



Public Health
England

Protecting and improving the nation's health

The health of older people with learning disabilities in England

Gyles Glover - Learning Disabilities Observatory Team

Causes of ill health in people with ID

- More exposure to social and material deprivation
- Poor health literacy / health related behaviours,
- Difficulty using health care services - communication
- Physical conditions associated with some causes of learning disabilities,
- Discrimination by health care services
- Side effects of inappropriate medication for behaviour

Exposure to poverty in Millennium cohort

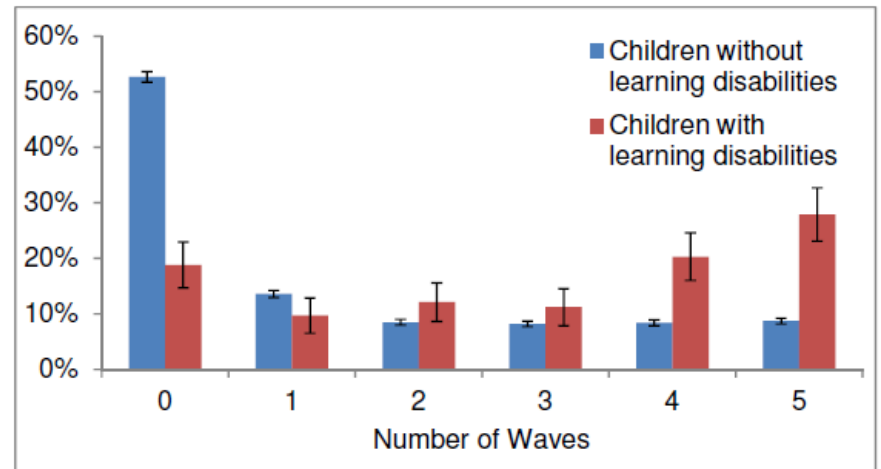


Chart shows proportion of children exposed to income poverty never, once, twice etc in five survey waves

For children with learning disabilities, at each survey wave:

- Probability of moving into poverty higher
 - Probability of moving out of poverty lower
- Emerson (2015)

Data source

- Learning Disabilities Health and Care dataset, NHS Digital
- Collected annually from (potentially) all GPs. Compares people on GP learning disabilities register to those not on register.
- Counts population and those meeting specifications for long term conditions or some health interventions (screening, health checks and flu immunisations)
- First data year was 2014/15 (published December 2016), 2015/16 published April 2017, 2016/17 coming in October.
- Most slides show 2015/16: With ID:146,005, total population (n=32,637,021, 56.6% of national total)
- Full dataset available online – full references on the final slide.
- Or google for “NHS Digital Learning Disabilities Health and Care”

What is recorded

- Not a research dataset
- Drawn from what GPs write in notes
- Identification of ID dependent on GP recognition and correct recording
- Diagnoses dependent on GP having recognised (and got it right!)

- For this talk, 'older' means those aged 45 or older

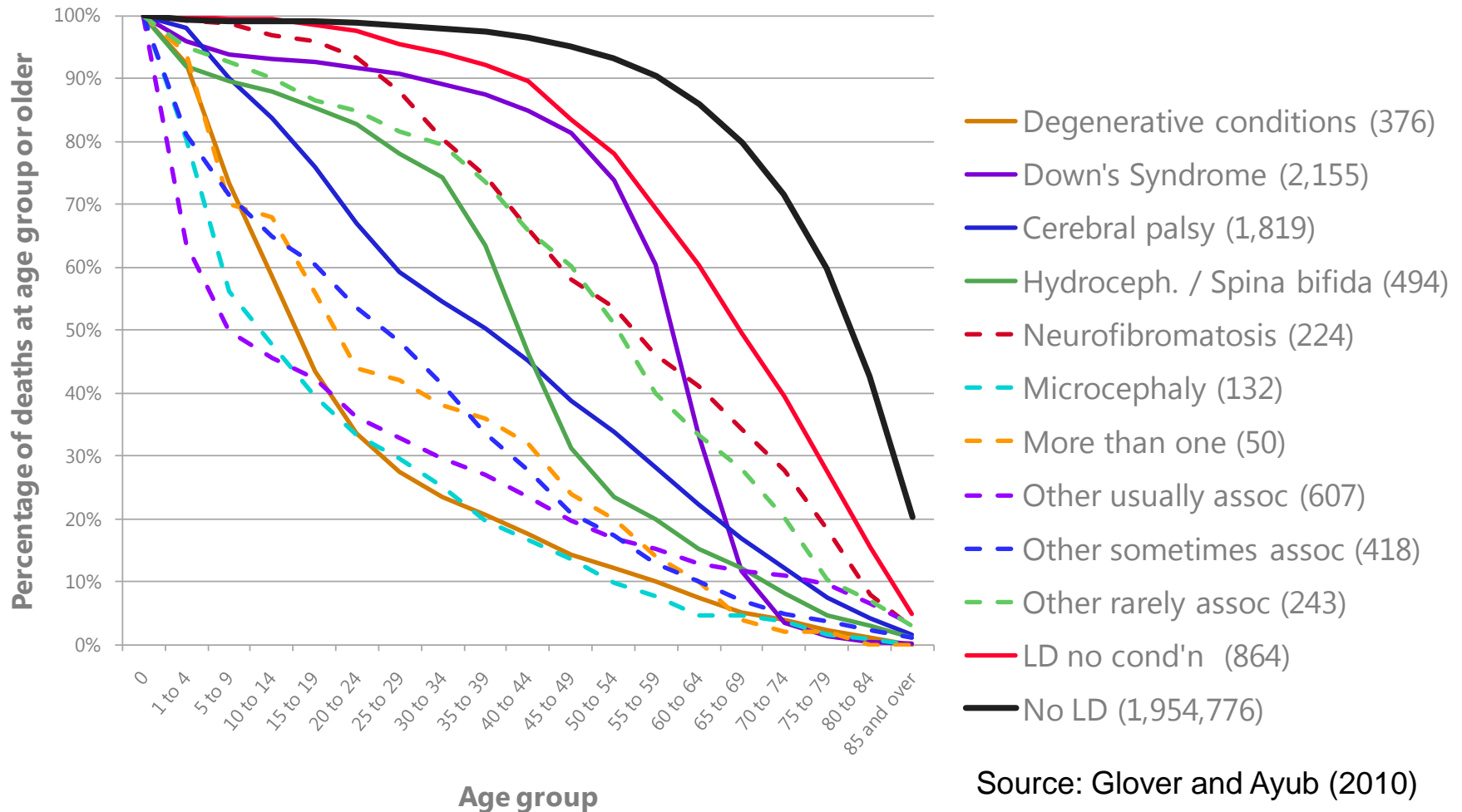
Older people with ID

- Who grows old?
- How does the health of this surviving cohort compare with non-ID survivors at similar ages?
- What sort of care do they get?

Who grows old?

Profile of ages at death

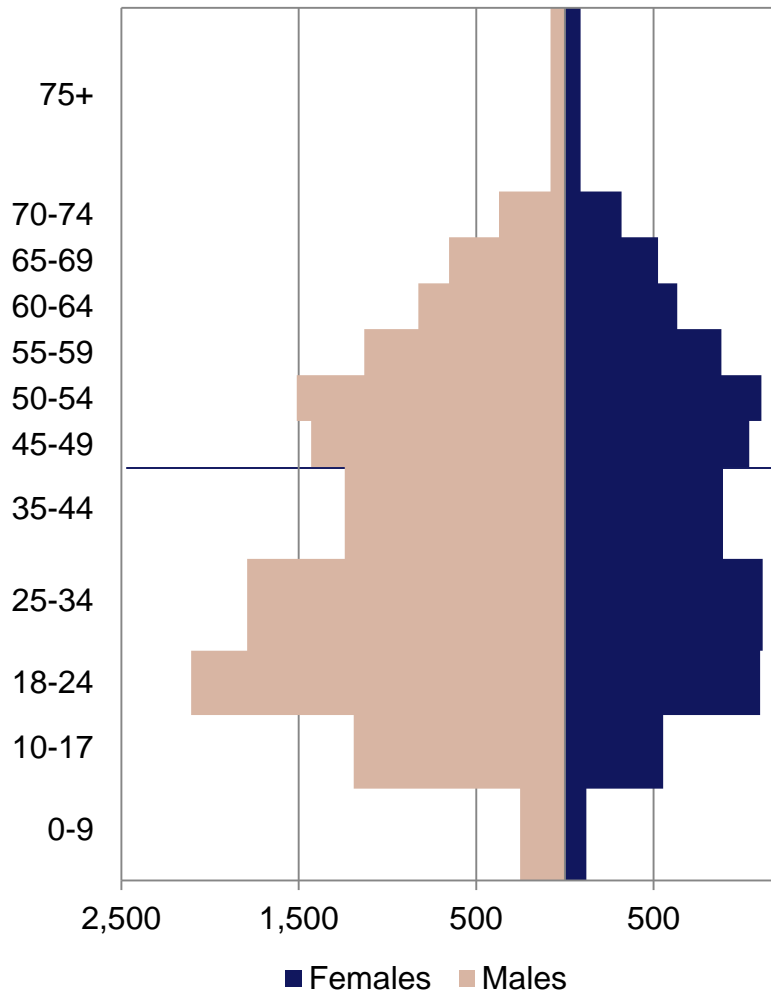
Persons



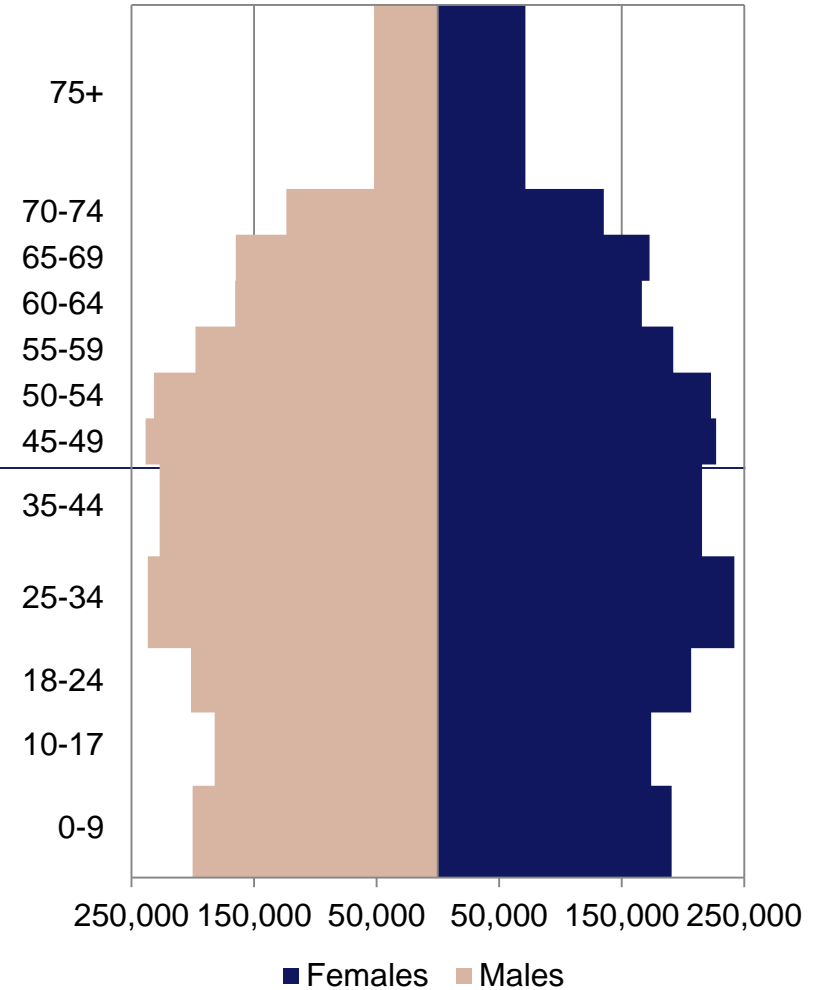
Source: Glover and Ayub (2010)

Population with and without ID

With ID



Without ID



Age specific prevalence of identified ID

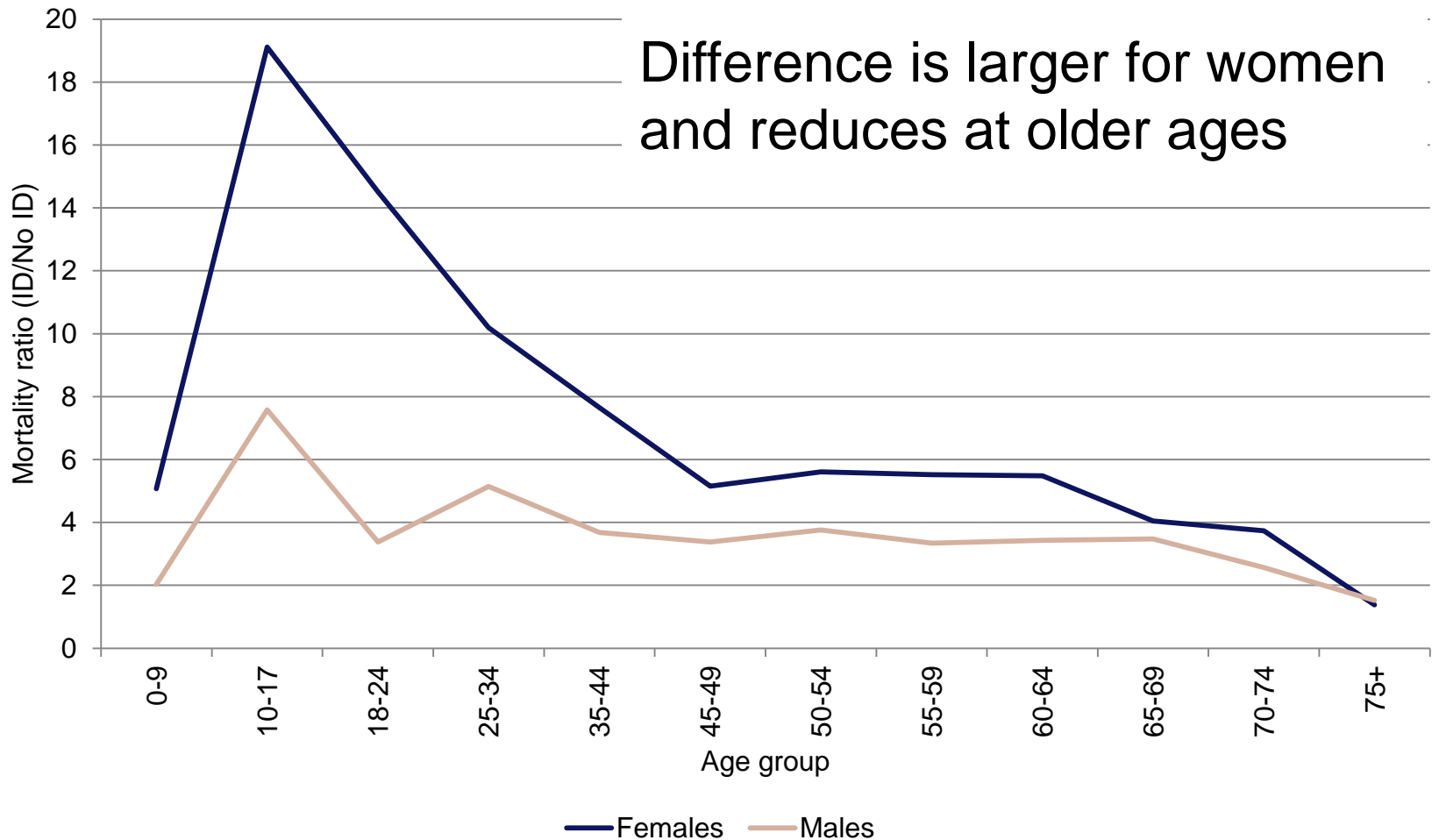
Age group	Female	Male	Persons
0 - 9	0.6	1.3	1.0
10-17	3.2	6.5	4.9
18 - 24	5.3	10.4	7.8
25 - 34	4.6	7.5	6.0
35 - 44	4.1	5.4	4.8
45 - 49	4.6	6.0	5.3
50 - 54	4.9	6.5	5.7
55 - 59	4.6	5.7	5.1
60 - 64	3.8	5.0	4.4
65 - 69	3.0	3.9	3.5
70 - 74	2.4	3.0	2.7
75 +	1.2	1.5	1.4
Age 45 and older	3.4	4.7	4.0
All Ages	3.5	5.4	4.5

Proportion of people identified with ID aged 45 or older:

Women: 42%
Men: 35%
People 385

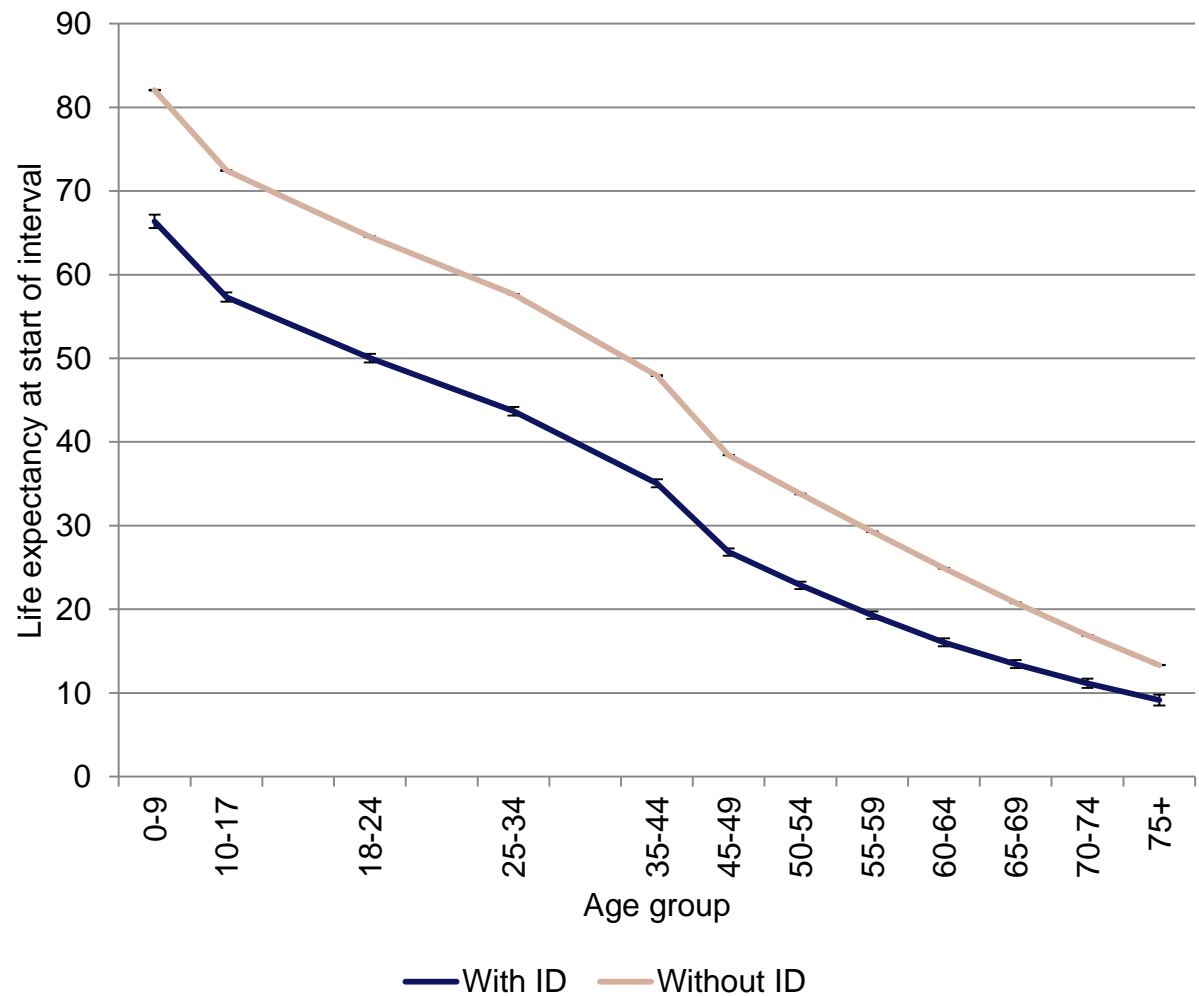
Gender ratio at ages 45+
Women 44%
Men 56%

Mortality ratios with age



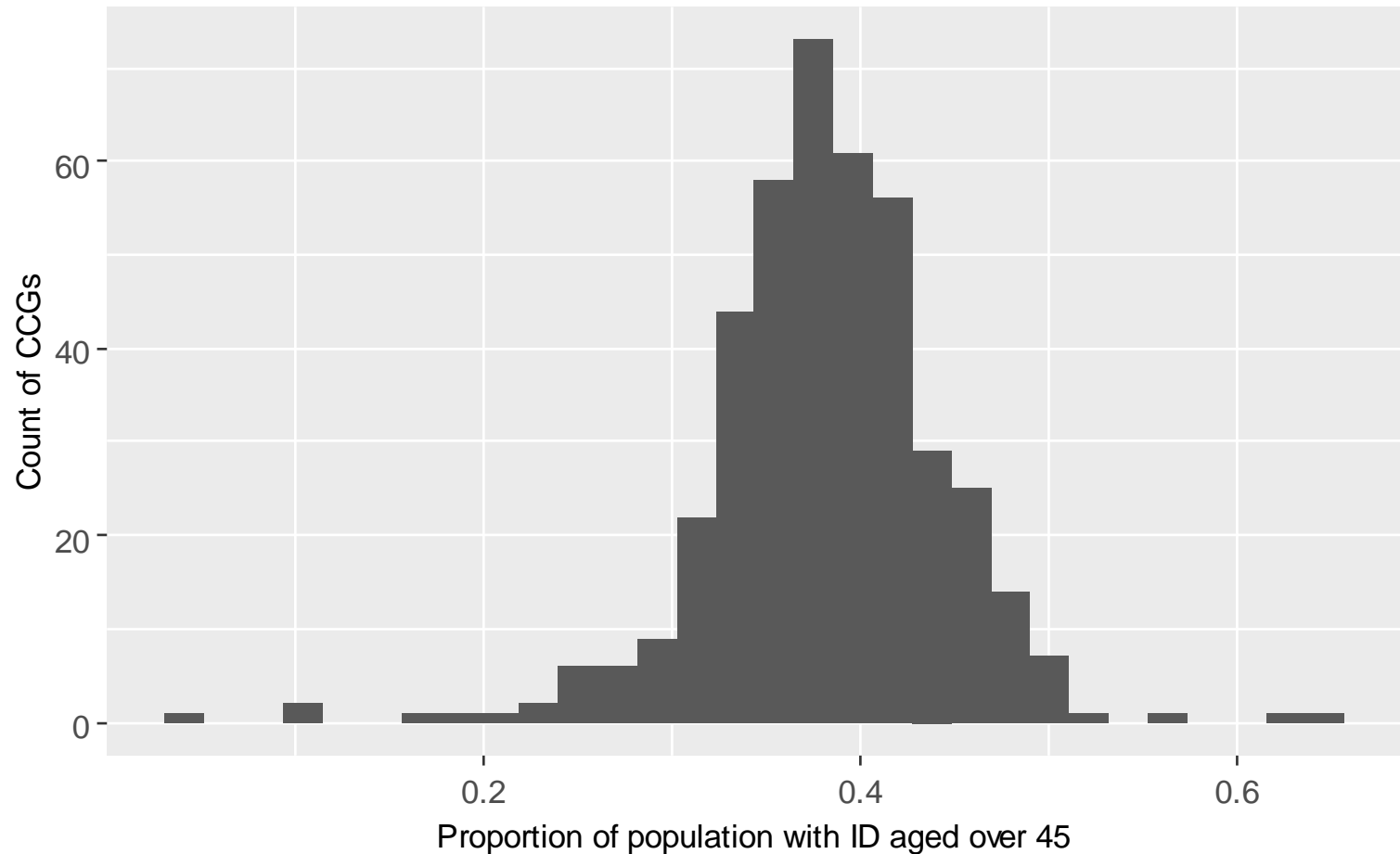
Life expectancy

- Calculating by life table method
- Expectation of live at start of age band

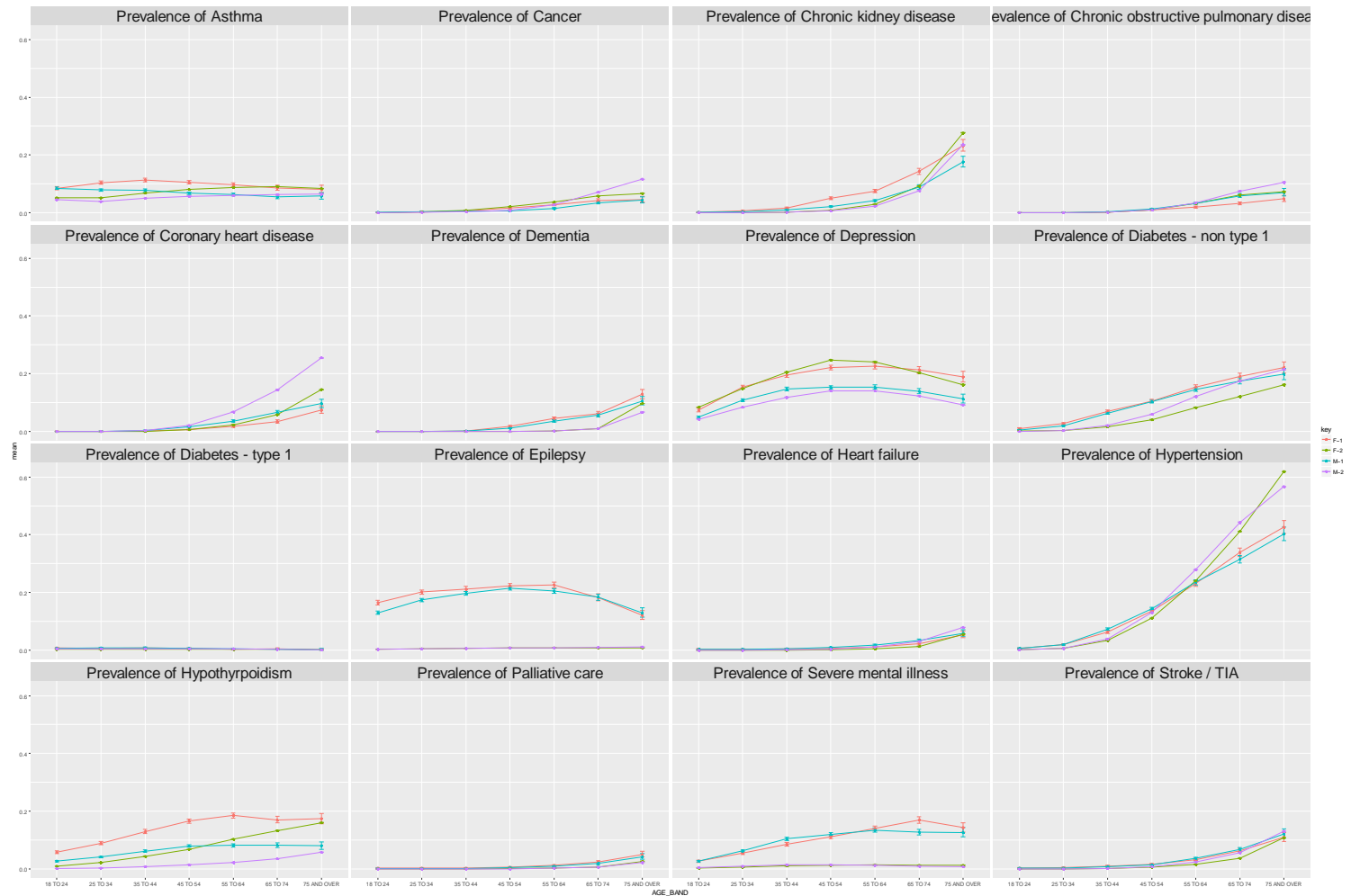


Variation in age profile of people with ID in CCGs

Proportion of people with ID aged over 45 in CCGs

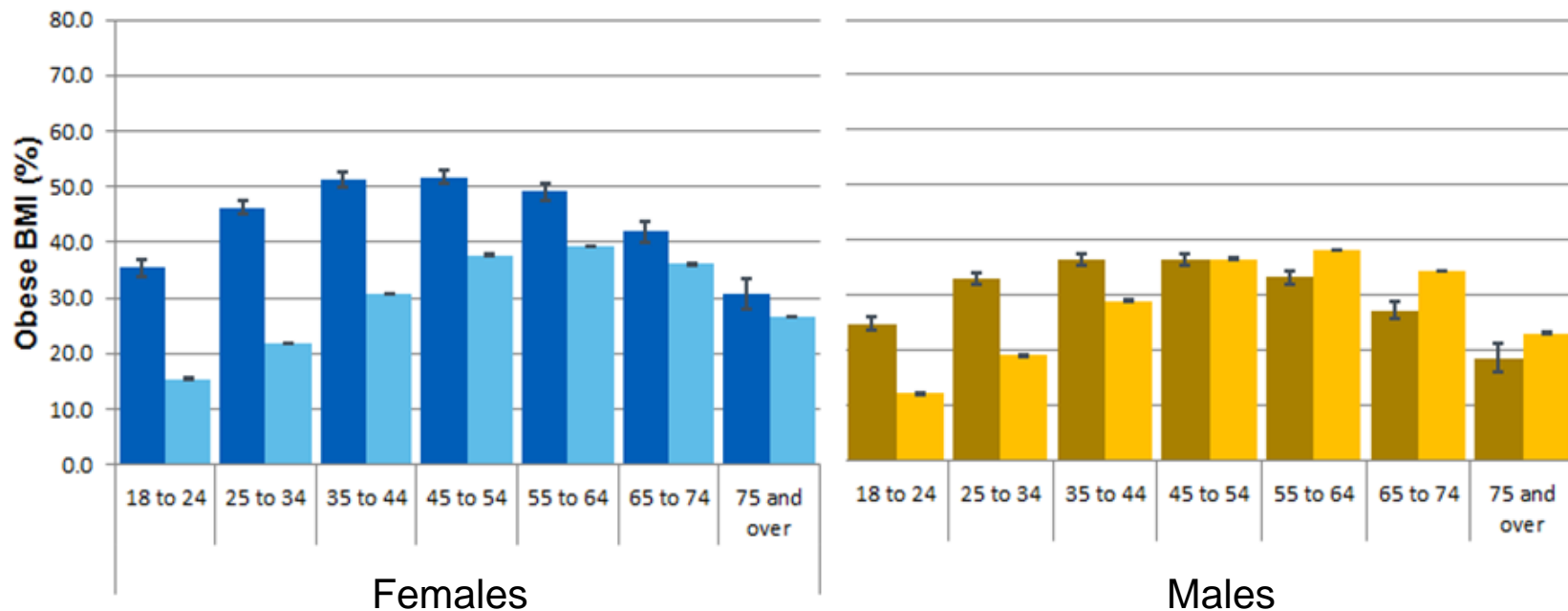


Health of older people with ID



Obesity in people with learning disabilities

Obesity by age group and gender



Darker colours – learning disability, paler colours – other people

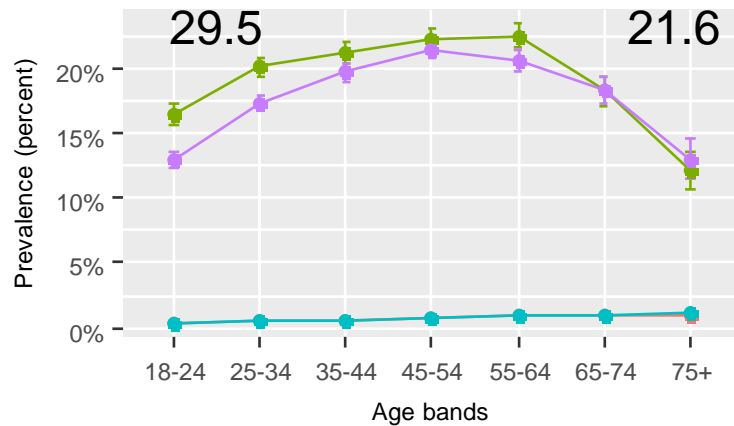
- Obesity rate higher, from much younger ages

Prevalence: People with ID >>> Others

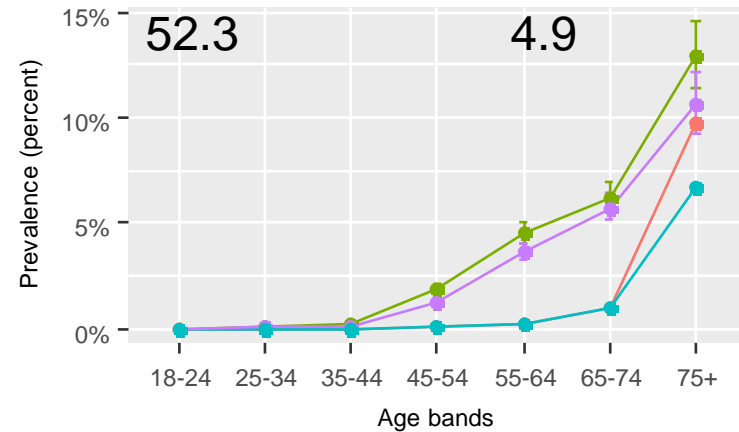
Difference decreasing

Difference increasing

Epilepsy



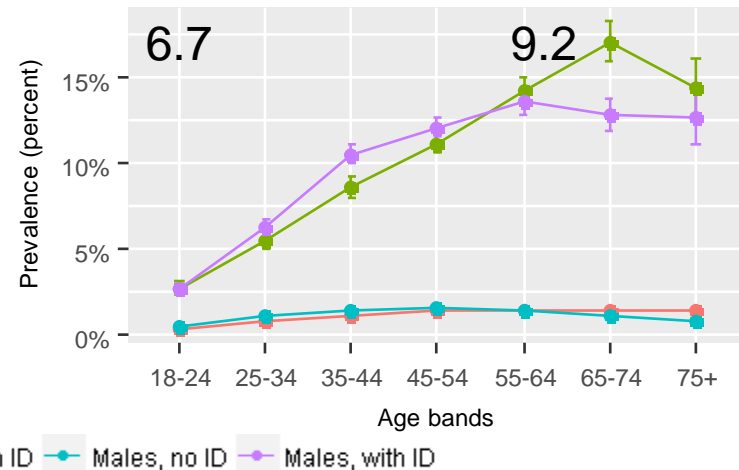
Dementia



Figures in top right of charts are standardised prevalence ratios for ages 18-39 (left) and 40+ (right)

For severe mental illness overall difference is higher than research evidence indicates likely suggesting overdiagnosis

Severe mental illness

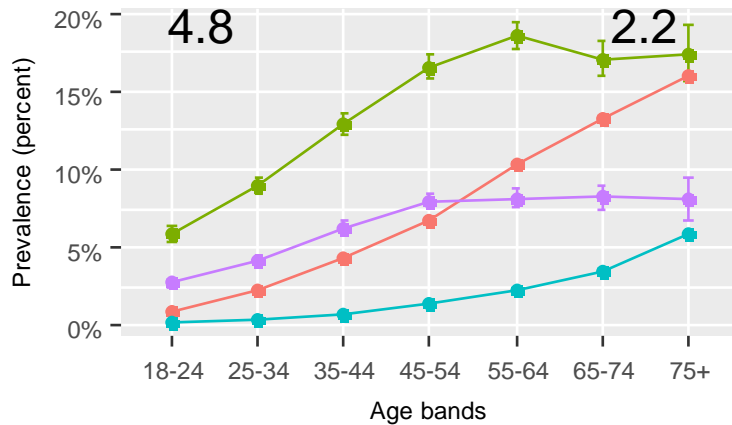


key — Females, no ID — Females, with ID — Males, no ID — Males, with ID

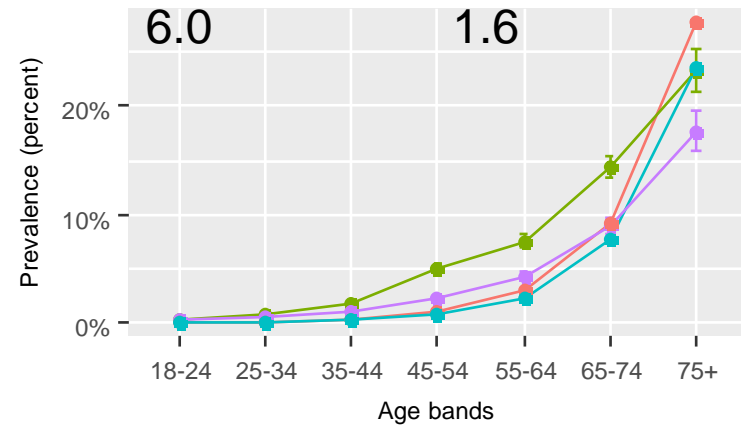
Prevalence: People with ID > Others

Difference decreasing

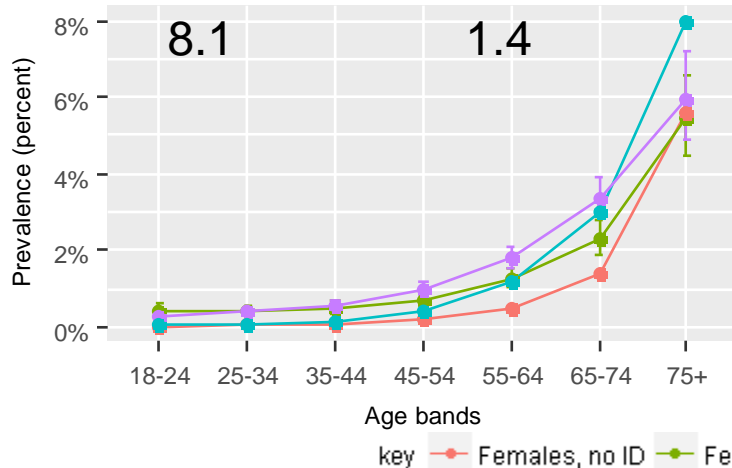
Hypothyroidism



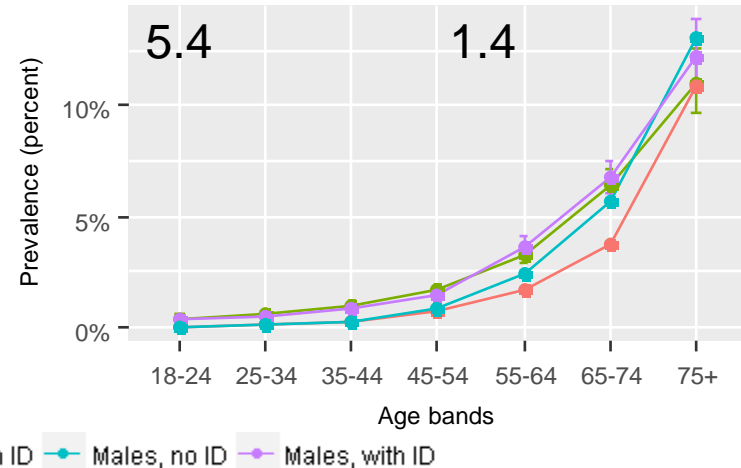
Chronic kidney disease



Heart failure



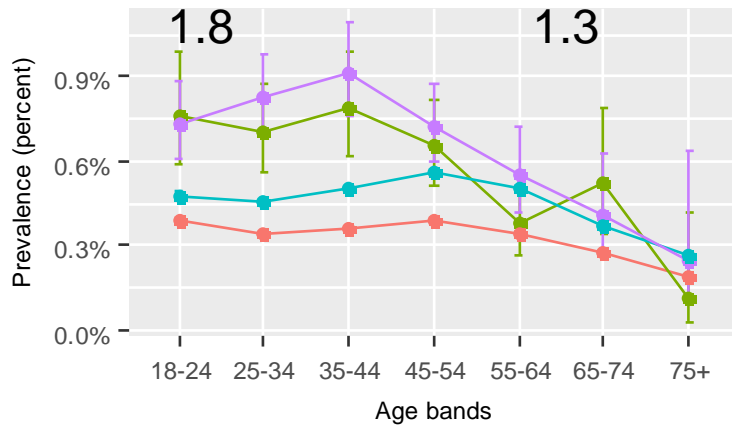
Stroke / TIA



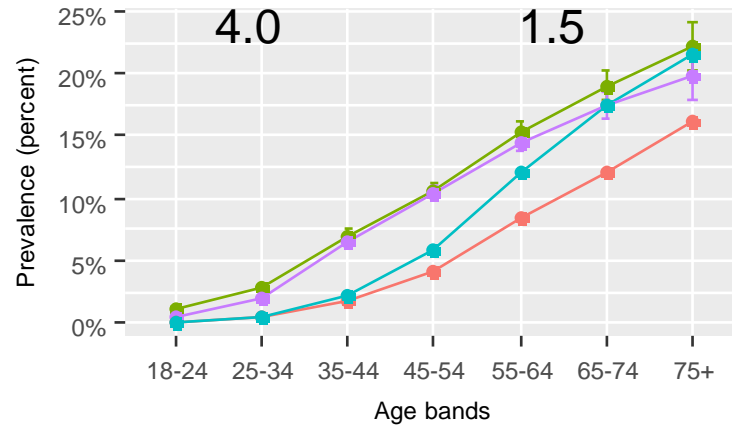
Prevalence: People with ID > Others

Difference decreasing

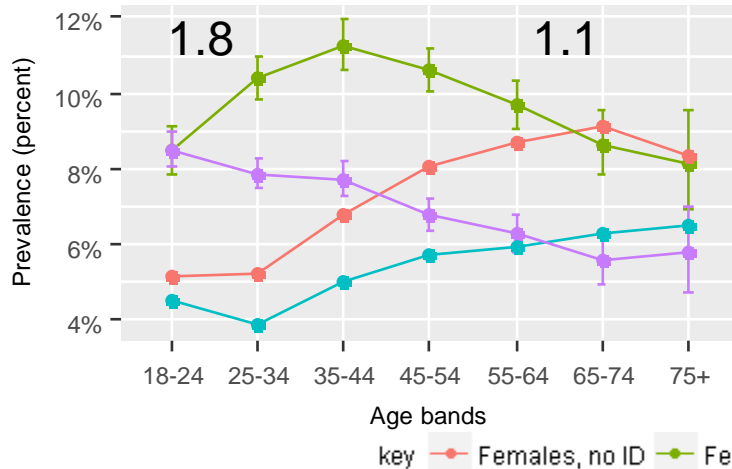
Diabetes - type 1



Diabetes - non type 1



Asthma

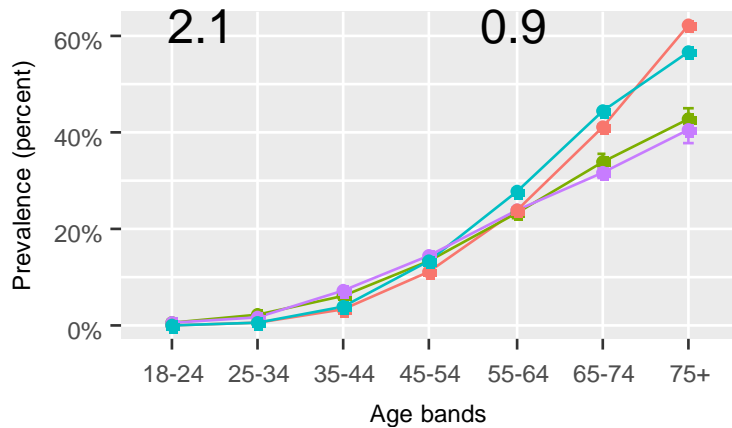


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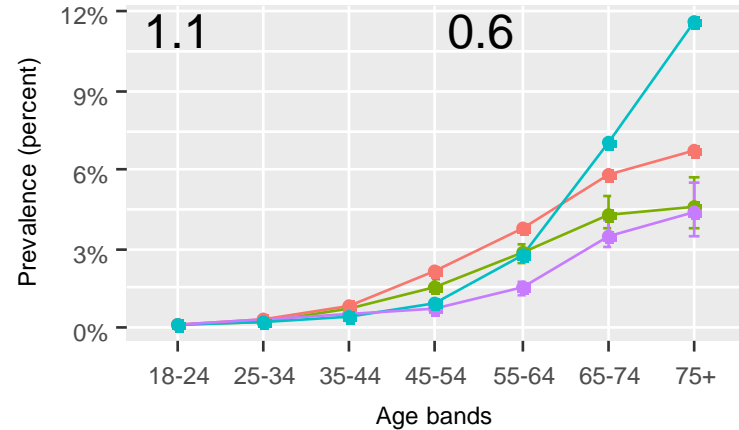
Prevalence: People with ID < Others

Difference switched – more common for people with ID at younger ages

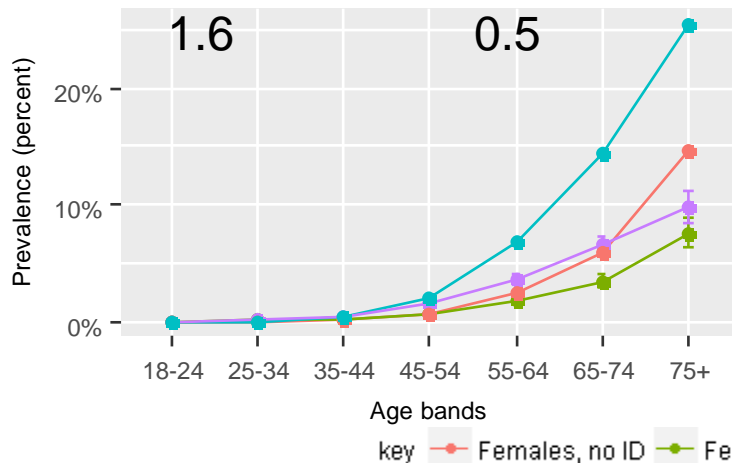
Hypertension



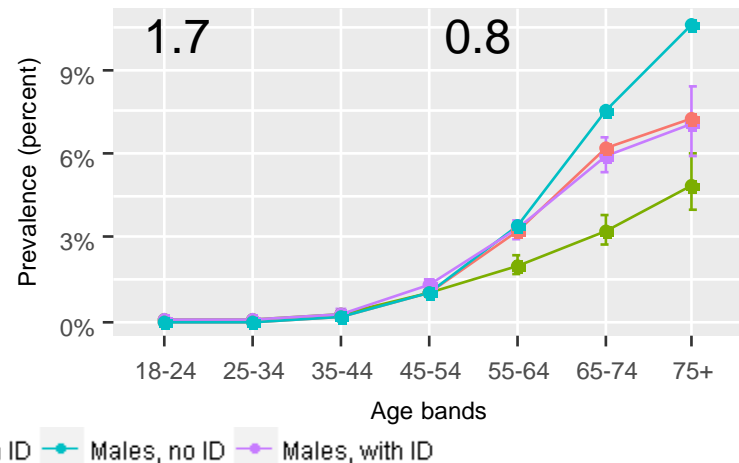
Cancer



Coronary heart disease



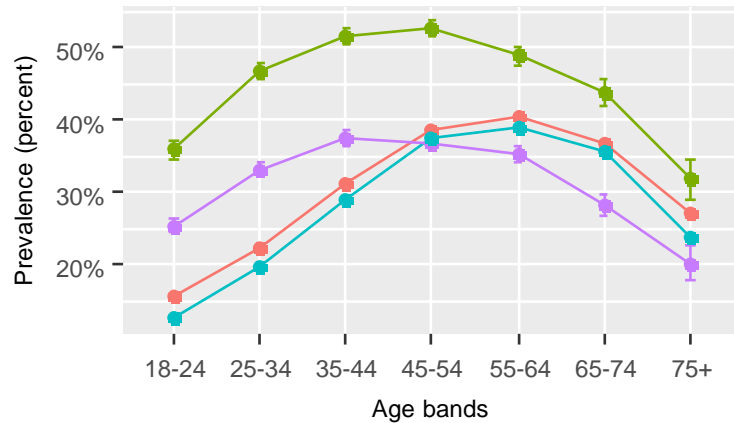
Chronic obstructive pulmonary diseases



Prevalence: Obesity and underweight

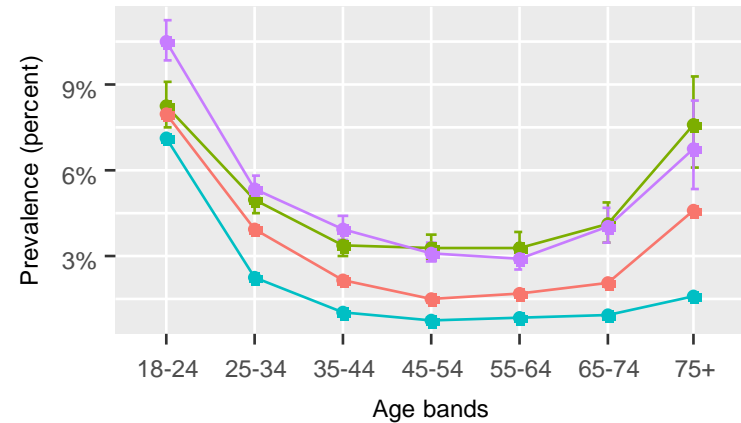
Difference decreasing

Obese as proportion of those with BM



Difference increasing

Underweight as proportion of those wi

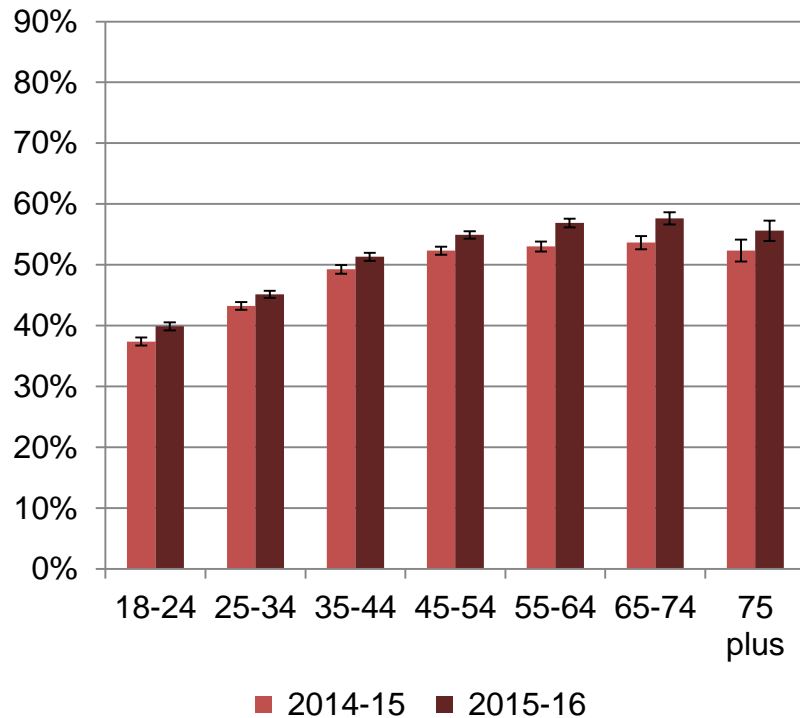


key Females, no ID Females, with ID Males, no ID Males, with ID

How well are they looked after?

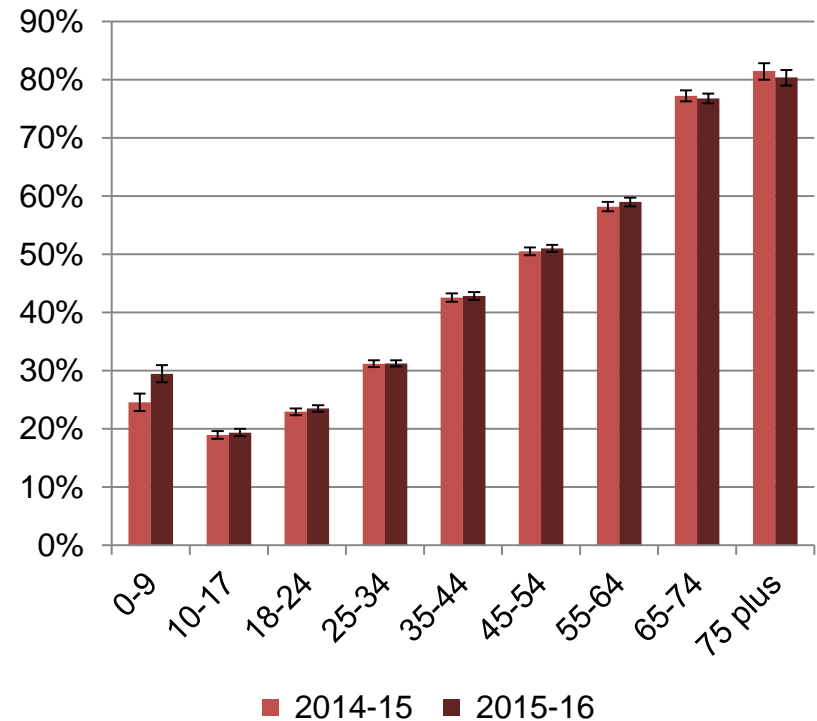
Positive health interventions

Learning disability health checks



- Overall coverage 2015/16 46%
- Better in older groups

Influenza immunisation

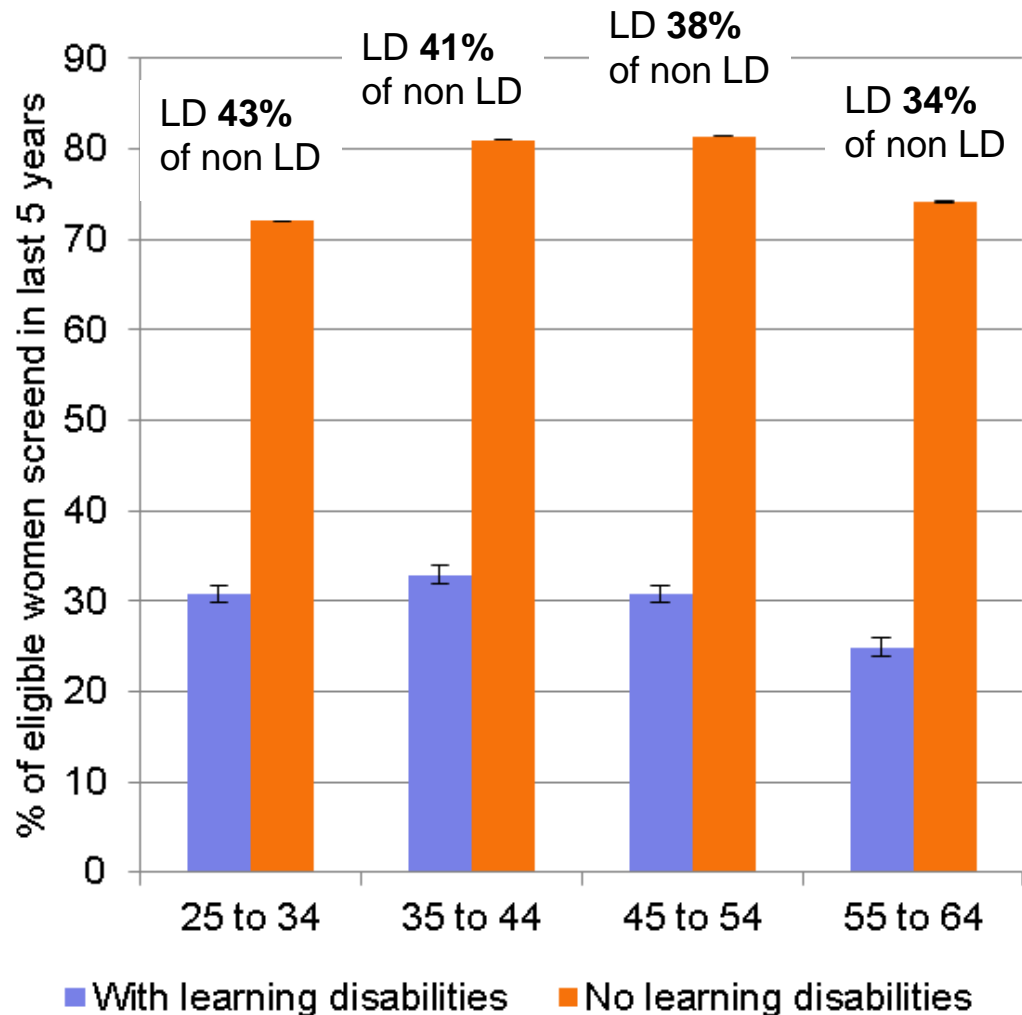


- Overall coverage 2015/16 41%
- Better in older groups

Cervical cancer screening: age and learning disability

Overall coverage for cervical cancer screening:

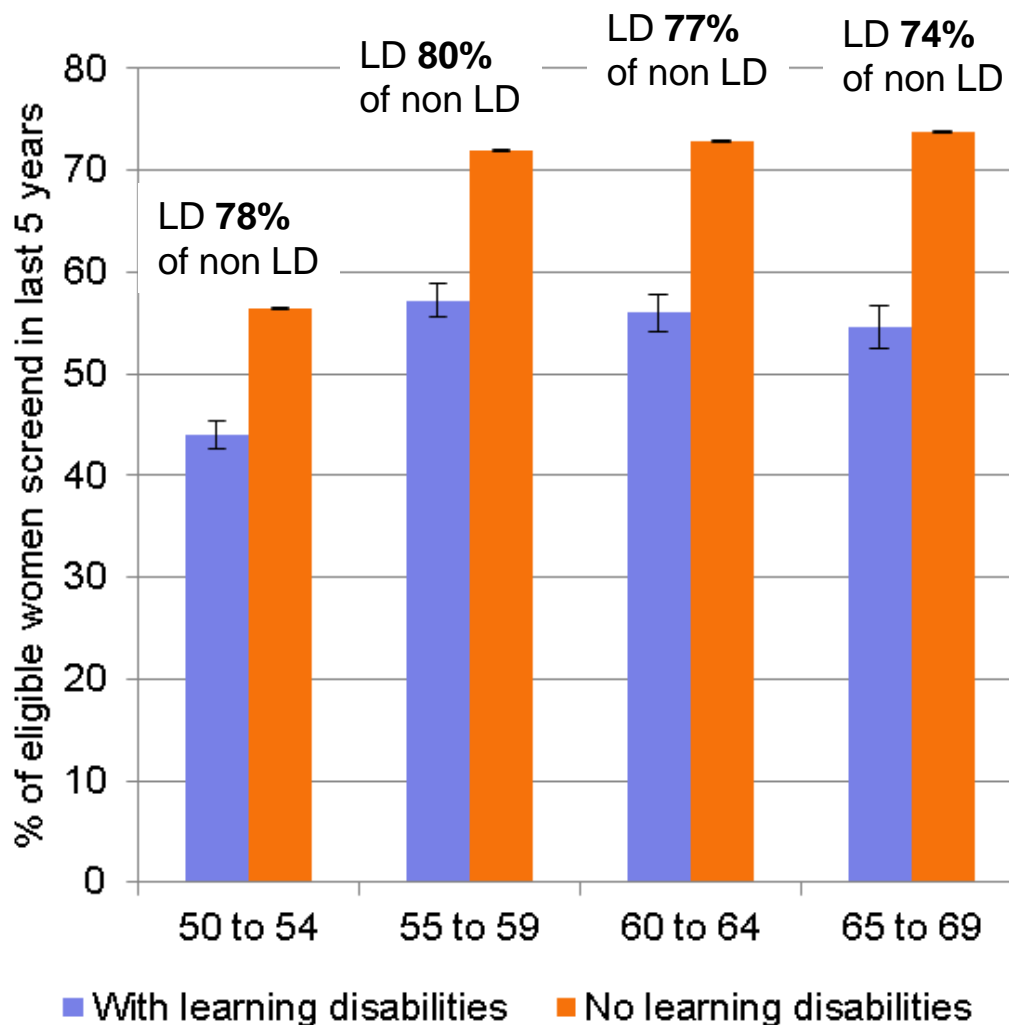
- No learning disabilities 77%
- With learning disabilities 30%



Breast cancer screening: age and learning disability

Overall coverage for breast cancer screening

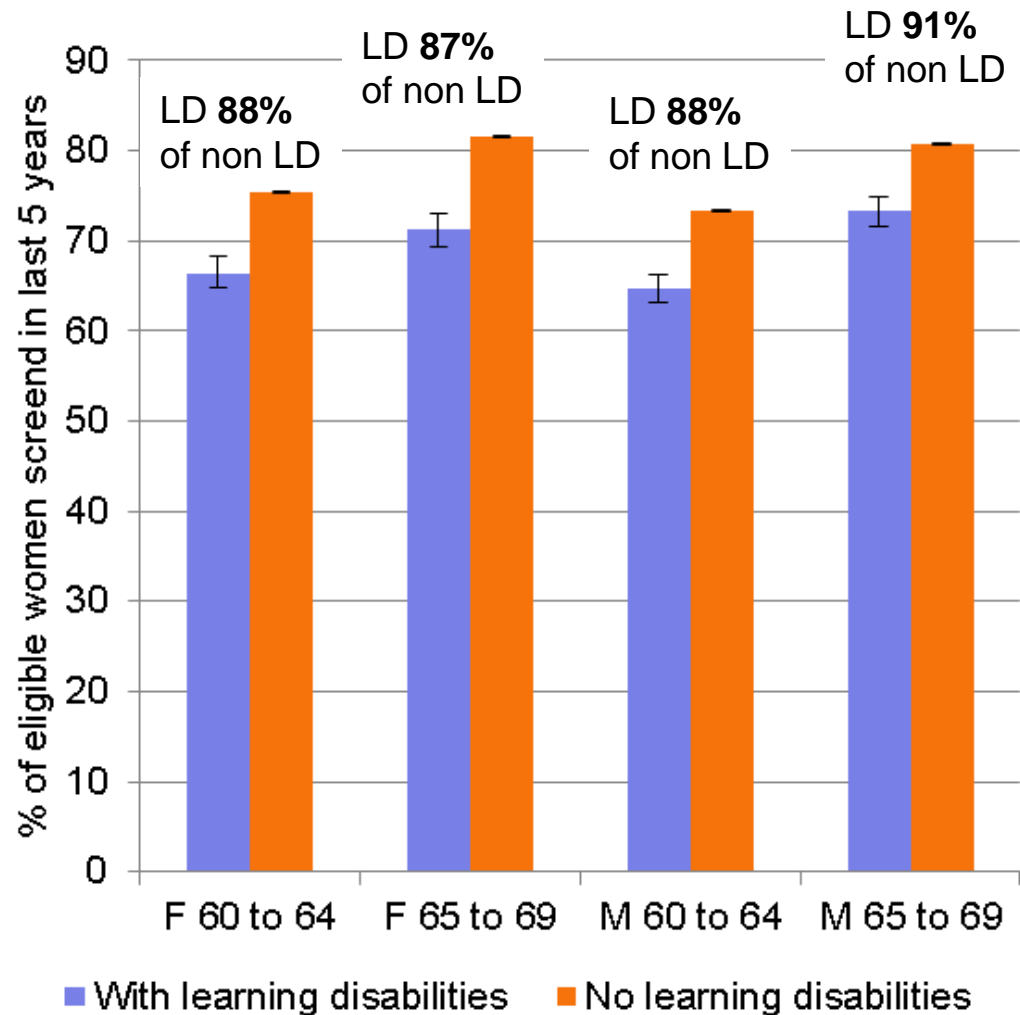
- No learning disabilities 68%
- With learning disabilities 52%



Colorectal cancer screening: age and learning disability

Overall coverage for colorectal cancer

- No learning disabilities 78%
- With learning disabilities 69%



Conclusions

- People with ID not an homogenous group
- Survivors (from age 45) are a selected sub group.
- Overall mortality rate excess narrows with age
- Obesity excess reduces
- For most long term conditions, although in most case rates rise, excess reduces: epilepsy, dementia, hypothyroidism, diabetes mellitus (both types), chronic kidney disease, stroke, asthma.
- For some they become significantly less common than in people without ID: hypertension, coronary heart disease, chronic obstructive pulmonary disease, cancers
- Cervical screening rates drop, other cancer screening rates lower than general population but very variable around the country

References

- Emerson E. (2015) The determinants of health inequities experienced by children with learning disabilities. Public Health England Learning Disabilities Observatory, http://webarchive.nationalarchives.gov.uk/20160704152025/https://www.improvinghealthandlives.org.uk/publications/313899/The_determinants_of_health_inequities_experienced_by_children_with_learning_disabilities
- Glover G, Ayub M (2010) How people with learning disabilities die. Improving Health and Lives Learning Disabilities Observatory, http://webarchive.nationalarchives.gov.uk/20160704171044/http://www.improvinghealthandlives.org.uk/publications/928/How_people_with_learning_disabilities_die
- The source for most data in this talk is the learning Disabilities Health and Care dataset by NHS Digital. The full details of the dataset including links to all available years of data are at <http://content.digital.nhs.uk/article/7543/Health-and-Care-of-People-with-Learning-Disabilities>
- The 2015/16 dataset, which is used in most slides in the talk is at <http://www.content.digital.nhs.uk/catalogue/PUB23781>
- The best introduction to the dataset is the summary report accompanying the 2014/15 edition. This is at <http://www.content.digital.nhs.uk/catalogue/PUB22607/Health-care-learning-disabilities-2014-15-summary.pdf>