National Centre of Excellence in Intellectual Disability Health

Positive Cardiometabolic Health

An early intervention framework for people with intellectual disability

Adult

	Lifestyle			Oral Health	Sleep		Weight		Glucose		Blood Pressure	Blood Lipids[g]
	Smoking	Physical Activity	Diet		Insomnia	OSA	Waist	BMI	Pre-diabetes	Diabetes		
	Lifestyle advice including diet, physical activity, smoking prevention/cessation, sleep hygiene and dental hygiene 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 current smoker	< 30 minutes of physical activity on most days < 2 days/ week muscle strengthening activities Prolonged sedentary behaviour	Poor dietary intake	Poor oral health Irregular dental checks (> 12 months apart)	< 6 hours sleep; or > 11 hours sleep Daytime tiredness Co-occurring conditions causing insomnia	Symptoms of OSA - Loud snoring - Stopping breathing during sleep	Waist circumference ≥ 80 cm females ≥ 94 cm males (≥ 90 cm)[b]	BMI ≥ 25 kg/m^2 (≥ 23 kg/m^2)[b]	HbA1c 5.7 - 6.4% (39 - 47 mmol/mol) FBG ≥ 7.0 mmol/L RBG ≥ 11.1 mmol/L AUSDRISK[c] ≥ 12	HbA1c ≥ 6.5% (≥ 48 mmol/mol) FBG ≥ 7.0 mmol/L RBG ≥ 11.1 mmol/L AUSDRISK[c] ≥ 12	≥140 mmHg systolic and/or ≥ 90 mmHg diastolic OR ≥ 120/80 mmHg if CVD risk present[f]	TC > 5.5 mmol/L LDL > 3.5 mmol/L TRIG > 1.7 mmol/L HDL < 1.5 mmol/L
	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 time ↑ Physical activity Individualised exercise program Consider referral to Exercise Physiologist, Physiotherapist or Occupational Therapist	↓ Discretionary foods and drinks, and alcohol ≥ 5 serves of vegetables/ legumes daily Consider co-occurring conditions affecting diet and refer to a Dietitian / other allied health as indicated[a]	Good oral hygiene education 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 Sleep Physician Consider short-term pharmacotherapy, if above insufficient	Refer for sleep study and / or to Sleep Physician	If lifestyle interventions unsuccessful > 3 months, consider metformin or GLP-1RA as an adjunct If BMI ≥ 30 kg/m^2 or co-occurring conditions are present, consider intensive interventions and refer to specialist		Pre-diabetes education Consider referral to endocrinologist Metformin if lifestyle modification insufficient	Diabetes education Arrange endocrinologist and diabetes educator referral Screen for complications[e] and refer appropriately	DASH dietary modification, limit salt intake Blood pressure management education Consider antihypertensive therapy if above insufficient	Commence lipid lowering therapy if: - PBS criteria met; and/or, - Lifestyle modification insufficient after 3 months
TARGET	Smoking prevention or cessation	Physical activity guidelines met Reduced sedentary time	Balanced dietary intake	Good oral health Dental review every 6 - 12 months	6 - 11 hours sleep Improved daytime alertness Treated sleep condition		Waist circumference < 80 cm females < 94 cm males (< 90 cm)[b]	BMI 18.5 - 24.9 kg/m^2 (< 23 kg/m^2)[b]	HbA1c < 5.7% (< 39 mmol/mol) FBG < 5.6 mmol/L	HbA1c < 7% (< 53 mmol/mol), or otherwise individually determined	< 140 mmHg systolic and/or < 90 mmHg diastolic OR < 120/80 mmHg if CVD risk present[f]	TC ≤ 5.5 mmol/L LDL ≤ 3.5 mmol/L TRIG ≤ 1.7 mmol/L HDL ≥ 1.5 mmol/L

[a]Certain medical conditions may affect intake. Relevant practitioners may include Psychologists (eating disorders, anxiety) or Speech pathologists (swallow assessment) | [b]Cut-offs apply to Asian populations and recommended for Aboriginal and Torres Strait Islander populations | [c]AUSDRISK tool not recommended for Aboriginal and Torres Strait Islander populations | [d]≥ 5.5 mmol/L for Aboriginal and Torres Strait Islander populations, ≥ 5.3 mmol/L during pregnancy, > 7.0 mmol/L for overt diabetes in pregnancy | [e]Retinopathy, neuropathy, foot complications, chronic kidney disease, macrovascular complications | [f]Including pre-diabetes and diabetes | [g]Sourced from Victor Chang Cardiac Research Institute

BMI: Body mass index | CVD: Cardiovascular disease | FBG: Fasting blood glucose
GLP1-RA: Glucagon-like peptide-1 receptor agonist | HbA1c: Glycated haemoglobin
HDL: High density lipoprotein | LDL: Low density lipoprotein | NRT: Nicotine replacement therapy | OSA: Obstructive sleep apnoea | PBS: Pharmaceutical Benefits Scheme
RBG: Random blood glucose | TC: Total cholesterol | TRIG: Triglycerides

Positive Cardiometabolic Health

Adult

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

Menopause and perimenopause:

- Intensify cardiometabolic monitoring and interventions as indicated

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 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, healthcare and transportation and other supports
- Consider whether support is available through the National Disability Insurance Scheme or other support schemes

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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). Adult Positive Cardiometabolic Health Resource: Evidence Guide. Mindgardens Neuroscience Network.

Proudly funded by

NSW GOVERNMENT

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

COCP: Combined oral contraceptive pill | ECG: Electrocardiogram | ECHO: Echocardiogram | FBC: Full Blood Count | MBS: Medicare Benefits Schedule | TFTs: Thyroid Function Test | UECs: Urea, Electrolytes and Creatinine