



Characteristics influencing attendance at a primary care health check for people with intellectual disability: An individual participant data meta-analysis



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ABSTRACT

Background: Health checks benefit adolescents and adults with intellectual disability, however uptake is low despite government-funded incentives.

Aim: To assess the characteristics of people with intellectual disability who, when offered a health check with their primary care physician at no cost, completed the health check.

Methods and procedures: Data from three randomised controlled trials considering health checks in people with intellectual disability living in the community were included in an individual-patient data meta-analysis. The studies used the same health check and the participant characteristics investigated (age, sex, cause of disability, level of disability and socio-economic position) were defined identically, but participants were sourced from different settings: adults living in 24-h supported accommodation, adults living in private dwellings, and school-attending adolescents.

Outcomes and results: In total 715 participants were offered health checks. Compared to participants with Down syndrome, participants with other known causes of disability were more likely not to attend their health check (odds ratio;95%CI)=(2.5;1.4–4.7), as were participants with no known cause of disability (2.3;1.2–4.3). These associations remained significant after adjusting for potentially confounding variables.

Conclusion and implication: Down syndrome was the only characteristic positively associated with health check attendance across all study settings. Future research should focus on strategies to increase health check uptake in this population.

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What this paper adds

People with intellectual disability have poor health and healthcare and subsequently shorter lifespans than their peers in the general population. Health checks are the only tool used at the primary care level that have high-quality evidence showing their uptake leads to beneficial effects on health outcomes in adults with intellectual disability. Despite government-funded incentives, health check uptake is low. Data from 715 participants from three randomised controlled trials conducted by

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the same research team were combined. An investigation of the characteristics of participants who completed their health checks showed that people with Down syndrome were significantly more likely to complete their checks than people with any other cause of disability. No other characteristic examined was associated with health check uptake. Future research should focus on the reasons for the differential uptake among people with intellectual disability, and the development of strategies to increase uptake in this highly marginalised population.

1. Introduction

People with intellectual disability have poorer health and shorter lifespans than the general population, as well as high levels of unrecognised disease, and inadequate health screening and promotion (Emerson & Baines, 2010; Heslop et al., 2014; Taggart & Cousins, 2014). An investigation of the circumstances of 244 deaths of English people with intellectual disability found that up to 37% of deaths could have been avoided through the provision of good quality healthcare, and that the median ages at death of males and females with intellectual disability were 13 and 20 years younger than their peers in the general population (Heslop et al., 2014). An Australian study found the standardised mortality ratios for males and females with intellectual disability aged 5–69 years compared with the general population were 2.52 and 4.26 respectively (Florio & Trollor, 2015). The Australian Institute of Health and Welfare disability survey found people with intellectual disability aged under 65 years have a number of other associated disabilities including problems in the physical (49%), psychiatric (57%) and sensory/speech realms (44%) (Australian Institute of Health and Welfare, 2008). These levels of disability were congruent with clinical research findings from overseas and in Australia (Baxter et al., 2005; Beange, Lennox, & Parmenter, 1999; van-Schrojenstein-Lantman-De-Valk, Metsemakers, Haveman, & Crebolder, 2000).

Health checks are the only intervention implemented at the primary care level with high quality evidence showing they decrease unmet health need in people with intellectual disability (Bryne, Lennox, & Ware, 2016; Robertson, Hatton, Emerson, & Baines, 2014). Many developed countries, including Australia, have introduced government funded health check programs for this population. In the United Kingdom (UK) health checks for adults with intellectual disability were introduced in primary care services in Wales in 2006, primarily based on evidence from studies involving the Cardiff Health Check that showed health checks identify new health needs and increase health promotion activities (Baxter et al., 2005; Felce et al., 2008a, 2008b). They were introduced as a Directed Enhanced Service, with primary care practices financially rewarded for conducting health checks. This scheme was extended to England in 2008. Despite government funding uptake of health checks is mixed. In Australia less than 1% of eligible adults with intellectual disability received a health check between July 2007 and August 2009, the last years for which data is available (Koritsas, Iacono, & Davis, 2012), whereas in England 44% of those eligible received a health check in 2013/2014 (Public Health England, 2014). This difference can partially be explained by the different health care systems, for example in the UK patients register with a general practitioner and checks are more fully embedded within the practice.

European studies investigating the characteristics of health check attendees in non-disabled adults have found inconsistent associations between demographic and social characteristics such as gender, age, ethnicity, education, marital status and socio-economic position, and health check attendance (Assendelft et al., 2012; Cochrane et al., 2013; Dalton, Bittle, Okom, Majeed, & Millett, 2011). The only two studies to consider the association between individual characteristics and health check attendance among people with intellectual disability were both retrospective audits of routinely collected data. One study of adults in Northern Ireland found that health checks were less likely to be undertaken by those living with family carers and by those living in more socially deprived areas (McConkey, Taggart, & Kane, 2015), while an English study found that health checks were less likely among younger adults and those living in more socially deprived areas (Buszewicz et al., 2014).

An Australian Academic Research Centre has run three randomised trials investigating the health benefits of health checks in people with intellectual disability living in the community. The Endeavour Foundation trial (EF-CHAP) was conducted among adults living in 24-h supported accommodation in 2000–2001, with participants randomised to receive either a health check or usual care (Lennox et al., 2007). The Advocacy and Health (A&H) trial was conducted among adults living in private dwellings in 2004–2005 (Lennox et al., 2010). The A&H trial was a 2 × 2 factorial study; the two interventions studied were a health check and a personalised health diary designed for ongoing use. The Ask Study was conducted among adolescents attending secondary school in 2006–2010, with participants randomised to receive either a health intervention package consisting of health education, a health diary and a health check, or usual care (Lennox et al., 2012). Similarities between trials were the use of the same health check (the Comprehensive Health Assessment Program), that participants lived in the community and were recruited from the same geographical region, and that participant characteristics were recorded using the same criteria. Differences between trials were the age and residences of participants, and that the health check may have been received with other health interventions in the A&H and Ask studies. In each trial participants allocated to receive a health check may, or may not, have attended an appointment with their primary care physician to complete their health check. This study combines data from these three trials in an individual participant data meta-analysis, the aim of which is to identify whether age, sex, cause of disability, level of disability or social position are associated with health check attendance.

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