Aging and Disability: Systems of care, research, and clinical issues

Christopher L. Smith, Ph.D. Director, Maryland Center for Developmental Disabilities Joan Jasien, M.D. Neurology and Neurodevelopment



Key topics: Aging, systems of care, and policy Dr. Christopher Smith

- 1. Who are the "aging" and "disabled"?
- 2. What systems of care impact their lives?
- 3. Current and future policy and other issues impacting lives.

Who Are the Aging and Disabled?









Keeping the Promise: Self Advocates Defining the Meaning of Community Living



Aging and Disability: An Age wave!



Number of adults w/ I/DD aged 60 years and older projected to double from 641,860 in 2000 to 1.2 million by 2030



Aging: Remember this is only a trend

I/DD: Intellectual/Developmental Disability 1, 2

Our Understanding Changes Over Time

- Prior to 1975 poor health status blamed on institutionalization
 - lack of good nutrition
 - living conditions
 - medication, ₃
- ∞ 25% family care providers >60 yrs. old
- Care-givers 40 yrs. old may have more health problems than general population 3
- Individual/Families and Communities NOW carry the Responsibility
- State and federal policies and priorities are shifting





What Systems of Care Impact Their Lives



Medical Care Systems



State and Federal Systems of Support



Current and future policy and other issues impacting lives.

∞ Community inclusion

- Medical
- Housing
- \circ Recreation
- \circ Work
- Education



no Rebalancing public funds

- Move toward community inclusion and self-direction
- Less funding for segregated care

Are we prepared?

Proper identification and management of disease related to aging remains an unmet need



Addressing challenging behavior is a huge and unmet training need for senior, disability systems

Key topics: Health, aging, disability and research Dr. Joan Jasien

- **1**. Why is field exciting?
- 2. What is known ?
- 3. Research in the field





Exciting field because need unmet !

Individuals with DD >18 and family interviewed about experience in adult ED

∞ 39% able to get to toilet, 22% med on time, 18% enough to drink.

Staff • Impatient



Lack skills and knowledge in DD

What is known about aging issues and DD?

Autism Down Syndrome Cerebral palsy General intellectual disability

What is the history of autism and aging research?

1950 - 1960	Mid 1960 - 1999	2000-2012
Description s of children and adult cohorts	Childhood factors associated with prognosis?	Outcomes and Specific achievements?
	Subjective rating system for prognosis	

What does the literature say about autism and aging?

IQ /language development predicts outcome

Inconsistent results on core deficits improving

Core deficits persist

Most individuals remain disadvantaged even if normal IQ.

Ballaban-Gil et. al, 1996; Farley et al, Gilberg et al, 1984; Howlin et. al, 2004; Howlin et. al, 2012; Kanner et. al, 1972; Lotter, et. al, 1974a, 1974b; Mawhood et. al, 2000; Piven et al, 1996; Raznahan, 2010; Rutter, et. al, 1967 Seltzer et al., 2003; Szatmari, et al. 1989; Venter et al, 1992

Limitations of autism and aging literature



Rumsey, et al., 1985; Howlin et al, 2012; Fombonne, 2001, Wing, 1993

Aging in ASD-like mice

Behavior Analysis







Quantitative Proteomics

- Identify significantly altered proteins.
- Identify post-translational modifications.
- Quantify proteins of interest.

- Do bioinformatics analyses to get further information on protein: Functional groups

Functional pathways

Down syndrome and aging

So Visual and hearing impairments

- 50% over age 50 had cataracts
- Age related hearing loss by age 50
- ∞ Obesity
 - Social intervention?



Hypothyroidism, Sleep Apnea
 Low bone mass density, Dementia

Aging and bone health-review

ov/pubmed?term=joan%20jasien

SNCBI Resources 🖂 How To 🖂	caitlin.daimon@nih.gov MyNCBI Sign Out
Public PubMed joan jasien US National library of Medicine National Institutes of Health RSS Save search Advanced 	Search Help
Display Settings: ♡ Abstract Send to: ♡	in PubMed Central
Int J Endocrinol, 2012;2012:469235. Epub 2012 Jul 22. Aging and bone health in individuals with developmental disabilities. Jasien J, Daimon CM, Maudsley S, Shapiro BK, Martin B. Metabolism Unit, National Institute on Aging, National Institutes of Health, 251 Bayview Boulevard, Suite 100, Baltimore, MD 21224, USA.	Save items Add to Favorites
Abstract Low bone mass density (BMD), a classical age-related health issue and a known health concern for fair skinned, thin, postmenopausal Caucasian women, is found to be common among individuals with developmental/intellectual disabilities (D/IDs). It is the consensus that BMD is decreased in both men and women with D/ID. Maintaining good bone health is important for this population as fractures could potentially go undetected in nonverbal individuals, leading to increased morbidity and a further loss of independence. This paper provides a comprehensive overview of bone health of adults with D/ID, their risk of fractures, and how this compares to the general aging population. We will specifically focus on the bone health of two common developmental disabilities, Down syndrome (DS) and cerebral palsy (CP), and will discuss BMD and fracture rates in these complex populations. Gaining a greater understanding of how bone health is affected in individuals with D/ID could lead to better customized treatments for these specific populations. PMID: 22888344 [PubMed] PMCID: PMC340868 Free PMC Article LinkOut - more resources	Related citations in PubMed Review Effectiveness and safety of vitamin D in relation to bon [Evid Rep Technol Assess (Full] Aging and bone metabolism in African American and Caucasian w [J Clin Endocrinol Metab. 1996] Review The cost effectiveness of bisphosphonates for [Pharmacoeconomics. 2007] Prevalence of ocular diagnoses found on screening 1539 adults with [Ophthalmology. 2004] Final Report on Carcinogens Background Document for F [Rep Carcinog Backgr Doc. 2010]
Full Text Sources Hindawi Publishing Corporation EBSCO PubMed Central PubMed Central Canada UK PubMed Central Miscellaneous Swets Information Services	See reviews See all Related information Related Citations References for this PMC Article Free in PMC

Down syndrome and dementia

Dementia affects 70 to 80% of adults with DS



Asymptomatic Alzheimer Disease (ASYMAD)

So Hypertrophy of neurons in CA1 of hippocampus neurons in ASYMAD subjects compared with control.



So Is hypertrophy a reaction to neurotoxins or a compensatory mechanism ?

n Pilot study

Adults with Cerebral palsy often have pain

∞67-82% of adults w/ Cerebral palsy report pain and fatigue

- 🔊 Patella alta
- Hip pain/displacement
- neuromuscular scoliosis

∞ Obesity

Low bone mass density



Overeynder et al, 1992

General ID and aging

Vision and hearing loss

50% of sensory impairments previously undetected

∞ Women's Health

- Cancer screening limited for breast, cervical, and uterine disease
- Seizure patterns change around menopause
- Increased risk of Cardiovascular Disease?

Behavioral Issues

∞ Low bone mass density (AED)



Wang et al, 2007; Merrick, 2004

Mortality and DD

Adults with DD compared to general population are more likely to die of a Respiratory Infection

- In DS population
 - 47% had pneumonia listed as cause of death.
 - Most bacterial pneumonias are due to aspiration of pharyngeal contents.



• Pilot study

Take back to the clinic points

- Most adults with ASD remain disadvantaged even if normal IQ
- Adults with CP frequently have pain in LE
- Be creative about weight interventions
- Consider sensory impairments/changes in communication devices
- Don't forget about possible swallowing and bone health issues

We have more ? than answers



References

Background

- <u>1.</u> Heller, T. Report of the Sate of the Science in Aging and Developmental Disabilities: Charting Lifespan Trajectories and supportive environments for healthy community living symposium. Disability and Health Jnl. 2008; 1:127-130.
- <u>2.</u> Haveman, M. Disease Epidemiology and Aging People with Intellectual Disabilities. Jnl of Policy and Practice in Intellectual Disabilities, 2004; 1: 16-23.
- 5. Yamaki, K, Hsieh, K, Heller, T, Health profile of aging family caregivers supporting adults with intellectual and developmental disabilities at home. Intellectual Developmental Disability. 2009; 6: 425-35.
- 4. Lakin et. al, Institute on Community Integration, 2009
- 5. Fisher, K., Kettl, P. Increasing population of older adults with MR require health interventions and prevention strategies. Geriatrics 2005; 60 (4): 26-29.
- 6. Bittles, A, Petterson, B, Sullivan, S, Hussain, R., Glasson, E., Montgomery, P. The influence of intellectual disability on life expectancy. Jnl of Gerontology. 2002; 57A: M470-M472.
- 7. Marks, B, Sisirak, J, Kueifang, H. Health services, health promotion, and health literacy: Report from the Sate of the Science in aging with developmental disabilities conference. Disability and Health Jnl. 2008; 1:136-142.
- Morbidity
- 8. Van Schrojenstein Lantman-de Valk, H.M.J, van den Akker, M., Masskant, M., Haveman, M.J. Prevalence and incidence of health problems in people with intellectual disability. 1997; 41: 42-51.
- 9. Anderson, 1989;
- 10. Janicki &Jacobson
- 11. Zigman WB, Schupf N, Urv T, Zigman A, Silverman W. Incidence and temporal patterns of adaptive behavior change in adults with MR. Am J Ment Retard 2002; 107(3): 161-74.
- so 12. Piner et al., 2001-impact

References

- so Morbidity continued
- 13. Cooper SA. Epidemiology of psychiatric disorders in elderly compared with younger adults with learning disabilities. Br J Psychiatry. 1997; 170: 375
- so 14. Heller, 2009
- 15. Wang, K, Hsieh, K, Heller, T, Davidson, P, Janicki, M. Carer reports of health status among adults with I/DD in Taiwan living at home and in instuitutions. Jnl of ID Research. 2007; 51: 173-183.
- 16. Merrick, J., Davidson, P, Morad, M, Janicki, M., Wexler, O., Henderson, C. Older adults with intellectual disability in residential care centers in Israel: health status and service utilization. American Jnl on Mental Retardation. 2004; 109: 413-20.
- 17. Veraart, Mul, Bierman, 1998-article in Dutch
- 18. McCarron, Gill, McCallion, &Begley, 2005; Alvarez, 2008-under hypo and DM
- 19. Davidson, P.W.; Henderson, C.M.; Janicki, M.P.: Robinson, L.M.; Bishop, K.M.; Wells, A.; Carroway, J.; Wexler, o. Ascertaining health related information on adults with intellectual disabilities: development and field testing of the Rochester Status Survey. Jnl of Policy and Practice in Intellectual Disabilities. 2008; 5: 12-23.
- 20. Covinsky, K.El: Hilton, J.; Lindquist, K.; Dudley, R.A. Development and validation of an index to predict activity of daily living dependence in community-dwelling elders. Med Care. 2006; 44: 149-57.
- 21. Carey, E, Walter, L, Lingquist, K, Covinsky, K. Development and Validation of a Functional morbidity Index to predict mortality in communitydwelling Elders. J Gen Intern Med. 2004; 19:1027-1033.
- 22. Henderson, C, Acquilano, J, Meccarello, J, Davidson, P, Robinson, L, Janicki, M. Health Status and Activities of daily living and walking in older people with intellectual disabilities. Jnl of Policy and Practice in Intellectual Disabilities. 2009; 6: 282-286

References

- Demographics of adults with ID
- <u>www.cdc.gov</u>
- Impact. Volume 23 Number 1, Winter 2010
- Murphy, K.P. (1993). Medical and social issues in adults with
- Overeynder, J.C., Turk, M. Dalton, A.J. & Janicki, M.P. (1992). "I'm worried about the future..." The aging of adults with cerebral palsy. Albany, N.Y.: New York State Developmental Disabilities Planning Council.
- Pawlson, L.G. ((1993). Foreword. In C.B. Lewis &K.A.Knortz (Eds.), Ortho-pedic assessment and treatment of the geriatric patient (p.vii). St. Louis, Mo.: C.V. Mosby.
- Pope, A.M., & Tarlow, A.R.(Eds.). (1991). Summary & recommendations: Disablity in America-Toward a national agenda for prevention. Washington, .C.: Institute of Medicine, National Academy Press.
- Segalman, R.Z. 91991). Apersonal experiene with cerebral palsy with total body involvement: Solving medical problems in midlife. Oakland, Calif: United Cerebral Palsy (1970 Broadway, #605, 94612).