

## Learning Disability Specialist Library

### Evidence Bulletin 004 – July 2007

#### What is it?

The LDSL is the learning disability specialist library of the National Library for Health. It exists to bring together and make available the best current evidence to support decision makers in supporting people with learning disabilities.

Each month, we scan a number of publications and highlight three or four key articles which add important new knowledge to the field. We will present the key messages from those articles in this bulletin, and link you to extended summaries or articles which will be available on the LDSL site.

You can receive the **LDSL Evidence Bulletin** by registering at:

<http://www.library.nhs.uk/learningdisabilities/>

- **What are the barriers to implementing Person-Centred Planning?**

Person Centred Planning is at the heart of the strategy for improving the lives of people with learning disabilities. A major study supported the introduction of PCP in four pilot areas across England, providing training, support and evaluation of the process and the outcomes. This report looks at the barriers to the implantation of PCP, and makes some suggestions for organisations in overcoming them.

The barriers reported related to the importance of the PCP facilitator, for the organisation to train and support facilitators in sufficient numbers to maintain momentum, and to train and support staff to understand the principles and practice of PCP. The extended summary on the LDSL site provides more detail, and you can find links to further summaries and the full report of the programme on the site.

*Reported barriers to the implementation of Person-Centred Planning for people with intellectual disabilities in the UK, Robertson J; et al in Journal of Applied Research in Intellectual Disabilities, 20, 4, 297-307 (July 2007)*

#### **LDSL summary**

<http://www.library.nhs.uk/learningdisabilities/viewResource.aspx?resID=266396&code=15590007cd49f9a41dda9b250ae44b1b>

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- **Do the differences in health and lifestyle behaviour between a population of people with intellectual disability and a general population in the same area give us insights into the best strategies for health promotion and health supports planning?**

This study in the west of Ireland used a postal questionnaire to carers of 250 adults with intellectual disabilities, half of whom lived in residential supported settings and half of whom lived in family based settings. It looked at weight and physical activity, nutrition, smoking and alcohol consumption, levels of choice in health issues and use of medical services. The results confirmed much of what has been found in previous studies of this issue – that the people with intellectual disability in the study were overweight, exercised little, and although some regular health checks were being made, nearly half had not had cholesterol checked. Reported levels of smoking and alcohol consumption were considerably lower than for the general population.

The authors acknowledge the difficulties associated with gathering information by postal questionnaire from carers, but also recommend that future campaigns targeting the health behaviours of people with ID should also target carers to ensure maximum impact.

*Lifestyle and Health Behaviours of Adults with an Intellectual Disability* McGuire B.E. et al  
*Journal of Intellectual Disability Research*, 51,7, 497-510 (July 2007)

#### **LDSL Summary**

<http://www.library.nhs.uk/learningdisabilities/viewResource.aspx?resID=266395&code=c57b899b19866f33f71c6ee35b6cc9d5>

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- **Is mortality in people with intellectual disability higher than in the general population, and are there specific issues relating to Down Syndrome, gender or place of residence (e.g. city or county) ?**

This study using the Leicestershire Intellectual Disability Register looked at mortality over a 13 year period (1993-2005), calculating Standardised Mortality Ratios (SMRs). In the study period, 17% of the cohort died, with 60% of the individuals being over 70, 8% under 50. Overall mortality was more than three times higher in ID population than general population.

More deaths were observed in people with profound ID, with Down syndrome and in those living in the city. Compared with the ID population, the general population were generally older, comparatively fewer men, with fewer living in the city. The findings in this study are consistent with other studies showing similar increases in mortality, although this is less than in increases found in London and reported by Hollins et al (1998), although this study included children and adolescents where mortality has been found to be particularly high.

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Interestingly in this study, higher SMRs were found for women with intellectual disability, and these were also observed for women living in the city over those living in the county, (this relationship was not found for men). The authors suggest that this might reflect a further disadvantage to women with ID living in inner city areas.

This threefold increase in mortality over that found in the general population highlights the continuing inequalities faced by the population of people with intellectual disabilities.

*Mortality in Adults with Moderate to Profound Intellectual Disability: A Population-based Survey*, Tyrer F et al in Journal of Intellectual Disability Research, 51, 7, 520 – 527 (July 2007)

#### Reference

Hollins S; Attard MT; von Fraunhofer N; McGuigan S & Sedgewick P (1998); *Mortality in people with learning disability: risks, causes, and death certification findings in London*, in Developmental Medicine and Child Neurology 40, 50-6

#### LDSL Summary

<http://www.library.nhs.uk/learningdisabilities/viewResource.aspx?resID=266397&code=5ec26b26740c12f20413ee17a08116b1>

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#### What else is new?

[An Exploratory Study of teachers' knowledge about the symptoms of depression in young people with and without intellectual disabilities](#)

Taggart L; McMullan P In Journal of Intellectual Disabilities, 11, 2, 183-195

This study reports the findings of a postal questionnaire sent to 36 teachers in one part of the UK, working in schools for children and young people with severe intellectual disabilities. The teachers reported few signs and symptoms, despite research suggesting that this group are at greater risk of developing psychiatric disorder than their peers without intellectual disabilities. The study highlighted teachers' lack of confidence in working with this group, and makes suggestions regarding appropriate training and support.

(<http://jid.sagepub.com/cgi/content/abstract/11/2/183>)

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