

Persons with Intellectual Disability

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Persons with intellectual disability (ID) are a unique and medically distinct population who exhibit significant limitations in intellectual functioning and adaptive behaviour, and whose condition originates prenatally, perinatally, or postnatally (before and up to 18 years of age).¹ The nature of ID is multidimensional, and comprises of four categories of risk factors (biomedical, social, behavioural, and educational) that interact across time, including across the lifespan of the individual and across generations from parent to child.¹ The life expectancy of most persons with ID now approaches that of the general population.² Early and integrative management amalgamating the biological, psychological, social, and developmental dimensions should be instituted for the treatment of ID to mitigate the symptoms of disability, prevent further deterioration, and improve quality of life.³⁻⁵ The majority of persons with ID require educational, residential, occupational, and support services, all of which require an interprofessional approach to the management of ID where the focus should be to optimise their well-being, function, and participation in the family and community.^{3,4,6} Family physicians can aid persons with ID by detecting and responding early to urgent medical issues; providing appropriate health management, maintenance, and referral; and evaluating risk to prevent secondary complications. This issue of *Singapore Family Journal* will provide an update on intellectual disabilities and the services available in Singapore. The College is pleased to partner with the Ministry of Health, Singapore to conduct this Family Practice Skills Course for our doctors.

In Unit 1, A/Prof Goh Lee Gan provides a historical overview of the journey of care and integration of persons with ID in Singapore, spanning the founding of Singapore's Children's Society in 1952 to present day. He also stresses the importance of family physicians as key stakeholders in the care of persons with disability and ID.

In Unit 2, Dr Wei Ker-Chiah highlights that persons with ID are also at risk of common psychiatric conditions that affect those without ID, such as depression and anxiety disorder, and comprehensively discusses the practical approaches to the assessment and treatment of these common psychiatric conditions in persons with ID.

In Unit 3, Drs Bhavani Sriram, Tan Jit Seng, and David Lim elaborate on the common physical health issues affecting persons with ID and discuss diagnostic and management strategies to better manage their health needs.

In Unit 4, Dr Chen Shiling gives an approach to the assessment and management of behaviours of concerns in persons with ID. She also cautions against "diagnostic overshadowing" and highlights the importance of effective communicative strategies when managing persons with ID.

In Unit 5, Dr Chen Shiling outlines the different types of disabilities, the needs of persons with disabilities over their life course, and the role that SG Enable is able to play in addressing these needs.

In Unit 6, Adj Prof Ruby Lee provides an overview of the current state of the Mental Capacity Act (MCA) and offers some opinions on how deputyship works under the MCA framework. She also discusses the different categories of proxy decision-makers and some of the limitations of proxy decision-making.

In this issue, A/Prof Goh Lee Gan has also selected ten current readings on topics related to "Persons with ID". These readings include articles on the assessment and intervention of ID to better support the needs of persons with ID and their families, and comorbidities associated with ID.

Lastly, we also have three case reports. The first case report by Drs Foo Jyh Hean and Andrew Wong illustrates how community hospitals can better support care needs in severely demented older adults. The second case report by Ms Koh Jing Xuan and Dr Andrew Wong describes the role of community hospitals in addressing the needs of patients with complex care needs. The third case report by Dr Tay Tunn Ren highlights the importance in recognising mixed eosinophilic and allergic asthma, and the treatment options available.

REFERENCES

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