

We need to Empower Health Prevention of Aged People with Intellectual Disability

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Much is known about health promotion and disease prevention in the general geriatric population, yet far less is known about those in older adults with intellectual disability (ID). Moreover, the rapid growth in the number of individuals with ID along with their increased longevity present challenges to those concerned about well-being of this unique population. People with ID are affected by much more health problems than the general population and are much more in risk to have age-related diseases [1]. While promoting good health among people with ID is recently discussed as a psychosocial worldwide priority [2], evidence suggests they are not receiving the same level of health, social education and health promotion opportunities as other members of society.

Effective and efficient health promotion and disease prevention strategies need to be developed and implemented for improving the health and quality of life of older adults living with ID. The ideal health promotion and disease prevention strategies for older adults with ID should be tailored to the individuals' health risks, address primary and secondary disease prevention and prevent avoidable impairments that cause early onset of institutionalization. Areas of intervention should include cognitive, mental, social and physical health in general and in more specific they should include accommodations, workplace considerations, assistive technology, physical and recreational activities and nutrition.

The policy objectives are require to develop a "multi element approach", meaning any future interventions should include medications [3], psychotherapeutic [4], psycho-sensory-motor therapy [5], environmental management [6], social support [7], family education [8], and universal infrastructures such as skilled nursing facility, transportation and job opportunities [9].

The enormous challenges the society faces in health promotion and disease prevention are due to the following 12 facts relate to older adults with (ID):

- Many older adults with ID are living with family and may outlive their parents. Older adults with ID and their ageing family are two vulnerable groups [10].
- The majority of older adults with ID live with their family or in a community home, while others live in private or governmental residential care centers [11].
- Over the next 20-40 years, more adults with ID will be living longer into their seventies and eighties [12].
- Older adults with ID are exposed to a range of health problems and social inequalities.
- For clinical service and planning purposes, the ageing process should be conceptualized as beginning at a younger age (approximately 45 years of age) in individuals with ID (adults with Down syndrome (DS) or adults with severe and profound ID [13] are more likely to develop early-onset dementia and consequently are more likely to die at a younger age.

- As longevity of people with ID increases it is likely that there will be a consequent increase in the number of these people suffering from age-related diseases such dementia [14].
- There is a recognized co-existence between older adults with ID and mental health problems, such as affective disorders, aggressive behavior, psychotic conditions, and eating disorders [15].
- Obesity is a significant health problem for people with ID, with a higher prevalence among females and individuals with Down syndrome [16].
- Individuals with ID are more likely to develop "pre-aging phenomenon" such as dementia and anxiety [17], and to develop poor balance and gait difficulties, and consequently will require closer care.
- Older adults with ID are one of the most deprived population in the society in terms of job opportunities and have the lowest employment rate [18].
- Providing training to mental health care staff can yield a better competence in management of mental problems which is also important for improving the quality of life and reducing the prevalence of those mental disorders [19].
- More research is needed on: a) the ageing process of adults with ID (early detection, systematic screening; assessment instruments and tests); b) their co-morbidities; c) their need for long-term care and day care facilities; d) potential for having educational (accesses to college) and work opportunities, and supporting models; and e) the use of observation methods to understand the social interaction of adults with intellectual disabilities

Summary

People with ID often have multiple morbidities along with a number of unrecognized or poorly managed medical conditions as well as inadequate health promotion and disease prevention. Moreover, aged individuals with ID have difficulty getting social and health services. Therefore, policy makers need to have a multi-faceted and comprehensive programmes that facilitate, help and ensure that they will be access to this population. Despite these challenges it is our obligation to improve health promotion programs for the benefit of the people with ID.

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