, motivational and somatic functioning of an individual. Depression involves

a complex pattern of deviant emotions, cognition and behavior, a cluster of symptoms that can vary in prominence from mild to very severe (2).

In the recent years, researches dealing with depressive disorders in persons with intellectual disability (ID) have become particularly interesting due to the fact that epidemiological studies have shown significantly higher incidence of depression in this population (3). By definition of the American Association of mental retardation (AAMR) from 2002, intellectual disability is referred to as "... substantial limitations in present functioning and is characterized by significantly subaverage general intellectual functioning existing concurrently with related limitations in two or more adaptive skills areas as expressed in conceptual, social and practical adaptive skills. This disability manifests before the age of eighteen." This definition is based on several assumptions, which are primarily related to the appreciation of lags in the different spheres of adaptive skills, not just intellectual. Similarly, the diagnosis of intellectual disability, according to this approach, must also respect

















