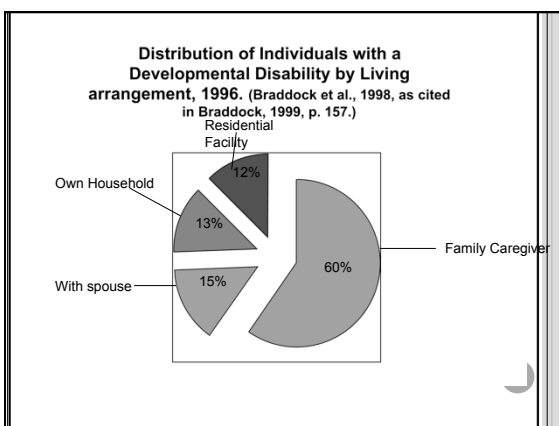




AGING AND INDIVIDUALS WITH INTELLECTUAL DISABILITY



Time Period	Mean age at death (gen ID population) in yrs	Mean age at death (DS population)
1930s	18.5	9 (1920s)
1970s	59.1	30.5 (1960s)
1999	66.2	55.8 (1993)

ISSUES FOR OLDER ADULTS WITH ID

- Health concerns
 - "Typical" decline in physical health
 - May have additional functional impairment because of progression of conditions they acquired in early years
 - E.g., Fragile X, Down Syndrome
 - May also have health issues related to long-term medication use (e.g., seizure meds, neuroleptic meds)

ISSUES FOR OLDER ADULTS WITH ID

- Lifestyle issues
 - Problems resulting from a "passive" lifestyle
 - Obesity and the accompanying health issues
 - Health effects from "risky" behaviors, such as alcohol and drug use, sexual activity, violence

ISSUES FOR OLDER ADULTS WITH ID

- Difficulty accessing appropriate health care and/or finding a knowledgeable health care provider
 - Lack of access to health education
 - Lack of training for medical profession on ID
 - E.g., communication issues, knowledge about underlying conditions
 - Lack of info available on individual's medical history
 - Lack of understanding by health care profession on consent issues
 - Devalued status of persons with ID

SPECIFIC ISSUES FOR OLDER WOMEN WITH ID

- Women in developed countries more likely to have issues around obesity and elevated cholesterol than males
- Those in developing countries more likely to experience malnutrition than males
- Sexual abuse and resulting mental health issues
- Particular health issues:
 - Understanding importance of regular gynecological health care, interaction between psychotropic and seizure meds and hormonal and metabolic functions; osteoporosis

ISSUES FOR OLDER ADULTS WITH ID

- Possible changes in residence and community
- Possible grief/loneliness issues
- Retirement: what to DO

POSITIVE INTERVENTIONS

- Opportunities for leisure or self-selected activities
- Improved nutrition
- Varied rhythm of life
- Opportunities to be challenged and remain productive
- Increased, stable social network
- Active participation in the general life of the community
- Teaching health care and service providers about ID and specific issues related to aging of this group
