Supporting Healthy Aging

Key Facts

Health and functional capacity normally decline with age for everyone. Some people with I/DD experience age-related health changes at an earlier age than their peers without I/DD. Because the life expectancy of people with I/DD has been increasing over the years, it is important for those supporting them to watch for any signs of changes in their health and keep their safety in mind.

It is also important to support the person in taking preventive health measures including, annual wellness checks, health screenings, and other activities that help them stay healthy.



Common Health Problems as People Age

- **Vision and Hearing:** These senses may decline as people age.
- Contractures: A contracture is the shortening of a muscle or body tissue so a joint becomes deformed. If a person already has contractures, e.g. because of cerebral palsy, they can get worse and more painful with age. Is the person showing signs of increased pain?
- Thyroid and bowel problems: Some causes of I/DD, e.g. Down syndrome, make people more likely to have early deterioration in their thyroid and bowel function. Medication can make a big difference if the problem is detected early.
- Alzheimer's and Dementia: This occurs early in some people with I/DD. The person also may develop depression or seizures as a lead up to dementia.
- Depression: It is important to be alert to this possibility in all older people.
- Lack of exercise and obesity: Older adults with I/DD need support to get exercise and avoid obesity. Lack of adequate exercise and obesity can lead to constipation, incontinence, arthritis, diabetes, high blood pressure, and heart disease.

- Nutrition: This becomes even more important as people age. In particular, vitamin D and calcium helps keep bones and joints healthy.
- Arthritis: Older people with I/DD may not indicate signs of pain in their joints until the problem is well progressed.
- skin deterioration: Older people's skin becomes thinner and some skin tones can become noticeably pale. They may feel colder, wounds take longer to heal, and they are often at risk of sunburn. They need to drink plenty of fluids in warm weather and use sunscreen.
- Neurological deterioration:
 People with I/DD may experience
 neurological deterioration at a
 younger age than their peers
 without I/DD. A person may develop
 cataracts in their eyes or experience
 hearing loss in their 50s or 60s. It
 is also common to experience a
 decline in balance and changes in
 gait coordination.

Connecting to Care: If you notice any of the following as *changes* in behavior, it may denote a reason for concern and signal a need for follow-up or evaluation by a Primary Care Physician.

Cognitive Changes:

-Unable to understand simple instructions -Unable to recall recent information provided -Exhibiting new speech/language difficulties -Difficulty naming people they should know

Behavioral Changes:

-Crying, anxious or sad -Appears angry and upset -Lack of interest in formerly interesting activities -Lack of focus or attention

Social Changes:

-Significant change in routine -Clothing and hygiene appear to be out of sorts

Healthy Aging Information - Evidence-based programs and practices that seniors and people with disabilities can use to learn more about living a healthy lifestyle, and information about key areas impacting healthy aging can be found here:

http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/Healthy-Aging.aspx

You might be interested in these fact sheets:

- Signs of Illness
- Supporting Annual Wellness Check-ups
- Supporting Mental Health Concerns

This fact sheet was created in June 2021.

The fact sheet contains general information only and does not take into account individual circumstances. It should not be relied on for medical advice. We encourage you to review the information in this fact sheet within the context of educational purposes and when appropriate, share it with your health professional to decide whether the information is right for you.

This module was adapted from NSW Council for Intellectual Disabilities (2009), Australia.

The toolkit and its components were supported in part by the grant or cooperative agreement number DD000014, funded by the Centers for Disease Control and Prevention and by the University Center for Excellence in Developmental Disabilities Administration on Community Living grant #90DDUC0039. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, Administration on Community Living, or the Department of Health and Human Services.





