

Additional Screening Measures Important for Adults with Developmental Disabilities

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The following slides are direct text from:

**Sullivan et al. Primary care of adults with
developmental disabilities *Canadian consensus
guidelines* Canadian Family Physician May
2011;57:541-53.**

“11. Vision and hearing impairments among adults with DD are often underdiagnosed and can result in substantial changes in behaviour and adaptive functioning.⁶⁰⁻⁶⁴

a. Perform office-based screening of vision and hearing (eg, Snellen eye chart, whispered voice test) annually as recommended for average-risk adults, and when symptoms or signs of visual or hearing problems are noted, including changes in behaviour and adaptive functioning.^{33,65}

b. Refer for vision assessment to detect glaucoma and cataracts every 5 y after age 45.⁶⁵

c. Refer for hearing assessment if indicated by screening and for age-related hearing loss every 5 y after age 45.⁶⁵

d. Screen for and treat cerumen Impaction every 6 mo.^{66,67”}

“**15. Gastrointestinal and feeding problems** are common among adults with DD. Presenting manifestations are often different than in the general population and might include changes in behaviour or weight.⁸¹⁻⁸³

a. Screen annually for manifestations of GERD and manage accordingly. If introducing medications that can aggravate GERD, monitor more frequently for related symptoms.^{83,84}

b. If there are unexplained gastrointestinal findings or changes in behaviour or weight, investigate for constipation, GERD, peptic ulcer disease, and pica.^{82,84}

Adults with DD might have an increased risk of **Helicobacter pylori** infection related to factors such as having lived in a group home, rumination, or exposure to saliva or feces due to personal behaviour or environmental contamination.^{83,85,86}

c. Screen for H pylori infection in symptomatic adults with DD or asymptomatic ones who have lived in institutions or group homes. Consider retesting at regular intervals (eg, 3-5 y).^{83»}

“17. Musculoskeletal disorders (eg, scoliosis, contractures, and spasticity, which are possible sources of unrecognized pain) occur frequently among adults with DD and result in reduced mobility and activity, with associated adverse health outcomes.51,91

a. Promote mobility and regular physical activity.56,92

b. Consult a physical or occupational therapist regarding adaptations (eg, wheelchair, modified seating, splints, orthotic devices) and safety.92”

“19. Endocrine disorders (eg, thyroid disease, diabetes, and low testosterone) can be challenging to diagnose in adults with DD.33,104-106

Adults with DD have a higher incidence of thyroid disease compared with the general population.107

- a.** Monitor thyroid function regularly. Consider testing for thyroid disease in patients with symptoms (including changes in behaviour and adaptive functioning) and at regular intervals (eg, 1-5 y) in patients with elevated risk of thyroid disease (eg, Down syndrome).33

- b.** Establish a thyroid baseline and test annually for patients taking lithium or atypical or second-generation antipsychotic drugs.34”