

TAKING CARE OF INTELLECTUAL DISABILITIES IN THE ERA OF COVID-19: BIOLOGICAL SUBSTRATES, PERSONALIZED MEDICINE AND COUNSELING

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Dear editor,

Intellectual disability is a condition of interrupted or incomplete psychic growth, a developmental pathology characterized by significantly below average intellectual functioning, accompanied by relevant limitations in adaptive functioning. Therefore, a general deficit of cognitive skills affects capacity of adaptation of the person compromising in particular some areas such as communication, self-care, home life, social patterns, community use, self-directionality, health and safety, school functioning, work, free time.

People suffering from intellectual disabilities are among the most fragile segments of the population, consequently they can be more affected by the catastrophic effects of Covid-19 health emergency. In addition, these individuals can get sick, like all the others, of Covid-19 and need health care. These subjects may have bio-psycho-social characteristics that can negatively influence their care opportunities and make them particularly vulnerable victims. Most people affected by intellectual disabilities and neurodevelopmental disorders manifest necessities in the areas of communication and autonomy, therefore they need to specific support from health professionals (Krysta et al. 2019).

Intellectual disability constitutes a vast psychopathological archipelago, it is a heterogeneous condition for which a hypothesis of organic, biological and psychosocial multifactoriality has been proposed. This condition is described by extreme locus and allelic heterogeneity and different modes of inheritance such as autosomal dominant *de novo*, autosomal recessive mutations, X-linked alteration. Approximately 32 different genetic conditions have been identified to be linked to intellectual disabilities.

Brain molecular imaging could be a significant and non-invasive tool for understanding intellectual disabilities. Individual suffering from intellectual disability show abnormalities in

different brain areas such as corpus callosum, cerebellum, ventricular system and subarachnoid spaces. Substantial research efforts aimed at studying neurodevelopment have found a relevant reduction in neuronal number, delays in myelination and diminutions in synaptic density and length, and fewer dendritic spines in subjects affected by intellectual disabilities.

People suffering from mental disabilities have frequent comorbidities with other disorders or clinical conditions and represent the most vulnerable and socially excluded group. The necessity of social isolation and loneliness in the situation of social distancing can increase the risk of developing psychiatric disorders, aggressive behaviour (Mazza et al. 2020), use of psychoactive substances that can impact on the presence of a variety of psychosomatic diseases such as asthma, obesity, diabetes, neurological diseases (Mazza et al. 2011), heart conditions (Marano et al. 2011, Mazza et al. 2021). This scenario can severely affect adaptation and quality of life of people with intellectual disabilities who inhabited the world in a "frontier modality". In this situation, in which people are forced to live in isolation, it is important to recognize the medical and social needs of persons suffering from intellectual disabilities.

The person with disabilities from birth, is faced with a "special", asymmetrical mirror, from which he receives an image that contains elements of fragility, that refer significantly to the fragility of his own condition, therefore especially at this time it is significant to accompany these people towards their drive to exist. The model of care we are inspired is focused on comprehensive health assessment, adaptive social functioning, nutrition, physical activity and exercise. An important issue for our model is to monitor patients through individual or group mediated web counseling in order to hold emotional experiences, help to manage questions of practical nature and implement measures to contrast the spread of coronavirus infection. The counseling intervention is configured as a continuous stimulation, a constant subtrack, made of micro-actions, and a relationship through which an improvement in the quality of life can take place. The model also promotes interdisciplinary cohesion between different health professions, attributing to the presence of operators a significant value with a transformative potentiality. In our perspective, any act produced by the disabled person is not considered as a necessary effect of the pathology but as an attempt to manifest a will, a desire, a message addressed to the other. The person with mental disability is considered a subject with his own subjectivity: word constitutes himself in the counseling relationship, where he plays a proactive role, avoiding to reduce the action only to the deficit that directs and conditions performance.

It is important, especially during and after the Covid-19 emergence, to focus on research and description of interventions that offer the possibility to individuals with intellectual disabilities to build an independent satisfactory life as autonomously as possible (Krysta et al. 2017). To facilitate this process and to encourage a real awareness and collaboration of family members, it is necessary that health workers place themselves towards the person and his family not with a function of pure assistance but taking on a role of "guide".

They must be able to accompany individuals in the search for their own individuality and autonomy, providing the necessary help and support, without however replacing them, aiming to ensure integration within the society.

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References

1. Krysta K, Krysta J, Szczegielniak A, Krzystanek M: Services for patients with intellectual disability and mental health problems in Poland. *Psychiatr Danub* 2019; 31(Suppl 3):534-542
2. Marano G, Traversi G, Romagnoli E, Catalano V, Lotrionte M, Abbate A, et al.: Cardiologic side effects of psychotropic drugs. *J Geriatr Cardiol* 2011; 8:243-53. doi: 10.3724/SP.J.1263.2011.00243
3. Mazza M, Marano G, Antonazzo B, Cavarretta E, Di Nicola M, Janiri L, et al.: What about heart and mind in the COVID-19 era? *Minerva Cardiol Angiol* 2021; 69:222-226. doi:10.23736/S0026-4725.20.05309-8
4. Mazza M, Marano G, Lai C, Janiri L, Sani G: Danger in danger: Interpersonal violence during COVID-19 quarantine. *Psychiatry Res* 2020; 289:113046. doi:10.1016/j.psychres.2020.113046
5. Mazza M, Marano G, Traversi G, Bria P, Mazza S: Primary cerebral blood flow deficiency and Alzheimer's disease: shadows and lights. *J Alzheimers Dis* 2011; 23:375-89. doi:10.3233/JAD-2010-090700
6. Krysta K, Krzystanek M, Cubala WJ, Wigłusz MS, Jakuszkowiak-Wojten K, Galuszko-Węgielnik M, et al.: Telepsychiatry and Virtual Reality in the Treatment of Patients with Intellectual and Developmental Disabilities. *Psychiatr Danub* 2017; 29(Suppl 3):656-659