



IACAPAP 2018

23rd WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION
FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS



Borderline Intellectual Functioning: Children in the gray zone

K. Munir¹

*¹Boston Children's Hospital- Harvard Medical School,
Developmental Medicine Center, Cambridge, USA*

“Borderline Intellectual Functioning” (BIF) is a complex clinical entity represented in the DSM5 by a descriptive “v code”. Many children and adolescents falling within this construct remain in a “gray zone,” not only in terms of lack of consensus on definition of their limitations, but due to ineligibility for services for them. BIF is characterized by cognitive functioning falling between minus 1 standard deviation (85) or 16th percentile to minus 2 standard deviations (71) or 2nd percentile of the full-scale intellectual quotient (IQ). About 14 percent of the general population falls within this range. However, IQ is considered an outmoded concept and DSM5 currently emphasizes measures of ‘executive functioning’, e.g., reasoning, planning, consequential thinking, attention, and self-regulation, as more meaningful indicators of Intellectual Disability/Intellectual Developmental (ID/IDD). The DSM5 no longer specifies an IQ range for definition of BIF. Further research is needed to develop better international consensus on the BIF construct. More specific tools ought to be developed to screen those children and adolescents at highest risk and in need of additional diagnostic assessments. One categorical question is whether BIF ought to be promoted to status of mental disorder or simply eliminated altogether by combining it with expanded ID/IDD category that implies risk and defines service eligibility. Clinical and epidemiological evidence will be presented to further discuss the risk of poor health and health behaviors associated with BIF: in terms of mortality, mental health, obesity and smoking, as well as exercise levels. In addition, higher risk of exposures to social determinants of poorer health such as Adverse Childhood Experiences (ACEs) and cumulative (multiple) exposures across the lifespan will be considered. Children and adolescents with BIF, as those subjects with mild ID/IDD, face significantly higher co-occurrence levels of mental disorders than those in the general population. Early detection of BIF plus risk needs to be incorporated within the health, education, and social care sectors. Additional research is urgently needed to address the concerns facing this risk group given the heightened challenges in society with the growing complexity and dependence on information technology in everyday life. This is also paramount in increasing use of AI and how it further differentially degrade employment options for this important population segment.