What we should know about health problems in people with intellectual disability: Implications for health policy

Sir,

Intellectual disability (ID) is characterized by significant limitations both in intellectual functioning (reasoning, learning, problem-solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18.[1] The prevalence of ID is about 1%–3% globally.[2] People with intellectual and developmental disability often experience more health problems due to some factors such as biological factors, lifestyle, and inaccessibility to the health care. Although ID is not a disease, it may result in some health problems, adversely affect quality of life, and level of accessibility to the health services.

The prevalence of chronic pain and secondary conditions such as diabetes, epilepsy, reflux, sensory damages, osteoporosis, schizophrenia, dementia, dysphasia, musculoskeletal, and dental problems is high among people with ID in comparison with the general population. Some risk factors for chronic pain among people with ID include a possible heightened sensitivity to pain, low level of physical activity, increased risk of accidental injury, reduced use of services for the management of pain, and reduced involvement in health decision-making.[1] Some studies results indicate that people with ID tend to be in poorer health and greater medical vulnerability than the general population. Nevertheless, they tend to underutilize basic preventive services and use high-cost diagnostic and therapeutic services frequently.[2] Figure 1 shows that how these determinants contribute to the health disparities of persons with ID.[1]

The studies have recognized that lifestyle of people with ID tends to be more inappropriate than the general population. The number of people with an ID classified as overweight or obese has been reported at 64% in the UK and 89% in the USA.[3] Low level of physical activity, nutrition, emotional and behavior problems, and type of residence are important factors in the lifestyle of people with ID.[4] In addition, mortality data indicate that the life expectancy of this population is less than that of the general population with the average age of death being 45.68 years.[5]

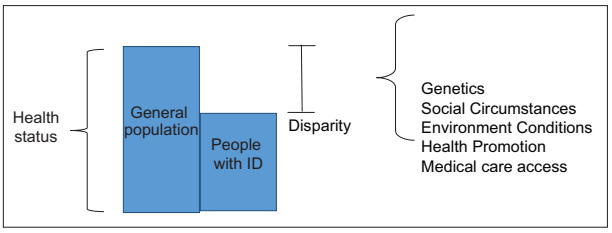

Figure 1: Determinants of health and health status disparities for persons with intellectual disabilities[1]

According to census results in 2011, disability prevalence is around 13/10,000 populations in Iran.[6] People with ID need comprehensive health services such as medical, rehabilitation, and care services, but studies show that people with ID face different barriers to access to health services in Iran. Transportation, information, financial, and cultural barriers are experienced by these people in Iran.[1-7] Disability and access problems have been led to poorer health status for people with ID. Thus, health policy makers and other stakeholders such as Ministry of Health, State Welfare Organization of Iran, health insurance organizations, nongovernmental organizations, municipalities, and charities should adopt some policy options to promote health access and status for people with ID in Iran. Sidewalks, streets, public buildings and spaces, and transportation system should be accessible for people with disabilities. Some medical and rehabilitation services such as physical, occupational, orthopedic, and speech therapies should be affordable for people with ID because these services are needed and essential to increase participation of these persons in their community.

In conclusion, people with ID experience poorer health in comparison with the general population and thus improving access to timely, affordable, and effective health services should be an important priority for health-care planners, policy makers, and providers. Involving media and key actors can accelerate the process of health policy making. Different actors should play their roles to improve health situation in people with ID. Health ministry as the health stewardship has the most important role. Health resources should be redistributed according to the needed supports. Welfare organization needs to demand services for people with ID and make more connections with different stewards.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Shahin Soltani, Ahmad Faramarzi[1], Bahman Khosravi[1]

Research Center for Environmental Determinants of Health (RCEDH), Kermanshah University of Medical Sciences, Kermanshah, [1]Department of Health Management and Economics, School of Public Health, Tehran University and Medical Sciences, Tehran, Iran

Address for correspondence: Dr. Bahman Khosravi, Department of Health Management and Economics, School of Public Health, Tehran University and Medical Sciences, Tehran, Iran.
E-mail: bkhosravi@razi.tums.ac.ir

REFERENCES

1. Krahn GL, Hammond L, Turner A. A cascade of disparities: Health and health care access for people with intellectual disabilities. Ment Retard Dev Disabil Res Rev 2006;12:70-82.
2. Schalock RL, Borthwick-Duffy SA, Bradley VJ, Buntinx WHE, Coulter DL, Craig EM, *et al*. Intellectual disability: Definition, classification, and systems of supports. Washington: ERIC; 2010.
3. Marshall D, McConkey R, Moore G. Obesity in people with intellectual disabilities: The impact of nurse-led health screenings and health promotion activities. J Adv Nurs 2003;41:147-53.
4. McGuire BE, Daly P, Smyth F. Lifestyle and health behaviours of adults with an intellectual disability. J Intellect Disabil Res 2007;51(Pt 7):497-510.
5. Lavin KE, McGuire BE, Hogan MJ. Age at death of people with an intellectual disability in Ireland. J Intellect Disabil 2006;10:155-64.
6. Soltani S, Khosravi B, Salehiniya H. Prevalence of intellectual disability in Iran: Toward a new conceptual framework in data collection. J Res Med Sci 2015;20:714-5.
7. Moradi F, Sarabandi A, Soltani S. Obesity in people with disability: The implications for health care expenditures. J Res Med Sci 2016;21:26.

Access this article online

Quick Response Code:

Website: www.jmsjournal.net

DOI: 10.4103/jrms.JRMS_856_16

How to cite this article: Soltani S, Faramarzi A, Khosravi B. What we should know about health problems in people with intellectual disability: Implications for health policy. J Res Med Sci 2017;22:66.