

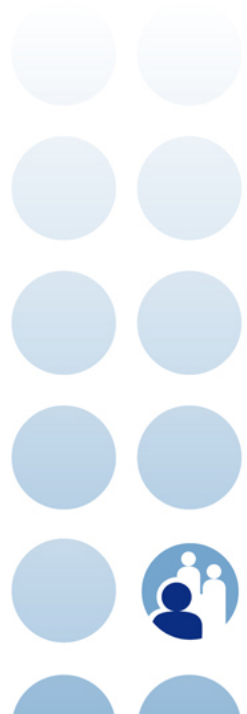
# Samarbeid mellom Habiliteringstjenesten og fastleger, - samhandling

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Seksjonsoverlege

Nevr. avd. / Hab. avd.

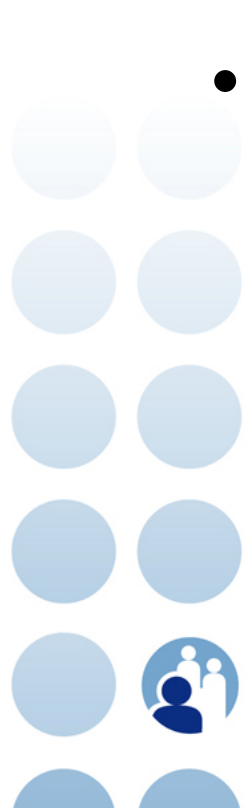
Vestre Viken HF



Buskerud Hospital



- NAKU – rapporten om helsetjenester  
(des. 2007)
- Prosjekt, aldring og helse  
Habiliteringsavd., SBHF (aug. 2008)



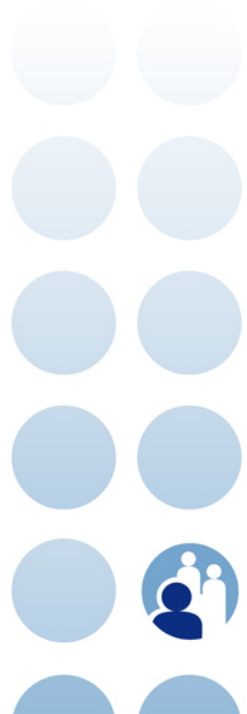
# Participants

## Inclusion criteria:

- Mild to moderate degree of intellectual disability with or without Downs syndrome

## Exclusion criteria:

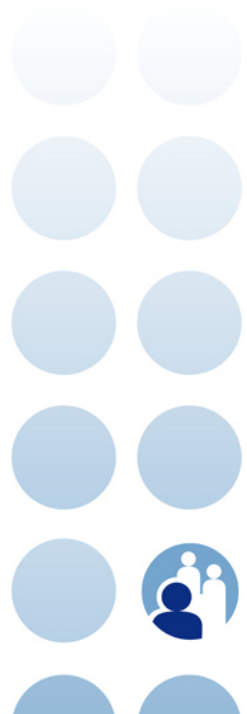
- Progressing brain diseases
- Somatic disease that affect cognition
- Huge motor difficulties
- Psychoses
- Epilepsy (poorly controlled)
- Autism



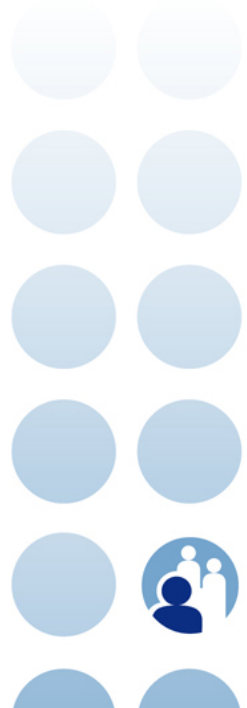
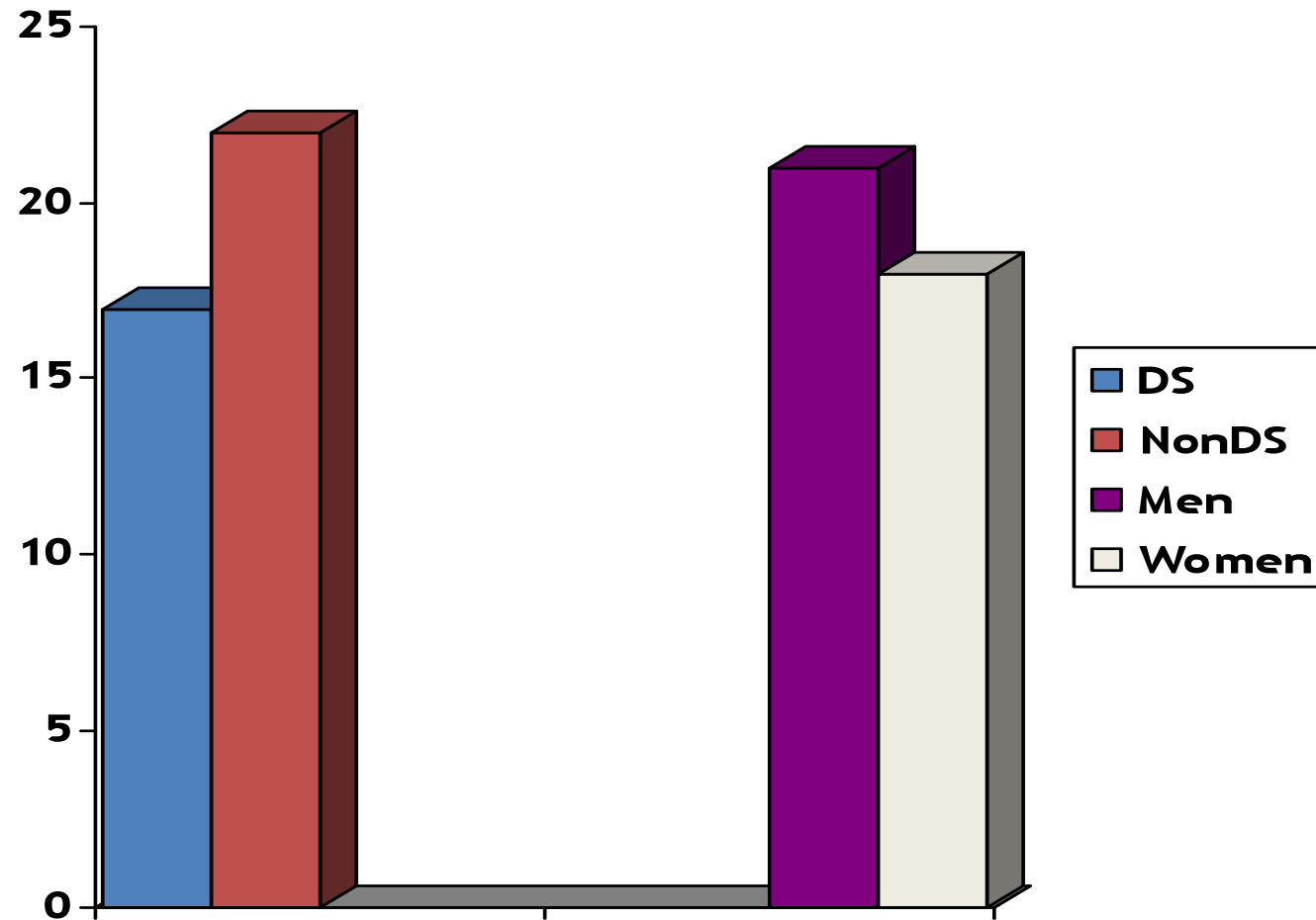
# Study population

A total of 39 persons:

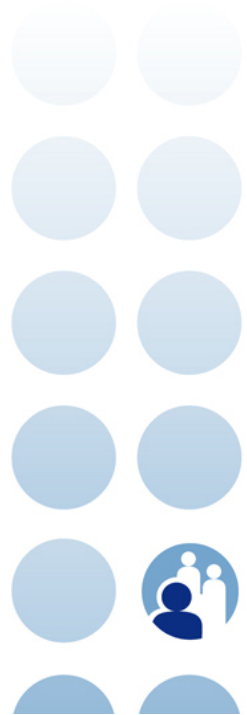
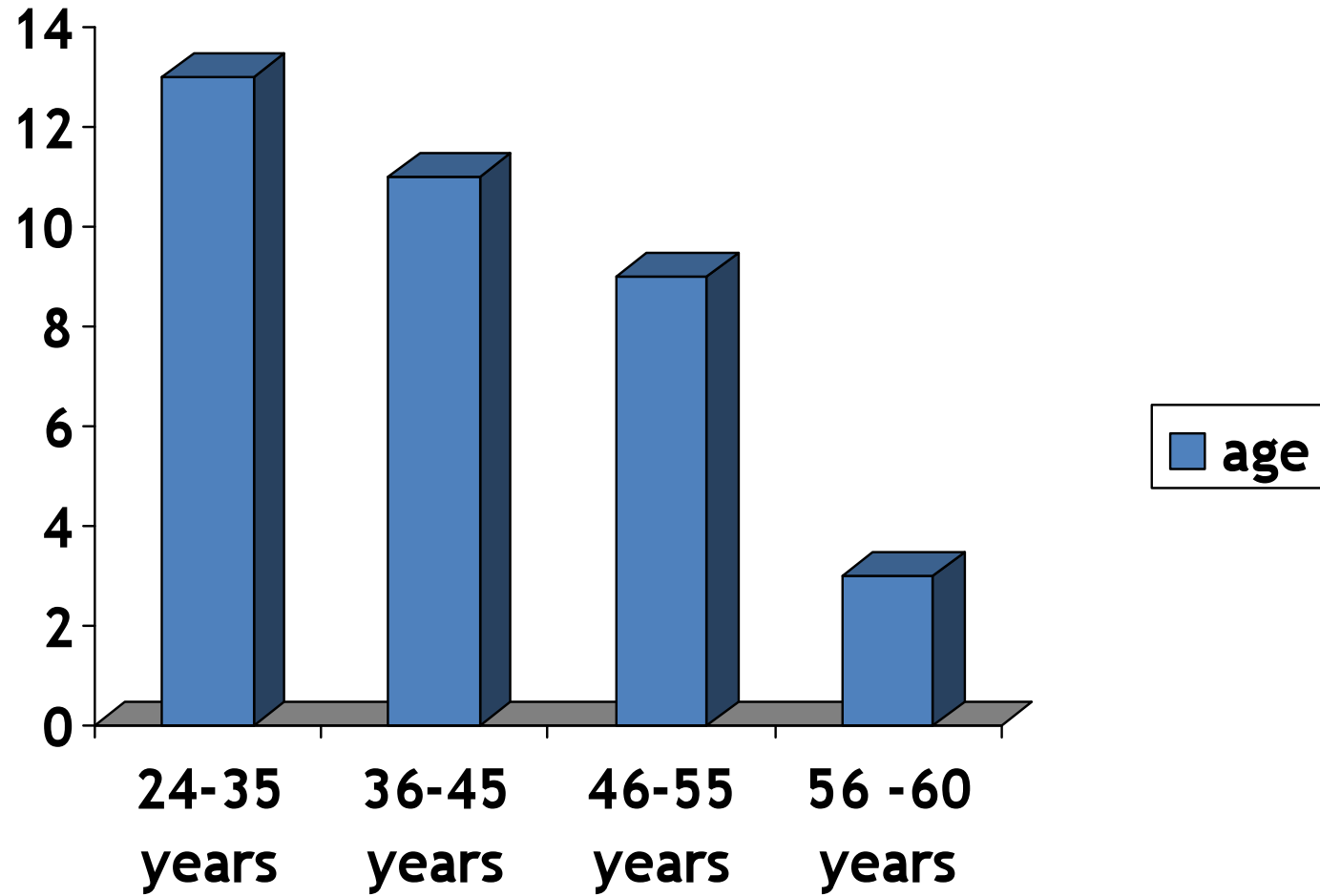
- 18 females, 21 males
- 17 Downs syndrome, 22 non Downs syndrome
- 25-60 years of age
- sheltered homes with some aid in daily activities
- permanently adjusted work



# Participants



# Age distribution

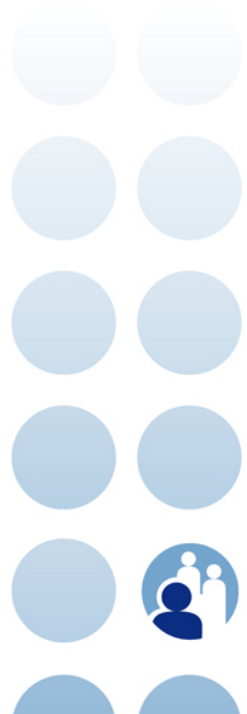


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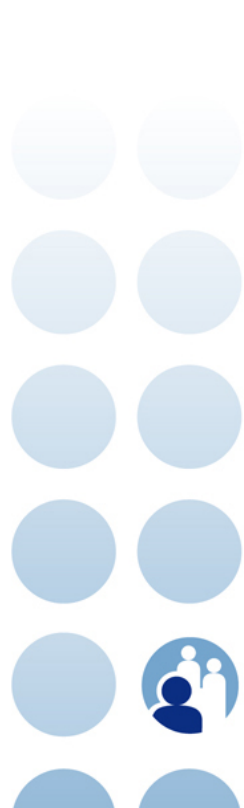
## Earlier studies have shown:

- increased prevalence of somatic diseases
- increased prevalence of hearing and vision impairment
- less ability to express the need for diagnostic examination and treatment

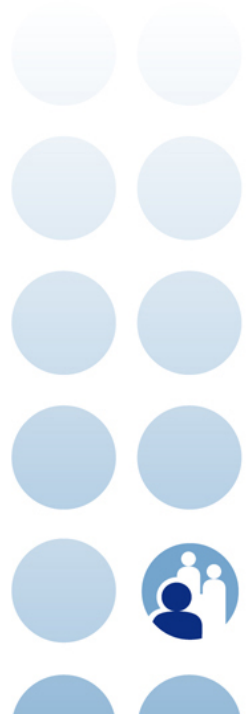


# Our study patients:

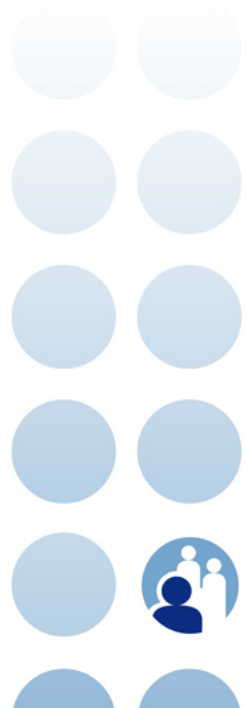
- were all regarded as healthy and well being
- were all working full time
- had no routine health control, but contact with general practitioner (GP) when needed



- Physical examination by
  - general practitioner
  - neurologist
- Blood samples
- Eventually
  - ECG
  - EEG
  - radiological examination (CT, MRI)

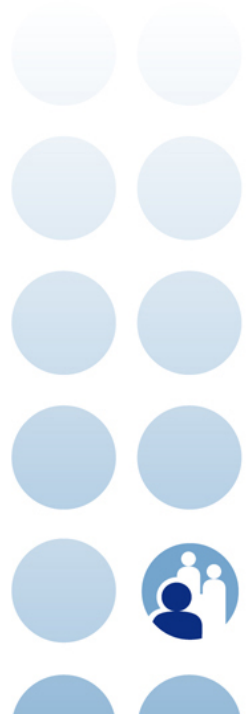


- Inclusion diagnosis was mild to moderate intellectual disability
- 3 of 39 were diagnosed with other diseases with relevance to mental impairment:
  - Tourette syndrome
  - Cornelia de Lange syndrome
  - Autism

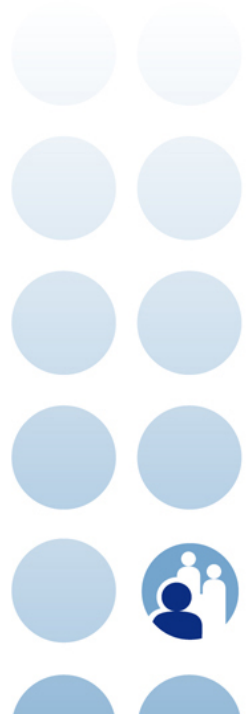


# Other diseases / diagnoses:

allergy	8
osteoarthritis	3
hypercholesterolemia	2
hypertension	2
hyperuricemia (gout)	1
diabetes mellitus	1
hypothyroidism	5
anxiety, compulsion	6
epilepsy	1

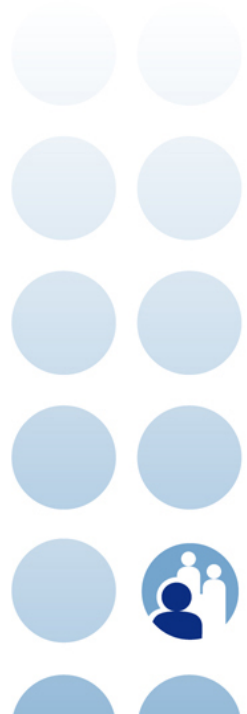


- 5 of 39 had early signs of dementia
  - 4 of these were patients with Downs syndrome



# Medications

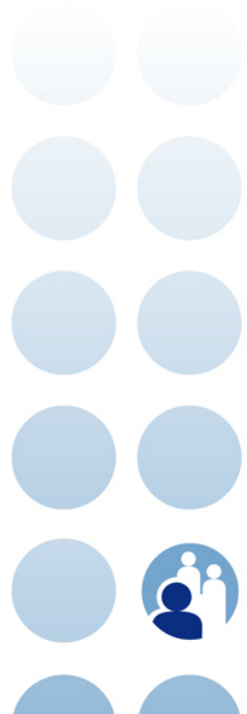
- antiallergic drugs 8
- neuroleptic drugs and antidepressants 6
- thyroxin 5
- other drugs 12



# Blood samples

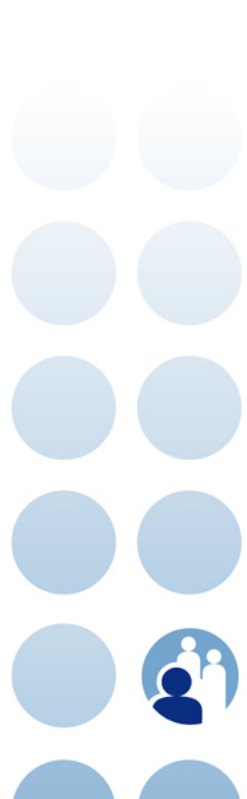
## Blood sample abnormalities:

- low Hgb 2
- low serum iron 3
- low serum vitamin B<sub>12</sub> 3
- low serum folic acid 3
- low serum thyroxin 1
  
- high blood glucose 2
- high cholesterol 2
- other abnormalities 4



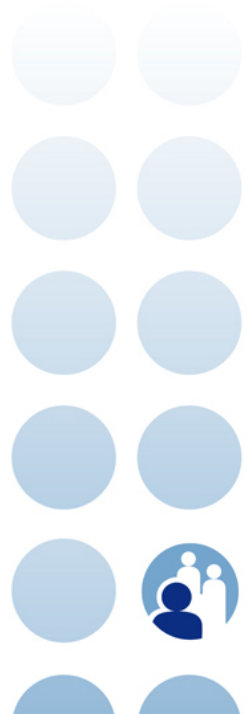
# Hearing and vision

- 13 patients needed new glasses  
(8 of them with Downs syndrome)
- 5 patients needed new hearing aid  
(3 of them with Downs syndrome)



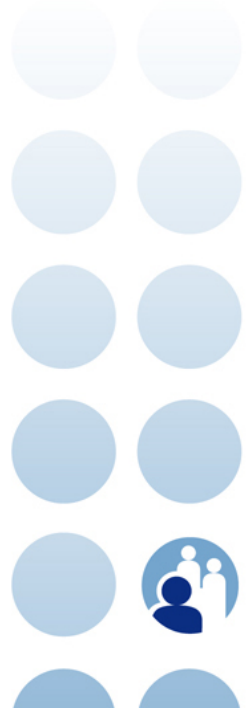
# Referred to other tests:

- ECG 2
- EEG 2
- CT 1
- Further blood pressure testing 3

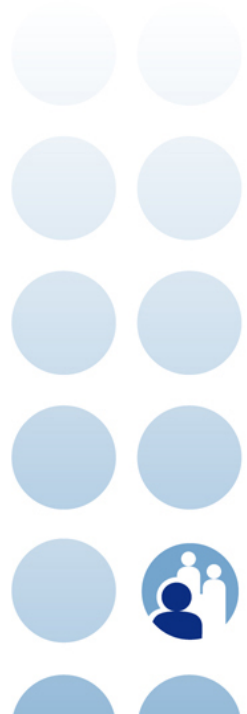


# Discussion

- Well characterized population, minor changes in diagnosis during the study period
- Other diseases,- presumably more than "normal population"
- Blood test abnormalities were relatively frequent and needed treatment, but had little influence on function

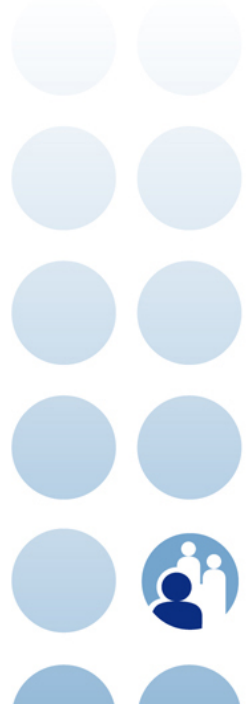


- Examination revealed a considerable need for hearing and vision aid devices.
- Correction of reduced hearing and sight can be essential for function
- Treatment of diseases may be important for function.



# Conclusions

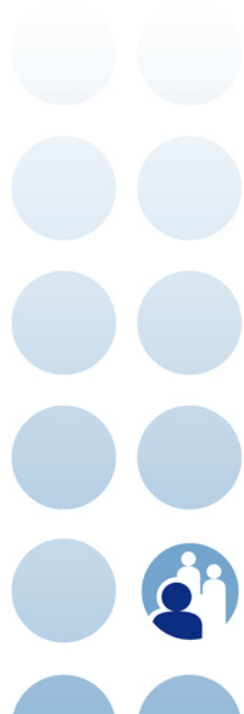
There is a significant need for routine health control to prevent diseases and other conditions that will lead to functional decline.



## Yearly health control by general practitioner:

- physical examination, included blood pressure, vision and hearing
- blood sample screening
- referral to specialized health care if needed

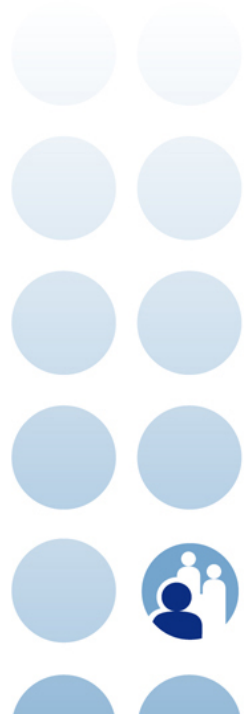
Friske personer med utviklingshemming, -  
trenger regelmessig kontroll hos fastlege.



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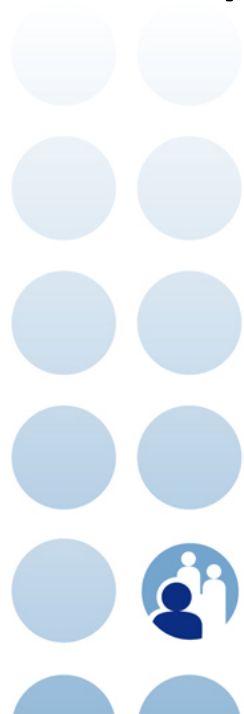
Man må anta at personer med utviklingshemming som fungerer dårligere og har andre sykdommer, også har et større behov for helsetjenester.



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Enda større behov for fast oppfølging hos fastlege, - og periodevis oppfølging i habiliteringstjenesten, - som er en spesialisthelsetjeneste.



## Søknad om prosjektmidler

Prosjektets navn:

### **Helseoppfølging av personer med utviklingshemning - et treårig utviklingsprogram**

Tema:

*Utvikle og implementere retningslinjer for helseundersøkelser  
og  
samhandlingsmodeller mellom faggrupper som arbeider med  
helseoppfølging av personer med utviklingshemning.*



Buskerud

- Prosjektleder Stine Skorpen, sykepleier/  
spesialkonsulent, UA.
- Prosjektmedarbeider Jarle Ekenes,  
spesialpsykolog og Astrid Edland, nevrolog.
- Almenpraktiker