



Jane Tracy

People with disabilities

A rewarding challenge in general practice

Welcome to an issue of *Australian Family Physician* that is particularly close to my heart. My son has an intellectual disability, and I understand firsthand the importance and challenges of maintaining optimal health in this group of patients.

People with intellectual disabilities, and the associated developmental disabilities of cerebral palsy and autism, present particular management challenges, especially those related to communication and complexity. Health issues tend to blur the divide between health and social care; medical and dental issues; and disorders of physical and mental health. In addressing these issues we work with professionals from the health, disability and social support sectors and see health issues from different perspectives. This enables more integrated care.

In Australia, children with disabilities are often cared for by the general practitioner in partnership with paediatricians; for adults, however, there is (as yet) no equivalent medical specialist. General practitioners therefore have the primary role in managing the health related implications of the disability and coexisting medical conditions. Communication and cognitive impairments, often compounded by social and financial disadvantage, result in the GP's role as coordinator and advocate being crucial in ensuring the patient receives other health and social services in an appropriate and timely manner.

Areas of health disparity between people with intellectual disabilities and the general population have been identified and are outlined in *Health Guidelines for the Care of Adults with Intellectual Disabilities*.¹ This evidence has contributed to policy development, including that underpinning Medicare item numbers for Health Assessments for People with Intellectual Disability (items 701–707);² a key initiative to improve the health of this population. Annual health assessments provide a structure and mechanism to facilitate proactive

healthcare and develop management plans addressing both current concerns and future needs.

Barriers to the receipt of good healthcare experienced by people with intellectual disabilities are acknowledged internationally.^{3,4} In response, those overseeing curriculum in both medical schools and professional colleges are recognising the inclusion of disability health as an important component of medical education at both an undergraduate and postgraduate level. The Royal Australian College of General Practitioners has responded by including disability as an integral part of their national curriculum.⁵

The current focus of my work is medical education. At the Centre for Developmental Disability Health Victoria we teach students that people with disabilities have the same health conditions as the rest of the population (with some differences in risk and prevalence), but presentation, assessment and management may require a slightly different approach. People who have trouble communicating often present with changes in behaviour. Understanding these presentations relies on our powers of observation, lateral thinking and deduction. We ask 'what could this behaviour be telling me?', formulate likely diagnoses and then consider how these could be explored through history, examination and investigation. It's a fascinating and stimulating journey of discovery and GPs, with knowledge of the bio-psycho-social context, a broad range of clinical skills and experience analysing diverse presentations are ideally placed to unravel the mystery and address underlying health concerns. It is also extremely rewarding; patients who have difficulty communicating are very vulnerable and it is satisfying to know one has contributed to improvements in their health and, therefore, their quality of life.

In this issue of *AFP* two of the focus articles cover important, but challenging, aspects of care: behavioural concerns and sexual health. A change in behaviour is an important communication – our

job is to determine what it could mean. Read Robyn Wood's article for further enlightenment! Discussions of sexual expression and health with people with intellectual disabilities are often put in the 'too hard' basket but that strategy is rarely effective! Gillian Eastgate provides straightforward guidelines and suggests simple and effective interventions. The article by Dinah Reddihough focuses on children with cerebral palsy, the most common physical disability in childhood, and provides an overview of important aspects of healthcare for both the child and their family. My own article outlines healthcare across the lifespan for people with the most common known cause of intellectual disability: Down syndrome.

So, read, learn and enjoy both this issue of *AFP*, and working with your patients with disabilities. It really is a most interesting and deeply rewarding area of medical practice.

Author

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