ABSTRACTIONS

The abstracts below are taken from journals, the contents page of which are included in this month’s Information Service. These abstracts are provided as a response from Information Service members who have asked us to provide more information about the articles contained in our contents’ guide.

Physical mobility limitations in adults with intellectual disabilities: a systematic review

Background  Mobility limitations increase with age in the general population. Despite a growing population of older adults with intellectual disabilities (ID), mobility is rarely studied in the ID literature. The specific aim of this study was to identify and summarise primary literature investigating mobility limitations in adults with ID.

Methods  This study was a systematic review of the epidemiological literature (incidence and prevalence) of mobility limitations among adults with ID. Four electronic databases were searched from January 1980 to May 2007 for publications according to predefined inclusion/exclusion criteria. Additional sources were consulted. Two reviewers extracted data from each of the included articles.

Results  Thirty-two publications representing 31 studies were ultimately included. In general, studies did not focus on mobility but were conducted for other purposes. All studies were conducted in industrialised countries. Only one study used a longitudinal design; the remainders were cross-sectional. Few investigators reported on the representativeness of the sample or the validity of the measurement tool. Study samples differed substantially and investigators used numerous definitions of mobility limiting comparability between studies.

Conclusions  There is a need for increased research on mobility limitations among adults with ID, particularly longitudinal research. Researchers investigating mobility limitations should use validated measurement tools and offer detailed descriptions of the study sample and how it compares with an identifiable population.

Penile hygiene: puberty, paraphimosis and personal care for men and boys with an intellectual disability

Background  Supporting men and boys with an intellectual disability (ID) to meet their penile hygiene needs is perhaps one of the least acknowledged but most confronting issues facing care staff. The delivery of intimate hygiene can be a challenging topic particularly as it has been drawn into the emerging sexuality discourse and the ongoing abuse narrative. Compounding this challenge is the lack of guidance in intimate care for support staff. In addition, whereas the male with an ID outnumber the female, female care staff greatly outnumber male staff. Whether this situation affects outcomes for men and boys with an ID is unknown but it is an issue which should be examined.

Method  This paper reports data from two separate studies, one quantitative the other qualitative, which sought to explore penile hygiene as a male health issue.

Results  Results show the practice of care staff to be inconsistent, the views and values of care staff to be divergent. Some patterns and contextual differences were identified depending upon the gender of care staff. An emerging dialogue described some of the positive contributions that male staff make to men and boys with an ID.

Conclusions  The penile health needs of men and boys with an ID are being compromised by a lack of guidance, training, knowledge and limited gender-sensitive care.
A comparative neuropsychological test battery differentiates cognitive signatures of Fragile X and Down syndrome

**Background**  Standardised neuropsychological and cognitive measures present some limitations in their applicability and generalisability to individuals with intellectual disability (ID). Alternative approaches to defining the cognitive signatures of various forms of ID are needed to advance our understanding of the profiles of strengths and weaknesses as well as the affected brain areas.

**Aim**  To evaluate the utility and feasibility of six non-verbal comparative neuropsychological (CN) tasks administered in a modified version of the Wisconsin General Test Apparatus (WGTA) to confirm and extend our knowledge of unique cognitive signatures of Fragile X syndrome (FXS) and Down syndrome (DS).

**Method**  A test battery of CN tasks adapted from the animal literature was administered in a modified WGTA. Tasks were selected that have established or emerging brain–behaviour relationships in the domains of visual-perceptual, visual-spatial, working memory and inhibition.

**Results**  Despite the fact that these tasks revealed cognitive signatures for the two ID groups, only some hypotheses were supported. Results suggest that whereas individuals with DS were relatively impaired on visual-perceptual and visual-spatial reversal learning tasks they showed strengths in egocentric spatial learning and object discrimination tasks. Individuals with FXS were relatively impaired on object discrimination learning and reversal tasks, which was attributable to side preferences. In contrast, these same individuals exhibited strengths in egocentric spatial learning and reversal tasks as well as on an object recognition memory task. Both ID groups demonstrated relatively poor performance for a visual-spatial working memory task.

**Conclusion**  Performance on the modified WGTA tasks differentiated cognitive signatures between two of the most common forms of ID. Results are discussed in the context of the literature on the cognitive and neurobiological features of FXS and DS.