Aging-Related Issues in Adults With Mental Disabilities

BY SHARON WORCESTER

LOUISVILLE, KY – Older adults with intellectual and other developmental disabilities experience aging-related health issues earlier and more often than those in the general population.

Particular concerns include mobility limitations, osteoporosis/osteomalacia, sensory impairment, dental problems, obesity, hypertension, diabetes, dementia, and depression, according to Carl V. Tyler, Jr., MD, CMD.

However, aging trajectories vary according to etiology and phenotypic features of a particular developmental disability. Lifestyle, social, and environmental factors also play a role, Dr. Tyler said during a session entitled "Providing High-Quality Health Care to the Aging Adult with Developmental Disability."

CRAIG HUEY PHOTOGRAPHY

According to Carl V. Tyler, Jr., MD, CMD, the number of adults with intellectual developmental disabilities is expected to triple in 5 years.

For example, individuals with Down syndrome, on average, will live into their 60s, and community-dwelling persons with intellectual and other developmental disabilities (IDD) other than Down syndrome are likely to live into their mid-70s, said Dr. Tyler, an associate professor at the Cleveland Clinic Lerner College of Medicine, Case Western Reserve University, Cleveland, OH, and director the DD-Practice Based Research Network at the university.

Previous institutional residencies, opportunities for healthy living, and access to health care all influence the trajectory, but certain conditions predict shorter life expectancy, he noted.

For example, those who have cerebral palsy with severe motor and functional impairments, those who have epilepsy with refractory seizures, and those who experience chronic upper respiratory or other infections tend to have a shorter life expectancy. Those with heart conditions, reduced mobility, eating and toileting dependency, and severe to profound levels of intellectual disability also have shorter life expectancy.

Respiratory disease is the leading cause of mortality in this population, followed by cardiovascular disease. Cancer is the cause of mortality in about 10% of persons with IDD.

'This is a population in desperate need of good medical diagnoses.'

Disability-Related Issues

The unique issues in individuals with IDD contribute to early mortality. For example, pneumonia risk may be increased due to immobility and recurrent aspiration, and restrictive lung disease can occur due to kyphoscoliosis or obesity. With respect to cardiovascular disease, acute coronary syndromes may go unrecognized because of communication impairments, and heart failure may occur due to unrecognized sleep apnea, congenital heart diseases, acquired valvular heart conditions, or untreated hypertension, Dr. Tyler said.

Among other factors that influence the aging process in older adults with IDD more so than in the general population are lack of physical activity, poverty, abuse and violence, poor nutrition, poor dental care, and inadequate social networks and education, he said.

Notably, a 2005-2006 needs assessment of older adults with IDD (mean age, 53 years) and their family caregivers showed that visual and hearing impairments were under-recognized, and that 20% to 25% of the 442 individuals included in the assessment had experienced decreased mobility and an increased need for assistance with activities of daily living in the prior year. Additionally, one in three had a mental health condition, and during the prior year, one in five received care in an emergency room, and one in eight were hospitalized.

It appeared that physical health needs were underreported, as the clients had an average of just 1.1 each, Dr. Tyler noted.

One hundred forty-five caregivers participated in the assessment (mean age, 70 years). About a third reported having fair or poor health, and more than half said they felt somewhat stressed by caregiving. About 30% said they would soon be unable to provide care.

More Elders With IDD

The findings of the needs assessment, and the information regarding differences in the aging IDD population vs. the general population, have important implications for providing care in the long-term care setting, especially given that the number of adults with IDD aged 60 years and older in the United States is expected to triple to about 2 million by 2020, Dr. Tyler said.

He outlined some general principles of geriatric medicine – incorporating the IDD-specific information – to keep in mind when caring for older adults with IDD:

- Individuals become more dissimilar from each other as they age, he said, noting that there is even more heterogeneity among those with IDD given their baseline differences in health and function.
- Abrupt declines in function should always be assumed to be the result of disease or illness – not the aging process. In those with IDD, diagnostic overshadowing – an assumption that a symptom is due to the underlying developmental disability – is common, but consideration should be given to the possibility of comorbid pathology.
- Similarly, declines in adaptive functioning are often misattributed to dementia, and care should be taken to avoid this error.
- Disease and illness often present in atypical ways. Expressions of distress may be presented behaviorally rather than verbally by individuals with developmental disability, for example.

"Too often, people have a medical illness, they manifest their physical distress behaviorally, they get labeled with a psychiatric diagnosis, they get placed on antipsychotics, antidepressants, or anxiolytics, and the underlying medical diagnosis is not found. Then they get side effects from the psychoactive meds," Dr. Tyler said, adding that "this is a population in desperate need of good medical diagnoses."

Dr. Tyler reported having no relevant financial relationships.

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AMDA Adds to Choosing Wisely List

BY PERRY MEYERS

As part of AMDA's participation in the American Board of Internal Medicine Foundation's Choosing Wisely campaign, the Society recently released five additions to its list of medical tests and procedures common in post-acute/long-term care that may be unnecessary or even cause harm. AMDA published its first set in 2013.

Choosing Wisely is an initiative led by the ABIM Foundation to support and engage physicians as better stewards of finite health care resources. Participating societies such as AMDA have developed lists relevant to their specific care settings and patient populations to encourage discussions that help patients make wise care choices. Consumer Reports is also a partner of the initiative working with participating organizations, including AMDA, to develop consumer tools based on recommendations.

AMDA's newly released directives:

- Don't place an indwelling urinary catheter to manage urinary incontinence.
- Don't recommend screening for breast, colorectal or prostate cancer if life expectancy is estimated to be less than 10 years.
- Don't obtain a *Clostridium difficile* toxin test to confirm "cure" if symptoms have resolved.
- Don't recommend aggressive or hospital-level care for a frail elder without a clear understanding of the individual's goals of care and the possible benefits and burdens.
- Don't initiate antihypertensive treatment in individuals aged 60 years and older for systolic blood pressure less than 150 mm Hg or diastolic blood pressure less than 90 mm Hg.

The directives released in 2013:

- Don't insert percutaneous feeding tubes in individuals with advanced dementia. Instead, offer oral assisted feedings.
- Don't use sliding scale insulin for long-term diabetes management for individuals residing in the nursing home.
- Don't obtain a urine culture unless there are clear signs and symptoms that localize to the urinary tract.
- Don't prescribe antipsychotic medications for behavioral psychological symptoms of dementia in individuals with dementia, without an assessment for an underlying cause of the behavior.
- Don't routinely prescribe lipid-lowering medications in individuals with a limited life expectancy.

AMDA Clinical Practice Committee Chair Gwendolen T. Buhr, MD, MEd, CMD, who oversaw the development of the new items, uses the list to influence relationships between providers and patients. "AMDA is committed to improving the quality of post-acute and long-term care. We believe the discussions between patients and providers that will be stimulated from the items on this list will bring great progress towards our goal of always delivering the highest quality care."

Daniel B. Wolfson, ABIM Foundation vice president and chief operating officer, lauded AMDA's efforts. "More than 70 specialty societies have joined Choosing Wisely, and many, like AMDA, are expanding on their original lists of overused tests, treatments, and procedures [that] clinicians and patients should talk about. The more than 350 collective recommendations from our Choosing Wisely partners illustrates the pervasiveness of unnecessary care in our health care system, and it's through the leadership of organizations like AMDA that we are making real progress to reduce waste and improve care for patients across the country."

For more information, go to www.amda.com/tools/choosingwisely.cfm.