

Non-Psychiatric Health Problems among In-Patient Mental Health Patients with ID

- 198 subjects from a specialized inpatient psych unit near Boston
- Danger to self / others due to aggressive, disruptive or self injurious behaviours
- Multi Discipline Assessments (primary care, psychiatry, neurology, psychology)
- New diagnoses:

**60% Constipation, 38% GERD, 17% Yeast Infection,
15% UTI, 10% Ear infection, 10% Dental**



- High rate of medical diagnosis may be related to physician experience in assessing DD population
- 40% identified with medical problem as primary reason for admission.
- Significant correlation between the number of medical diagnosis and number of psychoactive medications & length of stay .
- Agitation related to a medication side effect was documented as a suspected cause of decompensation in a number of subjects.



At – Risk Population

- More than twice the usual medical conditions & rates of sickness
- Shorter life expectancy
- 4 – 6 X rate of preventable death
- Health disorders with different age of onset, rate of progression, degree of severity, and presenting manifestations
- Too many and inappropriate medication with significant and serious side-effects



Contributing Factors

- Determinants of Health (poverty, social status, education and literacy, coping skills, social relationships, and biology / genetics)
- Genetic anomalies affect more than brain development
- Difficulty in self reporting and reliance on multiple caregivers to observe, detect, & report



- Caregiver and health provider attitudes (diagnostic overshadowing, value of life)
- Health providers knowledge / experience with unique health and medical needs of the population
- Restrictions (one problem per visit / 10 minutes max)
- Lack of specialists, dentists, and other health professionals willing to work with population



Health Risks

- Respiratory Disease * *
- Gastro Intestinal Disease * *
- Epilepsy
- Endocrine Disorders
- Vision & Hearing
- Dental *
- Musculoskeletal (scoliosis, contractures, spasticity, osteoarthritis) *
- Sleep Disorders *
- Mental Health Disorders *



Health Risks

- Infectious Disease related to congregated settings: Hepatitis, H – Pylora *
- Adverse Drug Affects *
- Long Term Drug affects (osteoarthritis, tardive dyskinesia...) *
- Issues related to poor diet and sedentary lifestyle



Ironically they also:

Have lower healthcare utilization rates:

- Participation in health promotion activities
- Annual physicals and other “Healthwatch” assessments
- Vision, Hearing & Dental exams
- Preventative disease programs (flu shots, immunizations, TB, tetanus)
- Early detection screening (prostate /breast / cervical / colorectal cancer)
- Referrals to Medical Specialists

Except:

- Emergency Department visits
- Hospitalizations



Emergency Departments & DD

Higher Rates of ED Use:

- 50% will visit within 2 year period (28 % general pop)
- 3 – 4 X more likely to be frequent* visitors (8.5% dev dis, 15.6% dual diagnosis)

Different than general population



Digestive Disorder
Respiratory Disorder
Hospitalization



Injury / Poisoning
Musculoskeletal

- 5 or more visits over a 2 year period

Source: DDCARES

