Health, Behaviour and Developmental Disabilities

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ASSESSMENT HEALTH EDUCATION AND DEVELOPMENTAL DISABILITIES

Health Assessment
Most clinical evaluations begin with self-reporting.
Based on this information, diagnostic tests may be ordered to confirm a clinical impression or to screen for dysfunction.
If the individual cannot communicate information about his/her health, it is very difficult for the clinician to proceed.

Health and Developmental Disabilities
If the person can't tell you what he/she is thinking or feeling:
• The clinician must speculate on what might be going on based on the history provided
• Speculation reflects the clinician's knowledge and experience
Health and Developmental Disabilities

- People with Developmental Disabilities have specific health needs that may be different from people in the general population
- If communication is limited or non-verbal, the person may not be able to describe inner distress
- Even if he/she can, the person may not be able to respond to probing questions

Behaviour

In order to understand a person with limited or non-verbal communication, we look to behaviour. The difficulty lies in the interpretation of behaviour by the observer.

Behaviour and Developmental Disabilities

- No two people have the same communication style
- Behaviour does not have universal meaning
- Behaviour is not a diagnosis
- Behaviour can only lead us to speculate on what is going on
Behaviour and Developmental Disabilities

The meaning behind behaviour can be varied. Interventions must be tailored to the cause of the behaviour change. It is not possible to generate one-size-fits-all interventions or to find a manual of quick fixes.

Non Verbal Behaviour

Generally agreed that non-verbal communication makes up about two-thirds of all communication. The wrong message can be established if the body language conveyed does not match a verbal message.

- Posture
- Clothing
- Gestures
- Eye Contact
- Proxemics (Personal Space)
- Chronemics (Time)

ASSESSING HEALTH

- People with Developmental Disabilities often lack the ability to abstract
- How the person feels can often manifest in changes in behaviour
- Health concerns are not always the first-line explanation for behavioural changes
-Behavioural observers make assumptions about changes (Diagnostic Overshadowing)
Assessing Health

- Knowledge of common health issues for people with developmental disabilities
- Context
- History
- Collaboration
- Willingness to explore possibilities

Common Behaviour Changes

- Decreased or increased energy
- Decreased or increased motivation
- Fatigue
- Changes in eating patterns
- Weight gain or loss
- Changes in bowel or bladder functioning
- Irritability
- Changes in mobility
- Changes in the performance of daily activities

Common Changes in Behaviour

- Unfortunately, changes can occur over time
- Those closest to the person may not recognize the significance of the changes
- Or they may be unable to describe changes ("Something is different.")
- The person receiving the report may dismiss observations
- Diagnosis occurs later in the disease process
Causes of Death in the General Population

- Heart attack
- Stroke
- Cancer

Causes of Death in People with Developmental Disabilities

- Respiratory conditions
- Sudden Death
- Cancer

Health Challenges and Developmental Disabilities

- Mortality in adolescents and young adults with developmental disabilities is high in comparison to similar populations without disability
- Vaccinations, regular screening and health promotion are less likely to occur if the person has a developmental disability and, as a result, prevention and early detection strategies are compromised

Common Health Issues

Individuals with developmental disabilities have on average more than twice the usual medical conditions

Some of the under recognized conditions are:

- Dental disease
- Swallowing disorders
- GERD
- Chronic constipation
- Sensory impairments
- Polypharmacy – Side effects
- Emotional and/or environmental triggers
Issues common in people with developmental disabilities:
- Malformations of the face and jaw
- Reduced motor ability
- Pain
- Reluctance to brush or visit dentist

Dental Disease

- Tooth loss
- Poor nutrition
- Reduced pleasure in eating (quality of life)
- Reduced ability to speak clearly
- ? Tolerance of dentures
- Systemic infections (pneumonia, cardiac)
- Aspiration of blood following extractions
- Death

Strategies for Proving Good Oral Care

- Use electric toothbrush twice per day (minimum)
- Brush along the gum line
- Regular dental appointments
- Routine
- Good nutrition
Swallowing Disorders

Issues in People with Developmental Disabilities

- Tone – May be high or low
- Timing – May be delayed or irregular
- Coordination – May not be functional

Dysphagia

- Difficulty swallowing safely and efficiently
- May lead to aspiration
- Aspiration occurs when food passes below the level of the vocal chords into the lungs
- Aspiration may be silent

Symptoms of Dysphagia

- Gurgly-sounding voice after eating
- Pneumonia
- Activity declines with progressive feedings
- Chronic upper respiratory infections
- Resisting or refusing to eat
- Increased eating time
- Weight loss
Symptoms of Dysphagia

- Excessive movements of the mouth during chewing
- Nasal/oral regurgitation
- Coughing or choking during or immediately after eating/drinking
- Pocketing food in one or both cheeks
- Excessive drooling

Strategies for Managing Dysphagia

- Swallowing assessment
- Self feeding reduces the risk of aspiration
- Manage food texture
- Sit when feeding
- Watch for swallowing
- Don’t mix fluids and solids in the mouth
- Remember, eating is supposed to be enjoyable

Digestion

- Under Nutrition and Hydration
- GERD
- Constipation
Nutrition and Hydration

- Dental Disease
- Swallowing issues
- Under weight/ overweight
- Dehydration
- Risks associated with chronic under nutrition and/or hydration

Strategies for Managing Nutrition and Hydration

- Maintain healthy mouth
- Resolve swallowing issues
- Keep a food/fluid log (that records what was taken, not what was offered)

GERD

- Gastro Esophageal Reflux Disease
- Acid leaks into esophagus from the stomach
- Sometimes asymptomatic
- Symptoms- cough-esp. nighttime
- Retrosternal pain
- The words “I have heartburn” – Gold standard for diagnosis
- Esophageal scarring
Strategies for Managing GERD

- Consider GERD in all nutrition-related challenges
- Suggest GERD to the family physician
- Seek diagnosis from gastro-intestinal experts
- Follow GERD diet
- Sit at least ½ hour after meals

Strategies for Managing Constipation

- Ensure adequate nutrition and hydration
- Encourage exercise
- Promote regular bowel routine
- Use laxatives and suppositories if necessary
- Consult pharmacist (constipating drugs)

Constipation

- Poor nutrition and/or hydration
- Lack of exercise
- Medicinal causes (anticonvulsants)
### Sensory Impairment

- Vision loss – Ignoring environment, falling
- Hearing loss – less interest, confusion
- Decreased mobility – Decreased energy, decreased participation
- Touch – Difficulty recognizing by touch, risk of burns or frostbite, unreported injury (pain)
- Taste and smell – affects appetite

### Sensory Overload

- Too much activity at the same time - radio, TV, conversation and other activities - Agitation
- Too much activity around eating – risk of aspiration, refusing to eat
- Instructions to complex – “sit down and eat” – refusing to participate, agitation
- Fear of water - showers and bath, poor hygiene
- Activities may be too overwhelming - field trips, group projects, withdrawal, agitation

### Polypharmacy

Definitions include:
- Use of more drugs than is clinically necessary
- Administration of many drugs together
- Administration of excessive medication
- The practice of prescribing multiple drugs to people suffering from more than one malady.
People who take several medication at the same time are at high risk for drug-related problems. Most ADEs (Adverse drug events) are the result of drug interactions: the more drugs the higher the risk. Estimated incidence of drug interactions rises from 6% in clients taking two medications/day to as high as 50% in clients taking five a day. Drug-disease interactions occur when a medication exacerbates a disease process. Example an anticholinergic drug (i.e. benztropine) can exacerbate glaucoma.

### Polypharmacy

- Many individuals have communication impairments which makes it difficult to communicate health-related issues.
- These people are often recipients of too many, or sometimes inappropriate medications and often experience serious side-effects which go unrecognized.

### Polypharmacy

- Many of the prescriptions dispensed to these clients are "High-risk" medications such as:
  - Psychoactive drugs
  - Antiepileptic drugs
  - Anticholinergic drugs
  - Cardiovascular drugs
Risk Factors for Polypharmacy

- Multiple chronic disorders/conditions
- Increased number of physicians/pharmacies
- Increased number of office and hospital visits
- Decline in health status

Polypharmacy Strategies

- Use one pharmacy
- Let primary physician know about all new medications
- Consult with the pharmacist
- Know what medication is for
- Know medication side effects
- Ask about drug interactions

Assessment

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<tr>
<th>Environment</th>
<th>Emotions</th>
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<td>Relationships</td>
<td>Additions</td>
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<tr>
<td>Sensory deprivations – vision, hearing, tactile</td>
<td>Losses</td>
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<td>Communication issues</td>
<td>Separations</td>
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<td>Sensory triggers</td>
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<td>Environment physically demanding</td>
<td>Teasing or bullying</td>
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<td>Appropriate activities – overstimulation/understimulation</td>
<td>Being left out</td>
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<td>Mobility problems or physical restrictions</td>
<td>Life transitions (moving out, leaving school, staff changes)</td>
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<td>Other triggers (Anniversaries, holidays)</td>
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<td>Issues regarding sexuality</td>
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<td>Stress</td>
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<td>Inability to verbalize</td>
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<td>Poverty</td>
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Review Common Behaviour Changes

- Decreased or increased energy
- Decreased or increased motivation
- Fatigue
- Eating too much/Refusing to eat
- Incontinence
- Irritability
- Changes in mobility
- Changes in the performance of daily activities

Reasons Behaviour Might Change

Health issues
- Pain – Dental, GERD, abdominal cramps, muscular or arthritic pain, headache, or other general pain
- Dysphagia
- Reduced vision or hearing
- Menopause and other age related health issues
- Constipation or urine retention
- Infection
- Polypharmacy

Environmental issues
- Emotional issues

Where to Start

Know what is normal for that person
- Self reporting – verbal and non verbal
- Personal knowledge of the person/Get a history
- Information from someone who knows the person well
- Documentation – data collection
- Consider health, environmental and emotional issues (don’t assume)
Health Assessment

• Complete baseline system review includes 3 questions:
  
  How does the person usually present?
  How does the person present when ill?
  How does the person recover from illness?

Example:

• Joe eats very well. He has no problem swallowing. He feeds himself.
• When Joe stops eating, I know he is sick. He usually is in pain.
• I take him to the dentist and make sure he has no cavities.

Once baseline is established monitoring strategies can assist:

• Food intake
• Fluid intake
• BM charts
• Sleep charts
• Activity charts
Health assessment

- Monthly review of monitoring charts
- Assess changes from medical perspective
- Assess changes from environmental perspective
- Assess changes from an emotional perspective
- Assess changes from a behavioural perspective
- Regular feedback to staff completing monitoring forms

Health Assessment

Obtaining reliable baseline information can be invaluable in detecting change, enabling appropriate services to be designed for individuals at an early stage.

Health Assessment

- Knowledge of common health issues for people with developmental disabilities
- Context
- History
- Collaboration
- Willingness to explore possibilities

Identify the underlying cause of the behavioural change (i.e. medical conditions, pain, mobility problems, environment, emotional issues) in order to figure out the meaning attached to behavioural changes and develop a proper treatment care plan.