BORDERLINE INTELLECTUAL FUNCTIONING AND PARENTAL STRESS: AN ITALIAN CASE-CONTROL STUDY

FRANCESCO PRECENZANO*, MARIA RUBERTO**, LUCIA PARISI***, MARGHERITA SALERNO***, AGATA MALTESE***, ILARIA D'ALESSANDRO*, MARIA FRANCESCA GRAPPA*, ROSARIA MARTINA MAGLIULO*, GIOVANNI MESSINA****, MICHELE ROCCELLA***
*Clinic of Child and Adolescent Neuropsychiatry; Headache Center for children and adolescents; Department of Mental Health and Physical and Preventive Medicine; Second University of Naples - **Department of Medical-Surgical and Dental Specialties; Second University of Naples - ***Department of Psychological, Pedagogical and Educational Sciences, University of Palermo, Italy - ****Sciences for Mother and Child Health Promotion, University of Palermo, Italy - ****Department of Experimental Medicine, Section of Human Physiology and Unit of Dietetics and Sports Medicine; Department of Clinical and Experimental Medicine, University of Foggia, Foggia, Italy

#Francesco Precenzano and Maria Ruberto equally contributed to the manuscript

ABSTRACT

Introduction: Borderline intellectual functioning (BIF) children comprises a group of subjects whit intelligence quotient (IQ) ranging 71-85, with a prevalence about 13.6%. Several studies pinpointed the role of parenting on BIF management.

Aim of present study was evaluating with objective and validated tool the parental stress rate in mothers of an Italian sample of BIF children.

Materials and methods: 26 BIF children (20 males and 6 females) aged 6-10 years (mean age 10.36 ± 2.03), according to DSM-5 criteria, and 53 (42 males and 11 females) typical developing children (mean age 10.58 ± 1.97) were recruited for present study.

Mothers of all enrolled children underwent an evaluation with Parental Stress Index (PSI) test.

Results: The two studied groups were comparable for age (p = 0.646) and gender (p = 0.956).

Table 1 shows comparison between BIF and Control groups among PSI-SF scale results (Table 1), specifically mothers of BIF children have a significantly higher levels of global parental stress (p < 0.001), stress related to parenting (p < 0.001), stress linked to difficult child (p < 0.001) and stress related to parent-child interaction (p < 0.001) than mothers of control children. (Table 1)

Conclusion: Several reports showed the key role of BIF as risk factor for psychiatric troubles and poor long-term adjustment.

Our findings emphasize the need to approach this condition also from a family point of view, stressing that care should not be limited to child rehabilitative treatment but must also involve a family centered intervention.

Keywords: borderline intellectual functioning, BIF, parental stress index, PSI.

DOI: 10.19193/0393-6384_2016_6_160

Received May 30, 2016; Accepted September 02, 2016

Introduction

Borderline intellectual functioning (BIF) children comprises a group of subjects whit intelligence quotient (IQ) ranging 71-85⁽¹⁾.

According to the normal Gaussian curve of intelligence distribution in general population, about 13.6% of individuals have BIF⁽¹⁾.

According to DSM-5 criteria, BIF is considered as a V-code 'exiled' to the chapter 'V-Codes' for Conditions Not Attributable to a Mental Disorder that are the Focus of Attention or

Treatment' in the far back of the DSM. The V-code borderline intellectual functioning may be used only when the attentive focus or treatment is associated with BIF⁽¹⁾.

Several studies were conducted on psychosocial and behavioural impairment among subjects with BIF. Moreover, Fernell et al in 2010⁽²⁾ stressed the 'invisible' nature of BIF impacting quality of life with consequent behavioral changes, impaired social skills, due to the higher required intellectual performance induced by present society.

On the other hand, several studies pinpointed the role of parenting on BIF management underlining the relevance of maternal and paternal behaviour on BIF children care^(3,4).

Aim of present study was evaluating with objective and validated tool the parental stress rate in mothers of an Italian sample of BIF children.

Material and methods

26 children (20 males and 6 females) aged 6-10 years (mean age 10.36 ± 2.03) with BIF, according to DSM-5 criteria⁽¹⁾, and 53 (42 males and 11 females) typical developing children (mean age 10.58 ± 1.97) were recruited for present study.

Mothers of all enrolled children underwent an evaluation with Parental Stress Index (PSI) test^(5,6) as previously reported^(7,9).

Exclusion criteria were the following: overweight, obesity, cognitive disability (IQ <70),metabolic and thyroid troubles⁽¹⁰⁻¹⁴⁾, sleep disturbances^(15,16), neurological and psychiatric disorders⁽¹⁷⁾, chromosomal defects, specific neuropsychological disorder, epilepsy⁽²²⁻³⁷⁾.

All subjects of both groups were recruited within the same urban area, all were Caucasian and homogeneous for socioeconomic status

Ethical approval from the local Research Ethics Center and informed parental consent were obtained.

Parental Stress Index- Short Version (PSI-SF)

PSI-SF⁽⁵⁾ is a standardized tool, which provides parental stress indices in four areas: parental difficulties (PD), parent-child dysfunctional interaction (PCID), difficult child (DC) and the total stress. Evaluation consists of 36 items. Each item allows a range of responses on a Likert-like 5points scale. Higher scores indicate greater perceived stress from parents. The PSI / SF also produces a rating of 'defensive response' (referred to as DEF in our study), which probably indicates bias in the responses. A higher score at '85th percentile indicates high levels of stress. The PSI / SF has been widely used, and carried out psychometric tests support its reliability and validity⁽⁶⁾. The PSI / SF shows a high internal consistency (Cronbach's alpha = 0.92).

In this study, the PSI / SF was administered only to the mother, as the parent who usually spends more time with the kids

Statistical analysis

For comparison between the two groups (BIF and Controls) t- test and Chi-square analyses, where appropriate, were applied. p values<0.05 were considered statistically significant.

STATISTICA software (data analysis software system, version 6, StatSoft, Inc. (2001) was used for all analyses

Results

The two studied groups were comparable for age (p = 0.646) and gender (p = 0.956).

Table 1 shows comparison between BIF and Control groups among PSI-SF scale results (Table 1), specifically mothers of BIF children have a significantly higher levels of global parental stress (p <0.001), stress related to parenting (p <0.001), stress linked to difficult child (p <0.001) and stress related to parent-child interaction (p <0.001) than mothers of control children (Table 1).

	BIF N=26	Normal N=53	р
PD	33.059±10.439	23.865±4.650	<0.001
P-CDI	26.971±8.576	20.978±6.341	< 0.001
DC	36.206±7.327	29.146±7.072	<0.001
DIF	19.559±5.753	13.753±2.881	< 0.001
Stress Tot	96.235±22.972	76.989±13.048	<0.001

Table 1: shows comparison between Borderline Intellectual Functioning (BIF) and typical developing children (Normal) Parental Stress Index-Short Form (PSI-SF).

t-test analysis was applied. p level<0.05 was considered statistically significant

Discussion

Several reports showed the key role of BIF as risk factor for psychiatric troubles and poor long-term adjustment⁽³⁸⁻⁵⁰⁾.

Nonetheless, poor attention was paid on BIF social and emotional profiles and their family environment and the role of parent-child interaction in the emergence of behavioral challenges in these subjects.

The main finding of present study was the reported high quote of parental stress in mothers of BIF children, confirming the results of Fenning et al in 2007 regarding the presence in mothers of children with borderline intelligence of less positive and less sensitive parenting behaviors than did other mothers⁽⁴⁾.

Moreover, Fenning et al found BIF mothers least likely to display a style of positive engagement and even if BIF children were not observed to be more behaviorally problematic than other children, their mothers perceived more externalizing symptoms than did mothers of typically developing children⁽³⁾. In this perspective we could speculate that higher quote of stress linked to the perception of their son as difficult-child could be caused by mothers error of judgment on her son's abilities⁽³⁸⁻⁵⁰⁾.

Our findings emphasize the need to approach this condition also from a family point of view, stressing that care should not be limited to child rehabilitative treatment but must also involve a family centered intervention⁽³⁸⁻⁵⁰⁾.

References

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders: DSM-5. Washington, D.C: American Psychiatric Association. 2013.
- 2) Fernell E, Ek U. Borderline intellectual functioning in children and adolescents insufficiently recognized difficulties. Acta Paediatr. 2010 May; 99(5): 748-53. doi: 10.1111/j.1651-2227.2010.01707.x
- Fenning RM, Baker JK, Baker BL, Crnic KA. Parentchild interaction over time in families of young children with borderline intellectual functioning. J Fam Psychol. 2014 Jun; 28(3): 326-35. doi: 10.1037/a0036537.
- 4) Fenning RM, Baker JK, Baker BL, Crnic KA. Parenting children with borderline intellectual functioning: a unique risk population. Am J Ment Retard. 2007 Mar; 112(2): 107-21.
- 5) Abidin RR. Parenting Stress Index, Third Edition: Professional Manual. Lutz, FL: Psychological Assessment Resources Inc; 1995.
- Abdin RR. Parenting Stress Index-Short Form Manual. Los Angeles, CA: Western Psychological Services; 1990.
- 7) Carotenuto M, Esposito M, Di Pasquale F, De Stefano S, Santamaria F. *Psychological, cognitive and maternal stress assessment in children with primary ciliary dyskinesia*. World J Pediatr. 2013 Nov; 9(4): 312-7. doi:10.1007/s12519-013-0441-1. Epub 2013 Nov 14. PubMed PMID: 24235065.
- Esposito M, Marotta R, Roccella M, Gallai B, Parisi L, Lavano SM, Carotenuto M. Pediatric neurofibromatosis 1 and parental stress: a multicenter study. Neuropsychiatr Dis Treat. 2014 Jan 22; 10: 141-6. doi: 10.2147/NDT.S55518.
- 9) Esposito M, Gallai B, Parisi L, Roccella M, Marotta R, Lavano SM, Gritti A, Mazzotta G, Carotenuto M. *Maternal stress and childhood migraine: a new perspective on management*. Neuropsychiatr Dis Treat. 2013; 9: 351-5. doi:10.2147/NDT.S42818.
- 10) Pasquali D, Carotenuto M, Leporati P, Esposito M, Antinolfi L, Esposito D, Accardo G, Carella C, Chiovato L, Rotondi M. Maternal hypothyroidism and

- subsequent neuropsychological outcome of the progeny: a family portrait. Endocrine. 2015 Dec; 50(3): 797-801. doi: 10.1007/s12020-015-0564-3
- 11) Carotenuto M, Santoro N, Grandone A, Santoro E, Pascotto C, Pascotto A, Perrone L, del Giudice EM. The insulin gene variable number of tandemrepeats (INS-VNTR) genotype and sleep disordered breathing in childhood obesity. J Endocrinol Invest. 2009 Oct; 32(9): 752-5. doi: 10.3275/6398.
- 12) Esposito M, Antinolfi L, Gallai B, Parisi L, Roccella M, Marotta R, Lavano SM, Mazzotta G, Precenzano F, Carotenuto M. Executive dysfunction in children affected by obstructive sleep apnea syndrome: an observational study. Neuropsychiatr Dis Treat. 2013; 9: 1087-94. doi: 10.2147/NDT.S47287. Epub 2013 Aug
- 13) Esposito M, Gallai B, Parisi L, Roccella M, Marotta R, Lavano SM, Mazzotta G, Patriciello G, Precenzano F, Carotenuto M. *Visuomotor competencies and primary monosymptomatic nocturnal enuresis in prepubertal aged children*. Neuropsychiatr Dis Treat. 2013; 9: 921-6. doi: 10.2147/NDT.S46772.
- 14) Carotenuto M, Gimigliano F, Fiordelisi G, Ruberto M, Esposito M. Positional abnormalities during sleep in children affected by obstructive sleep apnea syndrome: the putative role of kinetic muscular chains. Med Hypotheses. 2013 Aug; 81(2): 306-8. doi: 10.1016/j.mehy.2013.04.023.
- 15) Esposito M, Carotenuto M. Borderline intellectual functioning and sleep: the role of cyclic alternating pattern. Neurosci Lett. 2010 Nov 19; 485(2): 89-93. doi:10.1016/j.neulet.2010.08.062.
- 16) Esposito M, Carotenuto M. Intellectual disabilities and power spectra analysis during sleep: a new perspective on borderline intellectual functioning. J Intellect Disabil Res. 2014 May; 58(5): 421-9. doi: 10.1111/jir.12036.
- 17) Esposito M, Gallai B, Parisi L, Roccella M, Marotta R, Lavano SM, Mazzotta G, Carotenuto M. *Primary nocturnal enuresis as a risk factor for sleep disorders: an observational questionnaire-based multicenter study.* Neuropsychiatr Dis Treat. 2013; 9: 437-43. doi: 10.2147/NDT.S43673.
- 18) Carotenuto M, Esposito M, Parisi L, Gallai B, Marotta R, Pascotto A, Roccella M. *Depressive symptoms and childhood sleep apnea syndrome*. Neuropsychiatr Dis Treat. 2012; 8: 369-73. doi: 10.2147/NDT.S35974.
- 19) Carotenuto M, Esposito M, D'Aniello A, Rippa CD, Precenzano F, Pascotto A, Bravaccio C, Elia M. *Polysomnographic findings in Rett syndrome: a case-control study.* Sleep Breath. 2013 Mar; 17(1): 93-8. doi: 10.1007/s11325-012-0654-x.
- 20) Esposito M, Carotenuto M, Roccella M. Primary nocturnal enuresis and learning disability. Minerva Pediatr. 2011 Apr; 63(2): 99-104. PubMed PMID: 21487372.
- 21) Carotenuto M, Esposito M, Pascotto A. Facial patterns and primary nocturnal enuresis in children. Sleep Breath. 2011 May; 15(2): 221-7. doi:10.1007/s11325-010-0388-6.
- 22) Guzzetta A, Pizzardi A, Belmonti V, Boldrini A, Carotenuto M, D'Acunto G, Ferrari F, Fiori S, Gallo C, Ghirri P, Mercuri E, Romeo D, Roversi MF, Cioni G. Hand movements at 3 months predict later hemiplegia in term infants with neonatal cerebral infarction. Dev

- Med Child Neurol. 2010 Aug; 52(8): 767-72. doi:10.1111/j.1469-8749.2009.03497.x.
- 23) Esposito M, Roccella M, Parisi L, Gallai B, Carotenuto M. Hypersomnia in children affected by migraine without aura: a questionnaire-based case-control study. Neuropsychiatr Dis Treat. 2013; 9: 289-94. doi: 10.2147/NDT.S42182.
- 24) Esposito M, Ruberto M, Pascotto A, Carotenuto M. Nutraceutical preparations in childhood migraine prophylaxis: effects on headache outcomes including disability and behaviour. Neurol Sci. 2012 Dec; 33(6): 1365-8. doi: 10.1007/s10072-012-1019-8.
- 25) Messina A, De Fusco C, Monda V, Esposito M, Moscatelli F, Valenzano A, Carotenuto M, Viggiano E, Chieffi S, De Luca V, Cibelli G, Monda M, Messina G. Role of the Orexin System on the Hypothalamus-Pituitary-Thyroid Axis. Front Neural Circuits. 2016 Aug 25;10:66. doi: 10.3389/fncir.2016.00066.
- 26) Perillo L, Esposito M, Caprioglio A, Attanasio S, Santini AC, Carotenuto M. Orthodontic treatment need for adolescents in the Campania region: the malocclusion impact on self-concept. Patient Prefer Adherence. 2014 Mar 19; 8: 353-9. doi: 10.2147/PPA.S58971
- 27) Franzoni E, Matricardi S, Di Pisa V, Capovilla G, Romeo A, Tozzi E, Pruna D, Salerno GG, Zamponi N, Accorsi P, Giordano L, Coppola G, Cerminara C, Curatolo P, Nicita F, Spalice A, Grosso S, Pavone P, Striano P, Parisi P, Boni A, Gobbi G, Carotenuto M, Esposito M, Cottone C, Verrotti A. Refractory absence seizures: An Italian multicenter retrospective study. Eur J Paediatr Neurol. 2015 Nov; 19(6): 660-4. doi: 10.1016/j.ejpn.2015.07.008.
- 28) Esposito M, Gallai B, Roccella M, Marotta R, Lavano F, Lavano SM, Mazzotta G, Bove D, Sorrentino M, Precenzano F, Carotenuto M. Anxiety and depression levels in prepubertal obese children: a case-control study. Neuropsychiatr Dis Treat. 2014 Oct 3; 10: 1897-902. doi: 10.2147/NDT.S69795.
- 29) Esposito M, Roccella M, Gallai B, Parisi L, Lavano SM, Marotta R, Carotenuto M. Maternal personality profile of children affected by migraine. Neuropsychiatr Dis Treat. 2013; 9: 1351-8. doi: 10.2147/NDT.S51554.
- 30) Esposito M, Marotta R, Gallai B, Parisi L, Patriciello G, Lavano SM, Mazzotta G, Roccella M, Carotenuto M. Temperamental characteristics in childhood migraine without aura: a multicenter study. Neuropsychiatr Dis Treat. 2013; 9: 1187-92.doi:10.2147/NDT.S50458.
- 31) Esposito M, Gallai B, Parisi L, Castaldo L, Marotta R, Lavano SM, Mazzotta G, Roccella M, Carotenuto M. *Self-concept evaluation and migraine without aura in childhood.* Neuropsychiatr Dis Treat. 2013; 9: *1061-6*. doi: 10.2147/NDT.S49364.
- 32) Esposito M, Ruberto M, Pascotto A, Carotenuto M. Nutraceutical preparations in childhood migraine prophylaxis: effects on headache outcomes including disability and behaviour. Neurol Sci. 2012 Dec; 33(6): 1365-8. doi: 10.1007/s10072-012-1019-8.
- 33) Carotenuto M, Esposito M, Precenzano F, Castaldo L, Roccella M. Cosleeping in childhood migraine. Minerva Pediatr. 2011 Apr; 63(2): 105-9.
- 34) Verrotti A, Cusmai R, Laino D, Carotenuto M, Esposito M, Falsaperla R, Margari L, Rizzo R, Savasta S,

- Grosso S, Striano P, Belcastro V, Franzoni E, Curatolo P, Giordano L, Freri E, Matricardi S, Pruna D, Toldo I, Tozzi E, Lobefalo L, Operto F, Altobelli E, Chiarelli F, Spalice A. *Long-term outcome of epilepsy in patients with Prader-Willi syndrome*. J Neurol. 2015 Jan; 262(1): 116-23. doi: 10.1007/s00415-014-7542-1. Epub 2014 Oct 18. Erratum in: J Neurol. 2015 Jan; 262(1): 124-5. Carotenuto, Marco [added]; Esposito, Maria [added]. PubMed PMID: 25326049.
- 35) Chieffi S, Iavarone A, Iaccarino L, La Marra M, Messina G, De Luca V, Monda M. Age-related differences in distractor interference on line bisection. Exp Brain Res. 2014 Nov; 232(11): 3659-64. doi: 10.1007/s00221-014-4056-0
- 36) Messina G, Di Bernardo G, Viggiano A, De Luca V, Monda V, Messina A, Chieffi S, Galderisi U, Monda M. Exercise increases the level of plasma orexin A in humans. J Basic Clin Physiol Pharmacol. 2016 Sep 26. pii:/j/jbcpp.ahead-of-print/jbcpp-2015-0133/jbcpp-2015-0133.xml. doi: 10.1515/jbcpp-2015-0133.
- 37) Messina G, Dalia C, Tafuri D, Monda V, Palmieri F, Dato A, Russo A, De Blasio S, Messina A, De Luca V, Chieffi S, Monda M. *Orexin-A controls sympathetic activity and eating behavior*. Front Psychol. 2014 Sep 8; 5: 997. doi:10.3389/fpsyg.2014.00997. eCollection 2014. Review.
- 38) Emerson E, Einfeld S, Stancliffe RJ. The mental health of young children with intellectual disabilities or borderline intellectual functioning. Soc Psychiatry Psychiatr Epidemiol. 2010 May;45(5): 579-87. doi: 10.1007/s00127-009-0100-y.
- 39) Hassiotis A, Strydom A, Hall I, Ali A, Lawrence-Smith G, Meltzer H, Head J, Bebbington P. Psychiatric morbidity and social functioning among adults with borderline intelligence living in private households. J Intellect Disabil Res. 2008 Feb; 52(Pt 2): 95-106. doi: 10.1111/j.1365-2788,2007.01001.x.
- 40) Fantauzzo G, Roccella M. The integration of immigrant children in nursery school in cross-cultural perspective. Acta Pediatrica Mediterranea, 2010, 26: 51.
- 41) Hamissi JH, Tabatabaei S, Hamissi H, Hamissi Z. Evaluation of the causes of stress among dental students in Iran. Acta Medica Mediterranea, 2016, 32: 1335.
- 42) Nabi Amjad R, Navab E, Nikbakht Nasrabad A. Parents of children with epilepsy captured by epilepsy: a qualitative study. Acta Medica Mediterranea, 2016, 32: 1303.
- 43) Shams S, Omolbanin Mohammadian S, Monajemzadeh M, Emamgholipour S, Aghi Haghi Ashtiani M, Irani H, Shafeghat L. Evaluation of serum transferrin receptors in children with iron deficiency anemia. Acta Medica Mediterranea, 2016, 32: 1555.
- 44) Yongli Z, Chunting L. Problems and countermeasures of pediatric emergency nursing security. Acta Medica Mediterranea, 2016, 32: 1177.
- 45) Mirzaei-Alavijeh M, Hidarnia A, Kok G, Niknami S, Esmail Motlagh M. Family-based cognitive factors effective on preventing the onset of substance use in iranian society's children: applying the intervention mapping protocol. Acta Medica Mediterranea, 2016, 32: 1015.
- 46) Jalili Z , Jalili C , Sakhaie S. Frequency of congenital heart diseases and the probable predisposing risk fac-

- tors in children admitted to imam ali hospital, kermanshah, iran, 2002-2012. Acta Medica Mediterranea, 2016, 32: 915.
- 47) Katirci Y, Ocak T, Karamercan MA, Kocaşaban D, Serkan Yurdalum M, Başpinar I, Coşkun F. Compliance with catch rules in administering computerized tomography scans to children admitted to the emergency department with minor head trauma. Acta Medica Mediterranea, 2013, 29: 717.
- 48) Esposito T, Lobaccaro JM, Esposito MG, Monda V, Messina A, Paolisso G, Varriale B, Monda M, Messina G. Effects of low-carbohydrate diet therapy in overweight subjects with autoimmune thyroiditis: possible synergism with ChREBP. Drug Des Devel Ther. 2016 Sep 14; 10: 2939-2946.
- 49) Messina G, Di Bernardo G, Viggiano A, De Luca V, Monda V, Messina A, Chieffi S, Galderisi U, Monda M. Exercise increases the level of plasma orexin A in humans. J Basic Clin Physiol Pharmacol. 2016 Sep 26. pii:/j/jbcpp.ahead-of-print/jbcpp-2015-0133/jbcpp-2015-0133.xml. doi: 10.1515/jbcpp-2015-0133;
- 50) Moscatelli F, Messina G, Valenzano A, Petito A, Triggiani AI, Messina A, Monda V, Viggiano A, De Luca V, Capranica L, Monda M, Cibelli G. Differences in corticospinal system activity and reaction response between karate athletes and non-athletes. Neurol Sci. 2016 Aug 20.

Corresponding author
MICHELE ROCCELLA; MD; PhD
Department of Psychological
Pedagogical and Educational Sciences
University of Palermo
(Italy)