



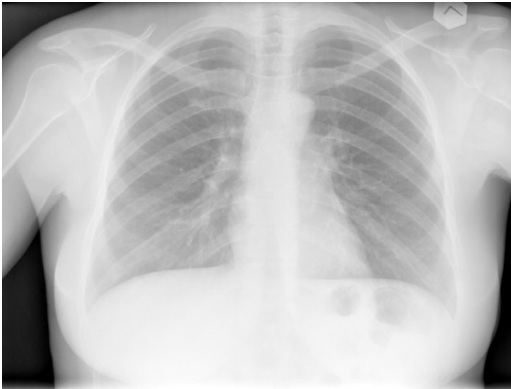
## Community Health Connections

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## Fact Sheet

### Medical Comorbidity

## Rule out medical problems prior to psychiatric interventions



A landmark study by Ruth Ryan, M.D. revealed that 75% of those with intellectual and developmental disabilities who present at a psychiatric facility with psychiatric symptoms (or behavior problems) **have an underlying medical condition** that is either causing the psychiatric presentation, or contributing to it. This is profoundly important to consider when seeking effective treatment for those we support who exhibit challenging behavior. Seeking a medical cause can help us find effective treatments and avoid inappropriate use of psychiatric medications and other restrictive behavior interventions. Most importantly, appropriate treatments are necessary to relieve the discomfort, pain, or illness to which a person is responding through his/her behaviors.

It may take some investigating to determine the medical nature of a problematic behavior because many people can't say "I don't feel well," or "This part of my body hurts." Some people may even have developed an increased tolerance for pain so that an existing physical problem may go unnoticed. Communicate with the individual's doctor to let him/her know of the behavior/s you have observed. Ask the individual's Primary Care Physician (PCP) if s/he is aware of a medical issue that could be causing or contributing to the behavior.

Research suggests that the most common health problems associated with problematic behaviors are dental problems, obstetric/gynecologic and prostate problems (cited by Mike Mayer, PhD, CRA). According research published in the Journal of Intellectual Disability Research, June 2010, the most common medically driven presentations at psychiatric units were constipation and Gastroesophageal reflux disease (GERD). Here are some examples of common presentations that can be medically driven:

- Hitting self in the head might indicate a headache or toothache or infection.
- Holding head and crying or moaning or wanting to be in the dark might indicate a problem with migraines.
- Washing hands in the toilet or some other odd behavior may be due to confusion from a urinary tract infection.
- Forcing self to regurgitate stomach contents may be due to acid reflux.
- Placing sharp objects in mouth or back of throat may be due to acid reflux.
- Rectal digging and smearing of stool can be due to constipation and/or hemorrhoids.
- Masturbation in any environment may be due to urinary retention/infection, or erectile dysfunction due to medication side effects.
- Shaking or irritability may be due to a thyroid problem.
- Sad demeanor may be due to a thyroid problem.
- Aggression, self injurious behavior, undressing may be attributed to a sensory integration disorder.

If at any time a new behavior or a change in behavior is noted we should have the person medically evaluated to rule out any type of medical problem that may be causing or contributing to the behaviors we are seeing. It is important for caregivers to carefully report changes to the PCP and provide objective documentation so that s/he can make an accurate diagnosis.