Obsessional Slowness

by Adult Down Syndrome Clinic on Wednesday, June 23, 2010

I reviewed a question on the Down Syndrome Medical Interest group listserve about a 31 year old person with Down syndrome who was slowing down. It was reported that it could take him 45 minutes to eat a muffin. Bathing, dressing, and even speech are similarly slowed. He is able to maintain his speed in Special Olympics. He does not appear to be depressed and he has not responded to sertraline (Zoloft) or to fluoxetine (Prozac). The physician who submitted the information to the listserve had made the diagnosis of obsessional slowness and requested information from others who had seen patients with obsessional slowness.

In our experience, a small number of people with Down syndrome have slowed down in many aspects of their lives. In trying to explain this phenomenon we reviewed many topics and the closest we could find was "obsessional slowness". Some of our patients with this condition seemed to experience stress related to living in a fast-paced world. Sometimes their slowing-down response is an advantage. For eg., if he slows down enough he will miss the bus and will avoid going to the stressful job. Most of our patients with this condition cannot provide much insight into their changes. However, at least one patient has reported, "The world is too fast".

The first aspect of "treatment" is usually for those who interact with the person to accept that there is a need for that person to move more slowly. Pushing too hard for increased speed may actually just be another "hurry-up" stress and cause more stress and more slowing.

For many, there seems to be an aspect of needing to gain some sense of control of their life. We have had some success with picture calendars, picture schedules, etc to aid the individual with trying to keep to a somewhat more "normal" time frame. Timers to limit time of an activity and to direct the person to move onto the next activity can be helpful.

As addressed in recent posts, many people are getting creative with the use of new technology like smart phones that have timers, apps in which picture schedules can be made, etc.

We have generally not had success with medications. We have tried a variety of medications with limited benefit.

As in the example above, there are often aspects of life in which the person can move at normal speed. There may be some control over the pace at which the person moves. An alternative explanation is that in situations in which no stress is perceived, the activity is fun, etc, the anxiety may clear and allow the person to function more normally.

With some degree of acceptance, use of techniques to give the person a sense of control, and newer technology, some families have had to make changes in their lives but have
been able to make this situation work.

Further information can be found in our book, Mental Wellness in Adults with Down syndrome (Woodbine 2006) chapter 13.