

**Desktop Checklist for People with an Intellectual Disability –
Evidence Based Screening Measures to expand on the
Assessment Required in the Template for Items 701, 703, 705, 707**

Task	Description	Review Frequency & Targets
BMI	Weight & height measures	Yearly
BP	As per general population – after age 18	Yearly
Lipids	As per general population – after age 45	5 yearly
Urinalysis	Dip stick urinalysis	Yearly
Hearing	Check for ear wax Audiogram (if possible performed by audiologist) OR Auditory evoked stimuli (Australian Hearing Centre) OR Whisper test	Downs: Commence age 30 then 3 yearly. Others: Commence age 45 then 5 yearly
*Vision	Visual acuity (Snellen, match test or hundreds & thousands in palm) ? by Ophthalmologist Cataract & glaucoma screening (may require ophthalmologist)	Commence age 30 in Downs & age 45 in others then 5 yearly
Nutrition	Basic Nutrition Screening Tool (3) Screen for aspiration and swallowing disorders & constipation (Underweight/overweight or specific medical conditions req dietitian) Assess growth & development (children)	Yearly
*Bowel habit Bladder function	Screen for constipation (bowel chart or AXR) – especially in Cerebral Palsy. Check at risk medications, diet, fluids & exercise levels. Assess bladder function / continence	Annual chart review, AXR only if indicated
Sleep	Frequent waking, apnoea, snoring	Yearly
*GORD	Symptom screen (cough, underweight, aspiration etc), especially for Cerebral Palsy	Yearly
Helicobacter	Screen all for H.pylori (by7 serology) and check eradication with stool antigen	Once
Chromosome review	If undiagnosed syndrome, refer to genetics clinic	At presentation & review at 5 yearly intervals until diagnosis
*Medication review	Assess medication including OTC – consider need for home medication review	Every 3/12 when > 4 meds
*Epilepsy review	Seizure frequency. Diagnosis, medication review – side effects and appropriate drugs, acute treatment plan and effect on lifestyle	At least yearly
Osteoporosis	Bone densitometry Screen for risk factors Also consider Vit D levels, nutrition advice & exercise	Once in early adulthood All women at peri-menopause All hypogonadal men
Women's health	- pap - breasts - menstruation	As per general population
Men's health	Testis: Hypogonadism, UDT & tumours. Examine testicular size, location, contour +/- Testosterone level. Rectal ex.	At initial check then 5 yrly. Prostate check start 50 yr
Immunisation	Includes Pneumovax, fluvax, Hep A & B (recommended for all adult people in institutions; children as per Immunisation Schedule)	As per general population
Skin tumour examination	Inspect entire skin	As per general population

Mobility	Check gait and use of aids	Monitor & address change
Exercise	Ensure opportunity for 30 min moderate exercise per day	Yearly review
Substance abuse including smoking & caffeine	Determine consumption	Yearly review if still consuming
Behaviour issues	Aggression, Self injury (Check*)	As required
*Mental health	Screen for changes in behaviour to exclude psychosis, depression & anxiety	Continued awareness of risk
Sexual activity	Ensure contraception adequate & STD screen if appropriate. Ask about sexual development & activity	Yearly
*Abuse-psychological / physical / sexual	Screen for signs – bruises, changed behaviour. Consider PTSD	As required
*Unrecognised pain	May be manifest as challenging behaviour, anorexia or any change in behaviour. The 'occults' include dental pain, sinusitis, UTI, constipation, GORD, arthritis & fractures	As required
Accidents	Review type & frequency of any trauma or falls	As required
Thyroid	TSH	Yearly in Downs, 3-5 yearly in others At any unusual presentation
Dental	Check oral cavity. Fluoride, flossing & cleaning advice. Oral hygiene measures, consider referral to dentist (may need GA)	12/12 minimum
Support for Activities of Daily Living	Check if sufficient support. Consider need for formal review	
Other relevant population health checks	Lipids, BUL	2 yearly or as recommended by general population guidelines

Useful contact numbers in Southern Tasmania:

- RHH Genetics Clinic (in conjunction with the Murdoch Institute) 6222 8296
- Disability services (including the Resource Team – who can perform a multidisciplinary behaviour assessment) 6230 7600
- Psychiatrists with subspecialisation in intellectual disabilities: Dr Peter Wurth (Optia Inc) 6245 9211; Dr Brian Ferry 6221 6444 (St Helens)
- Rehabilitation Physicians: Dr Mark Slatyer 6224 8892; Dr Ingrid McGoughey 6223 5533
- Dental services 6214 5411
- Community Rehabilitation Unit 6222 7312 Community Nutrition Unit 6222 7222

The 6 As – Assessment Tips for GPs – see ref 2

- Assess communication skills
- Allow sufficient time & develop rapport
- Arrange adequate follow up and collect information from multiple sources
- Adopt a bio-psycho-social approach
- Awareness of syndrome specific conditions and the 'occults'
- Assume there is a cause of the health problem beyond the developmental disability

Syndromes - See The Developmental Disabilities Digest :<http://www.ddhealthinfo.org/>

References:

1. Beange, H Lennox, N & Parmeter, T (1999) Health targets for people with an intellectual disability. Intellectual & Developmental Disability. 24 (4) 283-297
2. Burbridge, M & Lennox, N Problems commonly missed in people with intellectual disabilities. Medical Observer CME Aug 1997 p 4
3. Basic Nutrition Risk Screening Tool – available on request from General Practice South

While every reasonable effort has been made to ensure that the information above is accurate, General Practice South will not accept liability for any injury, loss, or damage arising directly or indirectly from any use of this information – July 200, item numbers updated Aug 10.

