

Medical Causes for Behaviors in People with IDD

People who communicate in ways other than with words often use behaviors 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 vulnerable populations.

GI Distress/Reflux

Hand mouthing, pica, food refusal, coughing when lying down, physical or verbal aggression particularly around mealtimes, 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" or "daydreaming," especially in children, 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 oneself, 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 color or type, race, etc.), suicidal behavior/attempts, 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.

Dental Causes of Behavior in People with IDD

People who communicate in ways other than with words, often use behaviors to communicate information to others. It is important to rule out underlying dental causes for adverse behaviors before initiation of medications, restraints, or other behavior modification initiatives. Below is a list of behaviors that might indicate dental issues in people with intellectual and developmental disabilities and other vulnerable populations.

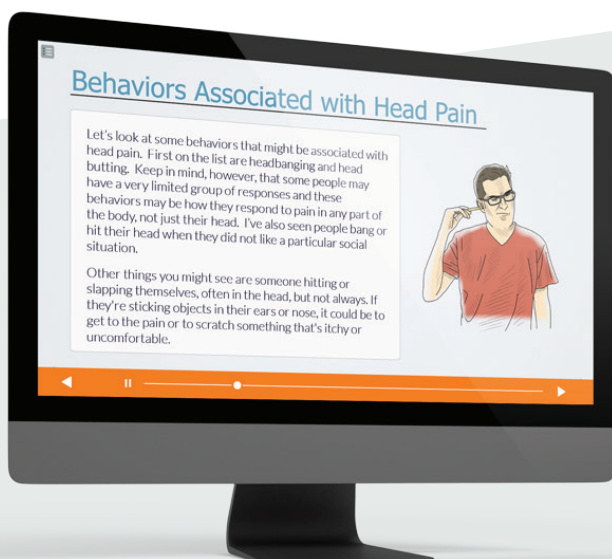
Behaviors that might indicate underlying dental issues:

- Hitting self in any area including the mouth and jaw
- Putting hands in mouth
- Refusal to eat because of pain
- Spitting out food because of pain with chewing, tongue pain, buccal pain, or pain with salivation
- Physical or verbal aggression particularly around mealtimes as the person has learned to anticipate pain in these instances and may use these measures to avoid the pain

Pitting, erosions in the posterior teeth, and erosions in teeth that are filled can be indicators of gastroesophageal reflux.

Gastroesophageal reflux can cause pain and similar symptoms. Please look for pitting, erosions in the posterior teeth, and step-off erosions in teeth that are filled. If these are noted, recommend a referral for evaluation of this condition.

This IntellectAbility Resource Sheet is sourced from Clinical Pearls in IDD Healthcare: Second Edition, written by Craig Escudé, MD, FAAFP, FAAIDD, FAADM.



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