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ACCURACY OF PSYCHOTROPIC MEDICATION IN ADULTS WITH INTELLECTUAL DISABILITIES

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Objectives: It is generally acknowledged that individuals with intellectual disabilities (ID) benefits from psychotropic treatment for mental disorders (MD) in the same way as people in the general population. It has also been shown that problem behavior (PB) does not respond to psychotropic treatment. Thus, we hypothesized that the presence of MD was associated with psychotropic treatment, whereas PB (not MD) was not.

Method: In a community sample of adults with ID (N=593), the presence of dementia, psychoses, depression, mania, obsessive-compulsive disorders, five anxiety disorders and eight problem behaviors were screened using the Psychopathology Checklists for Adults with Intellectual Disability (P-AID). Information regarding the use of psychotropic medicine (ACT-N) was collected. Staff members in group homes served as informants both for the screening and the use of drug.

Results: Psychotropic medication was reported in 40% of the sample. Of the 23% that presented with MD only, 44% received psychotropic medication ($p=.310$). Of the 12% that presented with both MD and PB, 51% received such medication ($p=.032$). The strongest association was found between psychotropic treatment and having PB only. Among the 8% that showed PB only, 52 % received psychotropic medication ($p=.022$).

Conclusion: Contrary to our expectations, the presence of PB rather than MD were associated with the use of psychotropic treatment. The present findings suggest that people with ID often receives no psychotropic treatment for MD, or they receives such treatment for the wrong reason, leaving the accuracy of psychotropic treatment to a minimum.