Addressing cardiometabolic risk factors in people with an intellectual disability

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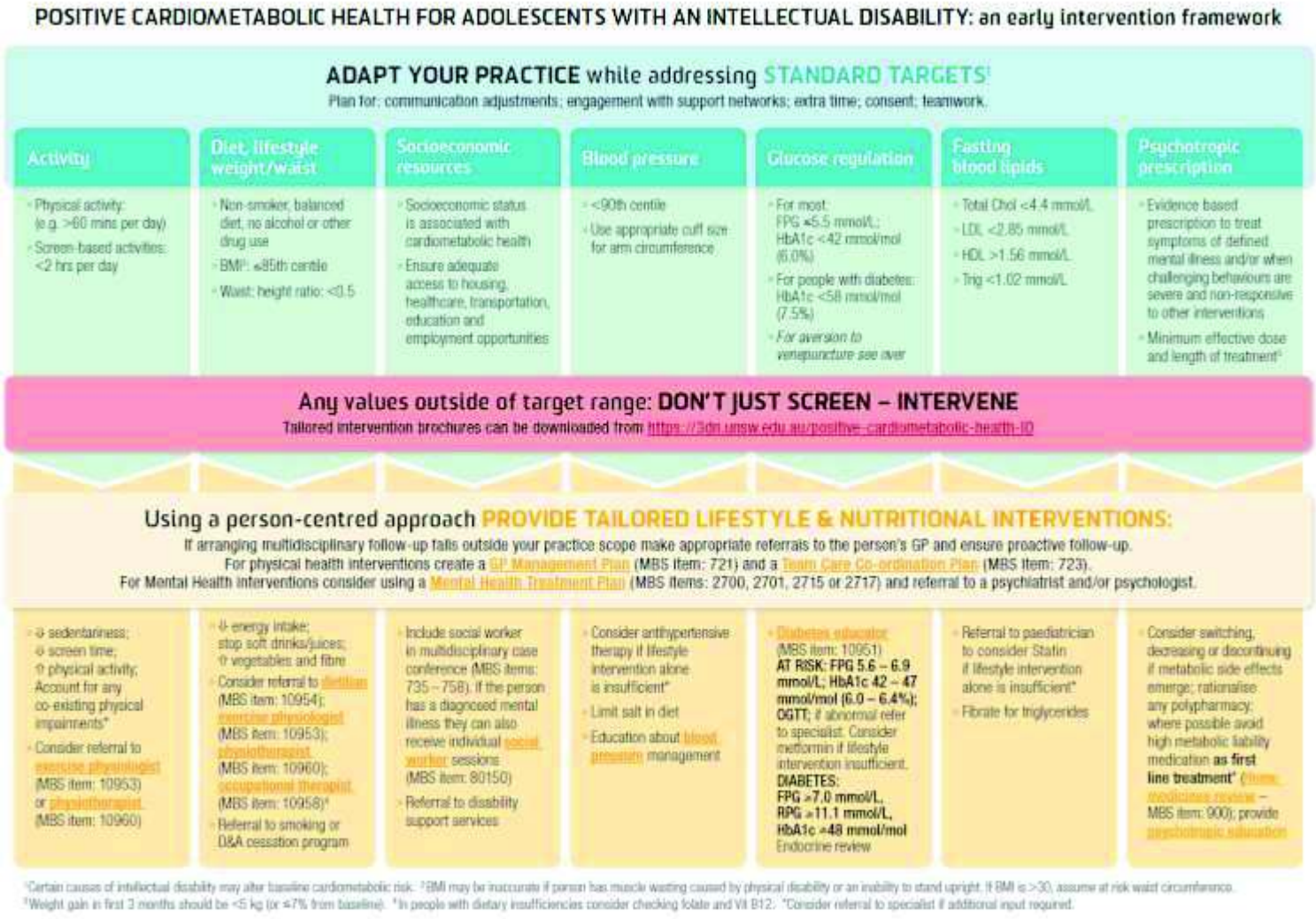
The Department of Developmental Disability Neuropsychiatry (3DN) at UNSW Australia recently launched *Positive Cardiometabolic Health for People with an Intellectual Disability: an early intervention framework and resources*. Resources are free to download from the 3DN website.

Cardiometabolic health in people with an ID

People with an ID have poorer physical health than the general population and die at a younger age, often from preventable causes (Coppus 2013). A major cause of this health disparity is cardiometabolic illness (Draheim 2006). People with an ID have a higher rate of psychotropic medication prescription than the general population, are prescribed psychotropics from a younger age and experience polypharmacy, all of which have major impact on their cardiometabolic health (Matson & Maham 2010). People with an ID have higher rates of mental health disorders than the general population (Cooper et al 2007); however psychotropic medications are also often prescribed for treatment of challenging behaviour. There is little evidence to support the effectiveness of prescribing for challenging behaviour in people with an ID (Tyrer et al 2008 & La Malfa et al 2006). Psychotropic medications frequently lead to weight gain, increased blood pressure and deteriorated metabolism of blood sugars and fats, even in children and adolescents



(Pramyothin & Khaodhiar 2010). Despite these potential side-effects, psychotropic medication is over-prescribed in people with an ID. Other cardiometabolic risk factors for people with an ID include higher rates of obesity and lower levels of physical activity than their peers (De et al 2008 & Emerson et al 2014), low socioeconomic status and certain genetic syndromes associated with ID (Barker et al 2007, Grotto et al 2008, Landesman Ramey et al 1999 & Wallace 2004).

Health professionals engaged in the care of people with ID would benefit from education on how to champion improved cardiometabolic health in people with an ID, including how to facilitate and support lifestyle and multi-disciplinary approaches to healthcare. It is essential that cardiometabolic health in people with an ID is monitored and appropriately managed, especially if psychotropic medication is prescribed.

Cardiometabolic Early Intervention Framework and Resources

Positive Cardiometabolic Health for People with an Intellectual Disability: an early intervention framework and resources has been adapted from a generalist monitoring framework* to address the specific cardiometabolic health needs of people with an ID (Troller et al 2016). Adolescent and adult versions of the Early Intervention Framework are available.

The Early Intervention Framework guides health professionals through screening of cardiometabolic risk factors in people with an ID. It provides age-specific, healthy target measures for each cardiometabolic risk factor as well as lifestyle and nutritional intervention strategies, including multidisciplinary referral options and relevant MBS item numbers. Additionally, the Early Intervention Framework outlines monitoring schedules for people with an ID on psychotropic medications, provides tips for overcoming fear or refusal of blood tests, identifies genetic syndromes associated with ID and their cardiometabolic risk profiles and links to consumer and clinician resources. The Early Intervention Framework has been endorsed by multiple professional colleges and consumer organisations including the Royal Australian and New Zealand College of Psychiatrists and the National Heart Foundation. A description of the development process and recommendations of the Early Intervention Framework has been published in the Australian Journal of Primary Health (Troller et al 2016). To access this publication, go to http://www.publish.csiro.au/?paper=PY15130

In order to empower people with an ID and their carers to encourage and engage their health professionals in monitoring cardiometabolic health, 3DN has also developed consumer postcards. These postcards provide information on staying healthy to people with an ID

> "Postcards provide information on staying healthy to people with an ID ..."

and carers, and encourage them to bring the postcard to the doctor. The reverse side of the postcard has information for the doctor on how to access the Early Intervention Framework and Resources and the need to monitor cardiometabolic health.

The resources were launched at a forum at UNSW Australia in July 2016. To access the Early Intervention Framework and resources or view forum presentations from multidisciplinary experts in the field, go to https://3dn.unsw.edu.au/positive-cardiometabolic-health-ID All resources are free to download.

* The Early Intervention Framework was adapted from the psychiatry resource *Positive Cardiometabolic Health: an early intervention framework for patients on psychotropic medications*. This resource informs the assessment and management of cardiometabolic syndrome and related physical health issues in patients with severe mental illness. Adult and adolescent versions can be downloaded from http://www.heti.nsw.gov.au/adolescentcma/

References

Please see full reference list on page 13.

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