PEOPLE WITH LEARNING DISABILITIES – A DIFFERENT PATTERN OF ILL-HEALTH?

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An interesting 3 years?

• A number of recent reports highlight some of the issues experienced by people with learning disabilities;

• What differences are there in health outcome?

• What practical steps can be taken by primary health care professionals?
The LD population?

• This population is increasing.
• The population increased by 53% from 1960 – 1995.
• An 11% increase 1998 – 2008.
• Increase resulting from improved socio-economic conditions, intensive neonatal care, and increasing survival rates.
Services are primarily designed to meet the needs of the general population.

Do people with learning disabilities present with the same pattern of ill-health as the general population? If not, is designing services around the needs of the general population, failing to meet the needs of people with learning disabilities in any way?

What are these differences?
Learning Disability Health Quiz

People with LD are ??? times more likely to die before the age of 50:

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Learning Disability Health Quiz

15% - 17% of the general population die of respiratory diseases. What is the percentage range in people with learning disabilities?

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Learning Disability Health Quiz

1% of the general population have epilepsy. What % of people with LD have epilepsy?

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Learning Disability Health Quiz

You are (??) times more likely to die from something that could have been avoided if you have a learning disability?

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The % of people with dementia (65+) is 5.7% (Gen pop). What is the percentage for adults (65+) with LD?

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Learning Disability Health Quiz

In the general population 77% of women have cervical smear tests, for women with learning disabilities the percentage is?

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How did you do?

The following slides provide more information relating to the different pattern of ill-health in LD when compared to the general population.
26% of people with LD are admitted to general hospitals each year compared to 14% of the general population. Are these acceptable health inequalities?

NPSA, 2004
It’s about Safety!

- National Patient Safety Agency Report 2004
- “People with learning disabilities are more at risk of things going wrong than the general population, leading to varying degrees of harm being caused while in hospital”. (Especially for those with higher support needs)
Health Issues in LD

- **Mortality** – People with learning disabilities are 58 times more likely to die before the age of 50 (Hollins et al, 1998)

- **Cancer** – The pattern of cancer is different in LD with lower rates of lung, prostate, and urinary tract cancers, and higher rates of oesophageal, stomach, and gall bladder cancer and leukaemia (Duff et al, 2001).

- **Helicobacter Pylori Infection**: endemic in LD population – postulated that high prevalence of this infection leads to a higher prevalence of gastric carcinoma (Duff et al, 2001).
Health Issues in LD

- **Respiratory Disease** – Most common cause of death – rates 3 times higher than general population at 46 – 52% (Hollins et al., 1998).

- **CHD** – 2nd most common cause of death in LD - nearly 50% of people with Down’s Syndrome have congenital heart defects. CHD increasing in LD population (Wells et al., 1997).

- **Sensory Impairments** – Common visual impairments and 40% hearing Impaired.

- **Epilepsy** – At 22% of the LD population it’s over 20 times more common than in the general population (=1%) – Welsh Office (1996).

- **SUDEP** (Sudden Unexplained death in epilepsy) – 5 times more common in LD than in others with epilepsy.
Health Issues in LD

- **Dementia** – rates 4 times greater and early onset in Down’s Syndrome (Holland et al., 1998)
- **Thyroid Function** – Greater risk of hypothyroidism (Loudon et al., 1985)
- **Mental Health** – Schizophrenia is 3 times more common (Doody et al., 1998)
- **Osteoporosis** – substantially less bone density (Aspray et al., 1998)
- **Importance of Postural Care!!!**
- See: www.posturalcareskills.com
Gastro oesophageal reflux disease ~ 48% of people with LD with IQ below 50 as a result of poor gastric motility. 10 times rate in normal population.

Predisposing factors cerebral palsy, scoliosis, severe/profound LD and anticonvulsants

Frequently goes undiagnosed due to difficulties in reporting symptoms and pain
Swallowing difficulties are more common in people with learning disabilities. If not managed safely they can lead to respiratory tract infections, a leading cause of early death.

- Poor nutrition and hydration
- Carers lack of awareness of the symptoms of aspiration
- Problems of implementing health guidelines in social care settings

National Patient Safety Agency Report:
Approx 50% of people with severe LD have ASC (Autistic Spectrum Conditions).

60% people with Cerebral Palsy have difficulties with chewing and/or swallowing

People with CP show a deterioration in oral motor skills and dysphagia in their early 30’s
As many as a quarter of the respiratory disease deaths of PLD can be directly linked to aspiration pneumonia.

Diagnostic Overshadowing, The Disability Discrimination Act & Consent

improving lives

Oxleas NHS Foundation Trust
Diagnostic Overshadowing

- Described as: The presenting symptoms put down to the ‘learning disability’, rather than seeking another, potentially treatable cause.
- When a person presents with a new behaviour or existing ones escalate, you should consider:
  - Physical problems - pain or discomfort, e.g. from ear infection, toothache, constipation, reflux oesophagitis, deterioration in vision or hearing.
  - Psychiatric causes - depression, anxiety, psychosis, dementia.
  - Social cause - change in carers, bereavement or abuse.
Disability Discrimination Act 1995

- The same service does not = same health outcome.
- Legal requirement not to treat disabled people less favourably.
- Legal requirement to make reasonable adjustments.
- To bring about equality it can be necessary to treat some people differently.
- Reasonable adjustments are often about practices and procedures rather than physical access, and often cost nothing.
Consent
The Mental Capacity Act (2005):
5 Key Principles:
1. Presumption of capacity
2. Empowering person to take decisions
3. Taking unwise decisions
4. Acting in best interests
5. Least restrictive course of action

Consider MCA best practice guidance & IMCA services
Thank you

• Useful links to further evidence/health information relating to the LD population:
  • http://www.library.nhs.uk/learningdisabilities/
  • www.easyhealth.org.uk
  • http://www.intellectualdisability.info/physical-health

• Contact: mark.bradley@oxleas.nhs.uk
• 0208 269 3349
• See the Next Slide – screen shot of Oxleas’ resources…