

status. People with disabilities may face even more challenges in accessing healthcare, particularly in limited resource settings. Epilepsy is the most common severe chronic neurological disorder, affecting approximately 50 million persons globally (GBD 2016). Epilepsy is highly prevalent in people with intellectual disabilities (Robertson et al. 2015). More than 80% of people with epilepsy live in low- and middle-income countries where the epilepsy treatment gap (ETG) has been estimated greater than 75% (Meyer et al. 2010). There are many factors contributing to the ETG, including financial constraints, poorly organized health systems, limited accessibility to health facilities, few trained health professionals and other socio-cultural barriers. Limited accessibility, availability and affordability of antiseizure medications (ASMs) represent one of the main barriers to access treatment. People with epilepsy require ASMs for many years, at time for life; abrupt withdrawal of ASMs or unavailability or rescue medications may have devastating consequences in term of neurological sequelae and even death. The International League Against Epilepsy (ILAE) Task Force on “Access to Treatment” conducted a global survey to assess the current access to ASMs worldwide through the ILAE/IBE network. Availability and accessibility of 35 ASMs in different formulations, including distribution problems and costs, reimbursement procedures, general barriers to access to care, and presence of projects targeted toward improving care access were studied. The survey found wide disparities in affordability and reliable access of ASMs across country income levels and socio-economic status, urging for direct action on improving access to epilepsy care (Pironi & Ciccone et al. under review).

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## **PROBLEM BEHAVIORS OR PSYCHOPATHOLOGIES IN AUTISM: A COMPLEX DICHOTOMY**

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Do Challenging Behaviors and Psychopathologies, in the population with Neurodevelopmental Disorders (Intellectual Disability and Autism), describe the same phenomenon or different phenomena?

Is talking about psychopathologies or problem behaviors the same thing?

If the psychopathologies and problem behaviors of Neurodevelopmental disorders refer to different phenomena, are there areas of overlap between them? Of what kind?

These are some of the questions clinicians ask when called upon to intervene to support the physical, psychological, and emotional well-being of people with autism and intellectual disabilities. Understanding whether these two phenomena are different events and to what extent they are is critical to identifying and selecting the best treatments: psychoeducational treatments and/or pharmacological treatments.

This population in fact has a strong vulnerability to psychopathological problems as well as a high probability of manifesting challenging behaviors. These two phenomena, challenging behaviors and psychopathological problems, are significantly more present in the population with neurodevelopmental disorders than in the population with typical development.

During the report will be analyzed 3 reasons why we can say that, generally, challenging behaviors and psychopathologies are different phenomena: a) are defined in different ways; b) have a different level of complexity; c) involve the state of well-being of the person for very different times.

After analyzing what are the elements that make different these two phenomena will be analyzed what are the areas of overlap of these two conditions and how they can sometimes feed each other.

Finally, we will highlight the usefulness of using a functionalist view of behavior, through the use of function analysis, both for the diagnosis and treatment of problem behaviors and psychopathologies.

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