

# Nutritional Needs of People with Intellectual Disabilities (PWID)



- There is evidence to show that people with intellectual disabilities (PWID) have greater health needs than the general population
- For people with profound ID and multiple physical disabilities, mortality rates are increased and life expectancy reduced
- Aspiration pneumonia is the leading cause of death in this population

# Eating & Drinking Difficulties (Dysphagia)



- Includes problems with control of food and fluid in the mouth, difficulty chewing and the swallow itself
- Dysphagia can lead to aspiration of food or fluid into the lungs causing a range of symptoms and can lead to respiratory tract infection and pneumonia
- Training for staff, carers and relatives on managing eating and drinking difficulties is essential

# Nutritional Issues: Obesity

- Obesity is more prevalent in PWID
- Studies report greater rates of obesity in women than men and higher rates of obesity in women with intellectual disabilities than women in the general population
- There is a link between obesity and an increased risk of developing heart disease, stroke, certain cancers, Type 2 diabetes and osteoarthritis
- Specific syndromes predispose the individual to obesity e.g. Down's syndrome and Prader Willi Syndrome (PWS)

# Undernutrition 1

- Undernutrition is common in PWID
- This may be as a result of a congenital condition e.g. Cerebral Palsy or Rett's Disorder
- May be as a result of a physical disability affecting the individual's ability to eat and drink independently
- Swallowing difficulties are common in PWID and will impact on nutritional intake

# Undernutrition 2

- Gastro-oesophageal reflux disorder (GORD) may result in poor oral intake and weight loss
- Bowel problems are common in PWID
- Constipation may be as a result of:
  - poor mobility
  - poor dietary fibre intakes
  - insufficient fluids
  - side effect of medication
  - food refusal or poor appetite
- Diarrhoea may deter an individual from eating and drinking because of unpleasant consequences

# Autistic Spectrum Disorder (ASD)



- ASD is more common in children and adolescents with learning disabilities than the general population
- Individuals with ASD often have difficulties with verbal and non-verbal communication
- Often exhibit obsessive and repetitive behaviour particularly around food and mealtimes
- Food aversion is common

# Epilepsy

- Approx 30% of PWID have epilepsy and the incidence increases with the severity of the intellectual disability
- Can affect nutritional intake – client's appetite is often poor pre and post seizure
- Medications used to control epilepsy can cause constipation, diarrhoea, nausea, weight loss or weight gain



# LD & Mental Health

- Mental ill health is common in PWID
- Mental ill health can be a risk factor for becoming obese or for poor appetite
- Medication used in the treatment of mental ill health can impact on nutritional intake and weight
- Evidence exists to suggest a link between a healthy, balanced diet and mental health

# Behaviour Disorders Which May Affect Nutritional Intake

- PICA
  - the term used for ingesting non-food items
  - can affect up to a quarter of PWID
  - can affect absorption of other nutrients
  - can lead to toxicity e.g. nicotine
  - can lead to blockage of gut
- Polydipsia
  - excessive drinking of fluids
  - can result in water intoxication
  - symptoms vary from confusion and lethargy to coma and even death

# Selective Eating

- is common in PWLD e.g. in people with ASD or dementia
- the individual may prefer foods of a particular colour, taste or texture
- may be reluctant to try new foods
- may become distressed in certain environments e.g. busy dining room

# Strategies Which May Help

- Have a structured/predictable mealtime routine
- Visual timetables using picture symbols photos and/or words may help
- ensure there are no underlying health issues such as dental problems, swallowing issues
- Create a calm, comfortable eating environment (!)

# Other Causes of Poor Nutritional Intake



- Lack of knowledge around healthy eating/poor food choices
- Poverty
  - availability and cost of healthy food
  - poor cooking facilities
  - poor cooking skills
- Lack of experienced staff
- Communication difficulties – client may be unable to communicate likes and dislikes, when they are still hungry or when they are full

# Monitoring Nutritional Stats



M – Malnutrition

U – Universal

S – Screening

T – Tool

- Most NHS facilities have received training and will now be using MUST
- Involves 5 steps

# Health Promotion/Healthy Eating



- A healthy, well balanced diet is important for good health and well being
- It can also reduce the risk of diseases such as heart disease, strokes and certain cancers
- A healthy lifestyle with regular physical activity is an important consideration for everyone, including those with ID