

Positive Cardiometabolic Health

An early intervention framework for people with intellectual disability

Adolescent

Lifestyle			Oral Health	Sleep		Weight		Glucose		Blood Pressure	Blood Lipids ^d	
Smoking	Physical Activity	Diet		Insomnia	OSA	Waist	BMI	Pre-diabetes	Diabetes			
Lifestyle advice including diet, physical activity, smoking prevention/cessation, <u>sleep hygiene</u> and <u>dental hygiene</u> to individual, family members and support people. Co-management of physical health with general practitioner is strongly recommended												
ACTION ZONE	Current smoker (tobacco, marijuana, vaping, shisha) Support person / family member current smoker	< 60 min physical activity/day ≤ 3 days/ week muscle strengthening activities ≥ 2 hours of recreational screentime/day	Poor dietary intake	Poor oral health Irregular dental checks (> 12 months apart)	< 8 hours sleep; or > 11 hours sleep Daytime tiredness		Waist-to-height ratio ≥ 0.5	BMI ≥ 85 th centile	HbA1c 5.7 - 6.4% (39 - 47 mmol/mol) FBG 5.6 - 6.9 mmol/L ^b	HbA1c ≥ 6.5% (≥ 48 mmol/mol) FBG ≥ 7.0 mmol/L RBG ≥ 11.1 mmol/L	BP ≥ 90 th centile	TC ≥ 4.3 mmol/L LDL ≥ 2.8 mmol/L TRIG ≥ 1.0 mmol/L HDL ≤ 1.2 mmol/L Non-HDL ≥ 3.1 mmol/L
					Co-occurring conditions causing insomnia	Symptoms of OSA - Loud snoring - Stopping breathing during sleep						
Minimise off-label psychotropic prescribing & where possible, trial non-pharmacological interventions first. See reverse side for additional guidance on responsible psychotropic prescribing												
Actively involve family members and/or support people in interventions												
INTERVENTION	Individualised smoking cessation program Consider referral to Nicotine Treatment Specialist or quit programs	↓ Sedentary and screen time ↑ Physical activity Individualised exercise program Consider referral to Exercise Physiologist, Physiotherapist or Occupational Therapist	↓ Discretionary foods and drinks ≥ 5 serves of vegetables / legumes daily Consider co-occurring conditions affecting diet Refer to Dietitian / other allied health as indicated ^a	Good oral hygiene education, especially during puberty Treat infection/pain if appropriate Encourage annual Dentist review Consider referrals to Dietitian as indicated	Refer to lifestyle interventions, promote weight loss and arrange multidisciplinary referrals							
					Refer to Psychologist or Paediatrician Consider tailored melatonin treatment, if above insufficient	Refer for sleep study and / or to Paediatrician	If BMI rapidly increased or ≥ 95 th centile, consider referral to Paediatrician	Arrange Paediatric Endocrinologist and diabetes educator referral		Limit salt intake BP management education Refer to Paediatrician if above insufficient	Consider Paediatrician referral	
							Pre-diabetes education Metformin if lifestyle modification insufficient	Provide diabetes education Screen for complications ^c and refer appropriately				
TARGET	Smoking prevention or cessation	Physical Activity Guidelines met ≤ 2 hours of recreational screentime/day	Balanced dietary intake	Good oral health Dental review every 6 - 12 months (check eligibility for child dental benefits scheme)	8 - 11 hours sleep Improved daytime alertness Treated sleep condition	Waist-to-height ratio < 0.5	BMI < 85 th centile	HbA1c < 5.7% (< 39 mmol/mol) FBG < 5.6 mmol/L	HbA1c < 6.5% (< 48 mmol/mol) for type 2 diabetes or otherwise individually determined	BP < 90 th centile	TC < 4.3 mmol/L LDL < 2.8 mmol/L TRIG < 1.0 mmol/L HDL > 1.2 mmol/L Non-HDL < 3.1 mmol/L	

^a Common gastrointestinal tract conditions include: constipation, coeliac disease and gastro-oesophageal reflux disease. Common feeding difficulties include: hyperphagia, disordered eating, dysphagia, aerophagia. Appropriate clinicians may include Dietitians, Speech Pathologist or Psychologists | ^bPre-diabetes ≥ 5.3 mmol/L during pregnancy, overt diabetes in pregnancy > 7.0 mmol/L | ^cHyperglycaemia, ketones, chronic kidney disease, retinopathy, neuropathy and foot complications

^dSourced from American Heart Foundation (2018)

BMI: Body mass index | BP: Blood pressure | FBG: Fasting blood glucose
HbA1c: Glycated haemoglobin | HDL: High density lipoprotein | LDL: Low density lipoprotein | NRT: Nicotine replacement therapy | OSA: Obstructive sleep apnoea
RBG: Random blood glucose | TC: Total cholesterol | TRIG: Triglycerides

Positive Cardiometabolic Health

Adolescent

Psychotropic Medicines

Principles of psychotropic prescribing should align with the [Clinical care standard for Psychotropic Medicines in Cognitive Disability or Impairment](#)

- Address underlying causes for behaviour change and implement non-medication strategies as first line
- Establish clear and appropriate rationale for prescriptions
- Aim for the lowest effective dose and for the minimum duration
- When choosing medications, consider their potential differential impacts on cardiovascular and metabolic parameters
- Review according to clinical need to assess medicine effectiveness, tolerability and whether it should be discontinued
- Ensure family members and/or support people are included in medicine-related discussions where appropriate

Consider referral to psychiatrist to support safe psychotropic prescribing

Consider referral to pharmacist for Home Medicines Review if the person meets [MBS criteria](#)

Monitoring

- Seek [Comprehensive Health Assessment Program \(CHAP\)](#) for people with intellectual disability (MBS 707)
- Promote and support the Aboriginal and Torres Strait Islander [Medicare-covered annual health check](#) (MBS Item 715)
- Investigate fasting plasma glucose, Vitamin D, HbA1c and lipids (If fasting not feasible, non-fasting satisfactory except triglycerides)

	Baseline	Weekly*	3 months	6 months	9 months	12 months	Continue 6 monthly
Personal Hx	✓					✓	✓
Lifestyle Review	✓	✓	✓	✓	✓	✓	✓
Weight	✓	✓	✓	✓	✓	✓	✓
Waist	✓		✓	✓	✓	✓	✓
Blood Pressure	✓		✓	✓		✓	✓
Blood Glucose	✓		✓	✓		✓	✓
Lipid profile	✓		✓	✓		✓	✓
Vitamin D	✓			✓		✓	✓
Psychotropic Review [^]	✓			✓		✓	✓

*Should be assessed weekly/fortnightly in the first 6-8 weeks following initiation or change of psychotropics as there are particular risks associated with rapid weight gain, potentially predicting severe weight gain in the longer term.

[^]Perform psychotropic medication review according to clinical need or every 6 months if stable

Other Considerations

- ECG, TFTs, UECs, FBC, ECHO to be performed as clinically required
- Additional monitoring requirements apply for clozapine and mood stabilisers
- Metformin can lead to vitamin B12 deficiency. Assess diet and supplement if needed
- Other issues below are not included but are important to discuss: Sexual Health, Blood Borne Virus, Vaccination Status and Substance Use

Don't just screen, INTERVENE

For all people in the action zone

Consider possible genetic impacts on cardiometabolic profiles
Prioritise cultural safety
Practice [shared decision-making](#) and strengths-based care

Sex-Specific Risk Factors

Polycystic Ovarian Syndrome (PCOS):

- Screen for PCOS in all females: > 3 months of amenorrhea, acne or hirsutism
- Check prolactin, consider endocrine referral if > 3 x upper limit of normal
- Consider metformin and COCP

Pregnancy-related risk factors:

- Usual screening for cardiometabolic risk as per [Australian Pregnancy Care Guidelines](#), ideally with multidisciplinary care

Behaviours of concern

Evidence currently does not support off-label prescribing for behaviours of concern

When a person presents with a behaviour of concern

- Recognise that behaviour is a form of communication
- Assess for and address possible physical causes (e.g. pain)
- Consider mental illness as a possible cause
- Consider psychosocial/environmental contributors
- Consider psychotropics only when [non-pharmacological interventions](#) unsuccessful

Reasonable Adjustments

Pre-appointment information (easy read or plain English):

- Appointment reminders, clinic information and maps
- What to bring (e.g. Medicare Card)
- What will happen during the appointment

Appointment environment

- Consider sensory needs (e.g. sensory room)
- Accessible parking and entrances

During the appointment

- Talk with the person directly
- Ask if a family member/support person is needed
- Adapt to individual communication needs and provide information in accessible formats
- [Ensure consent](#) is obtained

Social and other supports

People with intellectual disability may experience other challenges that can affect their health:

- Investigate housing, school, healthcare and transportation and other [supports](#)
- Consider whether support is available through the [National Disability Insurance Scheme](#) or other support schemes



To cite: Emma Suzuki, Rory Keyes, Julian Trollor, Jessica Bellamy, Jackie Curtis, Philip B. Ward, Simon Rosenbaum, Scott Teasdale, Andrew Watkins, Katherine Samaras, Janelle Weise & Rebecca Koncz, 2026. *Positive cardiometabolic health for adults with an intellectual disability: an early intervention framework, second edition*. UNSW Sydney, Australia.

Adapted with permission from Watkins, A., Teasdale, S., Fibbins, H., Draper, E., Gould, P., Curtis, J. (2023). Adolescent Positive Cardiometabolic Health Resource: Evidence Guide. Mindgardens Neuroscience Network.

Proudly funded by



This work has been funded by the NSW Ministry of Health Mental Health Branch.