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A small mental retardation, or mild intellectual disability, consists of a small developmental delay (compared to people considered on average), which is not limited in terms of personal autonomy or quality of life of the child. Diagnosis of mild mental retardation involves considering the facets of symptoms outside the clinical picture. This analyses the child's physical and mental health, i.e. his physical, psychological and educational problems. Various aspects of mild mental retardation continue, we explain some basic aspects, and which are repeated in those diagnosed with this disorder. Cognitive aspects of mild mental retardation

These are based on intelligence. At this point, he analyzes the young man's reasoning ability, his planning ability and how he solves problems, and even whether he is able to perform tasks that require the intervention of abstract reasoning. Adaptive and environmental aspects of mild mental retardation are about the quality of behavior that a child has learned and learned to interact with the world around him. To do this, the sociocultural conditions of the place where the child should live are analyzed. The social aspects of mild mental retardation are analyzed

At the moment, its ability to communicate, understand and take on the various roles that exist in society is analyzed. This measures and understands the future of the child in society and will assess the possibility of full integration into common situations. Intellectual Disability according to WHO

The World Health Organization sets the following levels of disability: the limit of intellectual disability: the intelligence ratio of these people is in values between 68 and 85. Thus, these are children who exhibit only certain symptoms of learning delay. Easy intellectual disability: people with odds of 52 to 68 years. These are children who show small engine delays and perception. As adults, they can lead a perfectly functional and independent life adapted to the society and the world of work. Moderate Intellectual Disability: These are children with odds between 36 and 51. They show verbal communication problems and it is difficult for them to understand certain factors in their environment, but in adulthood they can lead independent lives. Severe intellectual disability: these are young people with a ratio of 20 to 35 years, which means that they are dependent. Its engine and psychological deterioration severely limits its independence. Deep Intellectual Disability: Includes all whose intelligence ratio is below 20 and who suffer from obvious and serious psychological, motor and cognitive impairment. Delay Soft educational activities

Such children with mild mental disabilities achieve with appropriate help self-reliance in self-care, as well as almost complete social integration. At the school level, they can receive education in regular schools and have little or no primary education. Adapting the educational environment for these children involves adapting the educational materials and physical space where they are taught. Adaptation class

Elimination of architectural barriers. Open noise insulation classes that can reduce children's ability to concentrate. Enough lighting, possibly natural light. The existence of visual support material hung on the walls of the classroom in the form of posters or drawings that bring peace of mind and security for the little ones. School supplies of children with mild mental retardation have some limitations on abstract concepts. This small disorder is compensated by the use of tactile or visual materials by which the child can assimilate and experiment with concepts. These items, among other things: clay, abakos, paintings, pencils, construction toys or puzzles. As for educational software, simple navigation programs are searched and do not overload the child with information. Soft mental retardation in children and their evolution

A child progresses at a certain rate. Thus, less than 50% of children's psychomotor problems are detected before school. To do this, there is a test battery that can be performed to obtain an assessment of its psychomotor maturity, which is to improve the skills managed by the central nervous system. Denver Test

Thane to the test may get early detection of future psychomotor problems of the child. The Denver scale is to analyze the results of a series of tests that compare with the results of children of the same chronological age. The Denver test uses four categories of evaluation: Thick Motor Skills Development: these are motor skills associated with wide movements with little precision and the use of physical strength. It requires large muscle groups. Development of fine motor skills: includes movements that require manual or leg dexterity. For example, exact tasks with objects. Social prowess: It discusses how a child's contact with the environment and what the child's relationship with the world is like. The development of oral expression: it consists in the study of the ability of a young child to communicate, listen and understand the messages received. Test mechanics

In common objects such as a bottle with a screw lid, ball, bell, pencils or skein are used

Wool. Test results: Abnormal: The test is considered abnormal if there are two or more failures in two or more areas. Doubtful: when there are two failures in one area or one in several. Unrealizable: The number of failures prevents the valuation. Games for children with mild mental retardation

The goal of special education is to prepare the child for adulthood, so that the child fully reaches his potential in all areas. Thanks to pre-tech work, toddlers can express their problems, their inner world and make their flaws and needs known. Plastic expression and crafts control the psychomotor maturation of the little ones, improve their image of themselves and develop the way they express themselves; it also improves creativity, observational skills and the ability to retentive. On the other hand, it promotes the socialization of the child by participating in common activities with other children. To see the evolution of a child's maturity, his skills are valued compared to those considered normal in other children. Skills associated with adapting a child include: Analysis of the child's daily work: that is, how he develops when caring for himself, going to the toilet, eating or getting dressed. Language skills: s analyze a child's ability to interpret and how they process information and react to it. Social skills: The child's interaction with a close family, children in his class or strangers is studied. In addition, the following tests are often used to assess the mental development of the youngest: the Denver test. Stanford-Binet Intelligence test. The test from the Stanford-Binet

The Stanford-Binet Intelligence Test arises from the belief of having to classify people with some type of mental disability. To do this, the following classifications are established according to the intellectual coefficient (KI) of a person: values over 140: the level of intelligence of a genius or almost genius. Values between 120 and 140: much higher than intelligence. Values from 110 to 120: excellent intelligence. Values between 90 and 110: intelligence level on average. Values from 80 to 90: clumsy intelligence. Values from 50 to 70: moralism. Values from 20 to 50: imbecility. Values between 20 or 25: language. Miriam Rodriguez is a marketing specialist specializing in copywriting. Intellectual Disability

Classification and External Resources

Sepical PsychiatryPsychologyInceives Neonatal Suffocation

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Intellectual Disability (formerly known as Mental Retardation) this change in human development is characterized by significant limitations in both intellectual functioning and adaptive behavior and is indicative of up to 18 years. It affects about 2% of the population as a whole. Intellectual disability has been quantified as the value of intelligence less than 70. However, this criterion is not sufficient to determine disability. It generates anomalies in the learning process, which are understood as slow and incomplete acquisition of cognitive abilities during human development, which ultimately leads to significant limitations in current development. It is characterized by a very variable intellectual functioning, which occurs alongside the attendant circumstances in two or more of the following areas of adaptive skills: communication, personal care, home life, social skills, community use, self-government, health and safety, functional academic skills, leisure and work. (citing) Definition of the term intellectual disability replaced the term mental retardation, however other terms were used to refer to the same concept: developmental delay (preferably used in pediatrics), intellectual development disorder, neurodevelopment disorder, cognitive development change. The terms delay and delay, as well as their derivative delay and delay, have been replaced by their pejorative overtones and the stigmatizing effect they entail. Since its founding in 1876, AADID has been a world leader in understanding and classifying mental disability. The Diagnostic and Statistical Manual of Mental Disorders (DSM), in V, uses as a reference several suggestions of the eleventh AADID 2010 guide. Intellectual disability, according to AADID, since 2002 is an update of the traditional approach to the multidimensional approach of the individual, defining intellectual disability through various aspects of the person (psychological/emotional; physical/healthy), as well as the environment in which it develops. In this sense, it is based on the premise of not only limitations but also of opportunities so that, with the necessary support over time, a disabled person can obtain satisfactory personal outcomes as a living. The following methods of characteristics that set levels but are not objective enough and can lead to errors in Intellectual disability, on a scale of measuring intelligence below 70 i q (I) is an analogue of the other end of intelligence, which is a super-dose, it is above 130 I. Classification according to dsm-IV intellectual disability is classified on the following types: 2 Soft Intellectual Disability CI 50-55 to 70. It's called people who go through a wrapped stage. They are about 85% of people affected by the disorder. They often develop social and communication skills in preschool years (0-5 years), have minimal deficiencies in the field of motor sensors, and often do not differ from other children without cognitive impairment until later in age. They acquire social and professional skills suitable for minimal autonomy, but may need supervision, guidance and assistance, especially in situations of withered social or economic stress. With proper support, subjects with mild cognitive impairment live seamlessly in the community, regardless of whether in controlled institutions. Moderate Intellectual Disability CI 35-40 to 50-55. Moderate cognitive disability is roughly equivalent to the educational pedagogical category. This group makes up about 10% of the entire population with cognitive impairment. They acquire communication skills in early childhood. They acquire training and, with moderate supervision, can acquire skills for their own personal hygiene. They may also benefit from social and professional skills training, but they are unlikely to go beyond the second tier in school matters. They can learn to move independently in familiar places. They are basically able to perform unskilled or semi-skilled work, always under supervision, in protected workshops or in the general labor market. They adapt well to public life, usually in institutions with supervision. Severe intellectual disability KI 20-25 to 35-40. Includes 3-4% of people with cognitive impairment. In the early years of childhood, the acquisition of communicative language is not enough or not. At school age, they can learn to speak and can be trained in basic personal hygiene skills. They benefit only from the limited benefit of teaching pre-aum subjects, such as familiarity with the alphabet and simple calculation, but can acquire certain skills, such as learning the global reading of certain words necessary for their autonomy and independence. Adults can perform simple, carefully controlled tasks in institutions. most are well suited to living in the community if they do not suffer from a related disability that requires specialized care or any other type of care. Deep Intellectual Disability CI 20-25. It includes approximately 1%-2% of people with cognitive impairment. Most people with this diagnosis have identified neurological diseases, which explains their intellectual disability. During the first few years they develop significant changes in motor sensory function. Optimal development can be predicted in a highly structured environment with constant help and supervision, as well as individual relationships with the teacher. Motor development and communication skills and personal hygiene skills can be improved with proper training. Some of them come to perform simple tasks in protected and carefully controlled institutions. Intellectual disability of unspecified severity. It is used when there is clarity about disability, but it is not possible to test through testing. Depending on the severity of cognitive impairment, the subject can be educated and trained to learn to live in society: You can master certain global reading skills (transit signs, such as: PARE), you can move to unknown or familiar places, you can learn trading and work on it, as long as society gives you the opportunity to do so. Epidemiology In the period from 1980 to 2009, the prevalence of intellectual deficiencies worldwide was about 1%. Subsequently, several studies have established a slightly lower prevalence than 1%, although the heterogeneity of these works does not allow this value to be indicated. Etiology Intellectual Disability can have many causes, and this can occur during pregnancy, at birth or later. There may be genetic, metabolic, congenital or environmental causes (accident, psychological violence and devaluation of parents and family members, diseases that cause harm, malnutrition, drugs or other toxic effects, developmental problems or education). The causes of mental disability can be divided into genetic and environmental or non-genetic. Genetic causes, in turn, genetic causes can be divided into syndical and non-syndomic, as soon as there are other clinical changes besides the disability itself. Genetic causes range from 30 to 50% of the causes, including chromosomal abnormalities (such as Down syndrome), inherited genetic characteristics (such as fragile X syndrome) and simple genetic changes (such as Prader-Willi syndrome). Thanks to medicine and new genetic tests

Every day new genes involved in intellectual disability are known, these tests are available to everyone in 2011. (required citation) Acquired intellectual disabilities

There are a significant amount of visibility of mental disorders in people (including children mostly) who are not born with them. As there is a great vulnerability in childhood, the environment in which the child rises, the stimuli around him, the connection with people's affection ... it can affect your intellectual development and cognitive function. Deficiencies can also occur in a person after an accident, because a collision, a stroke, etc. caused irreparable brain damage, this occurs in the vast majority of cases when it occurs in adulthood. Environmental Factors

Infection: Both the mother during pregnancy (rubella, measles, toxoplasmosis...) and niñ@ (meningitis or encephalitis). Even today, malaria is one of the main causes of mental disability in third world countries. Brain damage from strokes: it can be damaged and depending on where the damage can cause cognitive impairment, there are many reasons why the brain may have brain damage, among other things: traffic accidents, damage caused during childbirth (lack of oxygen, types, etc.). Strokes, Stroke, etc. Toxic: Fetal exposure to drugs increases the chances of subsequent problems, the effects of alcohol known and the effect that many other drugs may have on a child's subsequent development. Similarly, healthy people have many drugs that can cause traumatic brain injury and cognitive impairment, alcoholism, for example, can lead to different types of syndromes, such as Korsakov syndrome. Clinical picture

Syndromes with mental disabilities. Epileptic Syndrome in Girls with Mental Disabilities

Main article: EFMR This syndrome was recently discovered (2008), so it is under-diagnosed and not widely known to the medical community, this type of genetic epilepsy caused by a mutation in PCDH19 Gen, men may be carriers, but they do not suffer from the disease, but girls show numerous epileptic seizures. 70% of girls have some form of mental disability and psychological, psychiatric or developmental problems. 30% have no disorders. The particular differentiation of this type of epilepsy from others is that infections and fever can cause the possibility of seizures. Crises usually occur in clusters (consecutive epileptic seizures within one or more days) and require hospitalization. Confirmation of this type of epilepsy can occur when a genetic test is performed. This syndrome is now known as epilepsy by women with mental retardation (EFMR). Rett Syndrome

Home article: Retta Syndrome

Is a neurological disorder that was originally described only in girls in whose early development is normal, but between 7 months and two years (6 to 18 months of life) there is a partial or complete loss of manual acquired and speech skills, delayed head growth and a consequence of severe mental disability. Its incidence is 1 case per 15,000 girls born alive; is a severe progressive neurological disorder. It is associated with the X chromosome; children conceived with this mutation end up in miscarriage as Rett syndrome due to spontaneous non-hereditary mutations. The first manifestations appear between the ages of 6 and 30 months in the form of serious mental disorders. The girl's development was normal up to this age, some even utter words or combinations of simple words. Many of these girls walk at their age while others have an inability to walk. Clinically, it is characterized, in particular, by hypotension (flexible limbs), regression in development, smaller than usual, head growth (microcephaly), loss of use of hands that perform esterotyping and repetitive movements. Social interaction is also lost, difficulties in expressing and understanding language, and convulsions occur in a large proportion of patients. Treatment should be multidisciplinary; physiotherapy and rehabilitation in general are important. Although there is no specific pharmacological treatment, anticonvulsants can benefit girls in the treatment of epileptic seizures, as well as increase vigilance in some patients. Dravet Syndrome

Home article: Dravet Syndrome

Is the most severe myoclonic epilepsy that exists along with Western syndrome, is treated with uncontrolled epilepsy with mental retardation some most of the time, epileptic statuses are common and seizures occur especially with fever. Teenage children usually end up with a high degree of addiction. SCN1A is a genetic disease caused by a mutation in the gene, in most cases SCN1A, although other genes involved have recently been discovered. Prader-Willi Syndrome

Home article: Prader-Willi Syndrome

Is not a hereditary birth defect that can affect any child equally, regardless of gender, race or state of life. Characterized primarily by an insatiable appetite because of behavioral problems. Other symptoms include poor muscle tone, mental disorders, poor sexual development, low growth, small arms and legs, visual, dental problems, respiratory disorders, scoliosis and diabetes. The cause is unknown and there is no chance of healing. It is necessary to make sure that this person does not have easy access to food, because he has a real obsession with food, which often causes problems with obesity. Down Syndrome

Main article: Down Syndrome Genetic Change

Is Rated 21, which has three

chromosomes (trisomy 21); one in 700 children is born with this syndrome, in all ethnic groups, with a tendency towards the father of men. While anyone is exposed to the conception of a child with Dossier Syndrome, older mothers are more likely to have offspring with Dossier Syndrome. This causes mental delay from mild to severe, and is associated with facial and physical characteristics of its own: small stature and small, rounded heads; Sloping front; Low implantable ears eyes mewed up and out of sight; Open mouth big, cracked language; Short, internally curved little fingers; wide hands with a cross groove in the palm of your hand. Congenital heart abnormalities are sometimes found in the septum separating the left and right sides. In some cases it appears at the age of about 40 years of premature dementia type Alzheimer's. The intelligence rate is on average 50, but in addition to this lower cognitive ability and the aforementioned physical characteristics, there is no major difference in their development and acquisition of habits with other children. Kanner Autism Home article: Autism consists of a neurodevelopment disorder that affects brain function in three areas, mainly such as communication, social interaction and the development of repetitive and restrictive behaviors. Its etiology is still unknown and multifactorial in nature affects four times more men than women; behavior typical of this disorder begin to develop up to three years of life. In a very wide range of autism there are characteristics common to all of them, such as that they are visual learners and have excellent memory. The main complications presented by an autistic person are: difficulty using or lacking language; difficulties communicating with other people and expressing their desires and emotions; Lack of or small eye contact complication in creative and social play with other children; repetitive and stereotypical movements; behavioral rigidity. Autism is not necessarily associated with mental disability, given the heterogeneity of the disorder, intelligence is variable. In several found that the prevalence of attetual disability ranges from 25% to 55% (O'Open). 2004. Fombone-Chakrabarti. 2001). Fragile X Syndrome or Martin Syndrome and Bella Home article: Fragile X Syndrome is the second cause of mental retardation, after Down syndrome, and the first cause of hereditary mental retardation. His diagnosis is usually late and sometimes wrong, since he is often mistaken for autism. It occurs mainly in men; it was discovered in 1943 and, thanks to medical advances, a DNA test was developed in 1992 to diagnose both carriers and those affected by the syndrome. Typical physical characteristics of people with fragile X chromosomes are: elongated face, large and/or separate ears and stratum, although these traits are not present in all cases or with the same intensity. The most common behavioral characteristics in men are: hyperactivity, attention disorders, extreme shyness, eye avoidance, repetitive languages, stereotypes such as chimney or biting hands, distress, increased sensitivity to stimuli, resistance to change, etc. Today there is no therapeutic treatment, but there are palliative treatments for one of their symptoms, in order to improve certain physical and, on the other hand, educational problems adapted to the needs and skills of each person. Both should begin as soon as possible the diagnosis of the syndrome is done on three criteria: clinician, cytogenetic (associated with cell conformation) and genealogical (which refers to the presence of the disease in the family). Phenylketonuria Main article: Phenylketonuria is a hereditary disease caused by a metabolic defect that affects how the body processes proteins. Although it affects all ethnic groups, it is strange in the black race and in The Askenasi Jews. Children with phenylketonuria cannot process a part of a protein called phenylalanine hydroxylase; As a result, the accumulation of phenylalanin occurs in the bloodstream of the child, which, if not diagnosed before six months of life, causes brain damage. Using a test developed in the 1960s - consisting of a small puncture on a child's heel to remove and test a blood sample - the disease can be detected at an early stage. It is possible to completely prevent mental retardation if the baby begins to be treated with a special diet, which has little phenylalanin until the third week of life. The main article of Alzheimer's: Alzheimer's disease This disease affects the parts of the brain that control thinking, memory and Language. Memory weakens, recent daily events are not remembered, and as it develops, memory affects older life events; attachments become poor, with a loss of interest in maintaining social relationships with the family and the environment, showing progressive social isolation. The process of the disease is gradual and the person usually deteriorates slowly; the cause of the disease is still unknown and has no cure. The condition is named after Dr. Alois Alzheimer's, who in 1906 described changes in the brain tissues of a woman who died of what was considered an unusual mental illness. Now these characteristic and abnormal changes in the brain are recognized as Alzheimer's disease, which affects all groups of society; although it is more common among older people, young people may also present it. It is important to note that Alzheimer's disease is a disease that can change even the form of human behavior, is seen as a form of dementia, as gradually there will be loss of memory and intellectual abilities of a person, causing many times that a person feels confused or even unknown to the place or people he previously remembered, stresses that it is not a disease that is considered within normal aging, and that this over time can worsen as it slowly degenerates. Therefore, it is recommended to be patient with those who have it. See also Lennox-Gastaut Cat Meow Syndrome Miller Dieker Syndrome (MDS) Wolf-Hirschhorn Self Cognitive Accessibility Syndrome Easy Reading Active Support Notes is also delayed, although this is not a term used in CIE and DSM texts. 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