DEFINING INTELLECTUAL DISABILITIES:

Three major criteria:
1. Significant limitations in intellectual functioning (IQ below or around 70)
2. Significant limitations in adaptive behavior (conceptual skills, social skills, and practical skills)
3. Onset before age 18

The prevalence of ID is 1-2% in the general population, but with considerable variability in estimated prevalence.

EPIDEMIOLOGY

Individuals with ID experience more health problems than their peers without ID. Often these health problems go unnoticed due to many factors such as: communication abilities, masking of symptoms, lack of training of health care professionals specific to caring for individuals with ID, and absence of generic screening programs.

Most common physical health problems of individuals with ID:
• Epilepsy, mobility problems, and sensory problems

Most common secondary health problems of individuals with ID:
• Obesity, fractures, poor oral health, constipation, gastro-esophageal reflux disease

FIGURE 1.

Information from 2010 census regarding employment, poverty, and health status for adults with intellectual disabilities.

A. Employment rates for adults 25 to 64 years old
B. Poverty status for adults 15 to 64 years old
C. Health insurance status for adults 15 to 64 years old

INTERPROFESSIONAL COMMUNICATION

The communication between healthcare professionals and patients with intellectual disabilities is crucial for their health. It is important to understand the patient’s abilities and the best way to communicate with them. Here are some tips for effective communication:

- Focus on abilities, not disabilities
- Speak clearly and slowly
- Use simple language
- Avoid jargon
- Use visual aids if necessary
- Ask how the patient communicates, especially for answering yes and no questions
- Talk respectfully, do not shout, do not treat patient as child when they are an adult
- Focus on abilities, not disabilities

REFERENCES


Challenging behaviors are not automatically psychiatric issues, assess for and treat them. Ask how the patient communicates, especially for answering yes and no questions. Talk respectfully, do not shout, do not treat patient as child when they are an adult. Focus on abilities, not disabilities.

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POPULATION HEALTH CLERKSHIP: SERVICE PROJECT

Healthy Athletes is a program that offers routine health screening in seven key health areas to participants in Special Olympics. The Healthy Athletes FUNDfitness program offers screening in strength, balance, flexibility and aerobic fitness.

On October 19th we volunteered at the Senior Sports Classic, a Special Olympics event for athletes over the age of 45, together with an interdisciplinary team of physical therapists and nurses.

We interviewed Special Olympics athletes to identify any health problems that might prevent them from completing fitness testing. Information we collected can be tracked by Healthy Athletes, which manages the world's largest data base on the health issues for individuals with intellectual disabilities.

IMPORTANT LESSONS FOR PHYSICIANS

• Focus on abilities, not disabilities
• Greet the person first and ask for permission to discuss with the accompanying person
• Talk respectfully, do not shout, do not treat patient as child when they are an adult
• Ask how the patient communicates, especially for answering yes and no questions
• Challenging behaviors are not automatically psychiatric issues, assess for other ailments first
• Make sure to take time with the patient

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