



## **One Carer's Story by Arahni Sont**

**Positive Cardiometabolic Health for  
People with an Intellectual Disability: an  
Early Intervention Framework**

**Launch at University of NSW, 22 July 2016**

## DISABILITY



“Disability is a global public health issue because people with disability, throughout the life course, face widespread barriers in accessing health and related services and have worse health outcomes than people without disability.

Some disabilities and health conditions may also be a risk factor for other health problems, which are often poorly managed, such as a higher incidence of obesity in people with Down syndrome and higher prevalence of diabetes or bowel cancer in people with schizophrenia”.

WHO, Global Disability Action Plan 2014 - 2021.  
Better Health for All People with Disability  
<http://www.who.int/disabilities/actionplan/en/>



## CARDIOMETABOLIC DISEASE



On average, people with an intellectual disability (ID) are less healthy than the general population. We know one of the most common causes of death in people with an ID is cardiovascular disease. Even though lots of people in the general population also get cardiovascular disease, there are different factors that make people with an ID more likely to develop cardiovascular disease compared to the general population.

### **What is Cardiometabolic disease?**

A broad term that refers to the related diseases of diabetes and cardiovascular disease. Cardiovascular disease refers to disease of the heart and blood vessels including stroke and heart attack.

## RISK FACTORS



### **Risk factors for Cardiometabolic Disease for People with a Disability**

#### **Overweight or obese:**

69 % of the PWD versus 58% for those without disability

*In Australia, 15% of school children with an ID are obese compared to only 6% of school children without an ID.*

**Low level or no exercise:** 43 % of PWD versus 31% for those without disability

**Current daily smokers:** 31 % PWD versus 18% for those without disability; Start smoking before age of 18 years: 38 % versus 22% for those without disability

*AIHW 2010. Health of Australians with disability: health status and risk factors . Bulletin 83. November 2010*

[http://www.aihw.gov.au/publication\\_detail/?id=6442472401](http://www.aihw.gov.au/publication_detail/?id=6442472401)

## OUR JOURNEY



- Visits to GP when sick plus an annual health check
- Importance of good diet and not over-eating
- Exercise program including personal trainer once a week plus walking and golf; basketball previously as well
- Vitamin D supplement and fish oil tablets
- Psychologist every 2 weeks and psychiatrist every 3 months

## CONCLUSION



- People with an ID have very poor health compared to other people and cardiometabolic disease is among the leading causes of death among this group. We can reduce the chance of people with an ID developing cardiometabolic disease by reducing the risk factors that make the disease likely.
- Investing in a range of programs that will improve the health, social and economic situation for people with an ID could improve their cardiometabolic health.
- GP's and psychiatrists can work together and develop General Health Plan and/or Mental Health Plan for those people most at risk. This should include 6 monthly reviews and reminders to patients that a health check up is due.
- By using the Early Intervention Framework and Resources being Launched Today, health professionals could improve the cardiometabolic health of people with an ID