Meeting the Needs of Aging Persons with Developmental Disabilities

Cross Network Collaboration for Florida

Aging in Individuals with a Developmental Disability

Module 3

Based on ADRC training developed by:
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Purpose of Module 3

- Understand aging as a normal process
- Dispel myths about aging and developmental disabilities
- Recognize how aging may increase risk factors for disease
Purpose of Module 3

- Understand aging with developmental disabilities is the overlap of aging and disabilities
- Recognize how medications may affect adults with developmental disabilities
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What Is Aging?
Aging Factors

- Determined by interaction of three factors
  - Life-long choices (diet, physical and mental exercise, self-esteem)
  - Environment (physical, cultural and social)
  - Genetics
- Successful aging from positive genes
- Negative aging from life-long or late-onset gene
Aging Changes

- **Age related**: Common to everyone
  - Interventions may slow decline
- **Age associated**: Not common to everyone
  - Associated with disease, disorders, poor lifestyle choices, negative environment
  - Controlled by individual choices
Aging in Adults with Developmental Disabilities

- Interaction of pre-existing disability with factors of aging may result in:
  - Increased risk factors with earlier onset of symptoms
  - Increased risk for inappropriate medical treatment
  - Increased vulnerability to a more restrictive environment
Aging in Adults with Developmental Disabilities

- Interaction of pre-existing disability with factors of aging may result in:
  - Increased challenging behaviors due to communication difficulties
  - Increased cost for treatment and interventions
  - Increased staff/family frustration due to lack of communication and knowledge
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Myths About Aging and Developmental Disability
Myths - Aging and Developmental Disability

- All individuals with developmental disabilities experience earlier onset of aging - False
- All adults with Down syndrome will exhibit the symptoms of Alzheimer’s disease - False
- Majority of adults with developmental disabilities live in supervised residential care facilities - False
Consequences of Myths

- Affect quality of assessment and intervention
- Influence attitudes of staff, family, and providers
- Limit available choices and resources
- Affect quality of life
Myth 1 – Early Onset of Aging

- Persons with mild to moderate developmental disabilities and the general adult population experience:
  - Same rate and age-related changes
  - Similar longevity
  - Individual aging influenced by genetics and lifestyle choices
Myth 1 – Early Onset of Aging (Continued)

- The older adult with Down syndrome or cerebral palsy also experiences:
  - Same aging changes but earlier onset
  - Same rate of change but compressed due to shorter longevity
Aging Curve

% vitality

maximum vitality

0

vitality

death

down syndrome and cerebral palsy

aging dd curve

general aging curve

maximal vitality

% vitality

minimum vitality

0

vitality

death

down syndrome and cerebral palsy

aging dd curve

general aging curve

maximal vitality

% vitality

minimum vitality

0

vitality

death

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Myth 2 – Down Syndrome and Alzheimer’s Disease

- 60% of DS with AD by 60
- 10% of DS with AD by 70
- <1% of DS with AD by 80


ADRC Training 15
Myth 3  Living Situation

- 90% Living at home
- 10% Living in residential care

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Aging in Individuals with a Developmental Disability

ADRC Training
Differentiate “Normal” Aging Changes from Disease

- Determine types of interventions to best meet needs
- Determine appropriate services
- Develop activities appropriate for age-related cognitive/physical changes
- Maintain quality of health through increased awareness of changes
Pre-existing Developmental Disability Aging Effects

- Likelihood of “diagnostic over-shadowing”
  - Changes related to the disability result in inappropriate or no interventions
  - Pre-existing cognitive challenges assumed to be symptoms of dementia
  - Pre-existing disability may be misdiagnosed as disease
Risk from Inappropriate Intervention

- Reduced vitality and quality of life
- Modified aging process
- Increased misdiagnosis for other diseases (especially Alzheimer’s disease)
- Increased behavioral changes
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Age-Related Changes Everyone Experiences
Sensory Changes Affect the Older Adult

- Reduced sensory acuity
- Increased masking of sensory impairments
- Reduced potential for quality of life and independence
- Increased social isolation
How Is Hearing Affected by Aging?

- Increased loss of high frequency sounds (children and females voices in particular)

- Increased interference with hearing
  - Background sounds interfere with communication
  - Increased tinnitus – ringing in the ears
How is Vision Affected by Aging?

- Increased glare (light reflection) sensitivity
- Increased difficulty adjusting to reduced lighting
- Increased difficulty with busy visual patterns
Effects of Hearing and Visual Impairments on Older People

- Increased risk of falls
- Decreased social interaction
- Increased inappropriate behavior
- Decreased verbal communication
- Increased misdiagnosis of dementia
Other Age-related Changes in Older People

- Reduced muscle mass by 15%
  - Increased risk of falls
  - Decreased ability for physical activities

- Decreased thyroid function
  - Decreased body temperature
  - Increased symptoms of acute dementia
Other Age-related Changes in Older People

- Reproductive system (male)
  - Enlarged prostate - reduced flow of urine and reduced ability to urinate

- Reproductive system (female)
  - Decreased estrogen - menopause
  - Increased bone loss
  - Increased risk of depression
  - Increased risk of heart disease
  - Increased short-term memory impairment
Lesser Age-related Changes in Older People

- IQ remains the same or increases
- Personality remains the same
- Ability to learn new skills remains the same
- Long-term memory remains the same
- Little change in memory recall
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Early Aging Changes Experienced by Adults with Down Syndrome and Cerebral Palsy
Early Aging Down Syndrome and Cerebral Palsy Risk Factors

- Increased early symptoms
- Increased severity of symptoms
- Increased symptoms may be:
  - Overlooked
  - Assumed to be “normal” aging
  - Misdiagnosed as dementia

Note: An individual with Down syndrome must also have a diagnosis of retardation to be eligible for APD services.
Early Aging in Down Syndrome Adults

- Shorter longevity
- Reduced cognitive and physical function
- Increased behavioral problems
- Changes may mimic or mask diseases or disorders
Early Aging in Down Syndrome Adults

- Slowing of the thyroid (hypothyroidism) increases risk for:
  - Increased feelings of cold, tiredness, lethargy
  - Decreased appetite
  - Increased need for sleep
  - Increased short-term memory impairment
  - Increased confusion
Early Age-related Changes in Cerebral Palsy Adults

- Decreased muscle strength after many years of no change
- Increased risk for urinary tract infections and incontinence
- Increased difficulty in swallowing
- Reduced stamina
- Increased fatigue
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Adverse Drug Reaction Risk Factors in Adults with Developmental Disabilities
Medication Risk Factors in Older Adults

- Increased levels of medications in the blood for longer times
- Increased use of multiple medications
- Little understanding of medication interaction
- Increased adverse drug reactions (ADRs) masking or mimicking dementia
Medication Risk Factors in Older Adults

- Increased dosages of medications
- Few studies of medication use in older adults with developmental disabilities
- Few health care providers trained to identify adverse effects of medications
Additional Risk Factors Affecting Drug Reactions in Older Adults

- Population variations due to gender, race, ethnicity
  - Increased side effects from anti-depressants Prozac & Paxil are twice that in Caucasians than in Hispanics
  - Increased Tardive Dyskinesia from anti-psychotic drugs in African-Americans
  - Increased response to anti-psychotic drugs by Asians
  - Little knowledge of how medications affect females
Additional Risk Factors Affecting Drug Reactions in Older Adults

- Individual variations in response
  - Age-related differences
- Disability specific variations in response
- Older adults with developmental disabilities will “age into” medications with long-term use
Adverse Drug Reactions Affect Body Function

- Examples of biological changes
  - Increased/decreased blood pressure
  - Increased urine retention or incontinence

- Examples of behavioral changes
  - Increased risk for depression
  - Increased risk for paranoia
Adverse Drug Reactions Affect Body Function

- Examples of neurological changes
  - Increased change in sleep patterns
  - Increased risk for seizures

- Examples of decline in muscle coordination
  - Increased risk for muscle tremors
  - Decreased coordinated muscle movement
Adverse Drug Reactions That Mimic Dementia

- Increased agitation
- Increased anxiety
- Increased behavioral changes
- Increased decline in cognitive functioning
Adverse Drug Reactions That Mimic Dementia

- Decreased communication skills
- Increased disorientation to person, place or time
- Increased loss of interest in normal activities
Adverse Drug Reactions That Mimic Dementia

- Increased risk for confusion
- Increased risk for delusions
- Increased risk for depression, sadness
- Increased risk for unexplained excitability
- Increased risk for restlessness, wandering
Summary of Module 3

- Myths may affect how services are applied
- Aging is experienced by everyone
  - Aging is an individual process
  - Influenced by genetics and lifestyle
  - Disabilities over-lay influences on aging
Summary of Module 3

- Increased risk of mimicking or masking diseases or disorders from early aging in adults with Down syndrome and cerebral palsy
- Increased risk for adverse drug reactions that mimic or mask diseases
Group Discussion

Questions