

High-Impact Healthcare Information

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Medications

- High-Risk Drugs
- Polypharmacy
- The Prescribing Cascade
- Drug-Drug Interactions
- Drug-Disease Interactions
- Long-term effects of Medications

Objectives

At the end of this presentation, participants will be able to:

1. Assess clients who are manifesting a decline in health or function using the M-CAT mnemonic.
2. Illustrate the 7 Principles of Health Care for Persons with IDD with case examples from their own practice experience.
3. Provide at least 3 examples of common conditions in persons with IDD and describe how they might manifest behaviorally

High-risk Medications

- Cardiovascular Drugs
- Psychoactive Drugs
- Antiepileptic Drugs
- Anticholinergic Drugs

The MCAT

Could the client's decline in health or function be related to:

1. Medications
2. Common Conditions
3. Associated Conditions
4. Triggers

Polypharmacy

- Variously defined as:
 - Use of more drugs than is clinically necessary
 - Use of 3, 5, or 9 or more drugs daily
- Risk factors for polypharmacy
 - Increasing age
 - Increased number of physicians & pharmacies
 - Increased number of office & hospital visits
 - Decline in health status

Prescribing Cascade

- Failure of health care providers to recognize adverse effects of one drug, prompting prescription of more drugs to “treat” adverse drug effects
- Risk factors for Prescribing Cascade
 - Patient unable to articulate side effects
 - Patient/staff/health care providers unaware of side effects
 - Greater number of medications
 - High-risk medications

Principle 1

Adults with IDD often have unmet health care needs

- Preventive health care
- Diagnosis
- Treatment

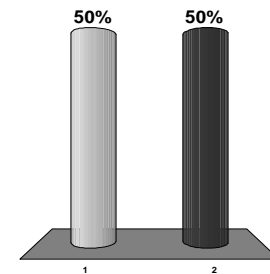


Drug-Disease Interactions

Drug	Disease	Risk
NSAIDs	PUD, GERD, gastritis	GI bleeding
Metoclopramide	Epilepsy	↑ Seizures
Anticholinergics	BPH	Bladder outlet obstruction
TCA's	Arrhythmias	↑ Arrhythmias
Anticholinergics	Constipation	↑ Constipation

Adults with IDD have similar cardiovascular risk profiles as the general population

1. True
2. False



Principle 1: The Case of Tommy

Tom is a 58-year old who smokes one pack per day. On his first examination with his new PCP, he looks short of breath, even at rest. His PCP immediately refers him to a cardiologist, who performs a cardiac catheterization within a week & finds critical coronary artery disease. Tommy undergoes 3-vessel bypass surgery the next day.

Principle 2: The Case of Linda

Linda is age 52 and has Down syndrome. Over the past 3 months, she has developed diarrhea and lost 30 lbs. Knowing that persons with Down syndrome are at increased risk for celiac disease, her PCP orders a blood test which supports the diagnosis. Linda begins a gluten-free diet, and the diarrhea ceases.

Principle 2

Adults with certain syndromes have additional specific health care needs

Examples: Preventive health care, Associated conditions, Secondary disabilities

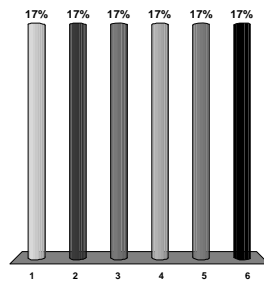
Principle 3

Understanding the cause of the developmental disability may help with health care planning



Conditions associated with Down syndrome include:

1. Dementia
2. Gout
3. Osteoporosis
4. Celiac sprue
5. #1 & #3
6. #1, #2, #3, #4

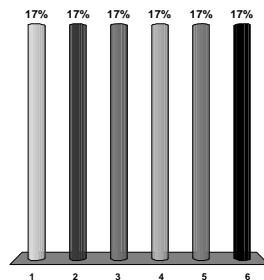


Principle 4: The Case of Joe

Joe becomes more resistant to getting on the bus for his day program and wants to stay in bed. He declines offers to go bowling and to ball games, previously enjoyed activities. He is initially suspected to have early Alzheimer's disease, but is finally diagnosed with severe osteoarthritis of the knees and depression. When both are treated, he returns to his usual activities.

Individuals with Down Syndrome carry an increased risk for the following cancers:

1. Leukemia
2. Breast
3. Testicular
4. Colon
5. #1 & #3
6. All of the above



Principle 4

Physical Health and Mental Health problems often co-exist and contribute to each other

Example: People with chronic lung disease often have anxiety which contributes to their shortness of breath; medications to treat the lung disease may worsen the anxiety

Principle 5: Case of Jarrod

Jarrod is 22 years old and his placement in an autism day program is in jeopardy because of escalating frequency & severity of self-injury to his face. His PCP refers him to a dental clinic, where he is found to have several impacted teeth. Following their removal, his facial SIB returns to baseline frequency.

Principle 6: Case of Kathryn

Kathryn, age 72 year, is hospitalized for pneumonia twice within 5 months. The second time, she nearly required a mechanical ventilator. After she recovers from the second episode, she undergoes a modified barium swallow study with swallowing evaluation by a speech therapist, which demonstrates dysphagia with aspiration.

Principle 5

Behavioral problems may be due to underlying medical conditions

Example: Self-injurious behavior may be due to constipation, a bleeding stomach ulcer, or an infected tooth

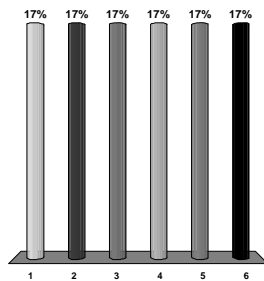
Principle 6

Some conditions occur more frequently in adults with IDD

Examples: Osteoporosis, dysphagia, seizures, dental problems

Common causes of facial self-injurious behavior include:

1. Dental caries
2. Sinusitis
3. Ear infection
4. Headache
5. #2 & #4
6. All





Principle 7

All adults with IDD need a Primary Care Physician

Examples: Primary care physicians provide preventive care, recognize drug interactions & side effects, coordinate care, and help prioritize health care needs


Recognizing Common Conditions in Adults with IDD

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Oral Health

- Dental abscess
- Periodontal disease

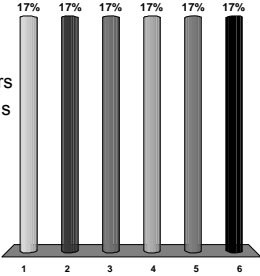


Consider when adults with IDD:

- Avoid eating & lose weight.
- Have foul breath.
- Change in food preferences.
- Self-injure to face.
- Irritable.

Common Causes of Changes In Adaptive Functioning Include:

1. Sensory Impairments
2. Chronic pain
3. Mental health disorders
4. Adverse drug reactions
5. #2 & #4
6. All of the above



Category	Percentage
1. Sensory Impairments	17%
2. Chronic pain	17%
3. Mental health disorders	17%
4. Adverse drug reactions	17%
5. #2 & #4	17%
6. All of the above	17%

Gastro-intestinal Problems

- Dysphagia
- Constipation
- GERD, Peptic Ulcer Disease, H Pylori

Consider when adults with IDD:

- Self-injure, are irritable or cough when eating.
- Sleep disturbance.
- Eat poorly, vomit repeatedly & lose weight.
- Have unexplained anemia.

Sensory Impairments

- Visual (Optic Atrophy, Glaucoma, Keratoconus)
- Auditory (Conductive, Sensori-neural)

Consider when adults with IDD:

- Avoid social interactions.
- Are reluctant to leave familiar environments.
- Show a decline in work performance.
- Regress in self-care abilities.

Musculoskeletal

- Degenerative Joint Disease
- Osteoporosis/Osteomalacia
- Spinal instability, stenosis, radiculopathy

Consider when adults with IDD exhibit:

- Change in gait. Increase in spasticity. Recurrent falls.
- New-onset incontinence. Irritability. Sleep disturbance.
- Pain in back, ribs, legs. Refusal to walk.

Neurological Conditions

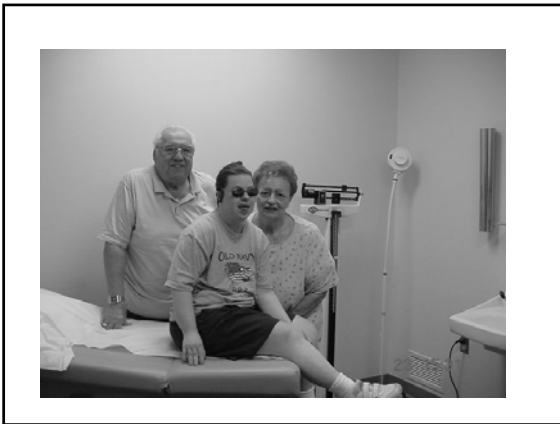
- Seizures
- Compressive neuropathies at wrist, elbow, knee, ankle
- Sleep disorders

Consider when adults with IDD:

Have staring spells, or have repetitive movements.
Lose strength in hand grip, change their walking pattern.
Daytime sleepiness, unusual sleeping positions.

Questions
e-Consultations
Potential Collaborations

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Curbside Consultations

As time permits, this is an opportunity for attendees to present patient cases with perplexing diagnostic or treatment issues, and for the group to practice the "MCAT approach" to evaluation of decline in health or functioning