Targets and Tools for Positive Cardiometabolic Health in People with ID: AADDM2015 post conference workshop

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Time to get serious: some motivation
Top 5 underlying causes of death

- Respiratory system
- Circulatory system
- Neoplasms
- Nervous system
- External causes

% deaths
Top 5 Potentially Avoidable Deaths

Notes:
1. Potentially avoidable Deaths are:
   • Potentially preventable deaths are those amenable to screening and primary prevention, such as immunisation,
   • Deaths from potentially treatable conditions are those amenable to therapeutic interventions
2. Proportion of potentially avoidable deaths (over all deaths with known causes) in ID cohort is 46%, versus 22% in the Non ID cohort
Background

- Generalist cardiometabolic monitoring guidelines
- Poor cardiometabolic outcomes in ID linked to:
  - High rates (and earlier commencement) of psychotropic medication use
  - Polypharmacy
  - Socio-economic disadvantage and stigma
  - Poorer access to quality healthcare
  - Genetic syndromes associated with increased cardiovascular risk
  - Lower levels of physical activity
  - Higher rates of obesity
Your Turn

• Thinking about your clinical practice, write a quick list of barriers and enablers to good cardiometabolic health you have encountered in your patients or their circumstances (2 mins)

• Share these with the group (4 mins), and collate a master list of each of the major barriers

• Pick a couple of barriers and share some solutions you have found effective in your practice. (4 mins)
Overarching Project Aims

• To review the literature relating to cardiometabolic morbidity and mortality in people with intellectual disability

• To adapt a generalist cardiometabolic guideline to address the extra needs and altered risk profiles of people with ID

• To develop an accompanying toolkit of tailored cardiometabolic resources suitable for clinicians, formal and informal carers and people with an ID
Methodology

- Steering committee formed with authors of previously published generalist guideline
Methodology

• Draft ID cardiometabolic monitoring guideline constructed following extensive literature
• Multiple waves of consultation:
  – 30+ national and international experts
  – multidisciplinary input received: General practitioners, psychiatrists, speech pathologists, exercise physiologists, nurses, dietitians, endocrinologists, intellectual disability specialists
• The final guideline will be downloadable from our website
Your Turn

- Appoint a separate scribe and spokes person (30 secs)
- Look through the algorithm and the resources that have just been discussed (2 mins)
- Discuss as a group how you might use some of these tools in clinical practice (5 mins). (scribe to make bullet point notes of main points discussed)
- Spokesperson: share a summary of these points with the larger group (2 mins per group)
Summary & Conclusions

- Positive cardiometabolic monitoring in people with an ID requires:
  - A proactive and preventative approach
  -thoughtful adaptations to practice and tailored communication resources
  - Multidisciplinary collaboration, care co-ordination and engagement with support networks
  - A holistic understanding of cardiometabolic risks including socio-economic status and social inclusion
  - A revision of problematic psychotropic prescribing practices in this population including the overuse of psychotropics to treat challenging behaviour

- The full algorithm will be downloadable from the 3DN website
Further Steps

- Publication of Guideline
- Launch
- Seminars and Webinars
- Focus on psychotropic prescription
References

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