

精神遅滞

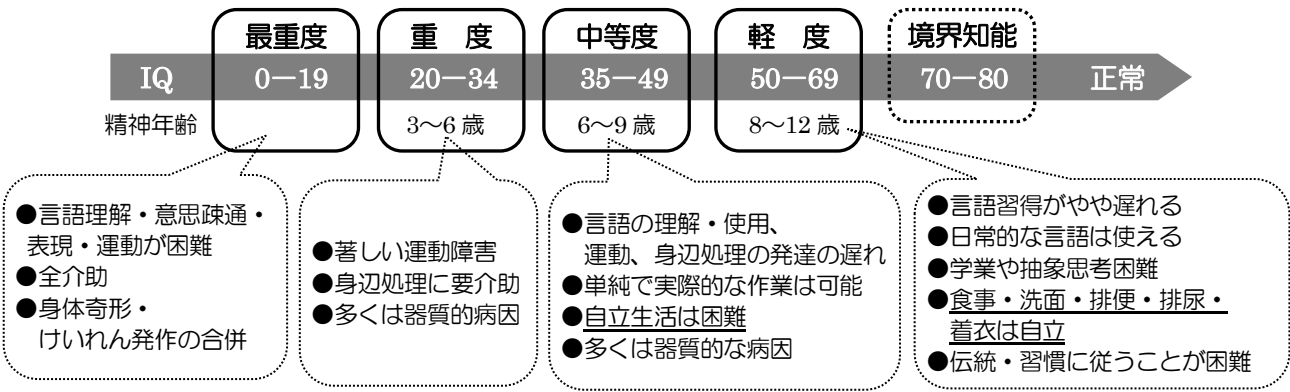
精神遅滞
 精神薄弱：過去の呼称
 知的障害：社会行政的呼称

- 人口の約1%（うち80%が軽度精神遅滞） ●男児>女児
- 精神の発達停止・発達不全のため、全体的な知的水準に寄与する能力が障害。
- 社会生活に適應する能力が乏しい。発達期に明らかになる。 認知、言語、運動、社会的能力



随伴症状
 興奮、怒り、攻撃性、恐怖・不安・解離。食事・排泄・睡眠・運動の異常。多動。

知能指数による分類



成因・病態 ●30~40%は原因を特定できない。

生理的精神遅滞

- 正常知能から連続的に移行する群。軽度~中等度精神遅滞。遺伝素因も。
- 日常生活は学齢期にはほぼ自立。 ●教育により知識・技能の習得が可能。社会生活への適應も。

病理的原因

- 出生前後に中枢神経系が損傷。 フェニルケトン尿症、先天性甲状腺機能低下症
- 遺伝的要因 ●遺伝子異常・染色体異常など。 結節性硬化症、ダウン症候群（21トリソミー）

- 早期胚発達異常 ●感染症 ●毒物による出生前障害：母親のアルコール摂取など。
- 妊娠中・周産期の問題 ●低栄養 ●未熟児（脳性麻痺など） ●低酸素 ●ウイルス感染 ●外傷
- 幼児期・小児期の身体疾患 ●感染症 ●外傷 ●薬物摂取

心理的・環境的原因

- ※日本ではきわめてまれ。
- 養育、社会的接触、言語刺激の剥奪。 ●重度の精神疾患で学習能力低下。 ●盲、聾を放置。

予防と治療

- 遺伝性疾患への配慮 ●脳器質性障害の予防：妊婦の禁酒、禁煙、風疹の予防など。
- 新生児期のスクリーニングで先天性代謝異常の予防可能。
- 先天性代謝異常、感染症、水頭症の治療。 ●早期からの心身機能への発達促進的な訓練。
- 精神症状・異常行動・問題行動への生活指導、環境調整、薬物療法、行動療法。

Disorders of intellectual development 知的発達症 ICD-11

Disorders of intellectual development are a group of etiologically diverse conditions **originating during the developmental period** characterized by significantly below average **intellectual functioning and adaptive behavior** that are approximately two or more standard deviations below the mean (approximately **less than the 2.3rd percentile**), **based on** appropriately normed, individually administered standardized **tests**. Where appropriately normed and standardized tests are not available, diagnosis of disorders of intellectual development requires greater reliance on **clinical judgment** based on appropriate assessment of comparable **behavioural indicators**.

Mild 軽度

A mild disorder of intellectual development is a condition originating during the developmental period characterized by significantly below average intellectual functioning and adaptive behaviour that are approximately two to three standard deviations below the mean (approximately **0.1 – 2.3 percentile**), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons often exhibit **difficulties in the acquisition and comprehension of complex language concepts and academic skills**. **Most master basic self-care, domestic, and practical activities**. Persons affected by a mild disorder of intellectual development can generally achieve relatively independent living and employment as adults but may require appropriate support.

Moderate 中等度

A moderate disorder of intellectual development is a condition originating during the developmental period characterized by significantly below average intellectual functioning and adaptive behaviour that are approximately three to four standard deviations below the mean (approximately **0.003 – 0.1 percentile**), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. **Language and capacity for acquisition of academic skills** of persons affected by a moderate disorder of intellectual development **vary** but are generally **limited to basic skills**. Some may master basic self-care, domestic, and practical activities. **Most affected persons require considerable and consistent support** in order to achieve independent living and employment as adults.

Severe 重度

A severe disorder of intellectual development is a condition originating during the developmental period characterized by significantly below average intellectual functioning and adaptive behaviour that are approximately four or more standard deviations below the mean (**less than approximately the 0.003rd percentile**), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons exhibit **very limited language and capacity for acquisition of academic skills**. They may also have **motor impairments** and typically **require daily support** in a supervised environment for adequate care, but **may acquire basic self-care skills with intensive training**. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile.

Profound 最重度

A profound disorder of intellectual development is a condition originating during the developmental period characterized by significantly below average intellectual functioning and adaptive behaviour that are approximately four or more standard deviations below the mean (approximately **less than the 0.003rd percentile**), based on individually administered appropriately normed, standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons possess **very limited communication abilities and capacity for acquisition of academic skills is restricted to basic concrete skills**. They may also have co-occurring **motor and sensory impairments** and typically require daily support in a supervised environment for adequate care. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile.

Provisional 暫定

Disorder of intellectual development, provisional is assigned when there is evidence of a disorder of intellectual development but the individual is **an infant or child under the age of four** or it is not possible to conduct a valid assessment of intellectual functioning and adaptive behaviour because of **sensory or physical impairments** (e.g., blindness, pre-lingual deafness), locomotor disability, severe problem behaviours or co-occurring mental and behavioural disorders.

心理的発達障害 ICD を中心に

概 念

Cf 精神遅滞：知的機能の全般的な遅れ。

- 中枢神経系の生物学的成熟に関与した機能発達の障害・遅滞。
- 言語、コミュニケーション機能、視空間技能、強調運動など、**特定の技能領域の遅れ**。
- 乳幼児期、小児期に発症。正常発達の時期がない。
- 恒常的な経過。
- 障害は成長するにつれて軽快。
- 家族的素因はあるが原因不明。
- 男子は女子より数倍多い。

例 外
「遅れ」というよりは「偏り」
小児自閉症など

広汎性発達障害

小児自閉症 autism

- 男児**は女児の3~4倍多い。著しい精神遅滞 75%

成因～歴史的背景

- 当初、親の性格や養育が原因とされ、親は自責的に。
- 英国 M. Rutter：「自閉症の基本障害は言語・認知機能の障害」
→以降、生物学的要因が関係していると考えられるようになっている。

「早期幼児自閉症」L. Kanner 米国

- ①社会性の障害（他者と情緒的な交流ができない）
- ②言語発達の遅れ
- ③行動や興味の著しい限局と反復的常同的な行動

ICD-10 による診断

- 3歳以前**に現れる発達の異常・障害。
- 3つの特徴**（全てに該当する）

对人的相互関係の障害

- 視線が合わない。
- 抱かれるのを嫌がる。
- あやしても笑わない。
- 人に興味がない。**
- 他人の気持ちを理解できない。**
- 場の空気が読めない。
- ひとり遊びを好む。
- 比喩や冗談が通じない。**
- 言葉を字面通りに受け取る。
- 興味を他者と共有できない。

意志伝達の障害

- 疎通目的に言語を用いない。**
- 反響言語（言葉をオウム返し）。
- 人称の逆転。疑問文による要求。
- 抑揚のない一本調子の話し方。
- 独語。
- 身振り、アイコンタクトなど、非言語的伝達の障害。
- クレーン現象**（指さしをしない。相手の手を取り目的物まで連れて行く）。

限局した反復行動

- 日常習慣の変化に強く抵抗する。**
- 新しい状況に対応できない。
- 融通がきかず自分のやり方に執着。
- ごっこ遊びやままごとをしない。
- 機械的な物体に異常に執着。**
- 覚え、集め、並べる遊びを好む。
- 常同運動（手をひらひら、体をゆする、ピョンピョンはねる）。
- 物の臭いをかくのを好む。

その他の症状の特徴

感覚の偏り 特定の感覚に敏感。べたべたしたもの・洋服のタグを嫌う。極端な偏食。敏感な嗅覚。雑音が苦手。

視覚優位 言語よりも、**絵や記号などの視覚の方が理解しやすい。**

パニック 外界の認識が不得意で、些細なことで混乱。かんしゃく。自傷他害など衝動行為。

タイムスリップ現象（記憶想起現象） 過去の辛い体験の場面が突然思い出され、パニック。

折れ線型経過 自閉症児の1/4~1/3 いったん獲得した有意味語が消失。2歳までに生じる。崩壊性障害より軽い。

心の理論の発達の遅れ

「他者には他者の心があり、自分とは違う考えを持っている」と理解できる。

アスペルガー-Asperger 症候群

- 小児自閉症と共通する症状。
- 知能は正常。著しく不器用。
- 言語・認知の発達に遅れは示さない。
- 男児に多い。 ● L. Wing 英が、Asperger の功績を紹介し命名。

「自閉症性精神病質」 H. Asperger 嬢

- (1) 注意の喚起と接触を示さない。
- (2) 不自然な調子で滑稽な言葉を使う。
- (3) 自己流で関心が狭い。
- (4) 欲動と感情に異常な推移があり、過敏と鈍感が表裏。

治療・リハビリテーション

- 発達障害者施設、児童精神科、児童相談所、養護学校などが連携。
- 認知と情緒の障害の改善、適応的技能の獲得、不適応行動の減弱
- リハビリプログラム：感覚統合法、遊戯療法、行動療法など。
- 興奮、暴力、破壊行為、自傷、多動→入院も。

Autism spectrum disorder 自閉スペクトラム症 ICD-11

Autism spectrum disorder is characterized by persistent deficits in the ability to initiate and to sustain **reciprocal social interaction** and **social communication**, and by a range of **restricted, repetitive, and inflexible patterns of behaviour and interests**. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.

with **disorder of intellectual development** and with mild or no impairment of **functional language**

without disorder of intellectual development and with mild or no impairment of **functional language**

with **disorder of intellectual development** and with impaired **functional language**

without disorder of intellectual development and with impaired **functional language**

with **disorder of intellectual development** and with absence of **functional language**

without disorder of intellectual development and with absence of **functional language**

特異的発達障害

- ① 会話・言語、② 学習能力、③ 運動機能の発達の遅れ。
- 言語性学習障害 非言語性学習障害

聞く、話す、読む、書く、計算する、推理する

学習障害 learning disability LD
教育分野での呼称

会話・言語の特異的発達障害

- 発達初期から、言語習得が障害。 ● 言語能力の遅れと知的機能レベルの著しい“ずれ”。
- 聞く、話す能力の障害→読字・綴字の困難、対人関係の異常、情動的・行動的障害。
- 重篤な聾、特定の神経学的、構造的異常がない。

特異的会話構音障害

発達性構音障害

- 言語能力は正常。精神年齢に相当した**語音が使用ができない**。

表出性言語障害

発達性運動失語

- 言語理解は正常。精神年齢に相当した**表出言語（話すこと）ができない**。
- 非言語的知能は正常。身振り手振り、言葉ではない発声で補う。
- 交友の困難、情緒障害、行動上の困難も。

受容性言語障害

発達性感覚失語

- 精神年齢に相当した**言語理解ができない**。聞くことができない。 ●表出性言語も著しく障害。
- 社会的、情緒的、行動上の障害を伴う。
- 社会的相互関係、親への甘え、ごっこ遊び、身振りは、ほぼ正常。⇔自閉症と異なる。

Developmental speech or language disorders 発達性発話または言語症群 ICD-11

Developmental speech or language disorders arise during the developmental period and are characterized by difficulties in **understanding or producing speech and language** or in **using language in context for the purposes of communication** that are outside the limits of normal variation expected for age and level of intellectual functioning. The observed speech and language problems are not attributable to social or cultural factors (e.g., regional dialects) and are not fully explained by anatomical or neurological abnormalities. The presumptive etiology for Developmental speech or language disorders is complex, and in many individual cases is unknown.

Developmental speech sound disorder 発達性語音症

Developmental speech sound disorder is characterized by **difficulties in the acquisition, production and perception of speech** that result in **errors of pronunciation**, either in number or types of **speech errors** made or the overall **quality of speech production**, that are outside the limits of normal variation expected for age and level of intellectual functioning and result in reduced intelligibility and significantly affect communication. The errors in pronunciation arise during the early developmental period and cannot be explained by social, cultural, and other environmental variations (e.g., regional dialects). The speech errors are not fully explained by a hearing impairment or a structural or neurological abnormality.

Developmental speech fluency disorder 発達性発話流暢症

Developmental speech fluency disorder is characterized by persistent and frequent or pervasive **disruption of the rhythmic flow of speech** that arises during the developmental period and is outside the limits of normal variation expected for age and level of intellectual functioning and results in reduced intelligibility and significantly affects communication. It can involve repetitions of sounds, syllables or words, prolongations, word breaks, blockage of production, excessive use of interjections, and rapid short bursts of speech.

Developmental language disorder 発達性言語症

Developmental language disorder is characterized by persistent difficulties in the **acquisition, understanding, production or use of language** (spoken or signed), that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. The individual's ability to understand, produce or use language is markedly below what would be expected given the individual's age and level of intellectual functioning. The language deficits are not explained by another neurodevelopmental disorder or a sensory impairment or neurological condition, including the effects of brain injury or infection.

学習能力の特異的発達障害

- 読み・書き・計算などの技能習得の発達が障害。
- 生物学的な機能不全による認知過程の異常。
- 精神遅滞、神経学的欠損、情緒障害の結果ではない。
- 特異的読字障害** ●読字力の発達の著しい障害。発達性失読症。
- 特異的書字障害** ●書字の発達の著しい障害。
- 特異的算数能力障害** ●計算能力の発達の著しい障害。
- 学習能力の混合性障害** ●算数、読字・綴字のいずれもが障害。

Developmental learning disorder 発達性学習症 ICD-11

Developmental learning disorder is characterized by significant and persistent **difficulties in learning academic skills**, which may include **reading, writing, or arithmetic**. The individual's performance in the affected academic skill(s) is markedly below what would be expected for chronological age and general level of intellectual functioning, and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder first manifests when academic skills are taught during the early school years. Developmental learning disorder is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological or motor disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

with impairment in **reading**

with impairment in **written expression**

with impairment in **mathematics**

with **other specified** impairment of learning

運動機能の特異的発達障害

- 協調運動の発達の障害：**極端な不器用さ**。
- 知能の全体的な遅れや神経系障害では説明不可能。
- 知能検査：動作性 IQ が言語性 IQ よりかなり低い。
- 靴ひもを結ぶ・ボタンのかけはずし・キャッチボールの困難。歩き方のぎこちなさ。物を落とす、つまずく。書字・描画の拙劣。
- 視空間—認知課題での遂行障害と関係。

Developmental motor coordination disorder 発達性協調運動症 ICD-11

Developmental motor coordination disorder is characterized by **a significant delay in the acquisition of gross and fine motor skills and impairment in the execution of coordinated motor skills that manifest in clumsiness, slowness, or inaccuracy of motor performance**. Coordinated motor skills are substantially below that expected given the individual's chronological age and level of intellectual functioning. Onset of coordinated motor skills difficulties occurs during the developmental period and is typically apparent from early childhood. Coordinated motor skills difficulties cause significant and persistent limitations in functioning (e.g., in activities of daily living, school work, and vocational and leisure activities). Difficulties with coordinated motor skills are not solely attributable to a Disease of the Nervous System, Disease of the Musculoskeletal System or Connective Tissue, sensory impairment, and not better explained by a Disorder of Intellectual Development.

治療・リハビリテーション・経過・予後

- 集団内での良好な関係が発展するように支持。
- 学習訓練など。
- 教育関係者、作業療法士、言語聴覚士、臨床心理士の協同。
- 広汎性発達障害に比べ、対人関係や社会性に大きな障害がない。
- 各特異領域の発達障害も成長や治療・教育で改善。
- 行為障害、精神病状態の併発も→**非言語性学習障害**に多い。
- 身体感覚を把握し、行動をモニターする機能、社会行動の調整が不十分。

小児期・青年期の行動・情緒障害

多動性障害 hyperkinetic disorders

DSM-5 **注意欠如多動性障害 AD/HD**
attention-deficit/hyperactivity disorder

- 発達早期（6歳以前）に発症。
- 男児 > 女児
- 3割は成人期までに改善。

不注意

- 注意散漫。
- 持続的な課題遂行が困難。
- 忘れ物が多い。

過活動・衝動性

- 極端に落ち着きがない。
- 抑制がきかず、過活動。
- 社会関係でも抑制に欠け、危険な状況にも向こう見ず。
- 走り回る、順番を待てない。
- 授業中に着席できない。

学習の障害
運動の不器用さ

- 前頭葉のドーパミン・ノルアドレナリン神経系の機能不全→注意の障害。
- 治療薬：中枢刺激薬（脳内カテコールアミンを増加） 選択的ノルアドレナリン再取り込み阻害薬

Attention deficit hyperactivity disorder 注意欠如多動症 ICD-11

Attention deficit hyperactivity disorder is characterized by a persistent pattern (at least 6 months) of **inattention and/or hyperactivity-impulsivity**, with onset during the developmental period, typically early to mid-childhood. The degree of inattention and hyperactivity-impulsivity is outside the limits of normal variation expected for age and level of intellectual functioning and significantly interferes with academic, occupational, or social functioning. **Inattention** refers to **significant difficulty in sustaining attention to tasks** that do not provide a high level of stimulation or frequent rewards, **distractibility and problems with organization**. **Hyperactivity** refers to **excessive motor activity and difficulties with remaining still**, most evident in structured situations that require behavioural self-control. **Impulsivity** is a tendency to **act in response to immediate stimuli, without deliberation or consideration of the risks and consequences**. The relative balance and the specific manifestations of inattentive and hyperactive-impulsive characteristics varies across individuals, and may change over the course of development. In order for a diagnosis of disorder the behaviour pattern must be clearly observable in more than one setting.

predominantly inattentive presentation 不注意が優勢にみられる

All definitional requirements for attention deficit hyperactivity disorder are met and inattentive symptoms are predominant in the clinical presentation. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organization. Some hyperactive-impulsive symptoms may also be present, but these are not clinically significant in relation to the inattentive symptoms.

predominantly hyperactive-impulsive presentation 多動-衝動性が優勢

All definitional requirements for attention deficit hyperactivity disorder are met and hyperactive-impulsive symptoms are predominant in the clinical presentation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. Some inattentive symptoms may also be present, but these are not clinically significant in relation to the hyperactive-impulsive symptoms.

combined presentation 不注意・多動-衝動性が共にみられる

All definitional requirements for attention deficit hyperactivity disorder are met. Both inattentive and hyperactive-impulsive symptoms are clinically significant, with neither predominating in the clinical presentation. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organization. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences.

チック障害

	運動性チック	音声チック
単純型	まばたき、しかめ顔、首ふり、肩すくめ	咳払い、鼻すすり、うなる
複雑型	自分をたたく、飛んだり跳ねたり、地団駄を踏む、表情を変える	汚言（猥褻な単語）、同語反復

- 一過性（1年未満）／慢性（1年以上）

チック tic

- 限局した筋肉の、突発的、無目的、不随意的、急速な運動や発声が反復
- ストレスで増悪 ●睡眠中は消失

トゥレット Tourette 症候群

- 小児期・青年期に発症し、1年以上持続
- 音声・運動性を合併。 ●多様な音声チック：爆発的、反復的、卑猥な言葉。
- ドパミン拮抗薬が有効。

Primary tics or tic disorders 一次性チックまたはチック症群 ICD-11

Primary tics or tic disorders are characterized by the presence of **chronic motor** and/or **vocal (phonic)** tics. Motor and vocal tics are defined as sudden, rapid, non-rhythmic, and recurrent movements or vocalizations, respectively. In order to be diagnosed, tics must have been present for at least one year, although they may not manifest consistently.

Tourette syndrome トウレット症候群

Tourette syndrome is a chronic tic disorder characterized by the presence of **both chronic motor tics and vocal (phonic) tics**, with onset during the developmental period. Motor and vocal tics are defined as sudden, rapid, non-rhythmic, and recurrent movements or vocalizations, respectively. In order to be diagnosed as Tourette syndrome, both motor and vocal tics must have been present for at least one year, although they may not manifest concurrently or consistently throughout the symptomatic course.

Chronic motor tic disorder 慢性運動チック症

Chronic motor tic disorder is characterized by the presence of motor tics over a period of at least one year, although they may not manifest consistently. Motor tics are defined as sudden, rapid, non-rhythmic, and recurrent movements.

Chronic phonic tic disorder 慢性音声チック症

Chronic phonic tic disorder is characterized by the presence of phonic (vocal) tics over a period of at least one year, although they may not manifest consistently. Phonic tics are defined as sudden, rapid, non-rhythmic, and recurrent vocalizations.

Transient motor tics

Tics are sudden, non-rhythmic stereotyped movements such as blinking, sniffing, tapping, etc. They should have been present for less than 1 year.