Psychiatry of Intellectual Disability in the Elderly: A Baseline Audit.

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Introductory Matters

- Intellectual disabilities (ID) are lifelong conditions characterized by deficits in general intellectual functioning and adaptive skills with onset in the developmental period.
- Globally, the prevalence of ID has been reported to vary between 1 and 3%.
- This prevalence varies by age.
- In addition, only a smaller proportion of people with ID contact specialist health or social services.

- “In high income countries 2 in 1,000 people over the age 65 years have LD.
- The prevalence of ID in older adults (i.e., aged 60 or more) was estimated to be about 0.35% of the general population in England.
- When it comes to the number of people over 60 who are in contact with specialist ID services, it is estimated to be about 26,000.
- These rates are considerably lower than the 1–3% rate in the general population. It therefore gives an indication that people with ID may have shorter life spans.

- PWID continue to experience poor Healthcare and social care with life expectancy 20 years lower than general population.
- Causes for this include
  - the ageing process begins earlier in PWID
  - genetic factors
  - psycho-social variables
  - Lack of access to timely and effective treatment. (NICE, 2021).

- PWID have higher rates of mental illnesses and other psychiatric morbidity
- The life expectancy for people with SMI (schizophrenia, Bipolar Affective Disorder or Non-Organic Psychosis) is up to 15 - 20 years shorter than the general population.
- This combination of ID and mental illness increases the risk of physical health morbidity and mortality.
- Advancing age then becomes the third element in this cascade of health disadvantage.

- There is very limited evidence that the treatment needs of the elderly patient group with ID and a mental illness have either been described or addressed.
- Our aim was to complete a baseline audit and service evaluation to
  - Describe the socio-demographic, clinical and treatment variables of elderly patients (aged 65 or above) who attended a specialist out-patient psychiatry clinic for people with ID.
  - Describe the compliance with the suggested audit standards for this group.
  - Refine the audit standards and make recommendations for future clinical practice.

Methodology

- Potential audit standards were identified by consensus following focus group discussions.
- Discussed with MDT health and social care colleagues from Hospital and community-based teams.
- A list of 8 preliminary baseline audit standards were agreed and finalised.

BOX 1: PRELIMINARY AUDIT STANDARDS

1. All patients had a full diagnostic evaluation**
2. For all patients prescribed psychotropic medications, the indications and rationale for prescribing was clearly stated
3. There was at least a 6 monthly review of psychotropic medication
4. These minimum 6 monthly reviews included an account of any side effects
5. These minimum 6 monthly reviews evaluated the need for continuation or discontinuation of medication
6. All patients had annual physical health checks that was referenced/ documented in the psychiatry case records
7. The quality of the annual health checks was referenced/ documented in the psychiatry case records
8. The annual health check led to a clear health action plan that was referenced/ documented in the psychiatry case records

** *covering the degree of intellectual disability, the cause of intellectual disability, other developmental disorders, mental illness, personality disorder, substance-use related disorders, physical health disorders, trauma, and types of challenging behaviours.*

- The baseline audit and service evaluation were carried out within the psychiatry team providing out-patient services for adults with an ID in West Norfolk, UK.
- All patients on the out-patient caseload between 04/01/2021 and 04/10/2021 were included.
- Information on the socio-demographic, clinical and treatment variables and adherence to audit standards were collected retrospectively from case records by the clinicians providing the service.

Results

- During the baseline audit and service evaluation period, the West Norfolk psychiatry of ID adult out-patient clinic had a total of 128 patients, of which 15 (11%) were over the age of 65 years and 26 over 60 (20%).

Socio-demographic Variables

	Number (n)	Percentage (%)
Aged 18-59 years	102	80
Aged 60-64 years	11	9
Aged 65-74 years	15	11
Aged 75 years or above	0	0

Table 1: West Norfolk Outpatient Clinic Population by Age

	Number (n)	Percentage (%)
Own home	4	27
Supported living	2	13
Residential care	9	60

Table 2: 65 and above group (n=15): Accommodation

Clinical Variables

	Number (n)	Percentage (%)
Mild ID	3	20
Moderate ID	4	27
Severe ID	1	7
ID (degree not stated)	7	47
Autistic Spectrum Disorder	2	13.3
Dementia	1	6.6
Psychoses	5	33.3
Bipolar Affective Disorder	5	33.3
Depressive Disorders	4	26.6

Table 3: 65 and above group (n=15): Clinical Diagnosis

	Number (n)	Percentage (%)
Type 2 Diabetes Mellitus	6	40
Epilepsy	2	13
Hyperthyroidism	2	13
Vitamin D deficiency	2	13
Hypertension	1	7
Cardiovascular Disease	1	7
Obstructive Sleep Apnoea	1	7
Hypothyroidism	1	7

Table 4: 65 and above group: Co-morbid physical illnesses

Treatment Variables

	Number (n)	Percentage (%)
Antipsychotics	12	80
Mood Stabiliser	7	47
Antidepressant	5	33
Benzodiazepines	2	13
Antidementia medications	1	7

Table 5: 65 and above group: Psychotropic Medication Prescription

Audit standard	Compliant number (%)
1. All patients had a full diagnostic evaluation	**14 (93%)**
1. For all patients prescribed psychotropic medications, the indications or rationale for prescribing was clearly stated	**14 (93%)**
1. There was at least a 6 monthly review of psychotropic medication	**11 (73%)**
1. These minimum 6 monthly reviews included an account of any side effects	**9 (60%)**
1. These minimum 6 monthly reviews evaluated the need for continuation or discontinuation of medication	**15 (100%)**
1. All patients had annual physical health checks that was referenced/ documented in the psychiatry case records	**0 (0%)**
1. The quality of the annual health checks was referenced/ documented in the psychiatry case records	**0 (0%)**
1. The annual health check led to a clear health action plan that was referenced/ documented in the psychiatry case records	**0 (0%)**

Table 6: 65 and above group: Preliminary Audit Findings (n = 15)

Discussion

- In the demographic spread, it is notable that there were no patients aged over 75 years.
- Although a full diagnostic evaluation had been completed for almost all, the level of ID was not stated in about half the group.
- Psychotropic medication prescribing appears to be in line with current guidelines.
- Regular reviews to consider the rationale for prescribing and the need to continue/ discontinue were being offered.
- Attendance at these reviews by patients, appeared to be lower with some not attending.
- The evidence of annual physical health checks, its quality and the health care plans that followed were not available in the psychiatry case-notes.

Elderly PWID and Physical Health

- Multimorbidity increases with age in PWID however, the pattern of chronic conditions differs from the general population.
- There is a higher prevalence of neurological conditions, and leading causes of death include this and circulatory conditions,
- Other conditions significantly prevalent in older adults with ID include thyroid disorders, epilepsy (both present in this group), hearing loss, eczema, dyspepsia, and parkinsonism.
- These conditions can be categorised as
  - ID-related (e.g. epilepsy, mobility or visual problems),
  - Syndrome-related (e.g. hypothyroidism in Down's syndrome, congenital heart disease in William's syndrome) or as
  - a secondary health condition (e.g. constipation, obesity).

- Unhealthy dietary choices, low activity levels and use of psychotropic medications are risk factors for metabolic disorders such as Diabetes Mellitus and cardiovascular disorders which were highly prevalent in our sample.
- The prevalence of diabetes mellitus in our sample was significantly higher than previously reported values.
- However, this over-representation can be explained by the peculiarities of this patient group as a selected population with other major factors including psychiatric illnesses and psychotropic medication use.

- The 2020 LeDer report noted that not having an annual health check is found to be significantly associated with dying before 50 years.
- Annual health checks when properly done can promote healthy lifestyles, support wellbeing, and enable early access to additional healthcare support when needed.
- During these reviews, clinicians can spot the early signs of cancer, diabetes, respiratory and heart disease.
- They also provide opportunities to discuss vaccinations, manage and monitor known chronic health conditions, and to discuss end-of-life care issues.

Elderly PWID and Mental Health

- The wide range of co-morbid psychiatric conditions in the elderly ID population has been widely reported.
- A higher prevalence of problem behaviours, dementia, affective disorders, pervasive developmental disorders, anxiety, and schizophrenia have been reported in the literature.
- The West Norfolk clinic sample in this evaluation reported even higher rates than these.
- The only exception was for dementia where rates of 13% to 20% have been reported elsewhere.

Elderly PWID and Psychotropic Prescribing

- The prevalence of potentially inappropriate prescribing and polypharmacy increases with advancing age and morbidity in all adults, particularly those with ID.
- This practice is associated with adverse drug reactions and poor outcomes.
- Polypharmacy especially with medications that increase the anticholinergic burden is associated with adverse outcomes, including cardiovascular events, falls, cognitive impairment, and mortality especially in older people.

- Unique challenges in providing appropriate pharmacotherapy elderly PWID include
  - atypical disease presentations,
  - communication deficits,
  - capacity to consent to medications,
  - age-related changes in pharmacokinetics and pharmacodynamics,
  - comorbid conditions,
  - swallowing difficulties, and
  - other factors associated with frailty
- Nevertheless, monitoring of medication administration must include careful attention to emergence of side effects, potentially confounding effects of substance use and comorbid medical problems and their treatment in addition to other clinical outcomes.

GOOD PRACTICE POINTERS & AUDIT STANDARDS

1. The age threshold for psychiatry of the elderly in people with ID should be 60
2. There should be dedicated elderly psychiatry of the ID clinics for this group.
3. These clinics should offer longer appointments for a full consideration of the physical health- mental health- psychotropic prescribing interface
4. Patients with capacity should be involved in discussions and decisions about their treatments. Where they lack capacity, there should be adequate documentation of the best interest approaches that are used.
5. All patients should have a full diagnostic evaluation covering the degree of intellectual disability, the cause of intellectual disability, other developmental disorders, mental illness, personality disorder, substance-use related disorders, physical health disorders, trauma, and types of challenging behaviours.

6. For all patients prescribed psychotropic medications, the indications and rationale for prescribing should be clearly stated

7. There should be at least a 6 monthly review of psychotropic medication

8. These minimum 6 monthly reviews should include an account of any side effects

9. These minimum 6 monthly reviews should evaluate the need for continuation or discontinuation of medication

10. All patients should have regular physical health monitoring including haematological and biochemical parameters.

11. All patients should have annual physical health checks that are referenced/ documented in the psychiatry case records
12. If these are done in primary care or by professionals/ organisations other than the psychiatrist, there should be arrangements for it to be available to the psychiatry team.
13. The quality of the annual health checks should be referenced/ documented in the psychiatry case records
14. The health action plan that was drawn up from the annual health check should be referenced/ documented in the psychiatry case records

Conclusion

- Elderly patients with intellectual disability (ID) who are treated within specialist psychiatry clinics have extensive psychiatric and physical health co-morbidity.
- Management in the community therefore may be potentially more problematic because of advancing age, frailty, and prescribed medication.
- Nevertheless, close working relationships between the patient, carers, health and social care professionals at all levels to mitigate these issues.
- We hope the good practice recommendations and audit standards listed will help in that process.

- Thank you for your Attention!