Section 3

THE DEFINITIONS OF TERMS

I: MENTAL RETARDATION[1] (310—315)

Mental retardation refers to subnormal general intellectual functioning which originates during the developmental period and is associated with impairment of either learning and social adjustment or maturation, or both. (These disorders were classified under "Chronic brain syndrome with mental deficiency" and "Mental deficiency" in DSM-I.) The diagnostic classification of mental retardation relates to IQ as follows[2]:

310 Borderline mental retardation—IQ 68—83

311 Mild mental retardation—IQ 52—67

312 Moderate mental retardation—IQ 36—51

313 Severe mental retardation—IQ 20—35

314 Profound mental retardation—IQ under 20

Classifications 310-314 are based on the statistical distribution of levels of intellectual functioning for the population as a whole. The range of intelligence subsumed under each classification corresponds to one standard deviation, making the heuristic assumption that intelligence is normally distributed. It is recognized that the intelligence quotient should not be the only criterion used in making a diagnosis of mental retardation or in evaluating its severity. It should serve only to help in making a clinical judgment of the patient's adaptive behavioral capacity. This judgment should also be based on an evaluation of the patient's developmental history and present functioning, including academic and vocational achievement, motor skills, and social and emotional maturity.

315 Unspecified mental retardation

This classification is reserved for patients whose intellectual functioning has not or cannot be evaluated precisely but which is recognized as clearly subnormal.

[1] For a fuller definition of terms see the "Manual on Terminology and Classification in Mental Retardation," (Supplement to *American Journal of Mental Deficiency*, Second Edition, 1961) from which most of this section has been adapted.

[2] The IQs specified are for the Revised Stanford-Binet Tests of Intelligence, Forms L and M. Equivalent values for other tests are listed in the manual cited in the footnote above.

Clinical Subcategories of Mental Retardation

These will be coded as fourth digit subdivisions following each of the categories 310-315. When the associated condition is known more specifically, particularly when it affects the entire organism or an organ system other than the central nervous system, it should be coded additionally in the specific field affected.

.0 Following infection and intoxication

This group is to classify cases in which mental retardation is the result of residual cerebral damage from intracranial infections, serums, drugs, or toxic agents. Examples are:

Cytomegalic inclusion body disease, congenital. A maternal viral disease, usually mild or subclinical, which may infect the fetus and is recognized by the presence of inclusion bodies in the cellular elements in the urine, cerebrospinal fluid, and tissues.

Rubella, congenital. Affecting the fetus in the first trimester and usually accompanied by a variety of congenital anomalies of the ear, eye and heart.

Syphilis, congenital. Two types are described, an early meningovascular disease and a diffuse encephalitis leading to juvenile paresis.

Toxoplasmosis, congenital. Due to infection by a protozoan-like organism, Toxoplasma, contracted in utero. May be detected by serological tests in both mother and infant.

Encephalopathy associated with other prenatal infections. Occasionally fetal damage from maternal epidemic cerebrospinal meningitis, equine encephalomyelitis, influenza, etc. has been reported. The relationships have not as yet been definitely established.

Encephalopathy due to postnatal cerebral infection. Both focal and generalized types of cerebral infection are included and are to be given further anatomic and etiologic specification.

Encephalopathy, congenital, associated with maternal toxemia of pregnancy. Severe and prolonged toxemia of pregnancy, particularly eclampsia, may be associated with mental retardation.

Encephalopathy, congenital, associated with other maternal intoxications. Examples are carbon monoxide, lead, arsenic, quinine, ergot, etc.