

Mental retardation: A Neurodevelopment disorder

Komalpreet Kaur

Editorial Note

What is Neurodevelopment disorder?

Neurodevelopmental disorders are illnesses that impair the way the brain works. They range from minor disabilities that allow individuals afflicted to lead relatively ordinary lives to serious problems that need supportive treatment. Neurodevelopmental diseases include Attention deficit hyperactivity disorder, mental retardation, speech and language difficulties, Tourette syndrome, schizophrenia, and autism are all examples of neurological disorders.

Similarly Mental retardation (MR) is a term that describes significant impairments in current functioning. It begins before the age of 18 and is marked by severely below-average cognitive performance, as well as corresponding deficits in two or more of the essential adaptation key skills:

- Sharing of knowledge
- Self-care in the home
- Social abilities
- Usage in the community
- Self-determination
- Safety and health
- Professions who are actually useful
- Amusement
- The job

It can be congenital and difficult to detect in normal-appearing youngsters with learning disabilities. MR, on the other hand, is easily identified when a kid has dimorphic traits linked with a known hereditary MR condition. Mental retardation begins in childhood. Mental retardation affects approximately 2 and 3 percent of people. In all circumstances, initiating special education as early as possible in childhood can assist persons with mental impairment maximize their skills.

Basically, MR has typically been divided into five categories:

- Mild MR – IQ ranges from (50-55) to 70
- moderate MR – IQ from (35-40) to (50-55)
- Severe MR – IQ from (20-25) to (35-40)
- Profound MR – IQ below (20-25)
- MR, undetermined severity - this is identified whenever there is a high suspect of MR but the subject is unable to be evaluated using standardized intelligence tests.

Symptoms

- Failure to reach cognitive developmental milestones,
- Difficulty to fulfill cognitive stages like eating, moving, walking or talking on time.
- Persistence of childish behavior.
- Possibly manifested by a lack of understanding of social standards.
- The repercussions of behavior.
- Nobility to solve difficulties due to a lack of curiosity.
- Reduced capacity to learn.

Conclusion

Mental retardation medication is not intended to "cure" the illness. Instead, therapeutic aims involve lowering safety concerns (for example, assisting a person in maintaining safety at home or school) and learning suitable and useful life skills. Therapies must be customized requirements of individuals and their families, with the primary objective of maximizing the individual's ability..