

Role of MHID Team for people with ID who develop Dementia

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MHID Team of Sligo/Leitrim

- Established in 2014
- Staff compliment: Consultant Psychiatrist, Registrar, CNM II (two posts), Senior Social Worker, Senior Clinical Psychologist, Administrative Support
- ELIGIBILITY CRITERIA:
 - Age 18 and over
 - Have an established ID
 - Significant concern regarding Mental Health
 - Resides in Catchment Area

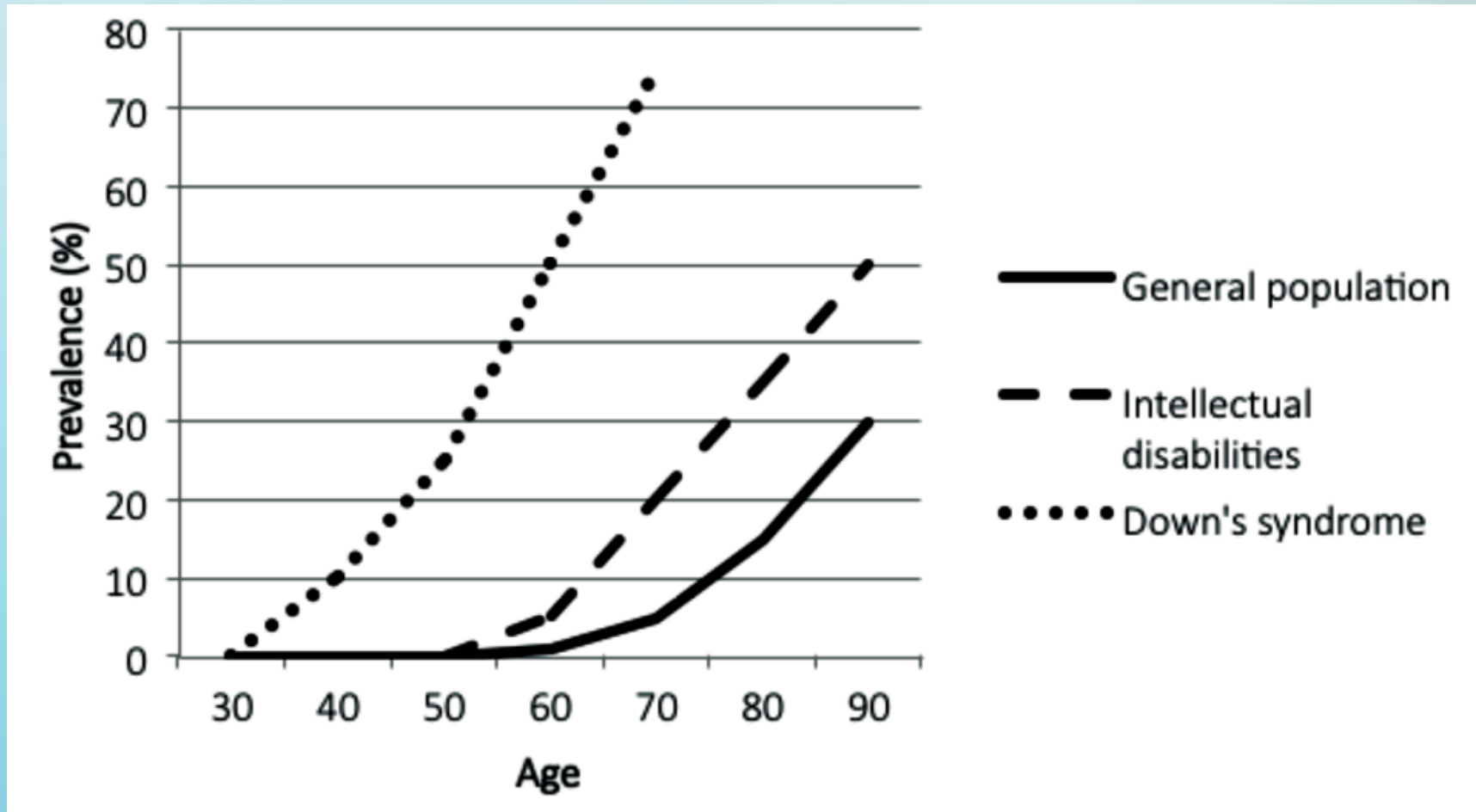
People with ID and Dementia

- Increase in life expectancy of people with ID.
- There are now more elder people with ID than say thirty years ago; illnesses such as dementia need to be assessed and managed.
- People with Down syndrome (DS) are at an increased risk for Alzheimer's disease.
- Implications for person with ID, their families, carers.

Epidemiology

- 20% of people with ID over 65 meet clinical criteria for dementia (Cooper, 2007).
- Level of ID and prevalence of dementia not related to a significant degree (Strydom et al., 2009).
- People with Down syndrome and dementia of the Alzheimer type; the risk of developing Alzheimer's is higher, though not all people are affected.

Dementia Prevalence



Dementia and ID

- ‘Dementia is a disorder in which new cognitive and functional impairments arise, and disentangling them from the background of that person’s developmental disability may not always be easy’ (Holland and Walpert, 2016).
- When dementia is suspected, a history is taken from the person (when possible), and from an informant who has known the person some months or longer.
- The diagnostic criteria for dementia for people with ID are the same as for the typically developing population.

Difficulties in Diagnosing Dementia in ID

- Information on baseline functioning may not always be available.
- People with ID may be less able to give a history describing changes that they have observed, particularly when describing their own mental state.
- Some people with ID may live in environments where the opportunity to have learned specific skills have been very limited (e.g. preparing meals or socialising).

(Above from Holland and Walpert, 2016).

Assessment Issues and Strategies

- How to determine whether a reported change (cognitive or functional) is a change from baseline ability. Is a limitation in function related to the person's ability or due to a decline in function.
- CAMDEX-DS (Prasher et al., 2004) is a structured screening and assessment instrument for people with Down syndrome: it looks at behaviour, personality, memory, general mental functioning, communication and executive functioning. This instrument asks firstly whether a person has a difficulty, and secondly as to whether that difficulty is new to whether the person has always had that difficulty.
- The concept of functional decline across a number of areas is explored and described.

Local Service Arrangements

- Clients and families and carers benefit from the support of, and assessments carried out by, a specialist nurse in the area of dementia and ID.
- The MHID Team maintains close links with clients, families, and carers when the possibility of dementia is raised in relation to one of their clients. Close liaison is also maintained with the specialist nurse in dementia and ID.
- Consensus meetings regarding the diagnosis of dementia in any of our clients are arranged as needed and when practicable.
- Issues include co-existing mental health concerns (e.g., mood disorders).

Reference

British Psychological Society and Royal College of Psychiatrists
(2015) *Dementia and People with Intellectual Disabilities: Guidance on the Assessment, Diagnosis, Interventions and Support of People with Intellectual Disabilities who Develop Dementia*. Leicester: BPS

(This guidance published by the British Psychological Society aims to promote effective and timely assessment, diagnosis, interventions and support).