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Introduction. Although pharmacological treatment is indicated by international guidelines not to be considered the first choice intervention for the management of problem behavior in Intellectual Developmental Disorders (IDD), around 60% of prescriptions are still for this purpose, while reliability with psychiatric diagnosis is often uncertain. Antipsychotics represent the most frequently prescribed class, followed by mood stabilisers, benzodiazepines, and antidepressants.

Several empirical studies support the use of these compounds, although some other publications are more sceptical of the quality of the evidence to date. Special attention is given to their side-effects on cognitive skills.

In the last years clinicians have shown increasing interest for Very New Generation Antipsychotics (VNGA) having a better tolerability profile, like aripiprazole, asenapine, quetiapine, ziprasidone, and paliperidone.

Aim. The purpose of this paper is to provide an overview on the use of VNGA in adults with IDD.

Methods. Systematic mapping of the literature. Systematic mapping varies from a systematic review in the breadth of the topic area and questions, and the limits of data extracted.

Results. Evidence on these compounds is lacking, but clinical experiences and the few trials conducted in the last years allow to make some distinctions within the group.

Current psychopharmacology tends to evaluate the usefulness of pharmacological treatments in terms of effectiveness rather than in terms of efficacy on target symptoms and safety. This new measure, which focus on prevention of discontinuation seems to be strictly related to patient's perception of treatment adequacy and usefulness to their own life overall.