Commentary

The article is an important one not just because it explores the relationship between mental retardation and some important sociodemographic factors but also because mental retardation (intellectual disability) is one of the areas where the challenges posed to the medical profession are not being adequately met especially in developing countries. The paper has shown the relationship between social class and education in the prevalence of intellectual disability. This low socioeconomic status usually goes hand in glove with poverty and social deprivation, problems with which most developing countries are still struggling, in spite of the progress recorded in the past few years. The paper discusses how some common causes of mental retardation such as perinatal infections, postnatal infections and lack of screening for congenital/chromosomal disorders are often seen at the lower socioeconomic level of society. The importance of other childhood conditions such as cerebral palsy, other motor and sensory disorders and language delays in intellectual disability was also underscored. Also, the article clearly shows why mental retardation should be important to all workers in the field of mental health. This is because, like everyone else, a person with intellectual disability may exhibit emotional, behavioral, interpersonal or adjustment problems in addition to the possibility of developing frank psychiatric disorders.

Mental retardation (intellectual disability) has its onset before the age of 18 years, is characterized by life-long limitations and affects 1-3% of the world's population.[1] Studies from developed countries have shown that individuals with intellectual disability have higher mortality rates and shorter life expectancy than the general population; they have greater health care needs; they engage in fewer preventative health screenings and they have conditions that often go undiagnosed or are mismanaged.[2,3] The picture in developed countries also includes the fact that people with mental retardation use hospital services more often than other people.[4] If this picture looks so grim for people in developed countries, the situation in developing countries can only be imagined. In addition to weak health systems and the gap in treatment

that have been well documented, there are possible additional problems of neglect, discrimination and mismanagement on the part of health workers.[5,6] The problems facing developing countries are enormous especially in the area of mental health. It is true that the WHO has come up with ways of dealing with some of the problems, e.g. mhGAP[7] (mental health gap action program), but the low priority accorded mental health issues in some countries may continue to militate against efforts to improve services. In addition, there is the problem of lack of awareness on the part of parents and guardians and on the part of health workers, in general, from the point of view of assessment and management.

What is required is "appropriate medical care and education" according to the author (s) of this article to reduce intellectual disability.[8] This appropriate medical care should include the strengthening of health systems in the developing world to include the training of doctors especially psychiatrists to understand the special challenges in the assessment of people with intellectual disability. The education should include the creation of awareness not just among the populace, especially rural dwellers, but also among policy makers. Finally, knowledge of both pharmacological and psychosocial interventions necessary for the care of people living with intellectual disability is of paramount importance.

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