VGGNet

Expertisecentrum voor psychiatrie
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AGGRESSION AND MID: 1 AND 1 IS.......?

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WHAT IS THE PREVALENCE OF MILD INTELLECTUAL DISABILITY OR BORDERLINE INTELLECTUAL FUNCTIONING IN GENERAL SPECIALIZED MENTAL HEALTH CARE IN THE NETHERLANDS?

OVERVIEW PHD RESEARCH PREVALENCE MID OR BIF AND ASSOCIATIONS IN THE S-GGZ IN THE NETHERLANDS

- Admission ward study SCIL: article PLOS ONE, A blind spot? 2017
- FACT MID/BIF and Trauma: article: European JP 2019, Not recognised enough.
- Increased prevalence of intellectual disabilities in higher-intensity mental healthcare settings, BJ Open 2021
- Aggressive behaviour of psychiatric patients with mild and borderline intellectual disabilities in general mental health care PLOS ONE 3 October 2022
- Psychiatric symptoms influence the performance on the Screener Intelligence and Learning Disabilities in general mental health care in The Netherlands, Advances in Mental Health and Intellectual Disability 2022

THE SCREENER INTELLIGENCE AND LEARNING DISABILITIES

- Screener, not diagnostics!
- Adults
- Validated also for SMI patients Seelen et al. JARID 2019
- Usefulness on HIC, Nieuwenhuis et al 2022
  Advances in Mental Health and Intellectual Disabilties

WHAT DOES THE SCIL DO?

PSYCHOMETRIC PROPERTIES OF THE SCIL

- 14 items across four domains:
- Schooling, social contacts, school skills, language comprehension etc.
- Maximum score =28
- Test-retest reliability Pearson's r-correlation 0.92.
- Sensitivity and specificity
- Cut-off point 19 AUC value 0.93 (93% probability that a random person with MID/BIF will score lower that a random person without)
- Validated in SGLVG psychiatry but also at VGGNet clinic for SMI patients.

RESULTS ADMISSION WARD STUDY NIEUWENHUIS ET AL, PLOS ONE 2017

- 43.8% of 314 patients on two general psychiatry admission wards suspected for MID/BIF
- These had an increased risk of involuntary admission (OR 2.71; SD 1.28-5.70)
- And forced treatment (OR 3.95, SD 1.47-10.54)
- Only 22.1% MID/BIF was noted in the medical record
- Average TIQ 69 in the SCIL positive group and TIQ 86 in the SCIL negative group

KOPSTAART

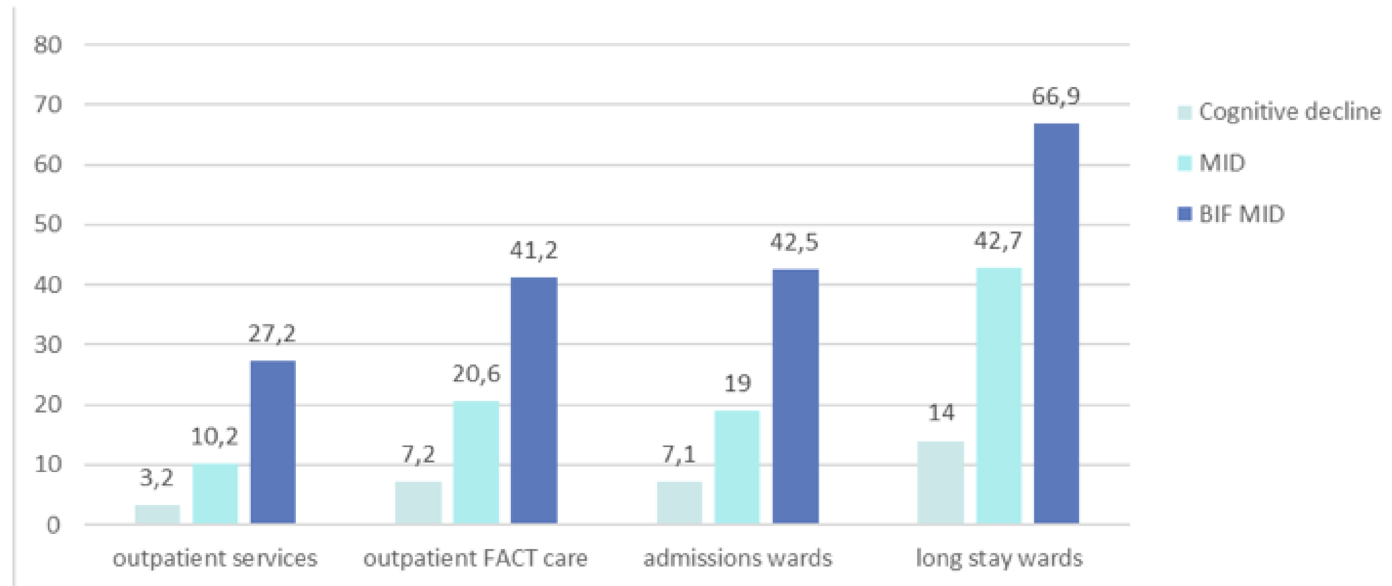
Outpatient clinic 27%

Admission ward 40%

FACT 40%

Long-stay inpatient clinics 67%

INCREASED PREVALENCES OF INTELLECTUAL DISABILITIES INHIGHER INTENSIVE SETTINGS



MID increases from 1/3 in outpatient to 2/3 in more intensive settings with long-term care

AGGRESSION INCIDENTS SCIL POSITIVE PATIENTS?

AGGRESSION AND MID/BIF: WHAT DO WE KNOW ALREADY?

- Across all settings 41% indication of MID/BIF (own research) in s-GGZ in the Netherlands
- In MID services or care: Challenging Behaviour
- Function Analysis used in ID services
- The Dutch guideline “difficult to understand behaviour”
- Many clinical studies and often in forensic care
- Recent research by Esch et al FPK: prevalence 60% IQ<85 with SCIL and WAIS
- Relationship aggression and patient characteristics and diagnoses. But also environment and interaction!

Conclusion: LVB does not seem to be focus of research within psychiatry earlier

STUDY

- 1565 patients were approached of which a SCIL could be taken in 1174 (75%).
- All SOAS-R registration from past 6 years collected
- No auto-mutilation!
- Aggression incidents, physical outward directed aggression and number of incidents per person

- Hypothesis: MID/BIF more aggression incidents, more *physical* incidents and more frequent multiple incidents per person

RESULTS SCIL

- We asked 1565 consecutive patients to participate
- We obtained a SCIL score in 1174 cases (75.0%)
- 481 (41.0%) of the 1174 included patients showed a SCIL score of 19 and below (assumed MID/BIF)
- 239 (20.4%) showed a SCIL score of 15 and lower (assumed MID)
- The distribution of diagnoses was comparable in the participants compared to the non-responders, discarding selection bias by diagnosis

SOAS-R SCORE IN GENERAL

- In total, we found 1472 aggressive incidents in 196 (16.7%) of the 1565 patients
- 23 (11.7% of 196) patients were responsible for 751 aggression incidents (51.0% of 1472)
- The mean number of incidents was 7.53 per patient, with a maximum of 78 incidents
- Of the 1565 patients, 105 were engaged in 269 physical, *outwardly* aggressive incidents (18.3% of the 1472 incidents)
- Both analyses show that approximately 10% of the patients account for half of the aggression incidents

In line with literature

Number of agression incidents per patient

Number of incidents

90
80
70
60
50
40
30
20
10
0

1 7 13 19 25 31 37 43 49 55 61 67 73 79 85 91 97 103 109 115 121 127 133 139 145 151 157 163 169 175 181 187 193

Number of patients

Table 1 BIF and MID compared to the number of aggression incidents

BIF AND MID COMPARED TO THE NUMBER OF AGGRESSION INCIDENTS

	Aggression in general						Physical aggression				
	N=	No aggression	One incident	2-5 incidents	> 5 incidents	P=	No aggression	One incident	2-5 incidents	> 5 incidents	P=
SCIL above 19 Below 19 (BIF)	693 481	636 (91.8%) 385 (80.0%)	18 (2.6%) 20 (4.2%)	19 (2.7%) 51 (10.6%)	20 (2.9%) 25 (5.2%)	<0.001	665 (96.0%) 432 (89.8%)	13 (1.9%) 24 (5.0%)	12 (1.7%) 23 (4.8%)	3 (0.4%) 2 (0.4%)	<0.001
OR category / else		0.24 (0.17-0.36)	1.62 (0.85-3.11)	4.20 (2.45-7.22)	1.84 (1.10-3.35)		0.37 (0.22-0.59)	2.74 (1.38-5.45)	2.84 (1.40-5.78)	0.96 (0.16-5.77)	
P=		< 0.001	0.148	< 0.001	0.045		< 0.001	0.004	0.004	0.965	
SCIL above 15 below 15 (MID	935 239	839 (89.7%) 182 (76.2%)	25 (2.7%) 13 (5.4%)	41 (4.4%) 29 (12.1%)	30 (3.2%) 15 (6.3%)	<0.001	903 (96.6%) 222 (92.9%)	8 (0.9%) 16 (6.7%)	9 (1.0%) 14 (5.9%)	3 (0.3%) 2 (0.8%)	<0.001
OR category / else		0.36 (0.24-0.51)	2.09 (1.05-4.15)	3.01 (1.82-4.95)	2.02 (1.06-3.81)		0.46 (0.25-0.84)	8.31 (3.51-19.67)	6.40 (2.73-14.97)	2.62 (0.43-15.77)	
P=		< 0.001	0.037	< 0.001	0.030		0.013	< 0.001	< 0.001	0.292	

RESULTS

- Patients with suspected MID/BIF had an OR=2.50 for aggression
  And an OR of 2.52 outward physical aggression, compared with the SCIL negative group

SOAS-R, SCIL score and patient characteristics, univariate analyses

- Gender showed no significant association between aggression in general or more physical aggression
- Diagnosis of bipolar disorder (OR=1.85), schizophrenia (OR=2.64), alcohol and drug abuse disorder (OR=2.09) and a low GAF (OR=2.32) were associated with an increased risk of aggression
- Schizophrenia (OR=3.52), drug abuse disorder (OR=2.46) and a low GAF (OR=1.83) were associated with an increased risk of *physical* aggression.

RESULTS LOGISTIC REGRESSION AND DIAGNOSES

The logistic regression analysis
showed that patients who screened positive for BIF (OR=2.00) or MID (OR 2.89) were more at risk of showing aggressive incidents,diagnoses bipolar disorder (OR 3.07), schizophrenia (OR 2.75), and a low GAF (OR 1.72)

Logistic regression analysis with *physical* aggression as an outcome showed that patients with MID (OR 2.50), a bipolar disorder (OR 3.13) or schizophrenia (OR 4.04) were more at risk of showing aggressive incidents

Physical Aggression per person: Bipolar disorder (ß=0.169, p=0.014) Schizophrenia (ß=0.144), addiction drugs (ß=0.195) and again LVB (ß=0.138) were predictors

TRAUMA AND MID/BIF IN FACT TEAMS

Over 800 patients
40% SCIL positive: 20% indication mildly gifted and 20% LVB iez.
In 2 out of three MID/BIF not known according to file

Results in the SCIL positive group:

57% Neglect
51% Physical abuse
61% Sexual trauma in MID women

43% indication PTSD in whole group
47% indication PTSD in SCIL positive group(significant higher comparing 37% SCIL negative group)
Just 11% as main diagnoses!

WHAT DO WE DO?

Does the patient understand me?

Realise that many patients are overloaded, with high-stress levels, minor language, little coping skils, few adaptive abilities and more often have psychiatric disorders?

Many patients are traumatised and have little trust in others Emotional development much lower than calendar age?

What do we have to do?
Adapt our speed and language, pace and body posture etc.
See f.e. Handbook LVB, tips on the VGGNet site or
List of sources LKC LVB

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OGEN OPEN VOOR LVB IN DE GGZ

KOM IN BEWEGING!

DONDERDAG 3 NOVEMBER 2022
09:00 - 17:00 UUR
OMNISPORT APELDOORN