



Targets and Tools for Positive Cardiometabolic Health in People with ID: AADDM2015 post conference workshop

Never Stand Still

Medicine

Department of Developmental Disability Neuropsychiatry

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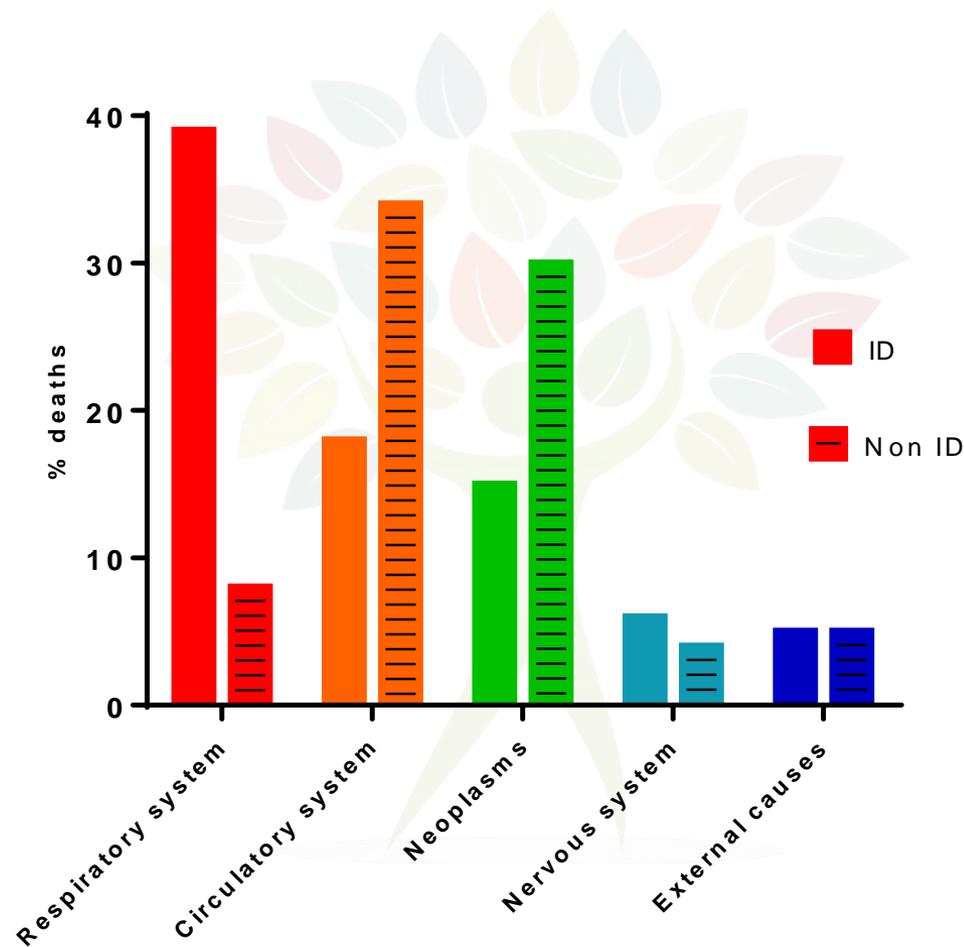
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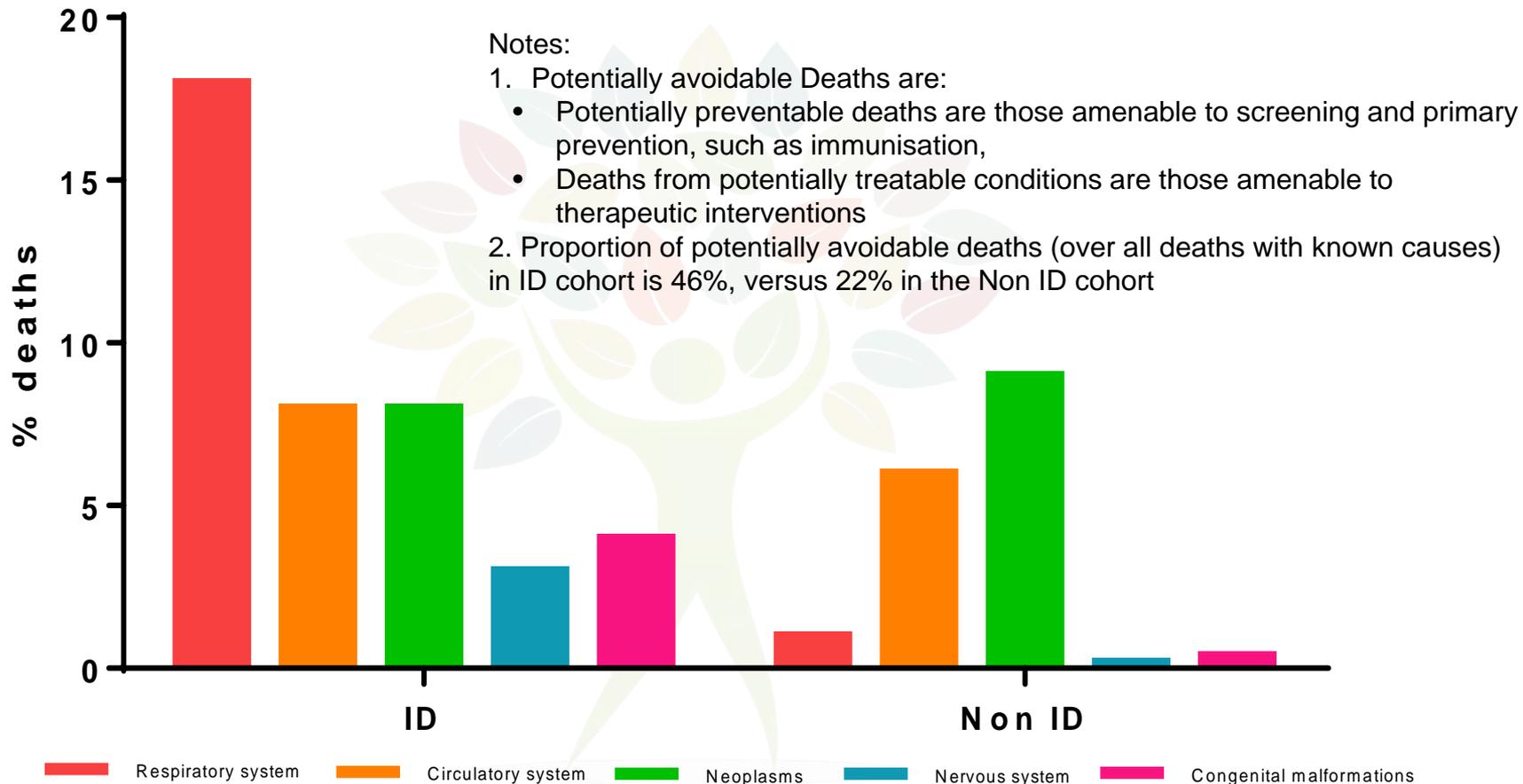
Time to get serious: some motivation



Top 5 underlying causes of death



Top 5 Potentially Avoidable Deaths



Background

- Generalist cardiometabolic monitoring guidelines
- Poor cardiometabolic outcomes in ID linked to:
 - High rates (and earlier commencement) of psychotropic medication use
 - Polypharmacy
 - Socio-economic disadvantage and stigma
 - Poorer access to quality healthcare
 - Genetic syndromes associated with increased cardiovascular risk
 - Lower levels of physical activity
 - Higher rates of obesity

Your Turn

- Thinking about your clinical practice, write a quick list of barriers and enablers to good cardiometabolic health you have encountered in your patients or their circumstances (2 mins)
- Share these with the group (4 mins), and collate a master list of each of the major barriers
- Pick a couple of barriers and share some solutions you have found effective in your practice. (4 mins)

Overarching Project Aims

- To review the literature relating to cardiometabolic morbidity and mortality in people with intellectual disability
- To adapt a generalist cardiometabolic guideline to address the extra needs and altered risk profiles of people with ID
- To develop an accompanying toolkit of tailored cardiometabolic resources suitable for clinicians, formal and informal carers and people with an ID

Methodology

- Steering committee formed with authors of previously published generalist guideline



Methodology

- Draft ID cardiometabolic monitoring guideline constructed following extensive literature
- Multiple waves of consultation:
 - 30+ national and international experts
 - multidisciplinary input received: General practitioners, psychiatrists, speech pathologists, exercise physiologists, nurses, dietitians, endocrinologists, intellectual disability specialists
- The final guideline will be downloadable from our website

Your Turn

- Appoint a separate scribe and spokes person (30 secs)
- Look through the algorithm and the resources that have just been discussed (2 mins)
- Discuss as a group how you might use some of these tools in clinical practice (5 mins). (scribe to make bullet point notes of main points discussed)
- Spokesperson: share a summary of these points with the larger group (2 mins per group)

Summary & Conclusions

- Positive cardiometabolic monitoring in people with an ID requires:
 - A proactive and preventative approach
 - thoughtful adaptations to practice and tailored communication resources
 - Multidisciplinary collaboration, care co-ordination and engagement with support networks
 - A holistic understanding of cardiometabolic risks including socio-economic status and social inclusion
 - A revision of problematic psychotropic prescribing practices in this population including the overuse of psychotropics to treat challenging behaviour
- The full algorithm will be downloadable from the 3DN website

Further Steps

- Publication of Guideline
- Launch
- Seminars and Webinars
- Focus on psychotropic prescription



References

- Cooper SA, Smiley E, Morrison J, et al. Prevalence of and associations with mental ill-health in adults with intellectual disabilities. *British Journal of Psychiatry*. 2007; 190: 27-35.
- Coppus AMW. People with intellectual disability: what do we know about adulthood and life expectancy? *Developmental disabilities research reviews*. 2013; 18(1): 6-16.
- Curtis J, Newall HD, Samaras K. The heart of the matter: cardiometabolic care in youth with psychosis. *Early intervention in psychiatry*. 2012; 6(3): 347-353.
- de Winter CF, Bastiaanse, LP, Hilgenkamp TI, et al. Cardiovascular risk factors (diabetes, hypertension, hypercholesterolemia and metabolic syndrome) in older people with intellectual disability: results of the HA-ID study. *Res Dev Disabil*. 2012; 33(6): 1722-1731.
- Deb, S. Unwin G, Deb T. Characteristics and the trajectory of psychotropic medication use in general and antipsychotics in particular among adults with an intellectual disability who exhibit aggressive behaviour. *J Intellect Disabil Res*. 2014
- Hilgenkamp TI, Reis D, van Wijck R, et al. Physical activity levels in older adults with intellectual disabilities are extremely low. *Research in Developmental Disabilities*. 2011; 33(2): 477-483.
- Lennox NG, Diggins JN, Ugoni AM. The general practice care of people with intellectual disability: Barriers and solutions. *Journal of Intellectual Disability Research*. 1997; 41(5): 380-390.
- Lott IT, McGregor M, Engelman L, et al. Longitudinal prescribing patterns for psychoactive medications in community-based individuals with developmental disabilities: utilization of pharmacy records. *Journal of Intellectual Disability Research*. 2004; 48: 563-571.
- van de Louw J, Vorstenbosch R, Vinck L, et al. Prevalence of hypertension in adults with intellectual disability in the Netherlands. *J Intellect Disabil Res*. 2009; 53(1): 78-84.
- Wallace RA, Schluter, P. Audit of cardiovascular disease risk factors among supported adults with intellectual disability attending an ageing clinic. *J Intellect Dev Disabil*. 2008; 33(1): 48-58.
- Wilkinson J, Dreyfus D, Cerreto M, et al. "Sometimes I feel overwhelmed": Educational needs of family physicians caring for people with intellectual disability. *Intellectual and developmental disabilities*. 2012; 50(3): 243-250.

Acknowledgments

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