From Dr. Escudé...

Medical Causes for Behaviors in People with Intellectual and Developmental Disabilities (IDD)

In people who communicate in ways other than with words, behaviors are often used to communicate information to others. It is important to rule out underlying MEDICAL causes for adverse behaviors before initiating medications, restraints or other behavior modification initiatives. Below is a list of behaviors that might indicate certain underlying conditions in people with intellectual and developmental disabilities and other venerable populations.

**GI Distress/Reflux**
Hand mouthing, pica, food refusal, coughing when lying down, physical or verbal aggression particularly around meal times, distress in the middle of the night.

**Earache, headache, sinusitis or other head issues**
Head banging, head butting, hitting or slapping self, inserting objects into ear or nose, crying, withdrawal from areas with light or noise, sitting with head in lap, “refusals” to listen or respond (loss or reduction in hearing), hands over ears or face, head tilting.

**Dental issues**
Hitting self, hands in mouth, refusal to eat, spitting out food, physical or verbal aggression particularly around meal times.

**Constipation**
Guarding abdomen, rocking, not able to sit still (up and down), hitting self in abdomen, fetal position when lying, knees drawn up to chest when sitting, physical or verbal aggression without definite antecedent, refusal to eat.

**Seizure disorder**
Disrobing, increased agitation, failure to “pay attention” in children or “daydreaming”, sexually acting out, physical or verbal aggression with no antecedent, repetitive or ritualistic type behaviors that are short lived, rapid eye blinking, tantrums, falls, sudden “sleep”, random talking, hard to “reach”.
**UTI**
New onset urinary incontinence, agitation, not able to sit still (up and down), repetitive trips to toilet, screaming when approaching toilet or with incontinence, grabbing genitals or rubbing with objects, hands in pants, physical or verbal aggression with no antecedent, abdominal guarding, rocking, change in cognitive status, fatigue.

**Pneumonia**
Fatigue, withdrawal, refusal to eat, falls, increased irritability, change in cognitive status, refusal to lie down to sleep.

**Sexual abuse**
New onset urinary or fecal incontinence, withdrawal, excessive masturbation, refusal to allow bathing or aggression during bathing, self-restraint (wrapping self inside shirt, wrapping blanket or throw tightly around themselves, knees to chest and hugging), sexual aggression toward others, agitation, verbal or physical aggression when approached by caregiver or others, especially if the person shares characteristics with abuser (male, female, tall, short hair, Caucasian, African American), suicidal behavior/attempt, night terrors.

**Medication side effects**
Blinking, medication refusal, refusal to eat, urinary or fecal incontinence, constipation, urinary retention, aggression, fatigue, weight gain or loss, agitation, scratching self, falls, change in cognitive status, tics, dystonia symptoms, muscle twitching.

**Chest pain**
Scratching, hitting or rubbing chest, crying, yelling out, agitation, anxiety, shortness of breath, weakness.

Thanks for your careful attention to helping improve the lives of people we support.

---

**Craig Escudé, MD, FAAFP**
President
HRS, Inc.

Dr. Escudé has dedicated his career to providing healthcare for people with IDD and other vulnerable populations and teaches on the subject throughout the country.