

# Persons with Intellectual Disabilities 3

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Intellectual disability is a development disorder that is characterised by significant limitations in intellectual functioning (learning, reasoning, problem-solving) and adaptive behaviour (social skills, conceptual skills, and practical skills) which are evident in the developmental period (i.e., before the person is aged 18 years). Persons with intellectual disability (PwID) usually have health challenges, and increased rates of sensory impairments, psychiatric disorders, physical disabilities, seizure disorders, and obesity.<sup>1,2</sup> Consequently, they also have increased rates of visits to the emergency department and admission to hospital.<sup>3,4</sup> To reduce such rates, PwID require improved preventive care, tailored healthcare services to meet their needs, and increased access to healthcare services.

Primary care physicians can play a key role in promoting the health and well-being of PwID by taking a person-centred approach to care. Primary care physicians are well-placed in the community to engage PwID and their caregivers to find effective ways of collaborating by understanding their goals of care and values to guide healthcare decisions. They can also help to coordinate care by facilitating partnerships between PwID, caregivers, and members of the healthcare team; and monitoring the ongoing health and social needs of PwID.

Increased access to resources to improve or change conditions affecting the health status of PwID can enable them to fully engage and better integrate into society as they are not burdened with poor health. To drive this, healthcare systems must actively engage PwID and their families to improve health awareness, self-advocacy, and health literacy. Additionally, healthcare systems will also need to develop and effectively integrate networks of care amongst healthcare providers. These efforts can enable PwID and their families to take ownership of their health through better understanding and improved access to care.

This issue of the *Singapore Family Physician* provides an update on intellectual disabilities and how primary care physicians can better support PwID and their families.

In Unit 1, Dr Vivien Lee gives a timely overview of recommendations of screening for PwID.

In Unit 2, Dr Chen Shiling provides physicians with an approach to assessing and managing behaviours of concern among PwID in the primary care setting.

In Unit 3, Ms Joy Teo highlights strategies that can be adopted to better facilitate communication between providers and persons with ID.

In Unit 4, Mr Tang Wei Kiat elaborates on strategies that primary care physicians can adopt to better support persons with autism spectrum disorder.

In Unit 5, Dr David Lim and Ms Deline Ang provides an overview of how primary care physicians can advocate for oral health amongst PwID.

In Unit 6, Dr Chen Shiling highlights the role of SG Enable in addressing the different types of disabilities and needs that PwID might have over their life course.

In this issue, A/Prof Goh Lee Gan has also selected ten current readings on topics related to persons with intellectual disabilities.

## REFERENCES

1. Ouellette-Kuntz H. Understanding health disparities and inequities faced by individuals with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*. 2005 Jun;18(2):113-21.
2. Sullivan WF, Diepstra H, Heng J, et al Primary care of adults with intellectual and developmental disabilities: 2018 Canadian consensus guidelines. *Canadian Family Physician*. 2018 Apr 1;64(4):254-79.
3. Balogh R, Brownell M, Ouellette-Kuntz H, Colantonio A. Hospitalisation rates for ambulatory care sensitive conditions for persons with and without an intellectual disability-a population perspective. *Journal of Intellectual Disability Research*. 2010 Sep;54(9):820-32.
4. Carey IM, Hosking FJ, Harris T, et al. Do health checks for adults with intellectual disability reduce emergency hospital admissions? Evaluation of a natural experiment. *J Epidemiol Community Health*. 2017 Jan 1;71(1):52-8.