

Elders gepubliceerd: interessante literatuur

31 oktober 2025



In de rubriek ‘elders gepubliceerd’ zetten we relevante nieuwe literatuur voor artsen VG op een rij. Deze editie bundelt onderzoek naar zelfbeschadiging, stressinterventies, antipsychotica-afbouw, cardiovasculaire aandoeningen, dysfagie en meer.

Snel naar:

- [A systematic review of studies on the association between physiological parameters and self-harm.](#)
- [Listening to music is associated with reduced physiological and subjective stress in people with mild intellectual disabilities: A biofeedback study.](#)
- [Less antipsychotics, more Quality of Life tapering strategies for adults with intellectual disabilities and challenging behaviour.](#)
- [Prevalence and Incidence of Cardiovascular Disease in Adults With Intellectual Disabilities: A Systematic Review.](#)
- [Reliability of the Dutch Version of the Matson Evaluation of Drug Side Effects in People With Intellectual Disabilities.](#)
- [Clinical variability in individuals with ATR-X syndrome in the Netherlands.](#)
- [Cancer incidence and diagnostic characteristics in people with intellectual disabilities in the Netherlands: a national registry-based cohort study.](#)

- [Prevalence and Course of Anxiety and Depressive Symptoms in Adolescents With a Mild to Borderline Intellectual Disability, Inside and Outside Residential Treatment.](#)
- [Cardiovascular Disease Incidence and Risk Factors in Older Adults With Intellectual Disabilities: Results of the Healthy Ageing and Intellectual Disabilities Study.](#)
- [Feeding and Swallowing Disorder in Adults With Intellectual Disabilities: Associated Factors.](#)
- [Engaging underrepresented populations in public health monitoring: strategies for people with mild intellectual disability or low literacy skills.](#)
- [Personality Trait Profiles in People With Mild Intellectual Disability: A Comparative Study.](#)
- [Exploring the Relationship Between General Motor Activity and Optimal Actigraphy Sleep Configurations: A Systematic Review.](#)

A systematic review of studies on the association between physiological parameters and self-harm

van Swieten M, Nijman I, de Loeff P, VanDerNagel J, Didden R. [A systematic review of studies on the association between physiological parameters and self-harm.](#) Res Dev Disabil. 2025 Jul;162:105010. doi: 10.1016/j.ridd.2025.105010. Epub 2025 May 12. PMID: 40359647.

Background: Self-harm is common in people with intellectual disabilities and is associated with multiple adverse consequences for the client engaging in self-harm, other clients and caregivers. Self-harm is related to emotional dysregulation according to both observational and self-report data. Measures of the autonomic nervous system might provide additional insight in this relationship.

Methods: The current systematic review systematically summarized a broad spectrum of studies on the association between self-harm and physiological parameters. The search identified 2400 articles, 46 were included.

Results: In most studies, which compared electrodermal activity and heart rate in people with and without self-harm, no clear indications for a relation between physiology and self-harm was found. Studies on heart rate variability showed indications for lower heart rate variability during recovery, which could imply emotion dysregulation, findings which were supported by results from imagery studies (heart rate and skin conductance). No consistent findings were found when self-harm was studied before, during or after actual occurrences of self-harm, although this was examined by very few studies.

Conclusions: Although wearable technology has improved, the majority of studies to date are lab-studies. Future research should focus on measuring physiology in daily life before, during and after self-harm, in people with intellectual disabilities, study different types and functions of self-harm separately, and test multimodal prediction models. This knowledge could improve the understanding, prevention and assessment of this debilitating behaviour.

Listening to music is associated with reduced physiological and subjective stress in people with mild intellectual disabilities: A biofeedback study

van Swieten M, de Loeff P, VanDerNagel J, Bouwmeester S, Didden R. [Listening to music is associated with reduced physiological and subjective stress in people with mild intellectual disabilities: A biofeedback study](#). Res Dev Disabil. 2025 Jun;161:104976. doi: 10.1016/j.ridd.2025.104976. Epub 2025 Mar 25. PMID: 40138868.

Background: Many people with mild intellectual disabilities are at increased risk to experience stress. Reducing stress is important because experiencing prolonged and elevated stress can have detrimental effects on mental and physical health and it is associated with aggressive behaviour and self-harm.

Aims: This preliminary study investigated whether an intervention combining biofeedback with listening to music is effective and whether a personalized music playlist is more effective than self-selected music in reducing physiological and subjective stress in participants with mild intellectual disabilities.

Methods: We collected 103 music listening sessions over a period of 2-4 weeks for 11 participants throughout their daily routines. They listened to music when they received biofeedback on their increased stress level (as measured by wearable biosensor Nowatch) or when they themselves felt stressed. Participants listened either to self-selected music or to a personalised playlist compiled with X-system, music technology that predicts the effect of a song on levels of autonomic arousal. Pulse rate (PR) and skin conductance level (SCL) were measured with the EmbracePlus and subjective feelings of stress and mood were measured with two scale questions. After the intervention phase, participants and their caregivers completed a short questionnaire to evaluate their experiences with using the X-system playlist.

Results: Mixed regression analyses showed reductions in PR and SCL during listening to music, and indications were found for reductions in subjective stress and

improvement of mood after intervention. Listening to music compiled with X-system was not more effective than listening to self-selected music. However, lower combined arousal values (a feature of X-system) from self-selected and X-system music predicted lower PR and SCL, indicating that these indices can be used to select songs that have a relaxing or energizing effect.

Conclusions and implications: The present study suggests that music listening is associated with both subjective and physiological stress reduction. Listening to music might be an accessible, inexpensive and empowering strategy for stress reduction and improving emotion regulation, which could also benefit mental and physical health. Several challenges were encountered while implementing the intervention and suggestions for future research are given.

Less antipsychotics, more Quality of Life tapering strategies for adults with intellectual disabilities and challenging behaviour

Laermans P, Morisse F, Claes C, Lombardi M, Vandeveldel S, Audenaert K, Persoons P, de Kuijper G. [Less antipsychotics, more Quality of Life tapering strategies for adults with intellectual disabilities and challenging behaviour](#). Res Dev Disabil. 2025 Jul;162:105020. doi: 10.1016/j.ridd.2025.105020. Epub 2025 Apr 22. PMID: 40267652.

Background: The long-term off-label use of antipsychotics to manage challenging behaviour in adults with intellectual disabilities is common practice. However, there is limited evidence supporting its effectiveness and safety. Additionally, individuals who use off-label antipsychotics are at risk of experiencing side effects that may negatively impact their Quality of Life.

Aims: This study investigates the impact of tapering off-label antipsychotics on Quality of Life, challenging behaviour, general functioning, and side effects in adults with intellectual disabilities.

Materials and methods: Twenty-five adults with intellectual disabilities and challenging behaviour were monitored over a 40-week period during which off-label antipsychotic medications were gradually tapered. The tapering process was guided by a multidisciplinary team. The primary outcome was Quality of Life, measured using the Anamnestic Comparative Self-Assessment (ACSA), supplemented by a self-designed instrument tailored to the individual. Secondary outcomes included challenging behaviour, general functioning, and side effects, assessed using the Aberrant Behaviour Checklist (ABC), World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0), Section 3B of the Supports Intensity Scale (SIS), and Matson's

Evaluation of Drug Side Effects (MEDS).

Results: At the end of the study (40 weeks), 22 participants were taking lower dosages of antipsychotic medication, with two participants tapering off the antipsychotic drugs entirely. On average, participants reduced their medication dosage by 39.7 %. Following tapering, improvements were observed in Quality of Life and overall functioning, alongside reductions in challenging behaviour and side effects.

Conclusion: The tapering of off-label antipsychotics in adults with intellectual disabilities resulted in a positive impact on Quality of Life. These findings suggest that Quality of Life could serve as a useful outcome measure to support the consideration of more limited off-label use of antipsychotics.

Prevalence and Incidence of Cardiovascular Disease in Adults With Intellectual Disabilities: A Systematic Review

de Leeuw MJ, Hilgenkamp TIM, Maes-Festen DAM, Bindels PJE, Elbers RG, Oppewal A. [Prevalence and Incidence of Cardiovascular Disease in Adults With Intellectual Disabilities: A Systematic Review](#). J Intellect Disabil Res. 2025 May 28. doi: 10.1111/jir.13254. Epub ahead of print. PMID: 40433833.

Background: Given the high risk of cardiovascular diseases (CVD) in adults with intellectual disabilities (ID), there is a strong need for accurate understanding on CVD prevalence and incidence in this population. This information is important to ensure optimal care and resource allocation. However, systematic reviews on this topic are limited. Therefore, this systematic review aimed to provide a comprehensive synthesis of studies on the prevalence and incidence of CVD in adults with ID, including subgroup data.

Method: We performed a systematic search in Embase, Medline ALL, Web of Science, Cochrane Central, PsycINFO and Google Scholar up to 21 January 2025, including peer-reviewed articles on CVD prevalence or incidence in adults with ID. Article screening and data extraction were independently performed by two researchers. Data were synthesised by CVD diagnosis. When available, data were reported separately for different subgroups. The methodological quality was assessed by two independent researchers. This review followed the PRISMA guidelines.

Results: In 55 articles, prevalence and incidence rates were identified for coronary artery disease (prev 0%-12.9%; inc 2.0-2.8 per 1000py), myocardial infarction (prev 0%-7.9%; inc 0.3-2.8 per 1000py), heart failure (prev 0.8%-18.6%; inc 12.5 per

1000py), cerebrovascular disease (prev 0.7%-15.0%; inc 2.55 per 1000py), stroke (prev 1.3%-17.2%; inc 2.7-3.2 per 1000py), peripheral arterial disease (prev 0.4%-20.7%; inc 1.1 per 1000py), venous thrombosis (prev 0.6%-12.4%; inc 0.8-4.1 per 1000py) and atrial fibrillation (prev 0.8%-6.3%). Subgroup data have been reported based on age, sex, level of ID, aetiology of ID, living circumstances, CVD risk factors, data collection methods and source populations. Overall, higher prevalence and incidence rates were reported in older people and in studies that used physical measurements for diagnosis.

Conclusions: Due to variability in methodological quality, clinical characteristics and high statistical heterogeneity, drawing conclusions about CVD prevalence and incidence in adults with ID is challenging. Therefore, the subgroup data presented in this review are valuable for identifying rates within specific subgroups. Longitudinal studies along with research employing valid and reliable data collection methods (preferably objective measurements) aligned with studies in the general population, clear reporting of individual CVD diagnoses and subgroup analyses will offer valuable additional insights in future research.

Reliability of the Dutch Version of the Matson Evaluation of Drug Side Effects in People With Intellectual Disabilities

Hoekstra-van Duijn MLD, Wissing MBG, Bindels PJE, Maes-Festen DAM. [Reliability of the Dutch Version of the Matson Evaluation of Drug Side Effects in People With Intellectual Disabilities](#). J Intellect Disabil Res. 2025 Aug;69(8):703-710. doi: 10.1111/jir.13256. Epub 2025 May 31. PMID: 40448433.

Background: People with intellectual disabilities often use psychotropic medications. Recognising side effects in this population can be challenging while they can negatively impact the quality of life. An accurate screening instrument is crucial to identify side effects of psychotropic medication in people with intellectual disabilities. For this purpose, the Matson Evaluation of Drug Side Effects (MEDS) is the most reliable and well-researched instrument. We translated the MEDS into Dutch, considering that the Dutch version of the MEDS must be accurate and aligned with its intended meaning, avoiding multiple interpretations; this study aimed to assess its intrarater and interrater reliabilities in people with intellectual disabilities using psychotropic medication.

Methods: A certified medical translation agency performed translation and back-translation of the MEDS. Two researchers administered the MEDS three times on the same day. Participants were people with intellectual disabilities using psychotropic

medication. Demographic and medical data were collected via questionnaires. Scoring and calculation of total domain scores, severity domain scores, duration domain scores and composite scale scores followed the MEDS manual. Intraclass correlation coefficients (ICC) and 95% confidence intervals of these scores were used to assess intrarater and interrater reliabilities.

Results: The study sample included 40 adults with intellectual disabilities. Intrarater reliability was good to excellent for total domain scores (ICCs ranging from 0.873 to 1.000) and excellent for the total composite scale score (ICC = 0.945). Interrater reliability was moderate to excellent for total domain scores (ICCs ranging from 0.713 to 0.922) and good for the total composite scale score (ICC = 0.894).

Conclusions: This study demonstrated moderate to excellent intrarater and interrater reliabilities for the Dutch version of the MEDS. This confirms its potential as a valuable instrument for clinicians to identify and monitor side effects in people with intellectual disabilities using psychotropic medication. We recommend the use of the Dutch version of the MEDS in both Dutch clinical practice and research for this purpose.

Clinical variability in individuals with ATR-X syndrome in the Netherlands

Noordhuis-Zijderveld A, Festen DAM, Kharl A, van Gastel M, Hartman M, Bruggenwirth HT, Zeidler S, Valstar MJ. [Clinical variability in individuals with ATR-X syndrome in the Netherlands](#). Eur J Med Genet. 2025 Aug;76:105026. doi: 10.1016/j.ejmg.2025.105026. Epub 2025 Jun 6. PMID: 40484370.

Background: The Alpha Thalassemia mental Retardation syndrome, X-linked (ATR-X syndrome, MIM: 301040) is a rare genetic disorder characterized by alpha thalassemia, intellectual disability, peculiar facial characteristics and genital abnormalities. Detailed information regarding the clinical phenotype is lacking.

Aims: Detailed descriptions of the clinical phenotype are rare. The aim of this study was to describe the clinical phenotype of ATR-X syndrome.

Methods: Data was collected through questionnaires, interviews, physical examination and the study of medical records.

Results: Twenty-two individuals, aged 2-68 years old, were included. Three individuals were deceased at the time of the study. The individuals had a variable degree of intellectual disability. Alpha thalassemia was found in 30 % and genital anomalies in 70 % of the individuals. First clinical signs of the syndrome were most frequently

feeding problems, started in the neonatal period in the majority. Other main reported health problems were reflux (59 %), constipation (72 %), periods of anorexia and adipsia (45 %), heart defects (28 %), epilepsy (33 %), scoliosis/kyphosis (48 %), visual impairment (61 %) and hearing loss (38 %). Behavioral problems (86 %) and sleeping problems (64 %) also occurred frequently.

Conclusion: We report on the largest cohort of clinically studied individuals with ATR-X syndrome, including the eldest individuals, reported to date. Clinical knowledge is essential to improve care and to evaluate future therapies for this group.

Cancer incidence and diagnostic characteristics in people with intellectual disabilities in the Netherlands: a national registry-based cohort study

Cuypers M, Naaldenberg J, Banda A, Oost L, Bloemendal H, Leusink G. [Cancer incidence and diagnostic characteristics in people with intellectual disabilities in the Netherlands: a national registry-based cohort study](#). *BMJ Oncol.* 2025 Jun 18;4(1):e000686. doi: 10.1136/bmjonc-2024-000686. PMID: 40546924; PMCID: PMC12182028.

Objective: People with intellectual disabilities (ID) face notable health disparities, also affecting cancer care. This study is among the first to use nationwide population and cancer registry databases to compare cancer incidence in the population with ID and the general population.

Methods and analysis: A population-based cohort study enrolled all Dutch adults (18+) with indicators of ID (N=187 149) and a 1:4 random general population sample without ID (N=760 907). All cancer diagnoses from 1 January 2015 until 31 December 2020 were collected from the national cancer registry to compare incidence and diagnostic details.

Results: Overall, fewer incident cancer cases were found among individuals with ID than without ID (51.0 vs 104.1/10 000 person-years; adjusted OR (adj.OR) 0.79 (0.76-0.81)), with cases occurring at younger ages and being diagnosed more often at a more advanced stage than in the general population. Key distinctions from the general population include reduced odds of skin cancer (adj.OR 0.39 (0.36-0.43)) and elevated odds of cancer of unknown primary (OR 1.60 (1.29-1.98)). The fewest cancer diagnoses occurred among those entitled to long-term ID care (adj.OR 0.63 (0.60-0.66)), with those living independently being at greater risk for cancers of digestive, respiratory and female genital organs.

Conclusion: Although the overall incidence of cancer in the population with ID appears lower than in the general population, significant variations exist across ID subgroups and cancer types. These differences indicate varying exposures, lower cancer awareness and barriers to healthcare for individuals with ID. Addressing these differences requires customised strategies for public health, long-term care and oncology care.

Prevalence and Course of Anxiety and Depressive Symptoms in Adolescents With a Mild to Borderline Intellectual Disability, Inside and Outside Residential Treatment

Westera JJ, van der Molen MJ, Schuengel C. [Prevalence and Course of Anxiety and Depressive Symptoms in Adolescents With a Mild to Borderline Intellectual Disability, Inside and Outside Residential Treatment](#). *J Intellect Disabil Res*. 2025 Jul;69(7):592-604. doi: 10.1111/jir.13242. Epub 2025 Apr 27. PMID: 40288419; PMCID: PMC12198098.

Background: This study compared anxiety and depressive problems in adolescents with a mild to borderline intellectual disability in a residential treatment facility (MBID-RT) to those in the general community (MBID-GC).

Method: Participants (N = 923, aged 11.9-19.3 years, M = 14.6 years, SD = 1.51, 42% girls) completed measures on anxiety and depressive problems. Part of this group (n = 155) participated twice, roughly 1 year apart.

Results: Adolescents in the MBID-RT subgroup reported statistically more anxiety and depressive problems (higher average scores, higher percentages above cut-off scores and higher percentage of comorbid anxiety and depressive symptoms). Over a 1-year period, anxiety and depressive symptoms decreased in the MBID-GC subgroup but not in the MBID-RT subgroup.

Conclusions: Findings call attention to the high prevalence of anxiety and depressive symptoms in adolescents with MBID in general, and those in residential treatment in particular, especially when externalising problems may be on the foreground.

Cardiovascular Disease Incidence and Risk Factors in Older Adults With Intellectual Disabilities: Results of the Healthy Ageing and Intellectual Disabilities Study

de Leeuw MJ, Böhmer MN, Bindels PJE, Maes-Festen DAM, Oppewal A. [Cardiovascular Disease Incidence and Risk Factors in Older Adults With Intellectual Disabilities: Results of the Healthy Ageing and Intellectual Disabilities Study](#). J Intellect Disabil Res. 2025 Jul 1. doi: 10.1111/jir.70004. Epub ahead of print. PMID: 40598919.

Background: Previous research has shown that older adults with intellectual disabilities are at increased risk of cardiovascular diseases (CVD). However, longitudinal studies investigating the actual incidence of CVD and its associated risk factors in this population are limited. Such research is essential for optimising healthcare delivery and informing effective resource allocation. Therefore, this study aimed to examine CVD incidence in older adults with intellectual disabilities and explore its associations with participant characteristics and risk factors.

Method: A prospective longitudinal study was conducted in older adults (≥ 50 years) with intellectual disabilities as part of the Healthy Ageing and Intellectual Disabilities study. Baseline measurements were performed in 2009-2010, with follow-up assessments, including medical record reviews, in 2020-2023. Incidence rates for myocardial infarction (MI), heart failure (HF) and stroke were calculated by sex and 10-year age categories. Competing risk analysis was performed to examine the associations between CVD diagnoses during follow-up and baseline participant characteristics/CVD risk factors, accounting for mortality as a competing risk.

Results: Among 598 participants (62.0 ± 8.5 year; 49.3% female), with a mean follow-up of 8.6 years, incidence rates were 2.3 per 1000 person years for MI, 7.2 for HF, and 5.3 for stroke. Hypertension (HR 3.17; $p < 0.001$), Down syndrome (HR 2.66; $p < 0.01$) and antipsychotic use (HR 1.98; $p = 0.04$) were associated with an increased CVD risk during follow-up.

Conclusions: A lower incidence of MI and similar to higher incidence of HF and stroke were found in older adults with intellectual disabilities than in the general population. Further research, including a focus on the association of CVD incidence with Down syndrome, is needed. Meanwhile, proactive assessment and management of CVD risk factors, such as hypertension and antipsychotic use, are important for improving cardiovascular health in older adults with intellectual disabilities.

Feeding and Swallowing Disorder in Adults With Intellectual Disabilities: Associated Factors

Kloppers R, Festen DAM, Mergler S. [Feeding and Swallowing Disorder in Adults With Intellectual Disabilities: Associated Factors](#). J Appl Res Intellect Disabil.

2025 Jul;38(4):e70092. doi: 10.1111/jar.70092. PMID: 40671611; PMCID: PMC12268375.

Background: Feeding and swallowing disorders (FSD)-dysphagia are common in adults with intellectual disabilities and frequently overseen by caregivers.

Aim: To determine the clinical factors that are relevant in daily practise associated with FSD in adults with intellectual disabilities.

Method: Cross-sectional data were collected from medical files. In addition, a digital questionnaire was sent to the primary caregiver. Logistic regression analysis was performed on beforehand determined and associated clinical variables.

Results: In total, 106 participants (age 19 to 89) were included, and 54% of these participants were classified as having FSD. Variables positively associated with FSD were increasing mealtime support needs ($p = 0.000$), coughing ($p = 0.004$), cramming food ($p = 0.027$) and having severe-profound intellectual disability ($p = 0.001$). The use of antipsychotic medication was negatively associated with FSD ($p = 0.024$).

Conclusion: FSD is common in adults with intellectual disabilities and is associated with mealtime support needs, coughing, cramming food, the severity of intellectual disability, and the use of antipsychotic medication.

Engaging underrepresented populations in public health monitoring: strategies for people with mild intellectual disability or low literacy skills

Theunissen MCM, Koks-Leensen MCJ, van Geenen J, Leusink GL, Naaldenberg J, Bevelander KE. [Engaging underrepresented populations in public health monitoring: strategies for people with mild intellectual disability or low literacy skills](#). *Int J Equity Health*. 2025 Jul 14;24(1):204. doi: 10.1186/s12939-025-02578-0. PMID: 40660218; PMCID: PMC12257827.

Background: Recruitment challenges, the use of complex language, and reluctance toward research are factors that make people with low literacy skills (LL skills), such as people with mild intellectual disability (MID), an underrepresented group in public health monitoring questionnaires. As a result, little is known about the health status and needs of people with MID and/or LL skills, despite their higher health risks and greater support needs, reinforcing health inequalities. Therefore, this case study evaluates the development and implementation of an accessible online COVID-19 health monitoring survey (CHM) to gain insights into what is needed to engage these

subpopulations in public health monitoring and promote equitable participation.

Methods: The CHM project was systematically analyzed using 319 documents related to the CHM development and implementation process. A semi-structured coding approach was used to identify strategies used to reach the target groups and elements influencing accessibility of the monitoring survey.

Results: Three key strategies to reach people with MID and/or LL skills were identified: stakeholder involvement, emphasizing the benefits of participation, and reducing barriers and reluctance to participate. Additionally, the inclusive development process played an essential role in improving accessibility and led to content, cognitive, and usability adjustments.

Conclusions: Our study illustrates that engaging people with MID and/or LL skills in public health monitoring relies on committed stakeholders who facilitate access to these groups and the involvement of experts by experience and co-researchers to align the monitoring survey with their experiences and abilities. These tailored methods and innovative recruitment strategies offer an opportunity for accessible and representative public health monitoring. Sustaining such monitoring approach could inform health policies that better reflect the needs of underrepresented groups and promote health equity.

Personality Trait Profiles in People With Mild Intellectual Disability: A Comparative Study

van der Heijden RA, van der Heijden PT, Korzilius HPLM, Berghuis H, Didden R.

[Personality Trait Profiles in People With Mild Intellectual Disability: A Comparative Study.](#) J Intellect Disabil Res. 2025 Aug 7. doi: 10.1111/jir.70032. Epub ahead of print. PMID: 40776389.

Background: Personality assessment in people with mild intellectual disability (MID) is difficult due to their communication difficulties and lack of reliable instruments. In addition, characteristics of maladaptive personality traits may be attributed to the intellectual disability. As a result, little is known about (maladaptive) personality traits in people with MID. The aim of this study was to explore maladaptive personality traits of people with MID and compare them to those of two comparison groups.

Methods: Maladaptive personality traits of people with MID referred to specialised mental health care (n = 75) were compared with those of people with borderline intellectual functioning referred to specialised mental health care (BIF, n = 69) and those of people with average educational levels from general mental health care (AVE,

n = 73) using the Dimensional Assessment of Personality Pathology-Short Form.

Results: People with MID scored higher on Affective Lability, Anxiousness, Identity Problems, Insecure Attachment and Suspiciousness and lower on Narcissism and Social Avoidance compared to the people with AVE. No differences in personality trait scores were found between people with MID and people with BIF, except for a lower score on Social Avoidance in those with MID. Almost all differences demonstrated small effect sizes.

Discussion: Maladaptive personality traits of people with MID and comorbid psychopathology are of similar severity compared to those of people with BIF and comorbid psychopathology or people in mental health care with average educational levels. This study emphasises that clinicians look beyond the intellectual and adaptive disabilities when assessing for mental health problems in people with MID, while meeting their needs when it comes to the treatment of these problems.

Exploring the Relationship Between General Motor Activity and Optimal Actigraphy Sleep Configurations: A Systematic Review

Baarsen AM, van den Broek NAAM, Hilgenkamp TIM, Maes-Festen DAM, Elbers RG, Huisman SA. [Exploring the Relationship Between General Motor Activity and Optimal Actigraphy Sleep Configurations: A Systematic Review](#). J Sleep Res. 2025 Aug 20:e70148. doi: 10.1111/jsr.70148. Epub ahead of print. PMID: 40832753.

This study aimed to determine the optimal configuration of wrist actigraphy for detecting sleep-wake patterns in adults with varying categories of general motor activity (Aim 1), and to assess its validity in relation to polysomnography (Aim 2). For Aim 1, a systematic review was conducted in accordance with PRISMA and QUADAS-2 guidelines using data sources including Embase, MedlineALL, Web of Science Core Collection, Cochrane Central Register of Controlled Trials, PsycINFO, Cinahl, and Google Scholar. For Aim 2, a meta-analysis was performed on mean sleep differences between actigraphy and polysomnography of studies that analysed actigraphy using the optimal configuration with similar categories of general motor activity. In total, 21 studies that investigated the Oakley algorithm (used by Actiwatch and Motionwatch) in various sleep-wake thresholds provided sufficient information to define the optimal threshold (Aim 1). Additionally, 39 studies (all using Actiwatch) validated the optimal threshold for the respective category of general motor activity and were used to determine its validity (Aim 2). Findings regarding Aim 1 indicated that for actigraphs using the Oakley algorithm, no threshold other than the default setting of 40 cpm minimised differences between actigraphy and polysomnography for adults with

normal general motor activity. However, a threshold of 20 cpm enhanced accuracy for adults with reduced general motor activity. Due to the heterogeneity of the studies included for Aim 2, it was not possible to determine the validity of actigraphy, and thereby the minimum general motor activity needed for reliable actigraphy. Further research on customising actigraph configurations is needed.

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