




Adults with disabilities

One in six people in Australia are estimated to have a disability. People with disabilities frequently report poorer general health, higher levels of psychological distress, and have higher rates of modifiable health risk factors than people without a disability. Addressing these complex health needs can be challenging but GPs are ideally placed to address mental, physical, and preventative health issues, and provide ongoing health education for their patient and/or carers. Knowing how to provide holistic healthcare to the disabled community, support a new application for the NDIS, communicate effectively, engage carers, and liaise with a multidisciplinary team are essential skills for a GP registrar.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> Most appropriate methods of communication with a disabled patient, including use of sign interpreters if required Different types of disability and how they might affect a patient's function Barriers to taking a comprehensive history or performing an examination for patients with varying disabilities Role of the Public Guardian Screening for preventable disease and tailored early intervention The NDIS - eligibility requirements, supports available and the role of the GP 				
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> 2020 AIHW People with disability in Australia 				
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> A structured approach to clinical problem solving is essential in patients with disability - this includes considering a broad differential, seeking red flags, considering potentially serious underlying conditions Seek collaborative history from carers, allied health providers and support workers to help build a comprehensive picture of a patient's health and function Conduct a comprehensive systems review and identify areas where patients need additional supports or investigation Assessment of function includes considering physical, mental, social participation, sensory, communication, self-management and ADLs Avoid prescribing psychotropic medication to patients with behavioural concerns where possible Consider a patient's sexuality and provide education as appropriate Regular scheduled review and completing appropriate health assessments is essential Avoid cognitive biases in diagnosis and management New applications for the NDIS need to clearly outline the effect of the disability on the patient's overall function Support carers of people with a disability Consider how to report concerns regarding abuse of people with disabilities 				
RESOURCES 	<table border="1"> <tr> <td data-bbox="288 1704 391 1937">Read</td><td data-bbox="395 1704 1503 1937"> <ul style="list-style-type: none"> CP for GPs factsheet series UNSW Positive cardiometabolic health for people with intellectual disability April 2011 AFP issue Disability Summer Foundation Getting the language right: a Health Practitioners guide to writing reports, letters and assessments for the NDIS NDIS Practical resources for GPs and other health professionals </td></tr> <tr> <td data-bbox="288 1944 391 2033">Watch</td><td data-bbox="395 1944 1503 2033"> <ul style="list-style-type: none"> Responsible psychotropic prescribing to adults with an intellectual disability YouTube series Jeremy the Dud short film </td></tr> </table>	Read	<ul style="list-style-type: none"> CP for GPs factsheet series UNSW Positive cardiometabolic health for people with intellectual disability April 2011 AFP issue Disability Summer Foundation Getting the language right: a Health Practitioners guide to writing reports, letters and assessments for the NDIS NDIS Practical resources for GPs and other health professionals 	Watch	<ul style="list-style-type: none"> Responsible psychotropic prescribing to adults with an intellectual disability YouTube series Jeremy the Dud short film
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FOLLOW UP & EXTENSION ACTIVITIES	<ul style="list-style-type: none"> Registrar to undertake clinical reasoning challenge and discuss with supervisor Adapting health lifestyle interventions for people with intellectual disability - ID Health Education Course (free) 				

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Clinical Reasoning Challenge

Amelia is a 32-year-old woman who presents as a new patient to your practice. Her mother attends with her who is also her carer. Amelia was born with Down Syndrome and has a mild-moderate intellectual disability. She lives with her mum and works one day a week in a coffee shop that supports people with disabilities. She enjoys participating in dance classes and other social activities.

Amelia is generally very happy and rarely shows signs of distress even when very unwell. She can feed, dress, and shower herself but needs help to plan meals and manage her money. Her mum states Amelia would like to live independently one day.

Her past medical history includes frequent management of ear infections associated with URTIs and constipation. She does not smoke or drink alcohol. She takes no current medications.

QUESTION 1. What additional history would help you screen for preventable disease for Amelia? List as many as appropriate.

Amelia's mum said they would like to start a new application for the NDIS.

QUESTION 2. What further information might be important to help support Amelia's application to the NDIS? List up to FOUR important areas of information that you would ask about or seek.

1

2

3

4

QUESTION 3. What TWO types of NDIS supports might be appropriate for Amelia's family to apply for at this stage?

1

2

QUESTION 1. Amelia presents 1 month later having hurt her ankle at dance class. She says has had several falls and sprains in the past which you feel could be due to her lower muscle tone and joint laxity. You feel she would benefit from physiotherapy. Can you apply for NDIS funding to cover this? (Yes/No)

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ANSWERS

QUESTION 1

What additional history would help you screen for preventable disease for Amelia? List as many as appropriate.

- Diet and nutrition intake
- Physical activity including weight bearing activities
- Sexual history or intention
- Mood
- Vitamin D intake or sun exposure
- Management of constipation

Amelia's mum said they would like to start a new application for the NDIS.

QUESTION 2

What further information might be important to help support Amelia's application to the NDIS? List up to four important areas of information that you would ask about or seek.

- What specific goals Amelia has
- What other day to day activities are difficult e.g. using public transport, communication, social interactions etc.
- Past specialist or allied health assessments
- Past cognitive assessments

QUESTION 3

What two type of NDIS supports might be appropriate for Amelia's family to apply for at this stage?

- Capacity building: Support or training which would help Amelia build her independence or skills
- Core: Supports that might enable Amelia to complete activities of daily living and work toward goals.

QUESTION 4

Amelia presents 1 month later having hurt her ankle at dance class. She says has had several falls and sprains in the past which you feel could be due to her lower muscle tone and joint laxity. You feel she would benefit from physiotherapy.

Can you apply for NDIS funding to cover this? (Yes/No)

- No: Rehabilitation for acute injuries is not covered under the NDIS and you could consider completing a GPMP/TCA to access physiotherapy for this patient. The NDIS may fund a period of physiotherapy or exercise training to maintain function post rehabilitation or improve the muscle strength and balance issues that are a result of her disability if that is in line with Amelia's stated goals in her NDIS plan.