

PLUS 45 CLINIC

Supporting Older Adults

PREPARED BY:

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Plus 45 Clinic



@SurreyPlaceON



Nice to Meet you



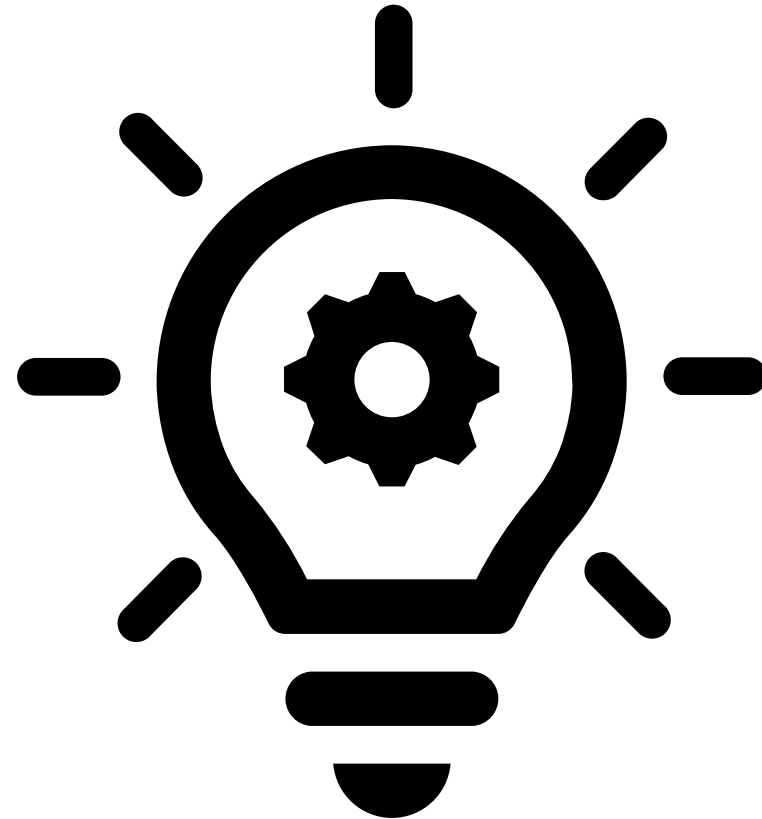
Dasha Choitova
Transitional Service Facilitator,
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Plus 45 Clinic

Learning Outcomes

In today's presentation we will:

- 1. Discuss aging with IDD.**
- 2. Describe the services offered through Surrey Place's Plus 45 Clinic.**
- 3. Review the referral pathway.**



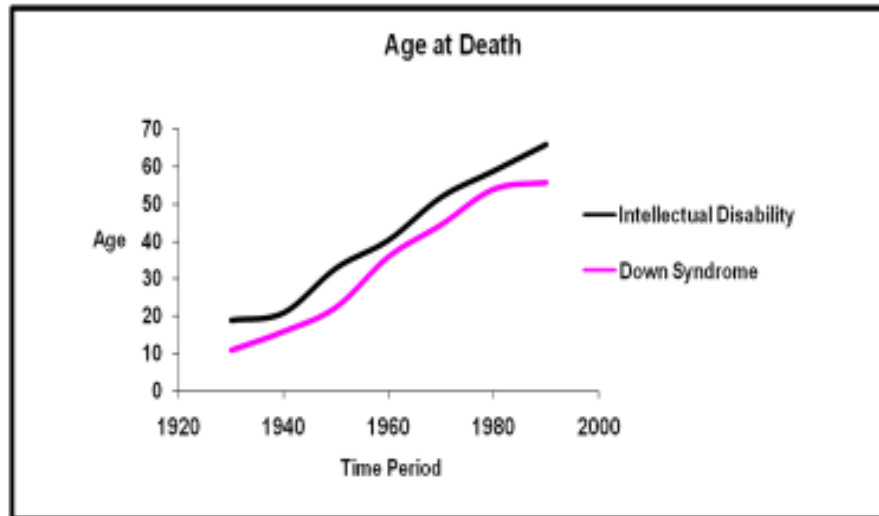
Historical Context:

- ▶ Most individuals with any form of intellectual developmental disability lived in Provincial Institutions prior to the 1970's
- ▶ Aging in institutions was dramatically different than what is occurring in the community today.
- ▶ Average age of death of persons in Canadian institutions in 1976 - 1978:
 - ▶ Males: 36.6 years
 - ▶ Females: 37.9 years



Image courtesy of Remember Every Name Survivors Group

People with Intellectual Disabilities Living Longer



Carter & Janzar, 1983
Janicki, Dalton, Henderson, & Davidson, 1999

Despite lifespan improvements, studies of *children & adults*, find that:

- The average age of death - 20 years younger than general population in high-income countries. Influenced by
 - Profound disability
 - Co-morbidities (e.g., epilepsy)
 - Specific genetic syndromes
- Possibility of deaths that are avoidable with good healthcare interventions

(O'Leary et al., 2018)

Aging-related Issues

- ▶ Disproportionately high rates of chronic progressive conditions
- ▶ Elevated risk for dementia
- ▶ Limited access to appropriate brain health promotion and dementia care
- ▶ Disparities related to:
 - Diagnostic overshadowing
 - Underdiagnosis
 - Misdiagnosis
 - Systemic barriers

(Marks et al., 2025)

Disparities

People with developmental disabilities fare worse in the health system across multiple indicators

IC/ES

Report from ICES finds that Ontario adults with developmental disabilities experience worse health outcomes, regardless of age, sex, neighbourhood income or type of developmental disability. For most indicators, these outcomes are more likely with age.

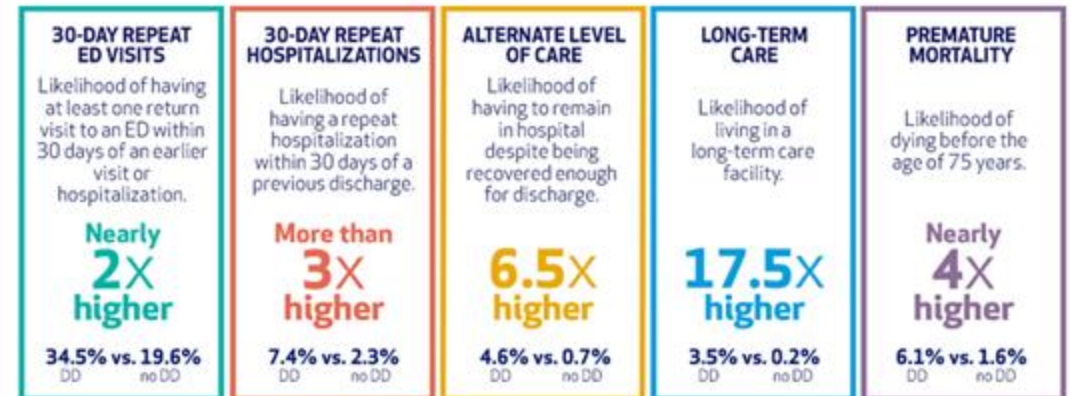


The researchers looked at health records for nearly 65,000 Ontarian adults under the age of 65 with developmental disabilities such as Down syndrome or autism. They looked at the records over a six year period (2010-2016) and compared them to Ontarians who don't have these disabilities.

"I would like doctors to have a little more time for people with disabilities, and be more understanding. We're a little slower than other people are. We need more time to talk to them."

— Michael, self-advocate

HIGHER RATES OF POOR HEALTH OUTCOMES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES COMPARED TO ADULTS WITH NO DEVELOPMENTAL DISABILITIES ONTARIO (2010 - 2016)



Lin E et al. Addressing Gaps in the Health Care Services Used by Adults with Developmental Disabilities in Ontario. ICES; 2019.

(Lin et al., 2019)

Differences in Aging: IDD vs Not IDD

Neuro-Typical Aging

- Effects felt when older
- Often new to disability & new to dependency

Client

IDD aging

- Experience aging younger
- Lifelong experience w Disability & dependency

- Spouses, Children
- Life roles change dramatically

Main Advocates

- Parents, siblings, staff
- Roles do not change

Behaviours that Challenge and Unmet Needs



Behaviour as communication:
What is this person trying to tell us?



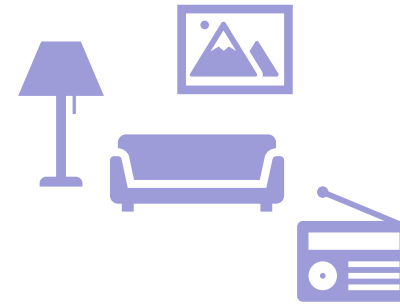
Physical



Interaction



Life Story

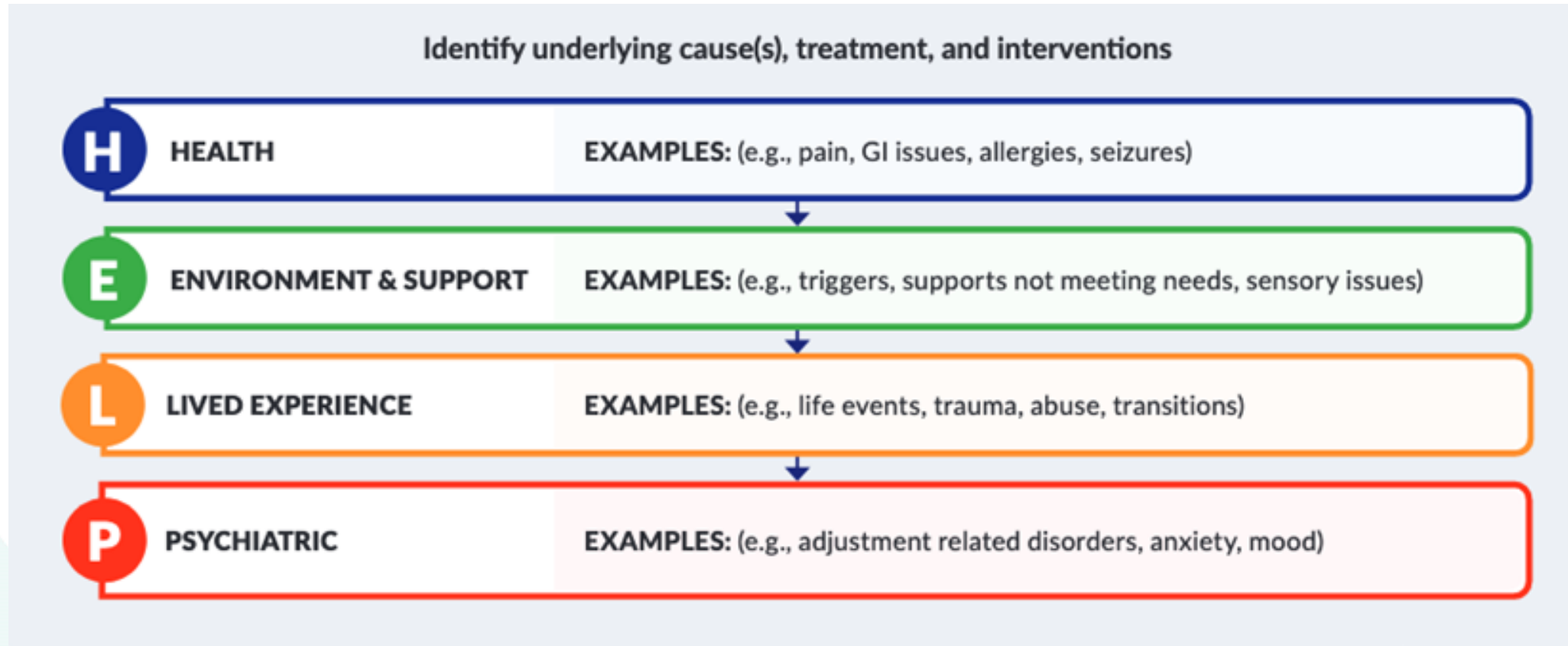


Environmental



Individualized
person-centered
approach

HELP Approach



H- Health

<https://ddprimarycare.surreyplace.ca/tools-2/general-health/preventive-care-checklist/>

SURREY PLACE

Developmental Disabilities
Primary Care Program

Health Check

A Comprehensive Health Assessment of Adults with Intellectual and Developmental Disabilities

Introduction

This point-of-care tool assists primary care providers to implement the evidence-informed Comprehensive Health Assessment or “Health Check” for adults with intellectual and developmental disabilities (IDD). It identifies health issues regarding adults with IDD that family physicians should consider when they undertake annual Health Checks.

How to use this tool

The Health Check includes updating the Cumulative Patient Profile with information specific to adults with IDD, promoting healthy living and functioning, assessing risks for important or common health conditions, screening for high-risk conditions, and updating preventive care maneuvers.

C Complexities & Comorbidities

Medical

- Epilepsy
- Vision impairments/ cataracts
- Dental complications and disease
- Hearing loss/ ear infections
- Cardiac disorders (CHD, MVP)
- Respiratory disorders



Psychosocial

- Stress caused by change of routine
- Stress caused by social or situational anxiety
- Change in behaviour caused by pain
- Change in behaviour caused by anxiety

Pain

- Dental
- Constipation
- MSK Spasticity
- Scoliosis



Health Care Access Research
and Developmental Disabilities

<https://www.camh.ca/en/professionals/professionals--projects/hcardd/health-care-resources/emergency-care-toolkit>

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E- Environment



TIPS FOR PEOPLE WHO CARE FOR SOMEONE WITH ALZHEIMER'S DISEASE

 <p>Try to understand there's a need behind the person's behaviour</p>	 <p>Avoid telling the person they're repeating themselves</p>	 <p>Buy a fidget muff or sensory blanket, or play their favourite music or TV show</p>
 <p>Engage them in an activity they enjoy to help shift their focus</p>	 <p>Look for patterns to see if something is triggering the behaviour</p>	 <p>Try to be patient and keep your tone level and calm</p>

Image courtesy of Alzheimer Society of Canada

L- Lived Experience



Image courtesy of Welcome to Holland Bloorview Kids Rehabilitation Hospital | Holland Bloorview



Image courtesy of CBC.ca

P- PSYCHIATRY



Image courtesy of Freepik.com

Plus 45 Clinic


- ▶ 45 y/o and up (unless suspected dementia at an earlier age)
- ▶ Interdisciplinary team that provides services rapidly to clients with complex challenges who are experiencing functional decline/memory issues
- ▶ Services include:
 - Geriatric Psychiatry consultations
 - Registered Behaviour Analyst consultation
 - Clinical Nurse Specialist consultation,
 - Transitional Services coordination, and
- ▶ Referrals can be made to other Surrey Place core services such as Occupational Therapy, Counselling, Psychology
- ▶ What is an appropriate referral?

The image shows a digital interface for the Plus 45 Clinic referral form. At the top, the Surrey Place logo is displayed. Below it, the text 'Plus 45 Clinic' is prominently featured, followed by the subtitle 'Consultative services for adults aging with IDD'. A dark blue button labeled 'Refer to Plus 45 Clinic' is positioned above a white form area. The form contains two dropdown menus: 'To Refer' and 'Referral Forms', both of which have green downward-pointing chevrons indicating they are active or selected.

Referral Pathway

- ▶ Adult Intake Team at Surrey Place as first point of contact for all community referrals **Adult.Intake@surreyplace.ca**
- ▶ Waitlist is approximately 6-12 months
- ▶ Needs Assessment meeting with Transitional Service Facilitator – most of the time this is virtual, home visit can be an option
- ▶ Needs Assessment Report will provide recommendations and guide next steps
- ▶ www.surreyplace.ca/services/plus-45-clinic

Resources and Tools



NTG-EDSD

v.1/2022.3

The NTG-Early Detection Screen for Dementia, adapted from the DSQIID,[®] can be used for the early detection screening of those adults with an intellectual disability who are suspected of or may be showing early signs of mild cognitive impairment or dementia. The NTG-EDSD is not an assessment or diagnostic instrument, but an administrative screen that can be used by staff and family caregivers to note functional decline and health problems and record information useful for further assessment, as well as to serve as part of the cognitive impairment assessment that is part of the Affordable Care Act's annual wellness visit for Medicare recipients. This instrument complies with Action 2.B of the US National Plan to Address Alzheimer's Disease.

It is recommended that this instrument be used on an annual or as indicated basis with adults with Down syndrome beginning with age 40, and with other at-risk persons with intellectual or developmental disabilities when suspected of experiencing cognitive change. The form can be completed by anyone who is familiar with the adult (that is, has known him or her for over six months), such as a family member, agency support worker, or a behavioral or health specialist using information derived by observation or from the adult's personal record.

The estimated time necessary to complete this form is between 15 and 60 minutes. Some information can be drawn from the individual's medical/health record. Consult the NTG-EDSD Manual for additional instructions. (www.the-ntg.org/ntg-edsd).

(1) File #: _____ (2) Date: _____

Name of person: (3) First _____ (4) Last: _____

(5) Date of birth: _____ (6) Age: _____

(7) Sex:

Female
Male

(8) Best description of level of intellectual disability

No discernible intellectual disability
Borderline (IQ 70-75)
Mild ID (IQ 55-69)
Moderate ID (IQ 40-54)
Severe ID (IQ 25-39)
Profound ID (IQ 24 and below)
Unknown

(9) Diagnosed condition (check all that apply)

Autism
Cerebral palsy
Down syndrome
Fragile X syndrome
Intellectual disability
Prader-Willi syndrome
Other: _____

Instructions:

For each question block, check the item that best applies to the individual or situation.

Current living arrangement of person:

Lives alone

Lives with spouse or friends

Lives with parents or other family members

Lives with paid caregiver

Lives in community group home, apartment, supervised housing, etc.


Lives in senior housing

Lives in congregate residential setting

Lives in long term care facility

Lives in other: _____

<https://www.the-ntg.org/>


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- Health Watch Tables

Health Watch Tables for Selected Developmental and Related Disabilities – Preamble

Health Watch Tables provide health information for specific syndromes with an established etiology and with identified health concerns. These syndrome specific tables were developed to complement the 2011 version of the Canadian consensus guidelines on the primary care of adults with developmental disabilities and the Preventive Care Checklist for adults with intellectual and developmental disabilities.

The selection of syndromes is based on considerations like prevalence, medical conditions related to certain syndromes, and effectiveness of available medical interventions.

+ Continue reading

DOWNLOAD:

- Down Syndrome
- Fragile X Syndrome
- Prader-Willi Syndrome
- Smith-Magenis Syndrome
- 22q11.2del Syndrome

- Fetal alcohol spectrum disorder
- Williams Syndrome
- Autism Spectrum Disorder
- Angelman Syndrome

<https://ddprimarycare.surreyplace.ca/>

Advance Care Plan: Form

1. Use the Advance Care Plan: Guidance for discussion (Guidance A1 to C)
2. Attach a paper copy of this plan or an electronic attachment to the form
3. Give a copy of this form to the person's substitute decision-maker(s) to
4. With the consent of the adult with IDD (if capable) or their substitute circle of care about this Advance Care Plan, how to contact the substit

This Advance Care Plan has been completed by:

	First Name	Last Name
Adult with IDD:		
Substitute decision-maker (highest ranked):		
Substitute decision-maker (next highest ranked):		
Family physician or other healthcare provider:		
Other (family, other caregiver or people who know the adult with IDD well):		

A - SUBSTITUTE DECISION-MAKER

Substitute Decision-Maker (SDM):

First Name:		Last Name:	
Phone (mobile # preferred):		E-mail:	
Address:			

Q & A



Thank
You



SURREY  **PLACE**

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