

Learning Disabilities & Old Age (Intellectual Disability)

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Definition – Intellectual Disability

- **A disability characterised by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social and practical adaptive skills. This disability originates before age 18**

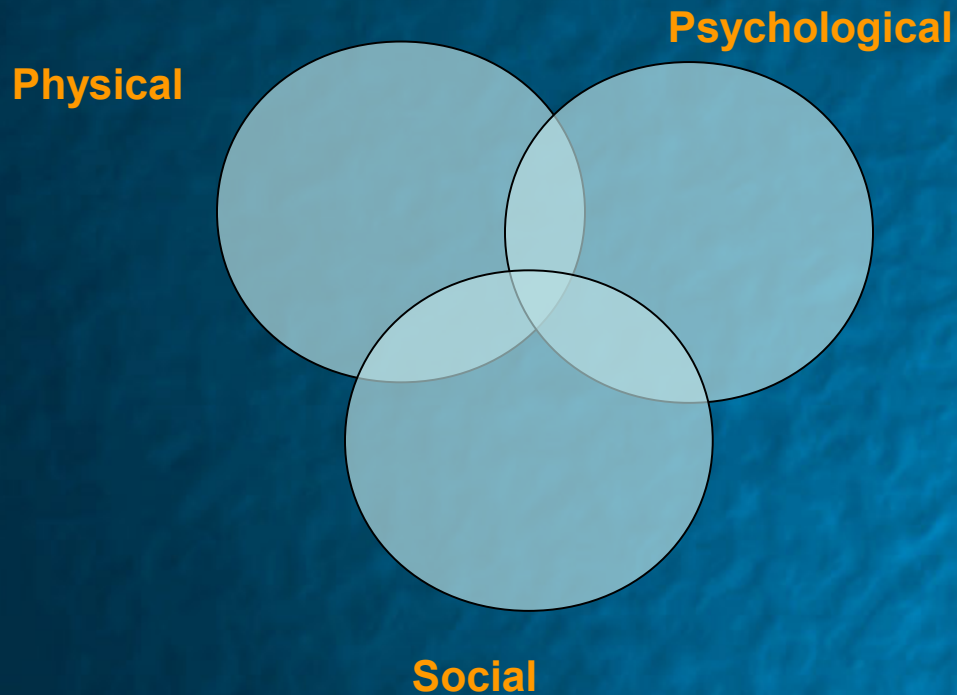
Causes of disability

- **Congenital – occurring at birth**
- **Accident / Injury**
- **Because of illness / disease**
- **Age Related**

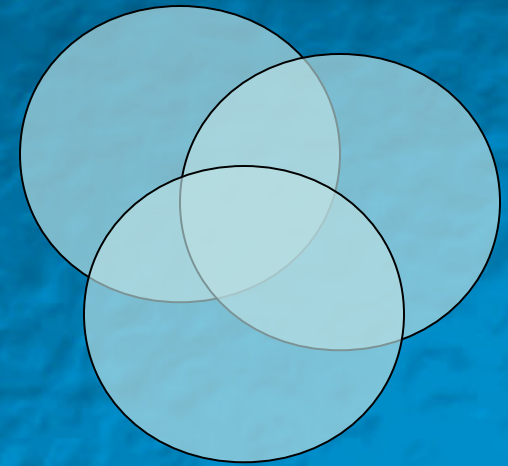
- **People with learning disability like the rest of us, experience increased longevity.**
- **We must see the ageing population (the individual and the carers) if we were going to respond**
- **Age brings with it the illnesses and conditions of older age**

Interactions

Normal Individual



Intellectually Disabled



Most prevalent chronic conditions in later life

- **Arthritis**
- **Hypertensive Diseases**
- **Heart Disease**
- **Hearing Impairment**
- **Musculo-skeletal Impairments**
- **Chronic Sinusitis**
- **Diabetes**
- **Visual Impairments**

Most feared conditions in later life

- **Alzheimer's Disease-Dementia**
- **Stroke / Cancer**
- **Physical disability that prevents independence and autonomy of normal life (eg. Parkinson's disease)**
- **Heart Disease / Chronic pulmonary disorder**
- **Deafness / Blindness**

Disparity - Health Status

- Higher rates of obesity
- Lower rates of cardio-vascular fitness
- Lower levels of vaccination
- Higher level of mental health disorders
- Poorer oral health
- Poorer access to health screening

Disparity – Access to Health Care

- **Less likely to receive adequate health care despite the increased health problems**
- **Perception remains of the need for ‘specialist health care’**
- **Generic health care services feel ‘uncomfortable’ or inexperienced**
- **Discrimination, stigmatization or stereotypical beliefs**

Age Related Problems for the Carer

- **Physical health problems**
- **Mental health problems**
- **Social problems**
- **Financial / legal**

Dementia in LD

- **Progressive loss of memory (roll back memory)**
- **Deterioration of problem-solving abilities**
- **Apraxia - Loss of daily living skills**
- **Aphasia – Inability to use and understand words**
- **Agnosia – Inability to identify objects**

How do we care?

- **Be person centered**
- **Understand the principles of dementia care**
- **Educate and inform**
- **Assist in planning ahead**
- **Ensure support or
sign post places of support**

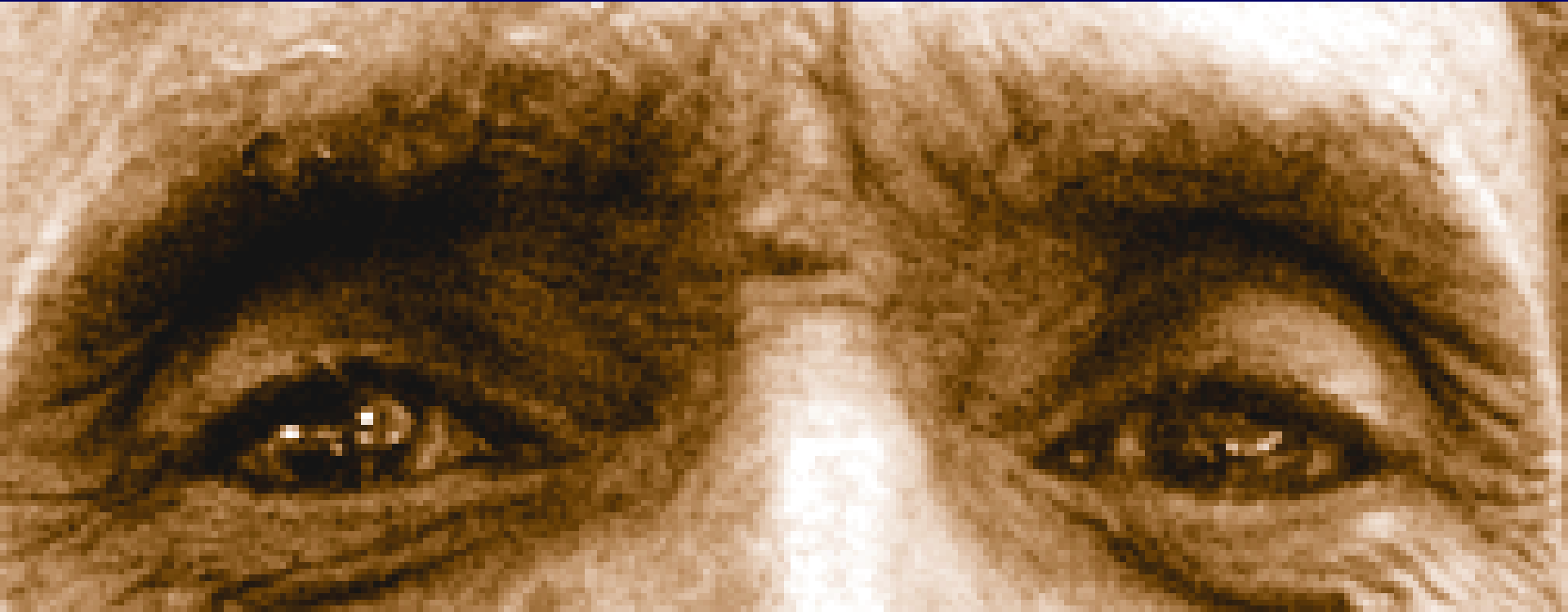
Principles of Dementia Care

- Don't stress the person
- Don't confront
- Go with the flow
- Emphasis in maintaining skills
- Get the right physical environment
- Keep changes to the minimum
- Simplify communication
- Maintain nutrition and hydration

Models of Care

- **Aging in place / Dying in place – remain in their own accommodation with appropriate supports adapted and provided**
- **Respite care**
- **Residential care with in place progression**

Elder Abuse



See it, Stop it, Prevent it