W0031

Psychopathology in Adults with Autism Spectrum Disorder and Intellectual Disability

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Background: A review describing the mental health needs of adults with autism spectrum disorder (ASD) and intellectual disability (ID) published just over 10 years ago found that those with ID and ASD were more vulnerable to psychiatric disorders than adults with ID who did not have comorbid ASD (Underwood, Tsakanikos & McCarthy, 2010). Method: An overview of psychopathology presenting in adults with ID and autism including the relationship of challenging behaviours to psychiatric disorder will be summarised. A review of key papers published from 2009 to 2021 was also undertaken. The focus of the search was on assessment, diagnosis and management so as to be relevant to clinical practice. Findings: There was only one paper identified describing a new structured diagnostic tool for use with adults with ID and ASD. The majority of the new evidence focused on interventions both psychological and pharmacological. Two brief case vignettes will be presented to illustrate the diagnostic and treatment challenges. Conclusion: The past decade has produced a small increase in the evidence base on the mental health needs of adults with ID and ASD. However more evidence on effective interventions is required. Underwood L, Tsakanikos E & McCarthy J. (2010). Mental health of adults with autism spectrum disorders and intellectual disability. Current Opinion in Psychiatry, 23, 421-426.

Disclosure: No significant relationships.
Keywords: Psychopathology; intellectual disability; Autism Spectrum Disorders

W0032

Multidisciplinary Approach in Diagnosing Patients with Mental Health and Intellectual Disability

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It is possible to properly diagnose and treat a person with intellectual disability and mental health problems, but it requires a lot of work on the part of a doctor, nurse, professional medical care, proper rehabilitation and cooperation with a speech therapist, psychiatrist and many others. To improve the functional capacity of this person, it requires the help of a wide variety of professionals to meet their needs. One of the examples of interdisciplinary cooperation in this area is the "Circles of Support" program implemented by the Polish Association for People with Intellectual Disability in Poland. Support circles assume the creation of a group of supporters around a person with a disability, in accordance with their needs, combining formal (family doctor, psychiatrist, psychologist, personal assistant, social worker, therapist, lawyer) and informal support (family, friends, acquaintances, neighbors) , salesperson in your local store). The support is strictly focused on the needs of a person with a disability, and according to their individual preferences, it is fully inclusive. This goal can be achieved by preparing a person with a disability and the environment in a way that enables them to function safely in their local community based on the concept of supportive circles. The only way to build a system of care for of people with intellectual disabilities and their relatives is to rely on networks of connections - people and institutions, on their real commitment and on working out mechanisms supporting the empowerment of people with disabilities - in life, physical, financial matters.

Disclosure: No significant relationships.
Keywords: intellectual disability; interdisciplinary support; mental health

Research

fNIRS: a View between Current and Future Perspectives in Psychiatric Research

W0033

Feasibility of fNIRS in Children with Developmental Coordination Disorder

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Introduction: Balance deficits are heterogeneous among children with Developmental Coordination Disorder (DCD). Balance performance depends on different balance domains, each associated with specific underlying neurological systems. In DCD, any of these domains can be affected, but the control mechanisms are poorly understood. The mirror neuron system (MNS) seems to play a key-role in DCD-related deficits. To understand the role of MNS as a control mechanism underlying the balance deficits, simultaneous registration of cortical MNS activity while performing balance tasks is imperative. Therefore, a protocol for combining real-time registration of cortical MNS activity during functional balance tasks in children with DCD, CP and TD is introduced. Methods: Children with DCD, CP and TD (n=108) aged 5-10yr perform preselected tasks of the Kids-BESTest, representing specific balance domains (mixed design): leaning with eyes closed (stability limits/verticality), single-leg-stance, alternate stair touching (anticipatory balance), in-place response, compensatory stepping backward (reactive balance) and walking over obstacles (gait stability). Simultaneously, functional Near-Infrared Spectroscopy (fNIRS) monitors cortical activity involving the MNS: premotor, inferior and