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Health checks for adults with intellectual disabilities

FROM THE SPECIALTIES

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New national guidelines recommend annual health checks for adults with intellectual disabilities.

Adults with a diagnosis of intellectual disability die earlier, have poorer health and more difficulty accessing health services than the general population (1). Annual health checks have been recommended in Norway and internationally for many years because they help identify ill health and serious illnesses (2). However, 43 % of adult participants in the Norwegian North Health in Intellectual Disability (NOHID) study had not undergone a health check in the past year (3). In 2021, the recommendation for annual health checks for adults with intellectual disabilities was incorporated into the national guidelines on good health and care services for people with intellectual disabilities (2).

Health monitoring is poorest among people with severe cognitive impairments and those with a concurrent autism diagnosis (4). The symptoms will often differ from what is typically expected. Altered behaviour can be an expression of pain, mental illness or early-stage dementia. Weight and physical activity are health determinants that require special attention.

Common conditions include epilepsy, constipation, vision impairments, hypothyroidism, hearing impairments, cerebral palsy and motor impairments that cause balance problems (4, 5). Some conditions occur more frequently in those with a more severe degree of intellectual disability than in those with a milder degree, and vice versa. Few women undergo cancer screening (3).

How can we ensure annual checks are carried out?

After the reform in health care for those with intellectual disabilities in 1991, the responsibility for health services was divided between general practitioners (GPs), other medical specialties and the specialist habilitation service. The responsibility for carrying out health checks was assigned to GPs (2). Practice managers for those providing practical help in the municipality are responsible for scheduling health checks.

GPs may feel uncertain when meeting patients with congenital cognitive impairments, and the examination situation is often challenging for the patient (6). There will be a need for information from close relatives, communication support and assistance in conducting the health check (6). The Norwegian National Centre for Ageing and Health has developed informational material for GPs and people with intellectual disabilities.

Primary care teams have been tested and show promise. Checks can be systematised by having support persons who know the patient complete a checklist beforehand to capture changes and risk factors. It is recommended to create a health follow-up plan, use a hospital passport and enquire about the use of an individual plan (7). The role of the specialist habilitation service in health monitoring needs to be further clarified.

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