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Mental Retardation Awareness Heightened During March

“Nobody is perfect.” Everyone has heard and used the phrase. We all possess physical and mental strengths and weaknesses that make us unique. As a society, we embrace those differences as we recognize their value in enriching our communities – up to a point. In this country, one difference that traditionally has not been embraced and, in fact, has been stigmatized, is mental retardation. Since 1979, the Arc of the United States, with its various state and local offices, slowly has been eroding the stigma associated with mental retardation and developmental disabilities. The Arc’s efforts include focusing public awareness on these conditions and educating the public about the needs and abilities of people with mental retardation and their families. Their efforts are highlighted during the month of March, which is Mental Retardation Month.

According to the U.S. Department of Education, over 614,000 children between the ages of 6 and 21 have “some level of mental retardation and need special education in school.” Both the Department of Education and the Social Security Administration agree about 1.5 million people aged 6 to 64 have mental retardation (MR) in America. It is a condition that is more common in males than females, in African Americans than white Americans, and older children (6 – 10 years) than younger children (3 – 5 years). The American Association on Mental Retardation describes mental retardation as a disability “characterized by significant limitations in both intelligence and adaptive skills” that begins before the age of 18. It is normally diagnosed by administering a number of standardized tests designed to ascertain the skill level within different areas of development.

While mental retardation is the most common developmental disorder and may be caused by genetic conditions, complications of pregnancy, injury, infection, seizure disorders, environmental factors, and metabolic disturbances, developmental disabilities (DD) in general are more narrowly defined. They encompass a “diverse group of severe chronic conditions due to mental and/or physical impairments,” and can develop anytime between birth and age 22. Developmental disabilities result in “substantial functional limitations” in at least three areas, including self-care, language, learning, mobility, self-direction, ability to live independently, and ability to be economically self-sufficient. Intelligence testing, while a necessary component of diagnosing mental retardation, is **not** a factor in diagnosing developmental disability. While 15% of people with MR also have DD, individuals with DD do not always have MR – for example, people with cerebral palsy, epilepsy, or autism do not have mental retardation.

As previously noted, mental retardation can be caused by a variety of factors that impairs development of the brain before and during birth, as well as during early childhood. Gene disorders like Down Syndrome and PKU (phenylketonuria) that are inherited or result from infections or over-exposure to x-rays can cause MR. Use of alcohol or drugs, infections such as rubella, exposure to environmental toxins, or malnutrition during pregnancy can result in mental retardation. At birth, prematurity, low birth weight, or oxygen deprivation may cause MR. In early childhood, diseases like whooping cough, chicken pox, and measles can lead to serious infections such as meningitis and encephalitis that may damage the brain.

Even social conditions, particularly poverty, provide opportunities for the development of mental retardation through malnutrition, exposure to lead and mercury, and inadequate health care.

Advances in research in the past few decades have shown that mental retardation can be prevented in many cases. Through the use of newborn screening and dietary treatment, the Arc estimates about 250 cases of PKU (phenylketonuria) are prevented each year. A combination of screening and thyroid hormone replacement therapy corrects about 1000 cases of congenital hypothyroidism annually. As many as 5000 cases of MR caused by Hib disease are avoided through the use of the Hib vaccine. It is also estimated that “untold numbers” of cases of mental retardation are prevented by administering vaccines for measles and rubella. Removing environmental lead and mercury decreases brain damage in children. Safety measures such as using child safety seats in motor vehicles and bicycle and other sporting helmets for recreation have reduced the number of cases of brain injury. Adequate early comprehensive prenatal care, including supplementing diets with folic acid, reduces the likelihood of mental retardation. And the importance of living a healthy lifestyle during pregnancy, including abstaining from the use of alcohol, drugs, and tobacco, eating properly, exercising, and getting enough rest, cannot be overstated in the prevention of mental retardation.

It is important to remember that people with mental retardation can and do learn new skills, but do so more slowly than those whose intellectual and adaptive skills have not been impaired. The severity of MR as well as the necessary supports needed varies from person to person. But by adulthood, many people with MR are able to lead independent lives. To obtain more information about mental retardation and developmental disabilities, contact The Arc at 301-565-3842 (www.thearc.org), the National Center on Birth Defects and Developmental Disabilities (www.ced.gov/ncbddd/), or the American Association on Mental Retardation at 202-387-1968 (www.aamr.org). To learn about the legal rights and protections of people with disabilities, contact the Department of Justice at 1-800-514-0301 (www.usdoj.gov/crt/ada). For additional information about this or other public health issues, contact the Central Connecticut Health District at 860-721-2822 (www.ccthd.org).