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The use of risperidone among individuals with mental retardation: clinically supported or not?

Ashvind N. Singh^{a,*}, Johnny L. Matson^a,
Christopher L. Cooper^a, Dennis Dixon^a, Peter Sturmey^b

^a*Department of Psychology, Louisiana State University, Baton Rouge, LA, USA*

^b*Department of Psychology, Queens College and The Graduate Center,
City University of New York, Flushing, NY, USA*

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Abstract

Since their introduction, antipsychotic medications have been used widely to treat conditions other than psychiatric disorders, especially among individuals with mental retardation. Researchers have shown that the prevalence rates of psychotropic medication prescriptions among this population are extremely high. Given the limited empirical data to support the use of psychotropic medications, specifically antipsychotics, among individuals with mental retardation, this trend is a cause for concern. This review was undertaken in an effort to summarize the available studies regarding the use of the atypical antipsychotic drug risperidone among individuals with mental retardation and provide a resource for clinicians, care givers, and parents. Based on the results of this review, the effectiveness of risperidone in targeting psychopathology and challenging behaviors for individuals with mental retardation is questionable at present.

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1. Introduction

Since their introduction in 1952, antipsychotic medications have been used widely for the management of psychiatric disorders characterized by psychotic symptoms, aggres-

* Corresponding author. Tel.: +1 225 291 4591; fax: +1 225 291 4591.

E-mail address: asingh6@lsu.edu (A.N. Singh).

sion, irritability, impulsivity, excitement, stereotypies, and tics. However, antipsychotic medications have also been used widely to treat conditions other than psychiatric disorders, especially among individuals with mental retardation. Researchers have shown that the prevalence rates of psychotropic medication prescriptions among this population are extremely high (Intagliata & Rinck, 1985; Lipman, 1970; Young & Hawkins, 2002). For example, in institutions without drug monitoring programs, the prevalence of psychotropic drug use typically ranged from 30% to 40% and in community studies, the typical prevalence rate of psychotropic drugs ranged from 19% to 29% (Singh, Ellis, & Wechsler, 1997).

Given the limited empirical data to support the use of psychotropic medications, specifically antipsychotics, among individuals with mental retardation, this trend is a cause for concern. As individuals with mental retardation are often prescribed antipsychotic medications for reasons other than the treatment of psychotic features (Aman & Singh, 1991), and these medications have both behavioral and cognitive side effects, such drugs should be prescribed with caution and only after the necessary assessments have been completed and their use supported by specific prescription guidelines or empirical research (Reiss & Aman, 1998).

Risperidone was one of the first atypical antipsychotic medications to become available, and appeared after Clozapine. Released in the United States in 1994, this new atypical antipsychotic medication blocks both dopamine D₂ and serotonin 5HT_{2A} receptors and is reported to be associated with fewer extrapyramidal side effects, less sedation, and a wider response to both negative and cognitive symptoms of schizophrenia than traditional antipsychotic medications (Diamond, 2002). The indications for the use of risperidone include psychotic agitation, schizophrenia, manic depression in the acute mania phase, organic brain syndrome, delusional depression that includes psychotic features, and drug induced psychosis. In individuals with mental retardation, the indications for risperidone usage include psychotic symptoms, self-injurious behavior (SIB), and aggressive or destructive behavior (Aman & Madrid, 1999; Rush & Frances, 2000). However, in the case of SIB and aggressive/destructive behavior, medication should only be considered as part of a front line treatment (Rush & Frances, 2000).

The present review was born as part of two larger projects. The first project was a 10-year review of psychopharmacology and mental retardation from 1990 to 1999 conducted in by Matson et al. (2000). The second was a smaller literature review on the use of psychotropic medications among individuals with mental retardation, specifically antipsychotic medications. From these reviews the dearth of information available on the use of psychotropics, especially antipsychotics, among individuals with mental retardation was apparent. Further, of the studies available, we noted that several of them contained methodological flaws and limitations that seriously question the quality of their results. Considering the vulnerability to individuals with mental retardation the lack of scientific rigor in the majority of these studies is surprising. As such, we decided to review all the literature regarding the use of antipsychotic medication to treat behavioral symptoms among individuals with mental retardation. After conducting a literature search, we found that the most work had been done with risperidone, so this seemed like a natural place to start our review.

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