UPDATE ON FUNCTION AND DISABILITY IN CHILDREN AND ADULTS

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This edition of the Singapore Family Physician is an update of the issue in 2007 on function and disability in children and adults. Thanks are due to Centre for Enabled Living (CEL), Ministry of Health (MOH), and Ministry of Community Youth and Sports (MCYS) for sponsoring and supporting this Family Practice Skills Course.

It has been 5 years since we last organised the Family Practice Skills Course on Function and Disability in Primary Care. There have been more schemes introduced by the Government to help families with family members who have disability – besides the Eldershield, IDAPE, FDWLC schemes covered in the 2007 course. We now have in addition to these the FDW Grant scheme, the SNSS scheme and the CHAS (Disability) scheme.

The requirements to qualify for the application for the Eldershield, IDAPE and the FDW Grant scheme are three ADLs of maximal assistance required or total assistance required. For the FDWLC, the SNSS scheme, and CHAS (Disability) scheme, the requirement to qualify for application is one ADL of the 6.

The Family Practice Skills Course is also aimed at an update of the understanding and management of disabilities seen in the child and adult. Disability is a restriction or lack of ability to perform an activity, usually a daily task, in a normal manner.

Disability in children can be broadly classified into physical and mental disabilities. Physical disability is often present in children with cerebral palsy or neuromuscular disorders. With mental disability, the children are not able to learn self-help skills and remain dependent on their caregivers for most of the activities of daily living. Mentally disabled children include those with moderate to severe autism. Long term care and rehabilitation remains the most challenging task for all involved in the care of disabled children. (Ong HT, 2012)[1].

Children with developmental disabilities often show a variety of associated impairments that may result in a lifelong need for additional care. Parents want professionals to recognise and offer explicit acknowledgement of the extra care they give their disabled children. (Choo HT,S, 2012)[2].

Important impairments to consider with regards to mobility and dependency are: lower extremity impairment, upper extremity impairment, visual/ hearing impairment, affective disorders. People with 3 impairments have a 60% likelihood of developing disability in the next one year compared with 7% likelihood among persons with no impairments. Diseases that result in disabilities may be categorised into: musculo-skeletal, neurological, psychiatric, visual, ear diseases and cancers. Ambulation is not only affected by impairments limited to lower limbs – like muscle weakness, joints, nerve problems, but also cardiorespiratory status. (Chan, KM, 2012)[3].

The goal of optimal rehabilitation is to restore as maximal a functioning as possible under the circumstances/ limitations posed by residual impairments and the environment. Benefits of rehabilitation include fewer complications, better functional outcomes, a better quality of life and lower medical costs. The rehabilitation team led by the rehabilitation physician is multidisciplinary, providing intensive, goal oriented treatment working towards functional independence. Patient and family involvement are intrinsic to rehabilitation programmes. Caregiver training may be needed, as does assessment of equipment needs, e.g. wheelchair. Continuity of care should be ensured. An understanding of the processes and issues involved in coping with disabilities will help equip the medical practitioner to better provide practical and emotional support, as well as possible strategies to patients. (Lim AC, 2012)[4].

The assessment of disability including activities of daily living is important as a clinical tool. A practical framework of an independent category and four dependent categories corresponding to an increasing level of assistance for each ADL is used in assessment of ability to perform activities of daily living in adults. Clinicians who administer disability testing on a regular basis will have better inter-rater reliability versus those who perform testing only occasionally or rarely. Rehabilitation improves functional outcomes including the performance of ADLs. (Ng YS & Jung, H, 2012)[5].

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REFERENCES

1. Ong Hian Tat. Diseases that Result in Disability in Infants and Children – An Update. Sing Fam Physician 38(2):8.
2. Choo Henn Tean, Sylvia. Assessment of Activities of Daily Living in Infants and Children with Developmental Disabilities. Sing Fam Physician 38(2): 16.
3. Chan Kin Ming. Diseases that Result in Disability in Adults. Sing Fam Physician 38(2): 21.
4. Lim AC, Peter. Rehabilitation and Coping with Disabilities in Adults. Sing Fam Physician 38(2):24.
5. Ng Yee Sien & Heeyoune Jung. Assessment of the Six Activities of Daily Living in Adults. Sing Fam Physician 38(2): 32.