Pharmacological management of challenging behavior in people with intellectual disability

João M. Oliveira¹, Cátia Moreira¹, Gonçalo Sobreira¹, Corona Solana¹, and M. Amélia Aleixo¹


Abstract

Introduction: Challenging behavior (CB), which includes aggressive behavior, is the most common cause for psychiatric consultation in people with intellectual disability (ID). Recent developments in our knowledge about the neurobiology of aggression have allowed the investigation into more targeted drug therapy for CB.

Objectives: The authors aim to review the literature about pharmacological management of CB in people with ID.

Methods: A PubMed database review, using “intellectual disability”, “challenging behavior”, “aggressive behavior”.

Results: Drugs are particularly useful when there is an identified psychiatric illness or as adjunctive treatment until other strategies are put in place. In general it is recommended that there should be periodic attempts at dose reduction. Antipsychotics are the drugs more commonly used for CB in ID. In the general population there is evidence for the use of atypical (but not typical) antipsychotics for aggression. Although initial studies provided no evidence for the use of antipsychotics in ID, more recent controlled studies have had positive results, particularly for risperidone, but also for clozapine, olanzapine, and quetiapine. SSRIs are also commonly used, on the basis that SHT inhibits aggressive behavior, although in the last few years this idea has been challenged. Furthermore, there is no controlled study of the use of SSRIs in people with ID, and the few studies found provide conflicting results. The other main drug class used are anticonvulsants; in the general population they seem to decrease aggressiveness, however there are no methodologically solid studies for people with ID. Other drugs that may be useful are benzodiazepines, beta-blockers, lithium and methylphenidate (if comorbid ADHD).

Discussion and Conclusions: Management of CB in ID should always begin with the exclusion of an underlying medical or psychiatric condition as well as exploration of whether or not the behavior serves any functional utility. Drug therapy should take an adjunctive role to psychological management as it is unusual for the former to be sufficient. Unfortunately there is an overwhelming lack of evidence for the use of any drug other than risperidone, despite the large number of positive case reports. Future options may target oxytocin, vasopressin and other neurotransmitters.

Supplementary material: Complete presentation available at http://ijcnmh.arc-publishing.org