LEARNING DISABILITY IN GP

GPST2 TEACHING – DR SEB PILLON

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HEALTH INEQUALITIES

PEOPLE WITH LEARNING DISABILITIES:

- have more health care needs than the general population;
  - about 50% of people with a learning disability will have at least 1 significant health problem
- are much more likely to be either underweight or obese than the general population;
  - less than 10% of adults with learning disabilities in supported accommodation eat a balanced diet, with an insufficient intake of fruit and vegetables and are less likely to engage in physical activity
- are at least 20 times more likely to have epilepsy than the general population
- have a higher prevalence of psychiatric illness in children and adults compared to the general population
- have higher rates of dementia (22%) than the general population (6%)
- are likely to have eating, drinking and swallowing difficulties with 40% of people with dysphagia experiencing recurrent respiratory tract infections
- are more likely to have a visual impairment and 40% report having a hearing impairment

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HEALTH INEQUALITIES

CHILDREN WITH LEARNING DISABILITIES:

Inequalities for CYP with learning disabilities

Compared to their non-disabled peers, children with learning disabilities are:

Picture credits: Dr Marilena Korkodilos

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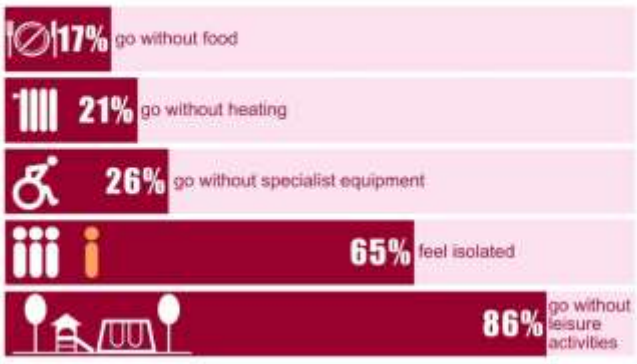
HEALTH INEQUALITIES

CHILDREN WITH LEARNING DISABILITIES:

Disadvantage in families of disabled CYP

Proportion of families with disabled children



Picture credits: Dr Marilena Korkodilos

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CORE PRINCIPLES FOR HEALTH PROFESSIONALS:

- **Know the person before you count chromosomes.**
- If the patient brings a health passport don't just file it.
  - The health passport will enable you to have a greater understanding of the person, to provide the right care and treatment the first time.
- Capacity should be considered for every decision and or action that you take with a person with a learning disability
  - If capacity is doubted, always test capacity and work with the 5 key principles of the Mental Capacity Act at all times.
- Ensure that people are registered appropriately as having a learning disability on primary care registers.
- Prompt and support individuals to take up annual health checks.
- Make sure you and other health staff are aware that making reasonable adjustments for this group to enable them to access health services is a legal responsibility, and that this is embedded in everyday practice.

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AUTISM

Ethan Lisi
https://youtu.be/y4vurv9usYA

"MY INNER FEELINGS ARE UNLIMITED, BUT MY MIND ONLY LETS ME EXPRESS EXTREMES OR NOTHING."

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OPERATION OUCH

- https://youtu.be/1CNY6BbtgS8

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MELTDOWNS

- Rising levels of anxiety may produce an autistic 'meltdown' or behaviour that is challenging to services. This is different in each person.
- There may be a total shutdown, where the person retreats into his/her own shell and will not move, speak or interact.
- Stimming is the word used to describe a repetitive body movement that most autistic people have to some extent – often rapid finger movements, or rocking.
- It may produce aggressive behaviour, a result of the person trying to get away from the anxiety-provoking situation. The aggression may be self-harming, such as striking the head or may be directed at those in the vicinity.

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THE PARTY

- 360° Film – scroll with your mouse
- Follow the link and watch on your own Youtube:
- Turn your sound to loudest, or wear headphones to immerse yourself

- https://www.youtube.com/watch?v=OtwOz1GVkDg

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LANGUAGE

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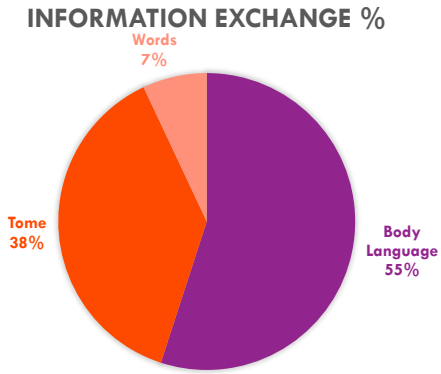
COMMUNICATING

- Communication is as much about the time taken to listen and understand as well as talking
- Use reasonable adjustments to communications



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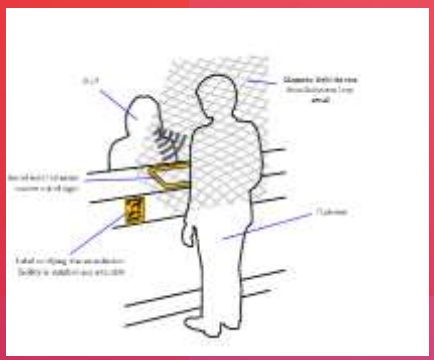
WHAT'S THIS?



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HELPFUL TIPS

Talk	always talk to the person, not the carer
Speak	speak slowly and clearly
Stop	stop to check understanding at regular points
Use	use plain English and short sentences
Repeat	do not feel awkward asking for a second time
Consent	Limited communication ≠ limited ability to consent

- find a quiet environment to hold all conversations as noise and bustle can create problems
  - individuals may react oddly to noise and lights, minimise if possible
- follow the lead of the person with additional needs and go at their pace
- if asking if unhappy, use your facial expression to reinforce what you mean ☹
- take your time and don't rush, encourage participation, views and preferences
- where appropriate and possible use real objects and photos and or drawings

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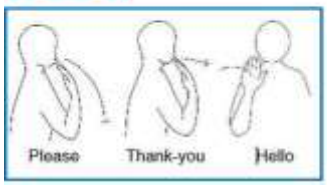
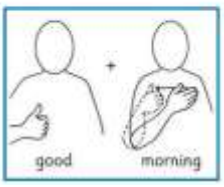
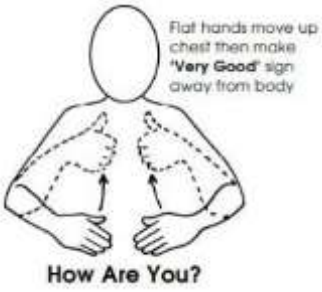
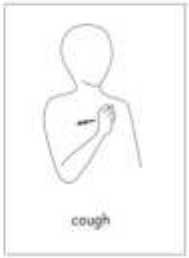
Helpful Makaton Signs









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COMMUNICATION CONSIDERING AUTISM

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NEURODIVERISTY

- Https://www.youtube.com/watch?v=GLGLLylcDvM

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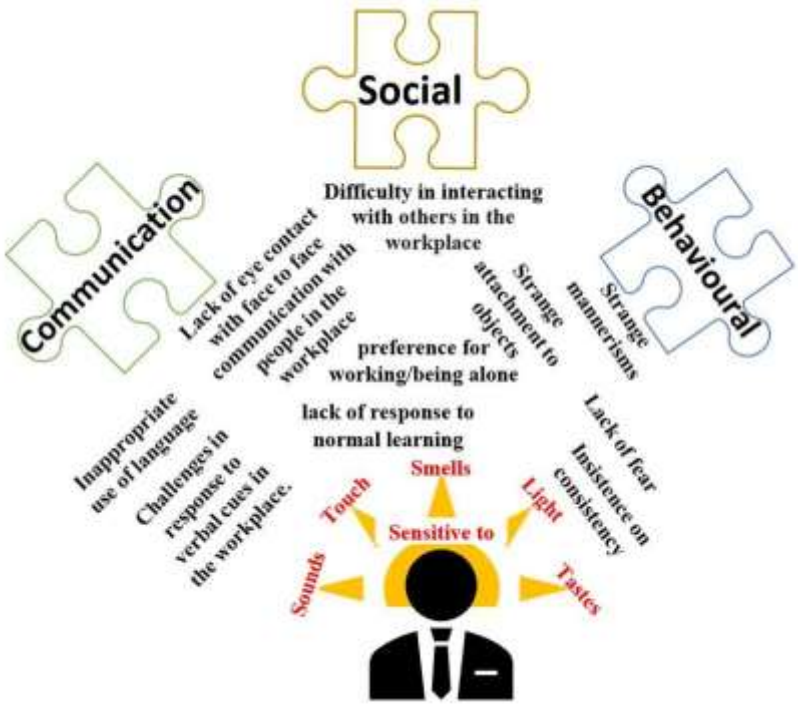

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Case study 1. Example of a consultation dialogue with a patient presenting because of angina-type chest pain

Doctor: Hello, how are you today?

Patient: I'm ok, thanks.

Doctor: Why have you come?

Patient: My Mum told me to.

Doctor: Why did your Mum tell you to come?

Patient: Something in my chest.

Doctor: You have pain in your chest?

Patient: No.

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PRAGMATIC USE OF LANGUAGE

Using language for different purposes, such as:

- Greeting (e.g., hello, goodbye)
- Informing (e.g., I'm going to get a cookie)
- Demanding (e.g., Give me a cookie)
- Promising (e.g., I'm going to get you a cookie)
- Requesting (e.g., I would like a cookie, please)

Changing language according to the needs of a listener or situation, such as:

- Talking differently to a baby than to an adult
- Giving background information to an unfamiliar listener
- Speaking differently in a classroom than on a playground

- **Following rules** for conversations and storytelling, such as:
- Taking turns in conversation
- Introducing topics of conversation
- Staying on topic
- How to use verbal and nonverbal signals
- How to use facial expressions and eye contact

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FOR PEOPLE WITH AUTISM, PRAGMATIC SPEECH IS ALMOST ALWAYS A CHALLENGE AT SOME LEVEL. THEY MAY:

- Be louder or quieter than is culturally expected
- Speak in a flat voice or use a different intonation than usual
- Repeat entire chunks of scripts from television shows/movies
- Talk about what seems to be an off-topic subject
- Dominate the conversation with talk about a topic of interest only to themselves
- Say the same things over and over again (either literally stating the same facts over and over or using the same phrases in the same way over and over)
- Ask questions or volunteer information about topics that are usually considered taboo or sensitive

- Enter conversations when they are not invited, and/or leave conversations before the discussion appears to be over
- Have a hard time recognizing sarcasm, jokes, idioms, and expressions unless they are explained
- Use language that seems inappropriate to the situation
- Ask questions simply in order to state their own ideas or opinions
- Tell the truth, without awareness of whether truth-telling will have a negative outcome
- Have difficulty with or refuse to engage in the type of small-talk that usually smooths interactions among new acquaintances or in highly tense situations (weather talk, for example)

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Case study 1. Example of a consultation dialogue with a patient presenting because of angina-type chest pain

Doctor: Hello, how are you today?

Patient: I'm ok, thanks.

Doctor: Why have you come?

Patient: My Mum told me to.

Doctor: Why did your Mum tell you to come?

Patient: Something in my chest.

Doctor: You have pain in your chest?

Patient: No.

We mean "why are you here?"

Answers factually, or perhaps learned behaviour

We mean "what is the medical issue you have presented with today?"

Answers factually

We mean "tell me about your symptoms"

Mum said it might be caused by something in my chest

We mean "are you having a heart attack or not"

Current status: no pain

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TIPS FOR CONSULTING

- Speak calmly and clearly in short sentences
- Ask direct and closed questions – avoid too many choices or too much information in one go
- Wait for responses to questions. Do not repeat yourself or ask in a different way
- No eye contact does not mean the person is not listening. Start a question by addressing them so they know you are speaking to them
- Language should be kept as literal as possible – jokes, metaphors or sarcasm can be confusing
- Check that the person really understands what you have said – the verbal skills or apparent agreement may not mirror actual understanding of the information

- Explain verbally and/or in writing the process of the consultation
- Demonstrate an action or intended procedure before starting it
- Recap and write down future plans. Try to give written information if possible
- Avoid diagnostic overshadowing. Co-morbidity is common and you should always consider a serious illness, particularly if the person's behaviour changes.

It is easy for them to misinterpret your questions, and for you to misinterpret their answers.

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TIPS FOR PRACTICE

- Consult family or carers, with permission, for more information and to establish if your patient has particular sensitivities
- Do not assume the person with Autism must have a carer present – they should be offered the same confidentiality as all
- Make sure the diagnosis is coded as a significant active problem on the computer
- Ensure reasonable adjustments needed to access your services are clearly recorded
- Referrals to other services should include clear instructions about any reasonable adjustments that may be needed

- Environment; sensory sensitivities can make access to the surgery difficult:
  - the waiting room can be a noisy chaotic place.
  - your consulting room is probably lit with fluorescent tube and will have a prominent computer screen.
  - This may mean early or late appointments, letting them wait in their car until called, seeing the same clinician in the same room – or sometimes being even more innovative.

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RCGP ASD TOOLKIT

- https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/asd-toolkit.aspx

LEARNING DISABILITY

CASE STUDIES

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ANDREW, 43

- Lives in multi occupancy supported living
- Carer called out of hours GP on Sunday afternoon as 2 weeks of not wanting to eat midday or evening meals.

- PMHx
  - Type 2 Diabetes, last HbA1c 41
  - Hypertension, last BP 138/88
  - Eczema

- Medication List
  - Metformin 1g BD
  - Ramipril 2.5mg OD
  - Atorvastatin 40mg OD
  - Lansoprazole 15mg OD
  - Zeroderm daily

What do you want to know?

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ANDREW, 43

- Sleeps well. Wakes and eats breakfast of cereal with milk, then has medications. Doing usual activities in the day, watches TV and goes for a walk in park. Likes a bath at midday. Bowels open daily. No vomiting. Has lost 1kg since last weighed 2 months ago.
- Declines meals in afternoon and evening. Has some fruit and snacks throughout. Same with even favourite meals (curry and rice).
- Is usual self. Not tired. Usually largely non verbal and remains same.
- Notes review show metformin was stopped 3 months ago as persistent HbA1c of 41-44.
- Restarted after apparent erroneous medication request 1 month ago, at 1g BD dose.
- Stopped metformin and got appetite back.
- Repeat HBA1c 3 months later is 49. What next?

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ADHD

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ADHD MEDICATIONS

- Rochelle, 22, diagnosed with ADHD aged 14 after multiple school exclusions, time in the PRU and a short suspension.
- Started on lisdexamphetamine and ended up achieving 7 GCSEs grades 4-5 (old grades C-D), and went to college where got a qualification in Tourism management.
- Worked in city hotel in reception/admin. Stopped taking meds 12 months ago after missed follow up clinic and didn't contact them back after, so has been discharged.
- Wants a letter stating has ADHD and to restart meds before moving to Dubai for a 6 month job with a hotel chain as worried will be intense and might struggle with work. Keen to go as a great opportunity. Wants 6 Months worth of meds issuing
- Moving in 3 months time.

What are the issues… and your solutions?

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ADHD MEDICATIONS

WHAT ARE THE ISSUES?

- ADHD diagnosis remains valid, but prescribing has just gotten complex
- Almost all NHS has prescribing under Shared Care Agreements
- Greater Manchester like many places has abysmal access to secondary care.
  - What do patients do for 3-4 years whilst awaiting diagnosis?
- UAE won't allow importation of amphetamine controlled drugs… this solves case for you as GP
- Controlled drugs usually 28 days supply
- Obligation to provide primary care is for max 3 months… if intending to be resident elsewhere for >3m then should de register from practice

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DOWN'S SYNDROME

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https://youtu.be/AAPmGW-GDHA

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DOWN'S SYNDROME

- Approximate number of people living in England and Wales with Down syndrome is 41,700.
- Median life expectancy in the UK for people with Down syndrome is 58 years.
- Morbidity and mortality remain higher than for the general population and for those with other intellectual disability at all ages.
- People with Down syndrome are more susceptible to respiratory and gastrointestinal infections as well as heart conditions.
- Many people with Down's live with family, which may introduce problems as their carers may become unable to keep providing care.

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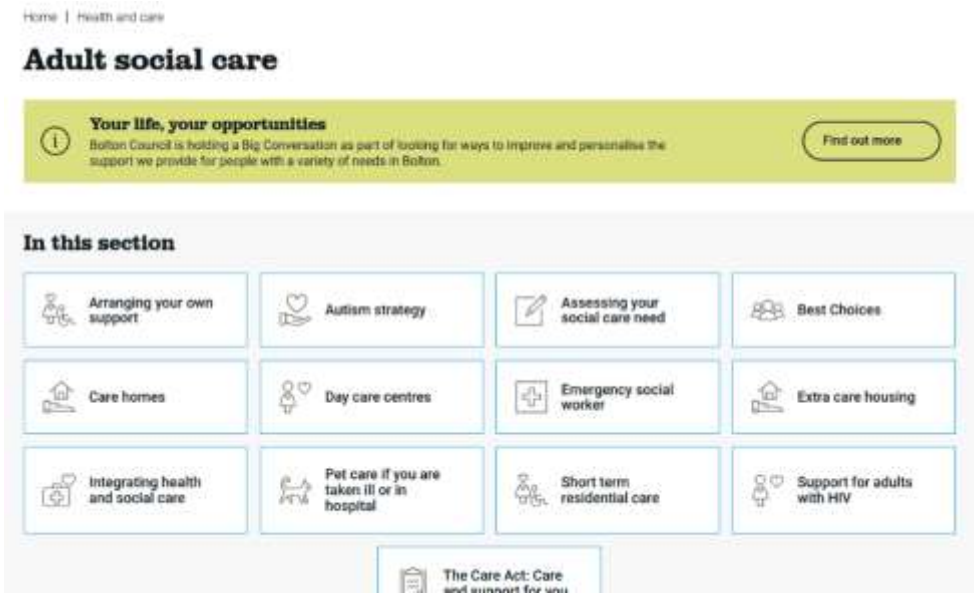

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CERVICAL SCREENING IN LD

- Your practice manager alerts you that Josie, 37, hasn't had cervical screening at all and has booked an appointment to discuss
- Josie has Downs syndrome and lives with her parents and sister
- Josie is old enough to **not have** had HPV vaccination.
- No known sexual history

- **How should we approach?**

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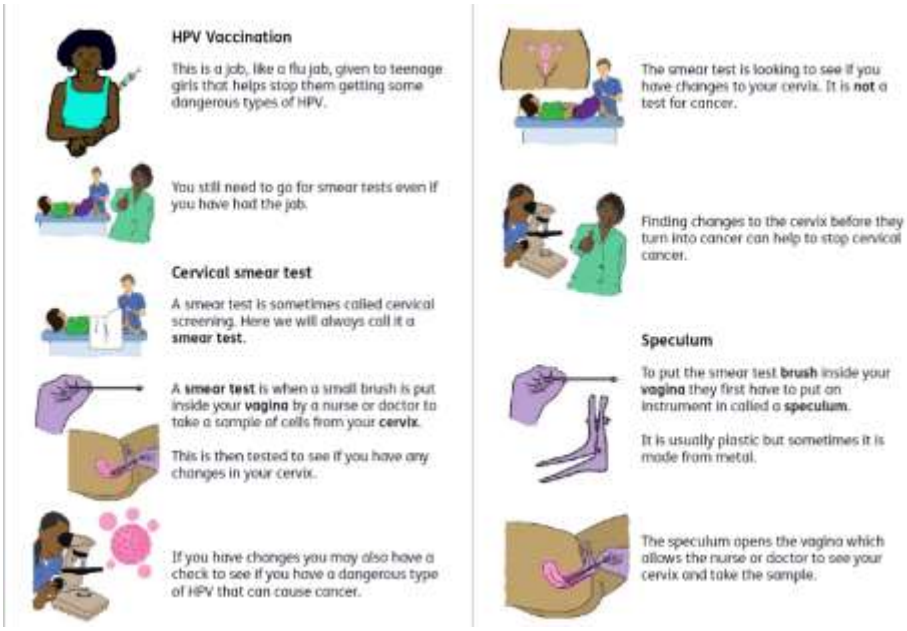

HPV Vaccination

This is a jab, like a flu jab, given to teenage girls that helps stop them getting some dangerous types of HPV.

You still need to go for smear tests even if you have had the jab.

Cervical smear test

A smear test is sometimes called cervical screening. Here we will always call it a **smear test.**

A **smear test** is when a small brush is put inside your **vagina** by a nurse or doctor to take a sample of cells from your **cervix.**

This is then tested to see if you have any changes in your cervix.

If you have changes you may also have a check to see if you have a dangerous type of HPV that can cause cancer.

The smear test is looking to see if you have changes to your cervix. It is **not** a test for cancer.

Finding changes to the cervix before they turn into cancer can help to stop cervical cancer.

Speculum

To put the smear test **brush** inside your **vagina** they first have to put an instrument in called a **speculum.**

It is usually plastic but sometimes it is made from metal.

The speculum opens the vagina which allows the nurse or doctor to see your cervix and take the sample.

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AKT QUESTION: SBA

ABDUL

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ADDUL, 29

- Abdul has Timothy Syndrome and is in supported living with daily family visits.
- Called for home visit as coughing and getting upset whenever tries to eat things. Had tonsillitis before and care staff think is same again.
- **PMHx**
  - Timothy Syndrome
  - Perennial allergic rhinitis
- **Med Hx**
  - Olanzapine 10mg daily
  - Cetirizine 10mg tabs daily
  - Bisoprolol 2.5mg daily
  - Not had paracetamol or ibuprofen as not prescribed.
- **On examination** has fever 37.9, large pustulant tonsils that aren't touching, with no evidence of quinsy. Can feel small glands in neck. No coryzal symptoms. Unsure if has muscle aches and pains.

What choice of action?

1. Wait and see
2. Try paracetamol and ibuprofen and review if worsening
3. Amoxicillin 500mg TDS for 5-7 days
4. Penicillin V 500mg QDS for 5-10 days
5. Clarithromycin 500mg BD
6. Admit for IV antibiotics in case won't swallow meds
7. Something else?

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HTTPS://RAREDISEASES.ORG

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ADULT AUTISM

ROB

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- Rob, 39 a paramedic asks for referral to see if has autism. His son Lucas, 7 has recently been diagnosed with ASD via local CAMHS and during that assessment process Rob noted lots of similarities with own childhood.
- PMHx
  - Type 2 Diabetes, last HbA1c 76. On metformin 2g, atorvastatin 40mg, canagliflozin 300mg OD
- Rob is a senior paramedic and is currently finishing Masters study to become Advanced Paramedic (ACP level).

What happens next?

ADULT AUTISM

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ADULT AUTISM

Trafford Extended Service

- Extended Service is a specialist, multi-disciplinary, community-based team providing a range of interventions and support including:
  - An autism diagnosis service, with focussed post-diagnostic and group support
  - Consultation, supervision and training to individuals and services who need assistance to develop skills working with people with adult attention deficit hyperactivity disorder (ADHD) and autism
  - Diagnosis, pharmacological intervention and focused support for service users with adult ADHD, in particular for those clients in transition from Child and Adolescent Mental Health Services (CAMHS)
  - Care coordination for a small number of Autism/ADHD service users with complex presentations whose needs cannot be met by other mainstream teams.

What is the point of referral?

Is autism an illness?

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- Of note is that Rob's diabetes control has been poor
- We know that people with LD have worse outcomes and life expectancy especially when coexisting with chronic illness.
- How might autism affect diabetes treatment?

ROB

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THINGS NOT TO SAY TO AN AUTISTIC PERSON

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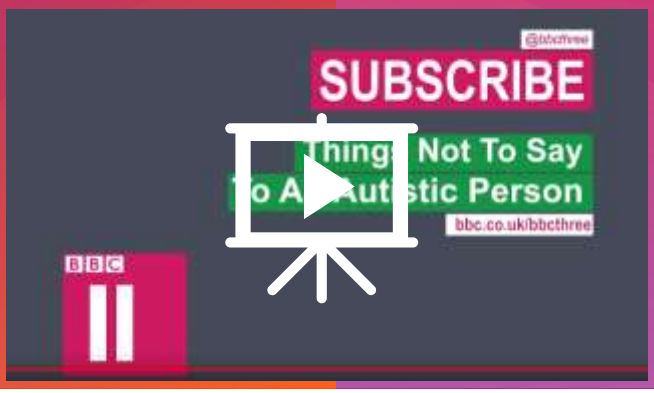

Contains swearing