What is different and what is the same?

A comparison of health outcomes for older people with intellectual disability in Ireland and Australia

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Ageing Across Continents: Insights from Ireland and Australia – health of adults with intellectual disability

Keeping my place in the community: Achieving successful ageing-in-place for people with intellectual disabilities

Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing

HEALTHY HAPPY AGEING

The Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing (IDS-TILDA)

Project Goals

- Explore the similarities and differences across continents
- Provide insights into the health of adults with intellectual disability
- Identify both positive outcomes and potential barriers that may impact on an individual's health and risk their ongoing community engagement.
- Suggest policy recommendations to address the challenges and gaps to enable positive successful ageing for all those with intellectual disabilities.

Method:

Data from existing and independent national studies in Ireland and Australia were matched on demography and diagnoses.

The overall and sex-specific prevalences of nine chronic conditions and multimorbidity across and within both jurisdictions were compared.

Matching the data

- Adults aged 60 plus.
- Mild/Moderate level of intellectual disability (self-consented).
- Living circumstances varied.
- Common items per theme, such as doctor's diagnosis, were mapped for comparison.

N= 392 age 60 yrs. + [range 60 – 87 yrs.]
Level of ID – mild/moderate
53.3% (n=209) Living independently /family
46.4% (n=182) Community group home
0.3% (n<5) Residential

N=172 age 60 yrs. + [range 60 – 95 yrs.]
34.9% (n=60) Mild
65.1% (n=112) Moderate
10.5% (n=18) Living independently/ family
40.7% (n=70) Community group home
48.8% (n=84) Residential

A few interesting demographic differences:

The Irish sample comprised more females than males (35.5% vs. 64.5%) whereas the Australian study had the opposite composition (37.3% vs. 62.7%, respectively).

In Australia, most participants lived independently with support(53.5%), whereas only a minority of Irish participants lived independently (9.3%). Most starkly, most participants in Ireland continued to live in congregate residential settings (51.4%).

Some key findings

Prevalences of Nine Conditions and Multimorbidity in Ireland and Australia

	Ireland		Australia		Fisher's Exact Test
Condition	%	N	%	N	Odds Ratio [95% CI]
Arthritis	27.10	29	40.41	158	0.55 [0.33 - 0.90]
Asthma	8.41	9	16.11	63	0.48 [0.20 - 1.01]
Cerebral Palsy	7.48	8	3.07	12	2.55 [0.88 - 6.99]
Dementia	9.34	10	2.30	9	4.36 [1.54 - 12.49]
Diabetes	16.82	18	25.58	100	0.59 [0.32 - 1.05]
Parkinson's Disease	0.93	1	0.26	1	---
Thyroid Disorder	25.23	27	6.65	26	4.72 [2.50 - 8.92]
Epilepsy	35.51	38	5.37	21	9.64 [5.17 - 18.42]
Hypertension	30.84	33	8.70	34	4.66 [2.62 - 8.31]
Multimorbidity	55.14	59	31.20	122	2.70 [1.71 - 4.30]

Some key findings

Prevalence of conditions and multimorbidity stratified by sex in Ireland and Australia

	Ireland			Australia		
Condition	Female (%)	Male (%)	OR [95%CI]	Female (%)	Male (%)	OR [95%CI]
Arthritis	33.33	15.79	2.64 [0.91 - 8.86]	49.32	35.10	1.80 [1.16 - 2.79]
Asthma	10.14	5.26	2.02 [0.36 - 20.95]	24.66	11.02	2.64 [1.47 - 4.77]
Cerebral Palsy	10.14	2.63	4.14 [0.50 - 193.1]	4.79	2.04	2.41 [0.65 - 9.83]
Dementia	10.14	7.89	1.31 [0.28 - 8.37]	2.74	2.04	1.35 [0.26 - 6.39]
Diabetes	24.63	2.63	11.90 [1.72 - 517.7]	26.71	24.90	1.10 [0.67 - 1.80]
Parkinson's Disease	0	2.63	---	0.68	0	---
Thyroid Disorder	30.43	15.79	2.32 [0.79 - 7.81]	13.69	2.45	6.29 [2.36 - 19.64]
Epilepsy	36.23	34.21	1.09 [0.44 - 2.76]	6.16	4.90	1.28 [0.46 - 3.39]
Hypertension	36.23	21.05	2.12 [0.79 - 6.19]	11.64	6.94	1.77 [0.82 - 2.82]
Multimorbidity	63.76	39.47	2.67 [1.12 - 6.63]	44.52	23.27	2.64 [1.66 - 4.21]

So, what do all those numbers mean?

- Some differences, such as higher rates of dementia in Ireland, are likely the result of sampling variation.

- Thyroid disorder, epilepsy and hypertension were more prevalent in the Irish population.

- Arthritis, asthma and diabetes were more prevalent in Australia.

- In Australia, arthritis, asthma, and thyroid disorder were more common in females compared to males.

So, what do all those numbers mean?

- In Ireland, diabetes prevalence was significantly more prevalent in females where it was 11.9 times more likely to be present than in males.

- The Irish population was 2.7 times more likely to be multimorbid compared to their Australian counterparts.

- Across both countries, females were 2.6 times more likely to be multimorbid than males.

Conclusions:

- Older people with an intellectual disability have a complex health profile.

- While Ireland and Australia are both high-income countries, there is a marked difference in some areas regarding the prevalence of certain diseases.

- This raises important questions about diagnostic practices, healthcare access, and both current and historic systemic service provision, which may disproportionately impact ageing adults with an intellectual disability.

Conclusions:

- It highlight significant inequities, particularly regarding older women with intellectual disability.

- It emphasises the critical need for targeted, evidence-informed, gender-specific population health initiatives, including preventative programmes for this population.

- Questions remain around diagnostic accuracy and the measurement of disease and disease burden in this population that need to be addressed and made consistent from research, policy, and practice perspectives.

What's next?

We have recently been awarded a five-year Medical Research Future Fund grant looking at healthcare issues for older rural people with intellectual disability in all states of Australia.

This new project will specifically map all health outcomes against the Irish study protocol to ensure more accurate comparisons across all key variables.

Acknowledgements

- The IDS-TILDA Team extends grateful appreciation to:
  - Participants, Families and Carers
  - The IDS-TILDA Steering Committee and International Scientific Advisory Board
  - Advisors and Advisory Groups
  - Our Funders

An Roinn Sláinte
DEPARTMENT OF HEALTH

HRB Health Research Board

The Keeping my Place in the Community team extends grateful appreciation to:

- Participants, Advisors and our Advisory Group
- The Australian Research Council

Australian National University

une University of New England

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