

## 정신지체의 정신의학적 접근

경희대학교 의학전문대학원  
소아정신과  
반건호

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### Why Mental Retardation

A timeline illustrating the evolution of mental retardation. It features several images and text boxes:

- 1982: A black and white photograph of a man with a mustache, labeled "Loving Walter".
- 1994: A black and white photograph of a man in a suit.
- 2001: A black and white photograph of a man's face.
- 2006: A group of children in a classroom, with a speech bubble containing the Korean text "초등학교만 구를 영애다오" (I can only play in elementary school).
- 2007: A black and white photograph of a man's face, with the Korean text "정신지체아동" (Mentally retarded child) overlaid.

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한 번 ( )은 영환한 ( )



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### 진단, 통보, 그리고...

- 진단
  - (1) 검사 실시 (지능 및 적응 정도)
  - (2) 신체적 검사 실시
- 통보
  - (1) 누가, 언제, 어떻게, 누구에게
  - (2) 통보 후 대책, 추적관찰, 군대, 결혼

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#### Definition of mental retardation

##### <The American Association on Mental Retardation's Definition of Mental Retardation>

Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly subaverage intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests before age 18.

From American Association on Mental Retardation: Mental Retardation: Definition, Classification, and Systems of Support, 9<sup>th</sup> ed. Washington, D.C.: American Association on Mental Retardation; 1992

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### DSM-IV 진단 기준

1. 지적인 능력이 평균 이하(IQ <70)
2. adaptive functioning 장애(다음 중 둘 이상)
  - 1) 대화      2) 자조 능력      3) 집안에서의 생활
  - 4) 사회성/대인관계      5) 학습 능력
  - 6) 직장에서의 적응 상태      7) 사회적 자원 활용
  - 8) 작업      9) 레저      10) 건강
  - 11) 안전
3. 발병 연령이 18세 이전이다.

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## Intelligence tests & Concept of MR

- Alfred Binet(1857-1911)  
 director of the Dept of Physiological Psychology, sorbonne in Paris from 1892
- Stanford-Binet test  
 (Binet & Simon 1916, Terman 1911)
- Personal capacities in appropriate self-care or  
 “adaptive” skills  
 → Vineland Social Maturity Scale  
 (Edgar Doll, 1930's)

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Typically used assessment instruments for the early childhood period

Name of instrument	Age range	Advantages	Disadvantages
WPPSI-III(Wechsler, 1997)	3-7yr	Corresponds to WISC-III, excellent standardization useful diagnostically	Limited floor for MR (IQ of 45), scoring difficult, long to administer
Stanford-Binet, 4th ed. (Thomdike, Hagan, & Satter, 1986)	2yr and up	Well standardized, low floor (into severe MR range), easy to administer and score	Area scores not supported by factor analysis, scores not comparable at all ages
Bayley Scales (Bayley, 1994)	1-42mo	Good clinical utility; Good psychometric properties	Training and time to administer, IQ floor of 50
McCarthy Scales (McCarthy, 1978)	2.5-8.5yrs	Appealing tasks; well normed and constructed	Limited use with MR (IQ floor of 50), scoring cumbersome, no prorating
Kaufman Assessment Battery for Children (Kaufman & Kaufman, 1983)	2.5-12.5yr	Easel construction assists administration	Difficult to use for preschool MR, sampling problems, ambiguous items (sequential/simultaneous), no verbal comprehension items
Leiter-Revised (Royd & Miller, 1997)	3yr and up	Not used in place of IQ, utility for estimate of functioning with nonverbal children	Norms and standardization are inadequate

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Typically used assessment instruments for the early childhood period

Name of instrument	Age range	Advantages	Disadvantages
Vineland Scales(Spatow, Balla, & Cicchetti, 1984)	Birth and up	School, survey, and expanded forms, useful for assessing several areas of adaptive behavior	Difficult to administer, few items for young ages
Scales of Independent Behavior-Revised (Bruninks, Woodcock, Weatherman, & Hill, 1996)	2.5 yr. and up	Scales for early development and severe-profound MR	Additional research needed
AAMR Adaptive Behavior Scale (Nihira, Foster, Schellhaus, & Leland, 1974)	3-69 yr	Clinically useful scale	Standardization and psychometrics are questionable

사회성숙도검사 중앙적성연구소

Zeman 1998

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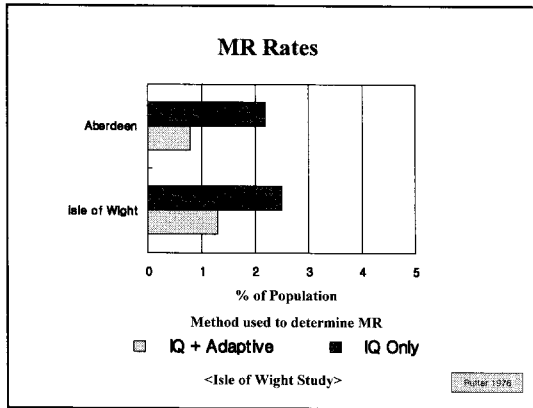
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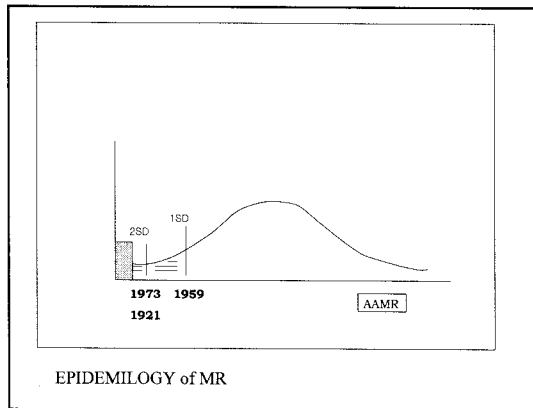
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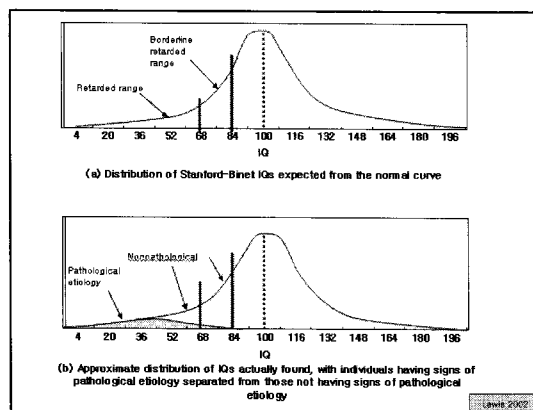
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### 정신지체, 정도에 따른 분류

경증 (mild)(교육가능군) : 50/55 - 70  
중등도 (moderate)(직업훈련군): 35/40 - 50/55  
중도 (severe) : 20/25 - 35/40  
최중도 (profound) : 20/25 이하

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### Lab tests for children with MR

- Chromosome studies
- Plasma very long chain fatty acid, ammonia
- Serum amino acids, Zn, Cu, ceruloplasmin, uric acid
- Blood: lead, WBC-lysosomal enzyme, lactate, pyruvate+mitochondria
- Urine: mucopolysaccharides, ketoacids, VMA
- Virus
- EEG, CT/MRI

소아과학 출판사 2007

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### 감별진단

- 1) 학습장애 또는 대화장애
- 2) 전반적 발달장애
- 3) 경계선 지적기능(borderline intellectual functioning) : IQ 71-84

# 치매 (dementia): 지능이 완전히 발달한 후 의식의 장애 없이 병전의 지식수준에 비하여 전반적인 인지기능 장애 및 정서장애, 성격장애 등을 보이는 증후군

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### How? Terminology (1)

• 19c 말

BRITAIN	NORTH AMERICA
Idiocy (m/severe)	Feeble-minded
Imbecility	idiots
Feeble-mindedness	imbeciles
	morons

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### Terminology (2)

- Idiot
- Mental retardation
- Developmental disabilities
- Learning disabilities
- Intellectual disabilities
- Subaverage intelligence
- Borderline intelligence
- 정박아/정신지체/학습부진아/희망반아동

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### 통보 및 대책

- 진단검사 설명: 부모 함께 들도록
- 진단검사 3회 이상:  
미취학, 초등 저학년, 초등 고학년
- 대책: 평생 계획표 제시
  - (1) 진학: 특수학교/일반학교 - 의사가 결정?
  - (2) 고등교육 수학 여부 - 의사가 결정?
  - (3) 건강보험 가입 - 의사가 결정?
  - (4) 장애인 등록 - 의사가 결정?
  - (5) 군대, 결혼, 자녀출산 - 의사가 결정?

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### 국방부령 (2006)

질병/심신장애의 정도	평가기준 (단위: 급)
경계성지능 즉 정신지체(Q-레스트 또는 생활기록부 등 증명자료와 정신과적 진단으로 군복무의 적응가능성을 판단함(다))	
가. 향후 일정기간 관할이 필요한 경우 나. 정도 (경계성지능 중 일상생활에 다소의 지장이 있는 경우)	7
다. 중등도 (경계성지능 및 정신지체자중, 군 복무에 상당한 지장이 있다고 판단되는 경우)	4
라. 고도 (정신지체자중 다른 사람의 전적인 감독 하에 심한 처리가 가능할 정도로 일상생활에 큰 지장이 있다고 판단되는 경우)	5
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