

Health, behaviour and functional status in older people with Intellectual Disability

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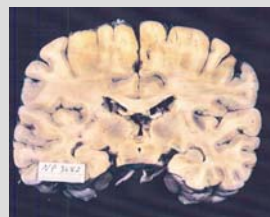
'Normal' ageing

- Ageing bones and joints – arthritis, pain
- Ageing circulation – heart disease, blood vessel disease
- Ageing respiratory function - breathlessness on exertion
- Ageing immune system – frequent infections
- Ageing cells – cancers



Ageing brain

- Coordination,
- Balance,
- Vision,
- Hearing,
- Bladder continence,
- Memory



Why do we age?

Preprogramming

- Genetic predisposition
- Turn on the ageing process
- Turn off the maturation process

So does having a genetic syndrome influence the rate at which ageing occurs?



Wear and Tear

Does having less 'reserve' (numbers of cells, amount of connections) mean that ageing begins earlier?

cera 'Normal' health and wellness

- Not sick, or in pain
- Eat well
- Sleep well
- Exercise daily
- Clean air and environment
- Good relationships

cera Health and ageing in people with Intellectual Disability

Ageing and Behaviour Changes in Developmental Disability (ABCD) Clinic at Concord Hospital

cera

- Rehabilitation Physicians, Psychiatrists, Geriatricians, RNs, Allied Health Professionals
- Case conference, with Carers, GPs

cera Clinical Research program

- Centre for Education and Research on Ageing
- Funding from NSW Department of Ageing, Disability and Home Care
- Database
- Ethics approval Concord Hospital and Sydney University Human Research Ethics Committee




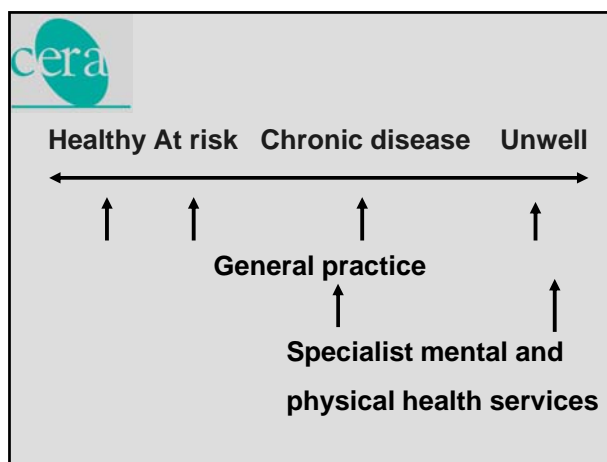
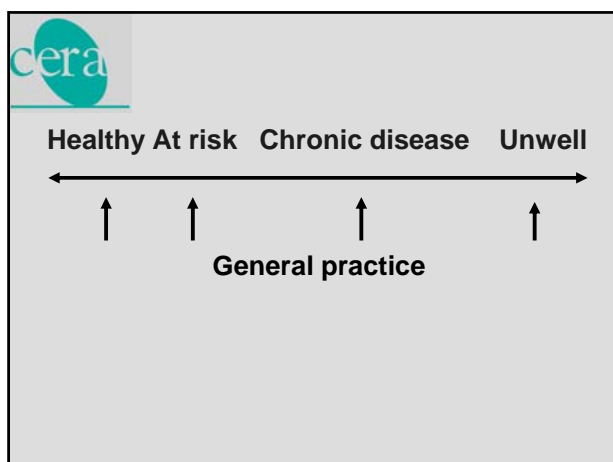
cera Measures

- Clinical information on physical status – health status scale
- Clinical information on mental status – DSM diagnoses
- Functional status – Functional Independence Measure (FIM), HACC 1
- Behavioural status – HACC 2 and 3
- Health service use
- Carer difficulties scale

cera Health status

Healthy At risk Chronic disease Unwell





able to capture this information in a 'measure'?

- Presence of lifestyle, and potentially modifiable health risks
- Presence of age related disorders that occur in everyone
- Presence of physical changes that occur more frequently in this group
- Presence of chronic illnesses related to neurological decline or degeneration

- Started with four stages
- Healthy
- Symptoms
- Disease states
- Near death (or needs 24 hr support to sustain life)

- Added descriptors 'modifiable', 'stable', 'unstable'
- '10-1'
- Description of each category – given a number
- BMI was a key factor – indicator of risk for many diseases, indicator of association with disease – so overweight '6', obesity (or underweight) '5'

Item generation

Healthiness – no illness, no medication, no signs or symptoms

Lifestyle factors – overweight, smoking, taking antipsychotics, taking antiepileptics, lack of exercise

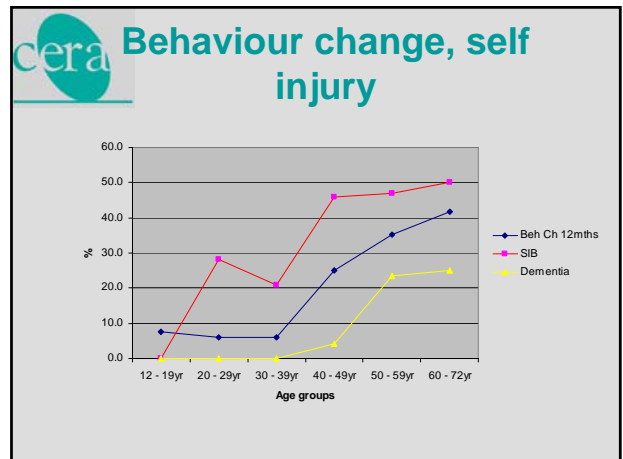
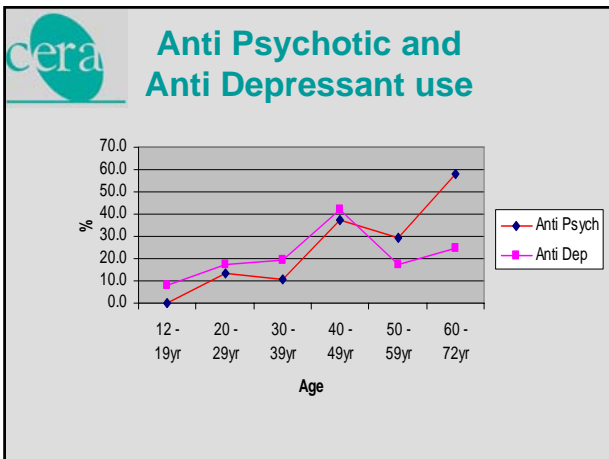
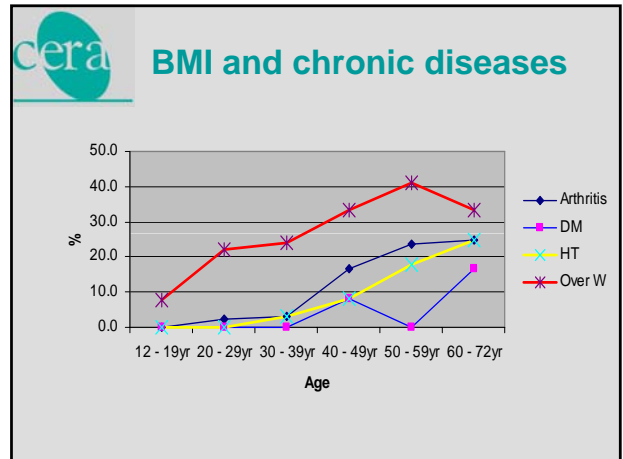
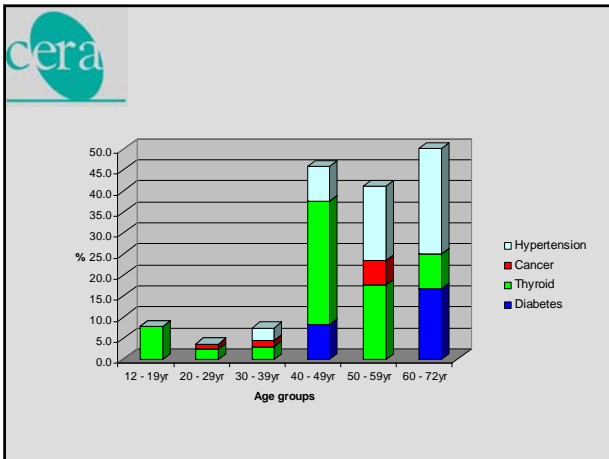
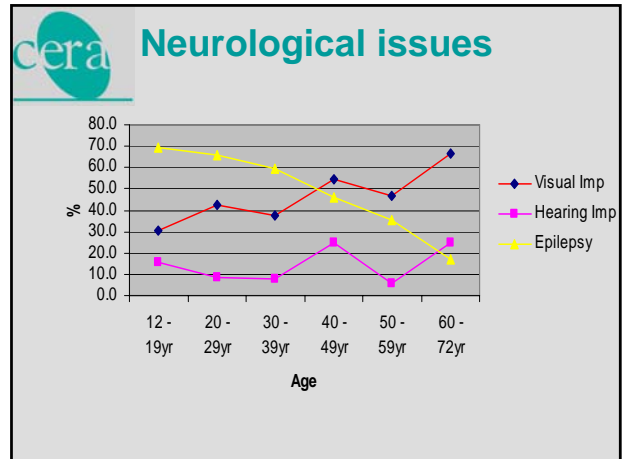
Disorders – hypothyroidism, hypogonadism, hypertension, intermittent joint pain, hyperglycaemia, gastro-oesophageal reflux, challenging behaviour, osteoporosis

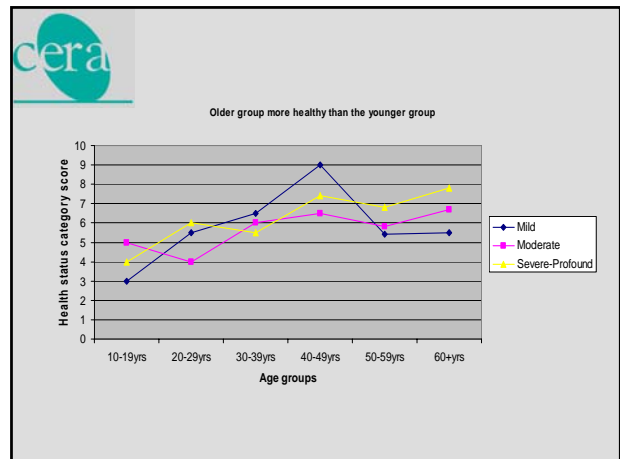
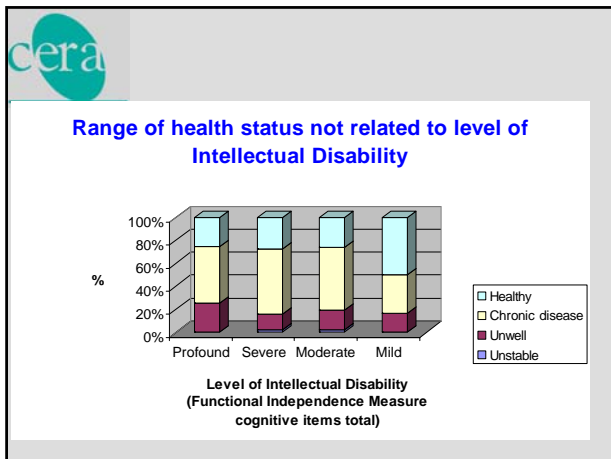
Diseases – obesity, diabetes, COAD, dementia, cancer

End stage disease – PEG feeding

Health issues with ageing

- 215 people with Intellectual Disability referred to Rehabilitation Medicine Clinics in Southern Sydney over the past few years
 - 170 living in supported accommodation
 - 130 with severe-profound Intellectual Disability
 - 53 over 40 years



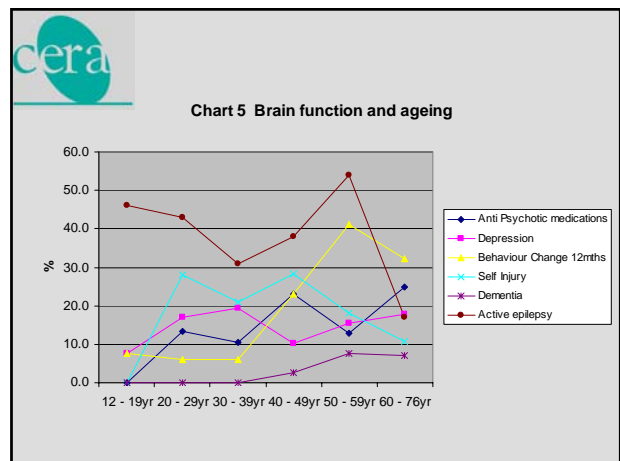


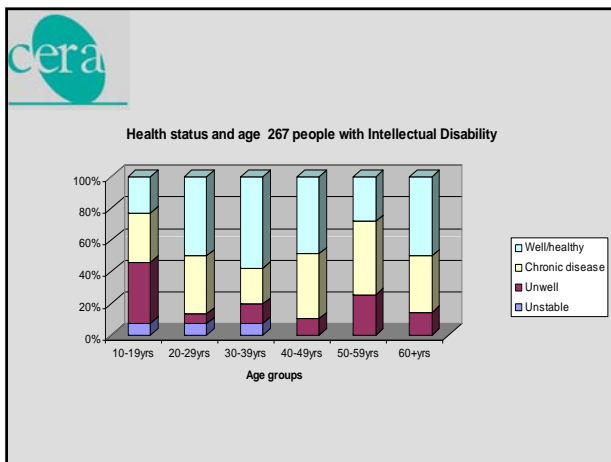
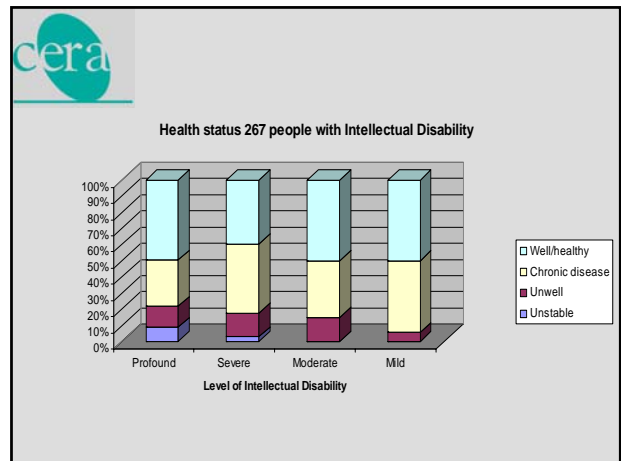
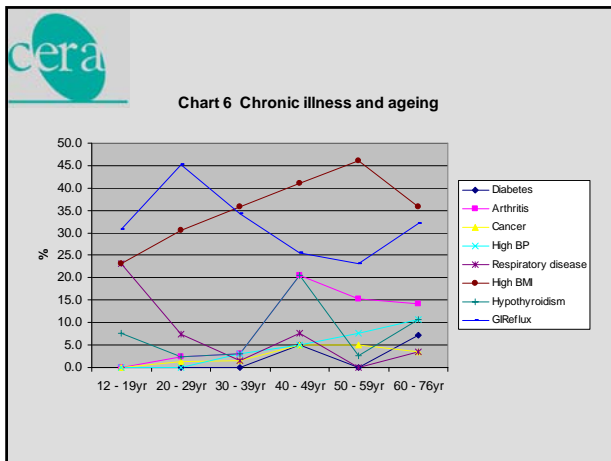
106 people over the age of 40years

Characteristic	Mild	Moderate	Severe-profound
Age groups			
40-49yrs	5	18	16
50-59yrs	9	19	11
60+yrs	8	13	7
Accommodation			
Group home or medium residence	15	47	30
Alone or with family, with support	4	3	4
Nursing home	3	0	0
FIM Total			
18-60 (Pervasive need for support)	2	6	20
61-90 (Intensive need for support)	5	23	10
91-120 (Intermittent need for support)	15	21	4

Characteristic	Number (%)
Body mass Index	
<19	5 (6%)
20-25	58 (55%)
26-30	23 (22%)
>31	20 (19%)
Smoking	7 (6%)
Disturbed sleep	40 (37%)
Sedentary exercise pattern in those who were mobile	37 (36%)
Medications	
No medications	6 (6%)
Taking psychotropic medications (antidepressants or antipsychotics)	56 (53%)
Taking antiepileptic medications	

Risk factor	35-54 yrs		55-74yrs	
	Aus Pop %	ABCD group	Aus Pop %	ABCD group
Diabetes	4%	2%	16%	8%
High blood pressure	18%	4%	56%	27%
Overweight and obese	50%	44%	70%	40%
Smoking	22%	6%	12%	6%
Insufficient activity* (relative to ability)	58%	54%	57%	60%





Dementia

Gender	Age	Genetic syndrome	ABDQ score
M	55	Poss Fragile X	90
F	59	Poss Fragile X	102
M	67	Poss Fragile X	79
F	62	Di George	98
M	45	Down Syndrome	94

Work in progress

- People referred to a specialist clinic:
 - About one third are well
 - Most have a healthy lifestyle
 - Cardiac status is good, unless obese
 - Neurological decline is occurring earlier than in the general population

Epidemiological study

Acknowledgments

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