

Ageing and health

People with intellectual disability should be involved in all decisions about their health and wellbeing.

Some people can make decisions alone and some people will need support. It is critical that supporters know the person's will and preferences to make sure the right support is provided and the right decision is made.

Older people with intellectual disability have the same range of health problems as all older people, and many develop age-related problems at a much earlier age. You should watch for any signs that a person's health is deteriorating.

Like all people who are growing older, the person with a disability should have a full health assessment every year.

The fact sheet **Adults - signs of illness** lists signs that a person with intellectual disability may have some common health conditions. You should watch out for these in older people and remember that, as people age, they often find it harder to recover from illness.

This fact sheet talks about some conditions that are more common as people age.

Common health problems as people age

- Reactions to medication – Some medications have serious side effects especially if they have been taken for many years. Some medications may not be needed any more. Older people are also more likely than younger people to have reactions to new medications. Regular medication reviews are important! Some

medications used for managing mental health conditions, menstruation (periods) or epilepsy can affect weight gain, bone strength and diabetes risk.

- Contractures – A contracture is the shortening of a muscle or body tissue so that a joint becomes deformed. If a person already has contractures, eg because of cerebral palsy, they can get worse and more painful with age. Is the person showing signs of increased pain?
- Thyroid and bowel problems – Some causes of intellectual disability, eg Down syndrome, make people more likely to have early deterioration in their thyroid and their bowel function. Medication can make a big difference if the problem is detected early.
- Dementia – This occurs earlier in some people with intellectual disability. The person also may develop depression or seizures that can be mistaken for dementia.
- Lack of exercise and obesity – Older adults with intellectual disability need support to avoid and manage these problems. Otherwise, they can lead to constipation, incontinence, arthritis, diabetes, high blood pressure and heart disease.
- Nutrition – This remains important as people age. In particular, vitamin D and calcium helps keep bones and joints healthy.
- Arthritis – Older people with intellectual disability may not be able to demonstrate their pain.
- Vision and hearing – These may deteriorate as people age.
- Skin deterioration – Older people’s skin becomes thinner and paler, so they feel colder, wounds take longer to heal, and they are at risk of sun burn. They need to drink plenty of fluids in warm weather and use sunscreen. If the person spends most of the time in bed or a chair, they may develop pressure sores - they need to move regularly and have correct seating options.
- Neurological deterioration – People with intellectual disability may develop neurological disabilities at a younger age than other people. In a person’s fifties or sixties, they may develop cataracts (eyes), hearing loss and decline in balance, gait and/or co-ordination.
- Depression – You need to be alert to this in all older people.

Where to get help

The GP is the best starting point for advice and treatment. Where an older person has complex health problems, the GP may refer the person to:

- A geriatrician (a doctor who specialises in the health problems of ageing people).
- A specialised health service for people with intellectual disability. Two of these have specialist ageing clinics. See the Specialised intellectual disability health services.

Chronic disease management

Chronic diseases are medical conditions that tend to be long lasting and persistent in their symptoms or development. For example, heart and respiratory diseases and diabetes.

NSW Health has some chronic disease programs:

- **Chronic Disease Management Program** – This program provides coordinated health care and self-management support to help people manage their condition, access services, prevent complications and reduce the need for hospitalisation.
- **Hospital in the Home** – This program provides clinical care that reduces the length of stay in hospital or in some instances can avoid a hospital admission altogether.

The NSW Ombudsman has seen many examples of these programs not being provided to people with disabilities. So, if you think they might be helpful, ask the doctor or hospital about them.

You might be interested in these fact sheets

- **Adults - signs of illness**
- **Adults - what kinds of health services are there?**
- **Annual health assessments**
- **Causes of intellectual disability and health care**
- **End of life care**
- **Mental health**

This fact sheet was updated in **2018**.

The fact sheet contains general information only and does not take into account individual circumstances. It should not be relied on for medical advice. We encourage you to look at the information in this fact sheet carefully with your health professional to decide whether the information is right for you.