

Aging Issues in People with Intellectual Disabilities

Dr. Kerry Boyd, MD.
Psychiatrist
Chief Clinical Officer
Bethesda

Assistant Clinical Professor
Department of
Psychiatry and Behavioural Neurosciences
McMaster University



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

A photograph of a sunset over the ocean. The sun is a bright yellow-orange orb in the center of the sky, which transitions from a deep orange near the horizon to a lighter, hazy orange at the top. The ocean is dark and textured, with a small, dark silhouette of a lighthouse or tower on the horizon line. The entire image is framed by a thin, light-colored border.

*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, akathisia, acute dystonias and tardive dyskinesia**
 - **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 akathisia**

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 Precursor 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](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/](http://www.ddhealthinfo.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 & McCCasey**
- **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