

Prevalence of genetic testing among patients under Psychiatry in the Child and Adolescent Learning Disability Service (CALDS), CAMHS, Aneurin Bevan University Health Board (ABUHB)

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Introduction

- Guidelines for genetic testing in Moderate to Severe Intellectual Disability (MSID) have evolved over the past decade¹
- Tests have ranged from Fragile X (FRAX), Chromosomal Microarray Analyses (CMA) to Whole Genome Sequencing^{1,2}
- Not all young people with MSID are tested, implications include:
 - Under-recognition of physical comorbidity
 - Suboptimal management of behavioural phenotypes
 - Persistent morbidity and distress for young people and their support network

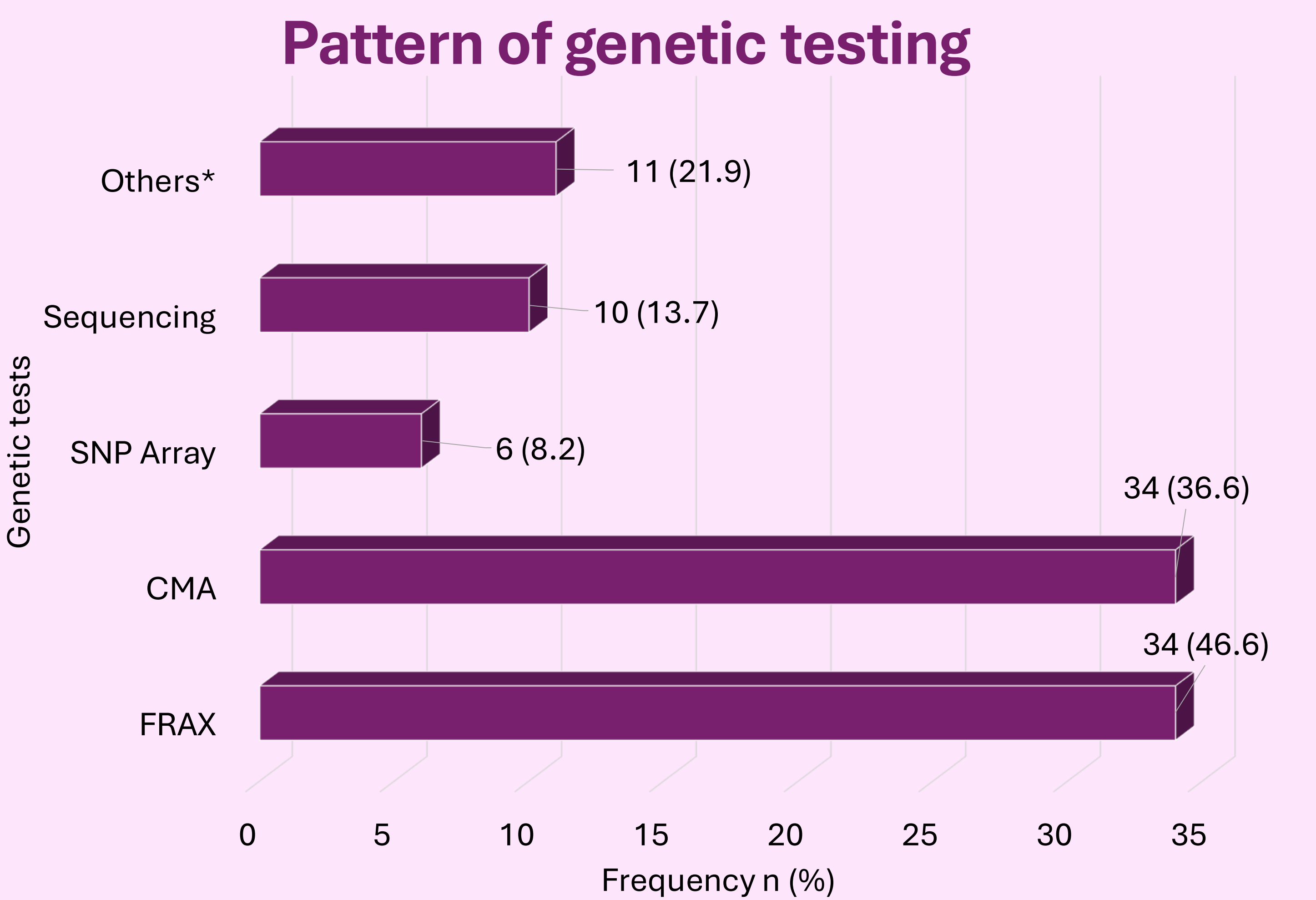
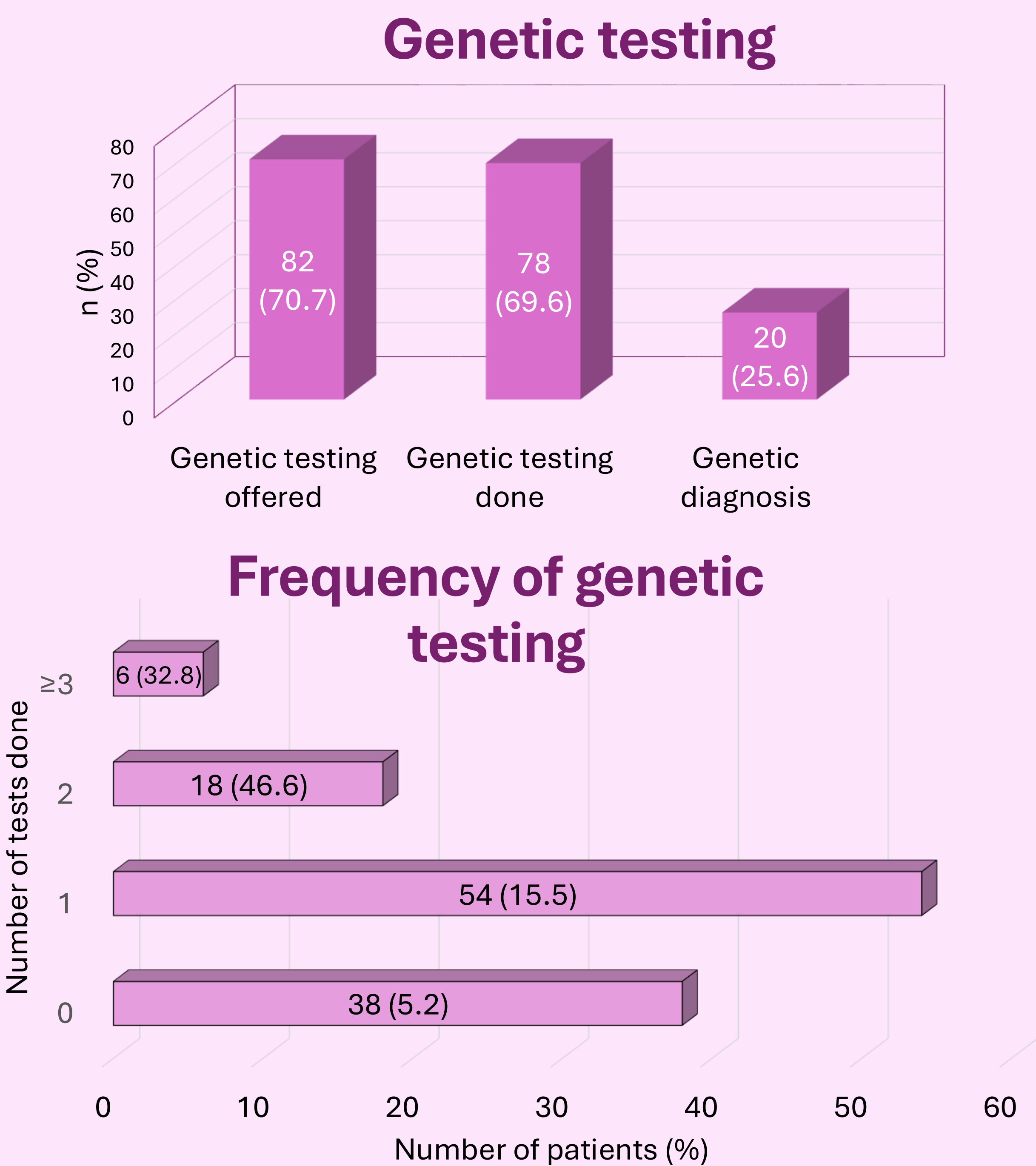
Aim

- Service evaluation to determine the rate and pattern of genetic testing among young people with MSID on the caseload of the consultant Child and Adolescent Psychiatrist in CALDS, ABUHB

Method

- We retrospectively assessed the records of patients (n=116; mean age=4.6 [±3] years) on the Consultant Psychiatrist’s clinical caseload to identify those who had had genetic testing, what test was done and the outcomes

Results



References

- Arican, Izemnur, et al. "What do European clinical guidelines say about genetic testing for people with neuropsychiatric disorders? A scoping review." *Psychiatric Genetics* 36.1 (2025): 1.
 - All Wales Medical Genomics Service (<https://medicalgenomicswales.co.uk/index.php/en/download-services?start=50>)
 - Wolfe, Kate, et al. "Genetic testing in intellectual disability psychiatry: Opinions and practices of UK child and intellectual disability psychiatrists." *Journal of Applied Research in Intellectual Disabilities* 31.2 (2018): 273-284.
- About a third of patients had not had genetic testing which falls below expected
 - Genetic testing should be incorporated as part of CALDS assessment/transfer³
 - Repeat genetic testing needed with technological advances