

POINTS TO REMEMBER FOR CLINICAL PRACTICE

Psychiatric manifestations

Obsessive-Compulsive Disorder (OCD) and Related Disorders

- Obsessive-Compulsive Disorder (OCD) is characterized by the presence of obsessions, compulsions, or both. Obsessions and compulsions are frequently associated with ID.
- Prevalence estimates for OCD in individuals with T21 range from 0.8% to 7.3%.
- When applying diagnostic criteria, it is important to consider the characteristics of ID as well as the specific phenotypic characteristics of individuals with T21.
- Compulsions requiring abstract thinking or counting, which may be limited or absent in those with ID, may not be possible.
- Individuals with ID may be unaware of societal disapproval of their behavior. Because of this lack of awareness, they may not be inclined to reduce their behaviors.

Psychiatric manifestations

- Aggression can manifest as an expression of OCD in people with ID, triggered if someone else attempts to move an object or prevent a ritual, for example.
- In Trisomy 21, a great many repetitive behaviors and restricted interests remain adaptive and part of the behavioral phenotype, serving as a "way of managing their world."
- Obsessional slowness described in adolescents and young adults with T21 should not be considered a distinct disorder. Instead, the diagnosis of a severe form of OCD or a form of catatonia should be considered.
- There are few studies on the treatment of OCD in individuals in T21. The cases reported in the literature have been managed using the standard treatment approaches typically recommended for OCD in the general population: antidepressant treatment, occasionally supplemented by a neuroleptic.