

Aging in Adults with I/DDMI Part 1

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Continuum of Care

Objectives

Part One

- **Definitions & Types of Aging**
- **Health Inequities**
- **Medical Problems**

Part Two

- **Assessment and Screening**
- **Psychiatric Disorders**
- **Medication Issues**
- **Counseling**

Definitions and Types of Aging



Definitions of Aging

- Aging refers to the **natural progression of biological, psychological and social functioning after the point of maximum development** (Birren and Schaie, 1985).
- **Biological aging** begins after person is about 25 years of age, losing 1% of organ system functioning per year
- Research on aging **must begin with people who are still in their 20's**

Characteristics of Aging

- Changes and processes that **affect all people** over time that can be **attributed to aging**, rather than to the diseases that accompany aging
- **Prevalence of almost every chronic disease and disability** increases with age but sickness not an inevitable part of growing older
- Even within the same person, **different organ systems age differently**
- **Developmentally delayed individuals** do not age similarly to each other
- **Prevention can help** with the **process of aging**

Three Types of Aging

- Biological
- Psychological
 - Social

Biological Aging

- **Biological** capacity **peaks earliest**, and then slowly begins to decline. Physical illnesses do not show a rapid increase in prevalence **until after age 70** because **all organ systems have large reserve capacities.**

Psychological Aging

- **Psychological** maturity reaches a peak at about **age 35** as measured by **learning ability, intelligence, creativity and skilled performance**. Psychological aging declines at a slower rate than physical aging because **people learn compensatory abilities**.

Social Aging

- **Social** maturity peaks last, about 55 years of age as measured by income, number of important social roles and career advancement. Normally, individuals can maintain social roles well into their 70's and 80's.

Health Inequities Experienced

- Access Issues
- Limited doctors, nurse practitioners, physician assistants, behavioral health providers that specialize in I/DD
- Basic testing not always provided
- Chronic Conditions
- Aging Population

Additional Inequities

- Care Coordination
- Long-term care services
- Prescription medication coverage & inability to manage them.
- Durable medical equipment
- Assistive technologies

Epidemiology of Aging I/DDMI

- 50.6 million or **22.2% of population** with Developmental Disabilities (2008)
- **14.5%** of the 50.6 million DD population are **65 yrs or older** (2011)
- Population of elder DDMI **expected to double** between 2002-2027
- 4 of every 1000 elders expected to have DD (1997).
- **40% of adults with disabilities report fair or poor health** compared to 10% of adults without disabilities

In the **PAST**....

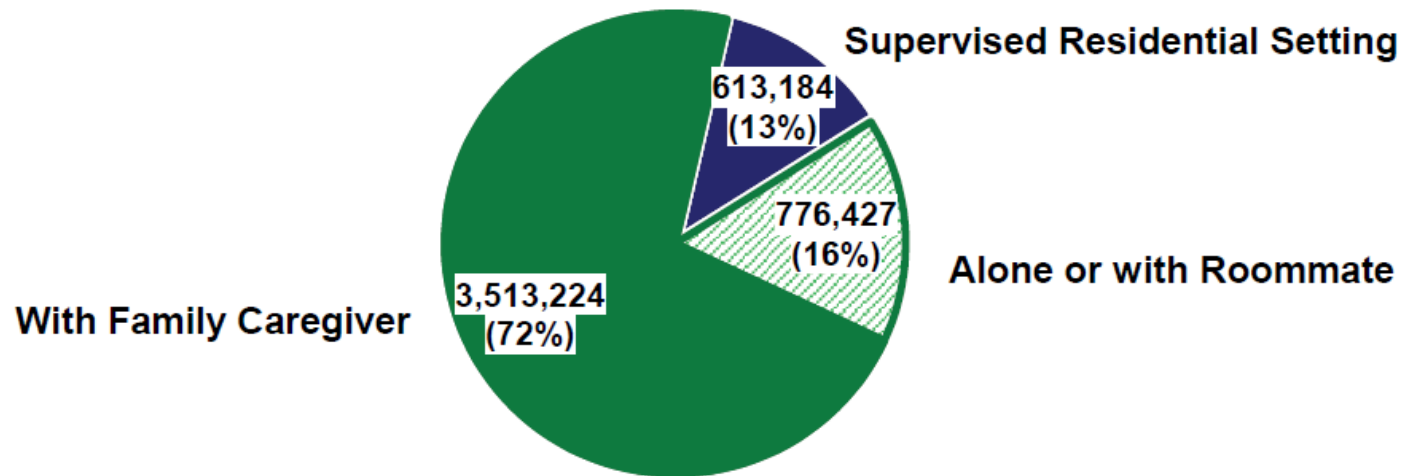
- Lived in **institutions...**
- Secondary medical conditions such as respiratory illness, renal failure, accidents, infections, and depression, **coupled with a general lack of adequate primary medical care**, prevented most persons with I/DDMI from experiencing their **true life expectancy**.

In the **PRESENT**...

- Live with **family or group homes...**
- **Advances in medicine and rehabilitation** have made the **expectation of living to late life fairly reasonable** for most persons, even those with a significant disability.
- **Aging with a disability** has been described as **one of the most important new developments** in rehabilitation.

People with I/DD in United States

ESTIMATED NUMBER OF INDIVIDUALS WITH I/DD BY LIVING ARRANGEMENT: FY 2011



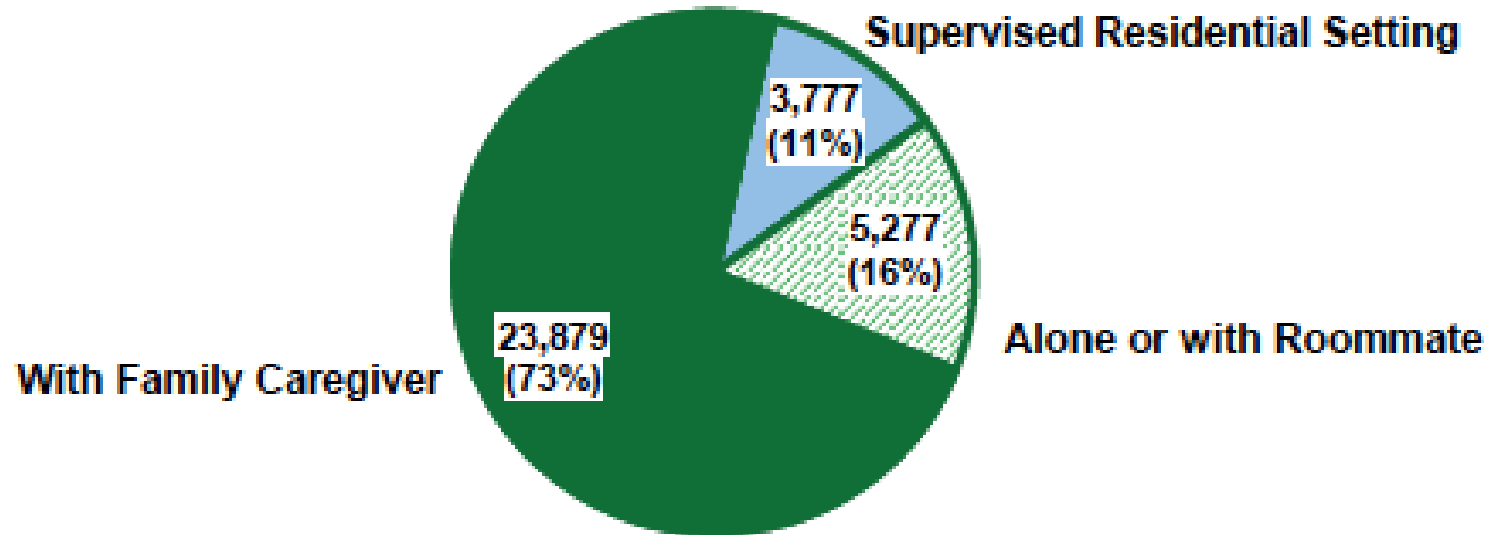
TOTAL: 4,902,835 PERSONS

Braddock et al. 2013, based on Fujiura 2012

People with I/DD in New Mexico

NEW MEXICO

ESTIMATED NUMBER OF INDIVIDUALS WITH I/DD BY LIVING ARRANGEMENT: FY 2013



TOTAL: 32,934 PERSONS

Braddock et al. 2014, based on Fujlura 2008, 2012

Living **LONGER...**

- Advances in **medicine, rehabilitation, technology, and disability policy** (i.e. civil rights).
- **Improved health care and identification** of **unique needs** facing this population
- Chronic disability **+ illnesses**

Disability **CHANGES?**

- Research on aging with a disability ongoing for only 15 yrs
- Most **Important** Finding
 - “Chronic Disability” over the lifespan is **NOT STATIC**
 - People who live 20+ years with a disability have **substantial new medical, functional and psychosocial problems** that were not expected or planned for at an earlier of age.

Individuals with I/DD Higher Rate

- Medical
- Functional
- Psychosocial **COMPLICATIONS**
- **20-25 years sooner** compared to aging individuals without disabilities
- When they **reach age 50** many show functional ages not expected **until age 70-75 in people without disabilities**

Why do Adults with DD **Age Earlier?** (possible causes)

1) accelerated **biological aging** process

2) **wear and tear** on the body over time

3) The **era of onset** (i.e. rehabilitation and/or technology available at onset)

4) **latent illness** (i.e. metabolic changes that culminate in a variety of illnesses)

5) **environmental** factors

Other possible causes of early aging?

- If disability early in life **may have reduced reserve capacity in one or more organ systems** + with normal aging= more illnesses

- Possible **widespread changes in physiology.**
 - Cholesterol levels of persons with **spinal cord injury** are **abnormal at an early age** (Bauman and Spungen, 1996)
 - Persons with **polio** who develop post-polio syndrome have **higher numbers with elevated cholesterol compared to persons with polio who stay ambulatory or compared to a nondisabled controls** (Kemp and Campbell, 1993).
 - **Orthopedic problems** arise because of excess wear and tear (due to compensations for postural or ambulatory effects of disability, accidents, deconditioning and metabolic conditions (e.g., osteoporosis).

Down's Syndrome Premature Aging?

- **Down syndrome** advanced aging may be linked to **dysfunction in stem cell homeostasis** during aging, which causes **them to not renew as fast or at all** (Souroullas, 2013).

Medical Problems for Aging I/DDMI



Miscellaneous Medical Conditions

- People with disabilities have **3 to 4 x the number of secondary health problems** compared to their age matched peers
 - Rates of **respiratory illnesses** are four times higher in persons with **post-polio syndrome**
 - **Diabetes** is 5 to 6 times higher in **many disability groups**
 - **Cardiovascular disease** is the second leading cause of death in persons with **spinal cord injury**
 - **Fractures** are 5 x more common in person aging with **cerebral palsy**
 - **Osteoporosis** affects nearly 70% of people with disability who have mobility issues

Aging and Down's Syndrome

- Heart Defects
- Obesity (slower metabolism)
- Sensory Loss-Hearing and Vision problems
- Obstructive Sleep Apnea
- Immune system problems
 - Leukemia
 - Infections
- Premature menopause
- Dementia-Alzheimer's
- Hypothyroidism
- Osteoarthritis- hyperflexible joints
- Osteoporosis
- Atlantoaxial instability-cervical problems
- Celiac Disease

Dental Problems

- Higher rate of gingivitis and periodontal disease
- Cavities occur at the same rate but prevalence of untreated cavities is higher.
- Malocclusion, missing permanent teeth, delayed eruption, and enamel hypoplasia more common.
- Damaging oral habits may be present.

Bruxism, mouth breathing, tongue thrust, self-injurious behavior (lip biting, picking) and pica (the hunger for or ingestion of nonfood items).

Mental Health Problems

- Limited providers know how to treat mental health concerns in people with I/DD.
- 36 to 50 percent of people with I/DD are on psychotropic medications. Lewis et al (2002)
- **FREE** [http://www.advocacydenver.org/news-events/webinars/Watch - *Challenges of a Dual Diagnosis*](http://www.advocacydenver.org/news-events/webinars/Watch-Challenges-of-a-Dual-Diagnosis) Webinar by Catherine Strode and Sarah Avrin –

Lack of Medical Proficiency

- Few professional health care training programs **address disability issues in their curriculums**
- Most **federally funded health disparities research does not recognize or include people with disabilities** as a disparity population.

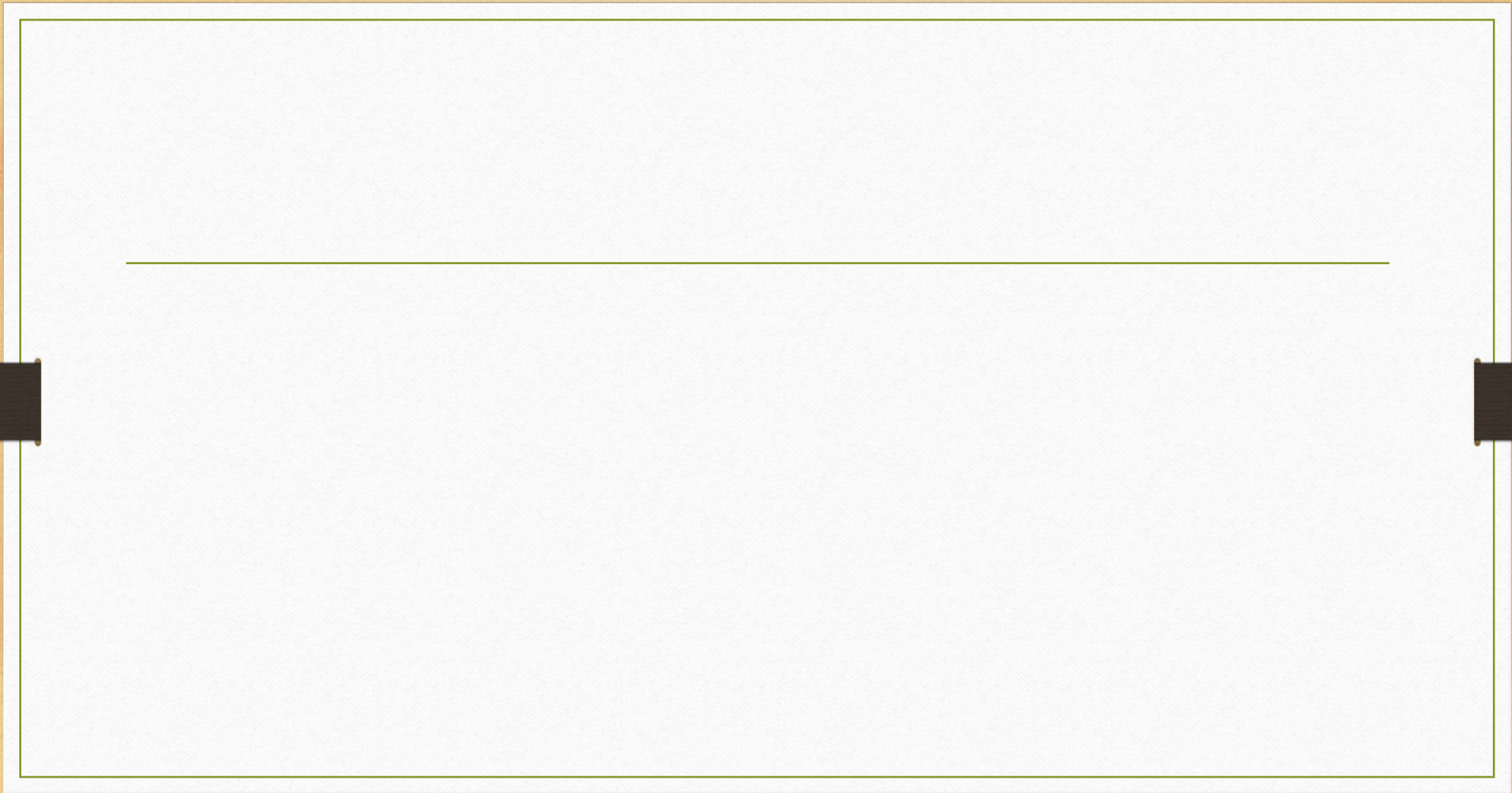
National Council on Disability, 2009

Medical Proficiency

- DDMI affected **disproportionately by barriers to care.**
-
- Barriers such as
 - Health care **provider stereotypes about disability**
 - Lack of **appropriate training**
 - Lack of **accessible medical facilities and examination equipment, sign language interpreters, and individualized accommodations**

Basic Assessment and Prevention **NOT** Provided in I/DD

- Women frequently **do not received basic gynecological and breast exams- 57% less likely PAP and 56% less likely mammograms.**
- Men with frequently **do not receive tests for testicular and prostate concerns.**
- Other basic testing is not done, because **medical staff may not understand all the health concerns of the patient.**
- Often **more susceptible to preventable health problems** that decrease their overall health and quality of life.



Part 2 Aging in the I/DDMI Population

- Monday April 11th at 1215 pm TUG Presentatin

Health Resources

- HealthMeet Program – National Arc - www.thearc.org/page.aspx?pid=3686
- National Center on Health, Physical Activity, and Disability (NCHPAD) - www.ncpad.org/
- Health Pamphlets - www.easyhealth.org.uk/categories/health-leaflets
- American Association on Health & Disability - www.aahd.us/
- National Association for the Dually Diagnosed - <http://thenadd.org/>

Resources

- Frey, Temple, & Stanish (2006). Introductions: preventive health and individuals with mental retardation. *Mental Retardation and Developmental Disabilities Research Reviews*, 12, 1-2.
- Last, J.M., editor (2001). Dictionary of epidemiology. 4th ed. New York: Oxford University Press. p. 61.
- ~~Poindexter (2002). Health management of aging adults with mental retardation. Kingston, NY: NAAD Press.~~
- Souroullas & Sharpless (2013). Down's syndrome link to ageing. *Nature*. 501, 325-326, doi:10.1038/nature12558 retrieved online March 1, 2016 from <http://www.nature.com/nature/journal/v501/n7467/abs/nature12558.html>
- Wisniewski, Silverman & Weigiel (1994). Aging, Alzheimer disease and mental retardation. *Journal of Intellectual Disability Research*, 38, 233-239.
- Braddock, D. L. (2015). The State of the States in Intellectual and Developmental Disabilities, Ed. 10th.
- 2011 <http://www.cdc.gov/ncbddd/disabilityandhealth/data.html>
- Health Inequities Experienced by those with Intellectual & Developmental Disabilities, Alexandra Andrews, Health Care Advocacy Program, powerpoint presentation.
- National Council on Disability (September 30, 2009) *The Current State of Health Care for People with Disabilities*. Accessed March 1, 2016 from <https://www.ncd.gov/publications/2009/Sept302009#exesum>