Aging Issues in People with Intellectual Disabilities

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Overview

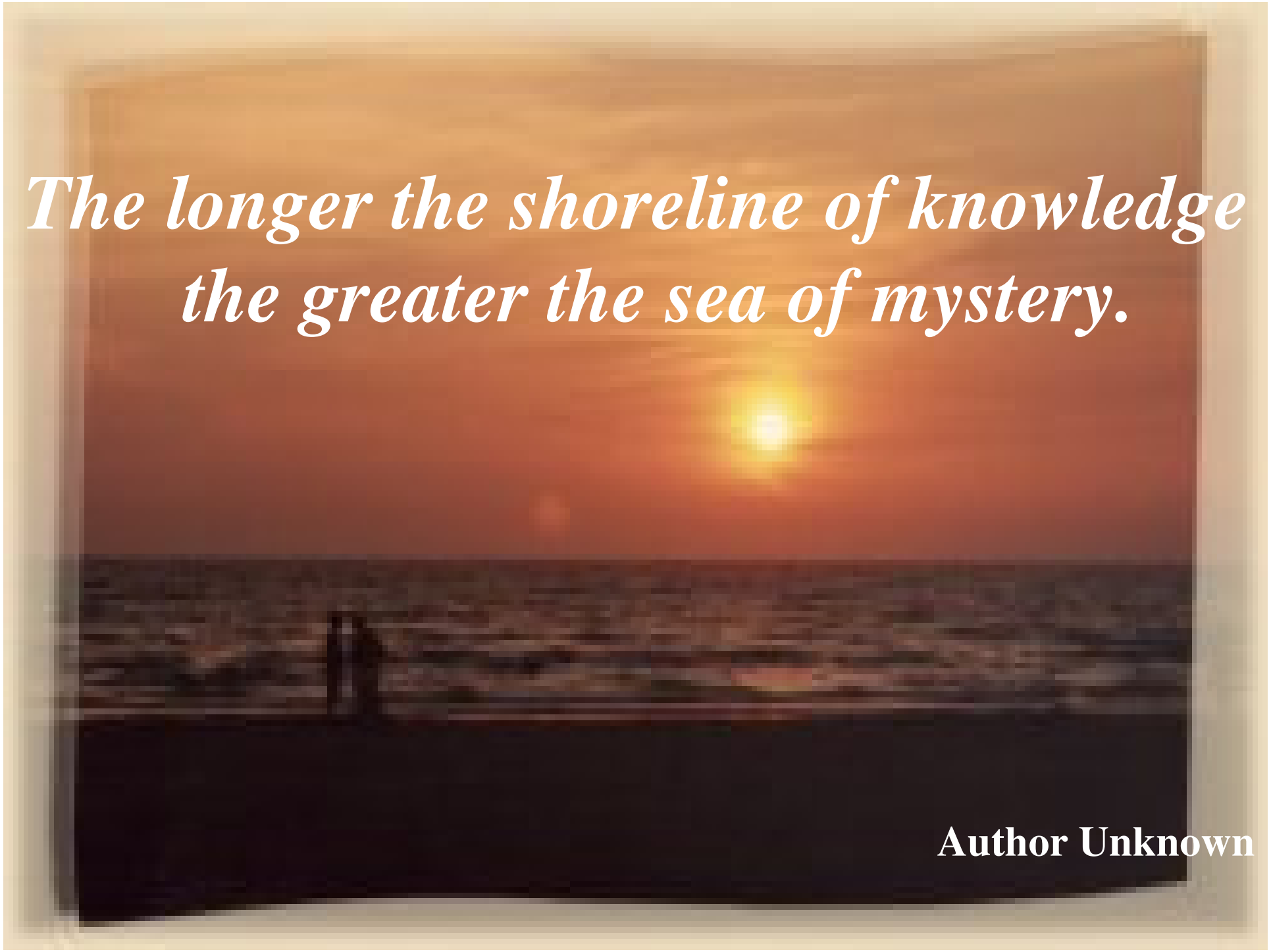
I. DUAL DIAGNOSIS

II. AGING ISSUES

III. PARTICULAR PATHOLOGIES

a) Medical
b) Medication-Related
c) Mental Health
d) Special Mention: Down Syndrome

IV. CARE CONSIDERATIONS


The longer the shoreline of knowledge the greater the sea of mystery.
Author Unknown

LEARNING OBJECTIVES

- Appreciate multiple factors affecting the well being of aging individuals who have an I.D.
- Consider the impact (for better or for worse) of psychotropic medications in the elderly.
- Outline an approach to treatment.
- Review observations regarding aging and dementia in the Down Syndrome population.

I. DUAL DIAGNOSIS

= Intellectual disability and mental health problem

- **"10%-70%" of those with I.D.**
- **Higher incidence of mental health problems than general population**
- **May be challenging to identify the underlying problem(s)**
- **Can be effectively managed**
- **Requires comprehensive assessment and a BIO/PSYCHO/SOCIAL approach**
- **Unlike other countries (e.g. UK) few formal specialist training opportunities**

II. AGING ISSUES

- Lifespan is longer (on average)
- Aging is inevitable
- Loss and change are unavoidable
- Reactions are variable
- Factors to consider:
  - Medical/Physical
  - Neurological
  - Sensory
  - Cognitive
  - Psychiatric
  - Syndrome-specific aging issues (e.g. D.S.)

AGING ISSUES, CONT'D.

- **Problems may be multiple, even synergistic, contributing to distress or dysfunction**
- **Certain treatments may compound the problems**
- **Interference with development, relationships, quality of life**

III. PARTICULAR PATHOLOGIES

a) Medical

b) Medication-Induced

c) Mental Health

d) Special Mention: Down Syndrome

a) Medical Issues of Aging

- Increased incidence
- Atypical presentations
- Proactive prevention
- Head to toe review of systems
- Increased surveillance and screening
- NB comorbidities

b) Medication-Related Problems

- **Always in the differential diagnosis or on the "suspect list"**
- **Look for this especially in aging individuals**
- **High incidence of psychotropic drug Rx and polypharmacy**
- **Long-term use – tardive side effects, tolerance, withdrawal**

b) Medication-Related Problems

- In those with I.D., aging may be associated with increased drug levels, interactions, or sensitivity
- In those with Dual Diagnosis there are particular cautions

b) Medication-Related Problems Psychotropic Drug Side Effects

- **Neuroleptics:**
  - **High Potency (e.g. haloperidol) → extra pyramidal side effects (EPS), Parkinsonism, akithesia, acute dystonias and tardive dykinesia**
  - **Low Potency (e.g. chlorpromazine) → some EPS, anticholinergic effects (constipation, urinary retention …), pseudo dementia, EKG/cardiac effects, pigmentary retinopathy, sedation, weight gain**

b) Medication-Related Problems Psychotropic Drug Side Effects, Cont'd.

- **Newer neuroleptics (e.g. Risperidone, Olanzapine):**

  → EPS at higher doses – increased sensitivity in elderly

  → Sedation

  → Weight gain, obesity, diabetes, dyslipidemias

  → Risk for cardiac and cerebrovascular disease

b) Medication-Related Problems

- **Benzodiazepines:**
  → **Sedation, ataxia, dysinhibition**

- **Antidepressants**
  → **Variable effects and side effects**
  → **Consider akithesia**

b) Medication-Related Problems Psychotropic Drug Side Effects, Cont'd.

- **Mood-Stabilizers**
  - **Lithium →lower doses in older individuals**
  - **Anticonvulsants →monitor**

- **NB side effects of side effect medications (e.g. Cogentin → anticholinergic)**

c) Mental Health

- **“The human condition”**
- **Medical and mental (psychiatric) disorders may present atypically**
- **Be a sleuth! (team sleuthing)**
- **Consider B.E.A.M.S.**

c) Mental Health

- **Mental health problems are common in the elderly with I.D.**
- **Psychiatric diagnoses 20%-40% depending on survey and definition of "elderly"**
- **Same problems as with dual diagnosis in younger population**

c) Mental Health

- "Behaviour problems" less prevalent especially in those with mild impairment
- Affective disorders and dementia more prevalent
- Other disorders unchanged
- NB context & stressors: loss, grief, residential relocation
- Importance of pre-planning

Adapted from Psychiatric Problems in Older Persons with Developmental Disabilities. Ed. Robert Pary. NADD press, 2002

Dementia in the I.D. Population

- Prevalence is higher than in the general population
- Similarities in presentation (clinical features, progression, pathology)
- R/O physical or mental health and medication-related problems
- NB frequent/severe physical and sensory comorbidities which influence social and adaptive functioning
- Also NB dementia risk factors (Hypertension, ↑ lipids, obesity, diabetes, Down Syndrome)

d) Special Mention: Down Syndrome

- Increased longevity
- Many living into 50's and 60's
- Early aging (premature greying, hair loss, skin, and adipose changes, cataracts, hypogonadism)
- Increased autoimmune disorders, malignancies, vascular disease, and diabetes

Dementia in Down Syndrome

- 1948 clinical presentation of Alzheimer's Disease in D.S. described
- Trisomy 21 → 3 copies of Beta-Amyloid or Amyloid Precurser Protein (APP) gene which is linked to A.D.
- Autopsy → neuronal loss, senile plaques (containing beta amyloid peptide), neurofibrillary tangles
- This same pathology is seen in brains 30-40 years including those who died without clinical A.D.
- Some evidence the process begins in childhood.

Dementia in Persons with D.S.

- **Ages 40 – 49 10% - 25%**
  50 – 59 28% - 55%
  60 – 69 30% - 75%

Vandyke, Harper, Dykens
Down Syndrome and A.D., 1998

How is Diagnosis Established?

- **Exclude medical conditions that can mimic Dementia (hypothyroidism, hypercalcemia, depression, vitamin deficiencies, medication effects, sensory/physical impairment, etc.)**
- **Demonstrate decline from previous level of functioning (importance of baseline history and testing)**
- **DSM IV definition of Dementia of the Alzheimer's type = the development of multiple cognitive deficits include: memory and at least one of aphasia, apraxia, agnoria, disturbance of executive function.**
- **Decline is progressive (multiple assessments)**

Bethesda Outreach Services

- Noted ↑ in referrals to psychology department for assessment of cognitive decline from 1990-2000 especially D.S. → query dementia
- 14% of referrals for cognitive decline were for ⊕ dementia
- 20% inconclusive; 3% "other"
- Of the 62% that were ⊖ for dementia, health status, environmental changes and adjustment difficulties were explored

IV. CARE CONSIDERATIONS

- **Management principles**
  - **BIO/PSYCHO/SOCIAL teamwork**
  - **Manage the manageable**
  - **Treat specific disorders specifically**
  - **Start low, go slow**
  - **Monitor response – effects and side effects**
  - **Review**
  - **Revise as indicated**

Adapted from many wise clinicians

CARE CONSIDERATIONS

Recommendations for caregivers:

Communication enhance! hearing aids, connect with memories …

Assessment stages of dementia, contributing factors …

Respect ↑ understanding/ ↓ frustration …

Environment modifications, visual cues, supports, assists …

From Paul J. Patti, presentation: Overview of Aging and Dementia in Older Individuals with Developmental Disabilities, George A. Jervis Clinic, Institute for Basic Research in Developmental Disabilities, Staten Island, New York

Resources

- Alzheimer Society of Canada www.alzheimer.ca
- Canadian Down Syndrome Society www.cdss.ca
- National Down Syndrome Society http://www.ndss.org
- Down Syndrome Quarterly www.denison.edu/dsq/
- Down Syndrome Health Care Guidelines
- Down Syndrome Quarterly, 1999 http://www.ds-health.com/record sheet 1 htm

Resources, Cont'd.

- **Health Care Management of Adults with Down Syndrome, Dr. David S. Smith, American Family Physician Sept. 2001, www.aafp.org/aft**

- **Developmental Disabilities Resources for Health Care Providers www.dd healthinfo.org/**

- **Evidence-Based Mental Health (linking research to practice) www.ebmentalhealth.com**

Resources, Cont'd.

- **Dual Diagnosis: An Introduction to the Mental Health Needs of Persons with Developmental Disabilities Ed. Griffiths, Stavonbaks, Summers, 2002, CHAPTER 16 – Aging and Dual Diagnosis, Fidler & McCasey**

- **Psychiatric Problems in Older Persons with Developmental Disabilities. Ed. R. Pary NADD press, 2002**

- **Dementia, Aging, and Intellectual Disabilities, a handbook, ed. M. Janicki, A. Dalton**

Resources Cont'd

- www.opadd.on.ca
- www.rgpc.ca
- www.alzheimerniagara.ca
- www.ontgerontology.on.ca
- www.citizenship.gov.on.ca/seniors