

## WHAT NOT TO MISS - BY PROFESSOR NICK LENNOX

---

Below is a list of medical problems commonly missed or poorly managed in children, adolescents and adults with intellectual disability.

Not uncommonly, pain and obvious pathology such as infections are missed, ignored, or wrongly attributed to the person's intellectual disability and not investigated.

Any change in a person's function or behaviours warrants a thorough medical examination. Even a reduction in behaviours of concern (in the absence of new treatment) can be an indication of physical or psychiatric illness.

Clinicians need to pro-actively consider and examine for these conditions. Allied health professionals need to be assertive about checking if appropriate medical investigations have occurred (or are planned) when receiving referrals where a person with ID exhibits rapid or gradual changes in behaviour or function.

### **Common unrecognised or poorly managed conditions**

- Psychiatric disorders e.g, depression, psychosis, anxiety disorders.
- Abuse & PTSD.
- Epilepsies; e.g. no management or emergency plan, inadequate medication review.
- Dental disease.
- GIT problems especially:
  - dysphagia;
  - reflux oesophagitis;
  - H. Pylori &
  - constipation.
- Hearing and vision impairment +/- unrecognised pathology.
- Obesity / malnutrition.
- Osteoporosis.
- Undescended testes/ hypogonadism.
- Vitamin D deficiency
- Sleep disorders.

### **Other common areas of inadequate management**

- Incomplete immunisation schedules.
- Inadequate health screens – blood pressure, skin, breast, pap smear.
- Over-use and inadequate review of medications, especially anti-psychotics and anticonvulsants.
- Failure to investigate the cause of intellectual disability.
- Failure to provide information about:
  - menstrual management &
  - human relations and sexuality.
- Assessment of mobility.
- Assessment of continence.
- Planned end of life care.