



Age-related Health Issues in People with ID

DID YOU KNOW?

- By age 60, about 1 of every 16 adults with ID will be affected by some form of dementia. This rate increases as the population ages.
- People with Down syndrome are 3 times more likely to have Alzheimer's or Dementia than other adults with ID in the MA DDS population.
- Both men and women with ID tend to experience decreased bone density at younger ages than people without ID, thereby placing them at increased risk for osteoporosis.
- Adults with ID have a similar risk for falling as the elderly population, but at much younger ages. Fall risk increases with age.

Nationally, the number of adults with intellectual disability (ID) aged 60 and older is projected to double from 641,860 in 2000 to 1.2 million people by 2030¹. In Massachusetts, 1 out of every 5 adults served by the MA DDS is over the age of 55.

People with ID generally age in a similar manner as the general population, but age-related changes may appear at much younger ages. The average onset of aging in the general population is 65-70 years; in people with ID, age-related changes may be seen as early as 45 -55 years.

People with ID may need more support in adjusting to typical age-related changes such as declines in the digestive, cardiovascular, musculoskeletal and nervous systems or changes in vision, hearing, and other senses. Certain medical conditions such as some types of cancer, diabetes, dementia or Alzheimer's disease, osteoporosis and mobility impairment are more common in people with ID as they age. Individuals with Down or other syndromes, and those with profound/multiple disabilities, may experience additional "accelerated aging" including the onset of dementia, sensory loss, or development of osteoporosis. The use of multiple medications over long periods of time in adults with ID may also contribute to early aging.

Aging adults may need assistance with understanding how to stay healthy as they age, increased support to manage health conditions, and increased behavioral supports as personality or moods shift in response to age-related changes.

¹Heller, T. et al (2010). *Impact: Feature Issue on Aging and People with Intellectual and Developmental Disabilities*, 23(1). U. of Minnesota, Institute on Community Integration

**Much of the content in this Brief is taken from previous presentations by Julie Moran, DO and other presenters. Attribution is given throughout this brief.

Assess & Manage Risk

Dementia

- Age is the greatest risk factor for the onset of cognitive decline, Alzheimer's and dementia. Average age of onset for adults with ID is in the late 60's; however, the average age of onset for adults with Down syndrome is in the early 50's. Family history, high blood pressure, high cholesterol, diabetes, and multiple medication use are also risk factors for dementia.
- The recommended age to begin dementia screening is 50 in adults with ID and age 40 for adults with Down syndrome (<http://aadmd.org/ntg/practiceguidelines>). A baseline of current functioning is usually obtained for the individual and then compared with assessments of functioning, memory, and behavior change over time.
- The NTG Dementia Screening Tool is a good resource for documenting change: <http://aadmd.org/ntg/screening>
- Consults with Julie Moran, DO are available through DDS. Contact Jane McCue Magner Jane.MCCueMagner@state.ma.us for more information.

Osteoporosis

Older people with ID are at greater risk of developing osteoporosis, and at much earlier ages, than the general population. This is due to a number of associated risk factors such as long-term use of anti-seizure or psychotropic medications, lack of physical activity, poor diet, and certain syndromes such as Down syndrome¹. Women who are post-menopausal or who have never had a child are also at increased risk. Screening for osteoporosis at age 50 is recommended when risk factors are present.

Diabetes

The risk for developing type 2 diabetes increases with age. A recent study suggests that 85% of the ID population is pre-diabetic with higher than normal blood sugar levels. This increases the risk of developing type 2 diabetes and also increases the risk for heart disease. Eating healthy foods, exercising, and maintaining a healthy weight can bring blood sugar levels back to normal.

Mobility and Falls

Mobility impairment is more common in older adults with ID. Muscles shrink and muscle contractions become weaker and slower. Joints and ligaments are also less flexible. Poor diet, lack of exercise, and long-term use of anti-seizure or psychotropic medications may compound this risk. Mobility impairment affects a person's coordination, balance and strength, all which contribute to **an increased risk for falling**. An annual falls risk screen is recommended to identify risks and plan for intervention: <http://www.mass.gov/eohhs/docs/dmr/awp/hpci-falls-prevention-campaign-checklist.pdf>

Vision and Hearing Loss

As people age, the lenses of the eye thicken and stiffen, making **vision** cloudier and farsightedness more common. Cataracts, glaucoma, and macular degeneration are also more common. Signs of vision change include squinting, refusal to do activities that were once enjoyed, walking hesitantly or near walls, or asking for more light. **Hearing** higher pitched sounds or filtering out background noise may also be more difficult as people age. Individuals should be screened annually for hearing and vision loss.

¹Srikanth R, et. al. (2011). Osteoporosis in people with intellectual disabilities: a review and a brief study of risk factors for osteoporosis in a community sample of people with intellectual disabilities. *JIDR*, 55(1): 53-62.

Support Strategies as People Age

Behavioral Changes

Behavioral changes may reflect underlying, age-related changes. People may need additional support as behaviors change due to sensory loss, dementia, or inability to communicate emotions, pain, etc.

Supports Tips:

- Avoid behavioral triggers such as changes in routine, unfamiliar people or places, confusing/noisy environments, or being asked to do multiple things at once.
- Keep activities short.
- Create routines in the day that are comforting and reassuring.
- Try to identify meaning behind the behavior (Pain? Hunger? Environment?).
- When words don't make sense, focus on the feelings.
- Emphasize the positive and be mindful of your demeanor, approach and tone.
- Offer assistance one step at a time and allow time to hear, process and respond.
- Offer a selection of choices between two things, or ask a yes/no question.

Source: Kathy Service, RN, PhDc, FNP-BC, CDDN, "Working with problem behaviors with people with dementia" and "People with Dementia ADL Guidelines".
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Palliative and Hospice Care

Both types of care emphasize individual comfort by managing pain, improving quality of life, and addressing psychosocial, spiritual and social needs. Care can be provided in a variety of settings.

In Palliative Care, a person can receive and pursue life-prolonging treatments. Eligibility is not based on life expectancy.

In Hospice, the focus is comfort-based care rather than curative. Hospice is for individuals with a life expectancy of 6 months or less.

<https://www.caredimensions.org/>

Dietary and Exercise Support

- Calcium and vitamin D-rich foods or supplements can help maintain bone health in people who are at risk for osteoporosis.
- A diet of foods with a low or medium glycemic index may be important for people at risk for diabetes. Foods include beans, non-starchy vegetables, most fruit, and many whole grain breads and cereal.
- People with mobility impairment may need support managing weight.
- Regular exercise programs can improve balance, strength and coordination for those who are at falls risk. Weight bearing exercises, such as walking, may help build bone mass.

Vision Support

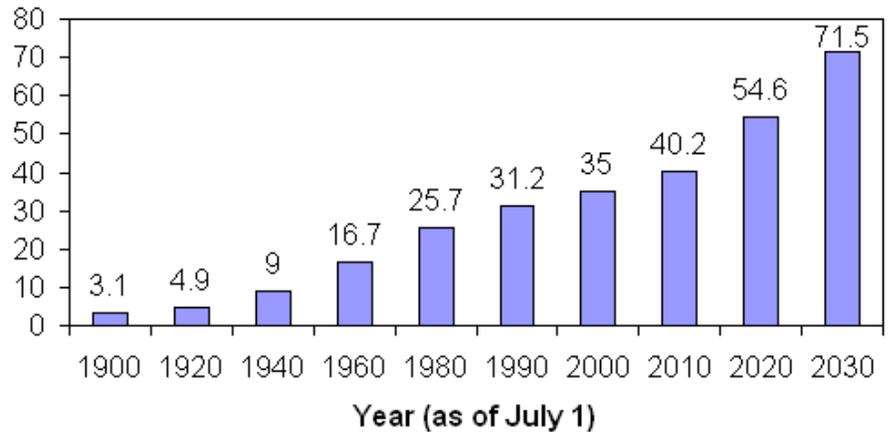
- Ensure proper use of prescription eyeglasses (right fit, clean lens, glasses are worn when prescribed).
- Adjust the environment. People may also have more difficulty in telling blue and green shades apart, distinguishing shadows, and seeing contrast.
- Use orientation and mobility techniques, daily living strategies, and environmental modifications to support limited vision. More info here: 'Daily Living with Vision Loss' www.mass.gov/dds/visionloss

Aging Data

The older population in the United States will continue to grow significantly in the future (see figure 1). By 2030, there will be about 71.5 million older persons, more than twice their number in 2000. The population of people with ID is also projected to double by 2030.

http://www.aoa.acl.gov/Aging_Statistics/Profile/2013/4.agspx

Figure 1: Number of Persons 65+, 1900 - 2030 (numbers in millions)



How do people perceive aging?

Adults with ID over the age of 40 living in Ireland were recently asked to complete a self-assessment of how they perceive aging (n=367).

- 70% of respondents overall, and 44% of people aged 65+, reported perceiving themselves as 'young to middle aged'.
- 25% of respondents were concerned with physical change and illness, fears of their own death, and depression as they aged. Concerns for their future care were also noted.
- 71% of respondents identified social activities and sports activities as 'things older people like to do'. Only 10% reported sedentary activities like watching TV or sitting around relaxing. Women over 50 preferred more social activities.

Staff may best support aging adults by challenging negative stereotypes of aging, facilitating meaningful later life transitions and life planning, and by helping people keep active.

Burke, et al (2014). What it's like to grow older: the aging perceptions of people with an intellectual disability in Ireland. *Intellectual and Developmental Disabilities*, 52(3), 205-219.

Watch for more information...

DDS is in the process of developing resources for supporting aging adults with ID. This may include training resources for staff, access to best practices, and gathering feedback from providers on promising support strategies. More details coming soon.

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