

# Health and Health-related Quality of Life in Adults with Intellectual Disabilities: Baseline Results from the Longitudinal Health and Intellectual and Developmental Disability Study (LHIDDS)



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## Introduction

Adults with intellectual disabilities (ID) are often at a higher risk of developing chronic health conditions which result in poorer health, due to their preexisting biological factors, health risk behaviors, or access to health care and screening. The purpose of this study is to examine health and health related quality of life (HRQOL) in adults with ID living in community settings.

## Research Questions

1. Does health (informant rated health, weight status, HRQOL, number of chronic health conditions, number of medications) differ by sex, age group, and residential type among adults with intellectual disability?
2. What are the trends of health conditions as age advances among adults with ID?
3. What are the implications of the findings?

## Methods

**Study Design:** Baseline data (N=1,619) of the longitudinal study (LHIDDS) were analyzed.

**Survey Instrument:** The LHIDDS survey includes three sections:

1. Health & Function (e.g., health status, chronic health conditions and use of medication, and physical function,
2. Health Behaviors (e.g., physical activity, weight control and dietary habits, smoking and alcohol, oral hygiene, and social participation), and
3. Sociodemographics (e.g., age, gender, race, residential setting, conditions related to ID, level of ID, and employment and day services).

**Data Collection:** Informants were asked to fill out a survey on paper or online based on their preference.

## Measures

**Demographics & characteristics.** Age, age groups (18-34, 35-54, 55-64, and ≥65), sex, race (White, Black, Hispanic or Latino, and other), conditions related to ID (ID only, autism spectrum disorder, cerebral palsy, Down syndrome, and other), type of residence (own home or supportive living, family home, and group home or foster home), and employment status.

**Health.** Informant rated health (1= poor excellent thru 5 = excellent), weight status (BMI, underweight, normal weight, overweight, obesity), HRQOL (in the past 30 days: number of healthy days, physically unhealthy days, mentally unhealthy days, and activity limitation days), number of chronic health conditions, and number of medications taken.

## Results

Table 1 presents the demographics of the participants

Variables	Total %
Age (years)	Mean =37.57 SD = 14.39 Range = 18-86
Age Group (years)	
18-34	50.2
35-54	35.6
55-64	9.9
≥65	4.2
Race	
White	88.0
Black	6.1
Hispanic or Latino	2.8
Other	3.1
Conditions related to ID	
Intellectual disability only	45.2
Down syndrome	24.9
Cerebral palsy	12.8
Autism spectrum disorder	13.4
Other	5.9
Level of intellectual disability	
Borderline	13.2
Mild	31.6
Moderate	24.2
Severe or Profound	8.7
Unknown or not reported	22.2
Type of residence	
Own home or Supportive living	28.5
Family home	68.4
Foster home or Group home	3.2
Employed status	
Yes	60.3
No	39.7

## Health by Sex and Age

### Informant rated health

- Men (58.4%) were more likely to be rated very good or excellent than women (48.3%),  $p < 0.001$ . The pattern is consistent in the 18-34 (67.8% vs. 59.3%),  $p < 0.05$  and 35-54 (55.5% vs. 43.0%) age groups,  $p < 0.01$ .

### Weight status

- Women were more likely to be obese than men (40.0% vs. 31.9%),  $p < 0.01$ .
- There were age group differences in BMI among women. Women aged 35-64 had highest BMI ( $M = 32$ ) and women aged 65 and over had the lowest BMI ( $M = 26.6$ ).

### HRQOL

- There were no significant differences in means of healthy days, mentally unhealthy days between women and men, or unhealthy days across the four age groups.

### Number of chronic health conditions

- Adults with ID aged 65 and over had more chronic health conditions ( $M = 4.8$ ) than those in other age groups,  $p < .001$ .
- Women with ID had more chronic health conditions than men with ID (3.40 vs. 2.88),  $p < .001$ .
- Both men ( $M = 5.0$ ) and women ( $M = 4.6$ ) with ID aged 65 and over had more chronic health conditions than those in other age groups,  $p < .001$ .

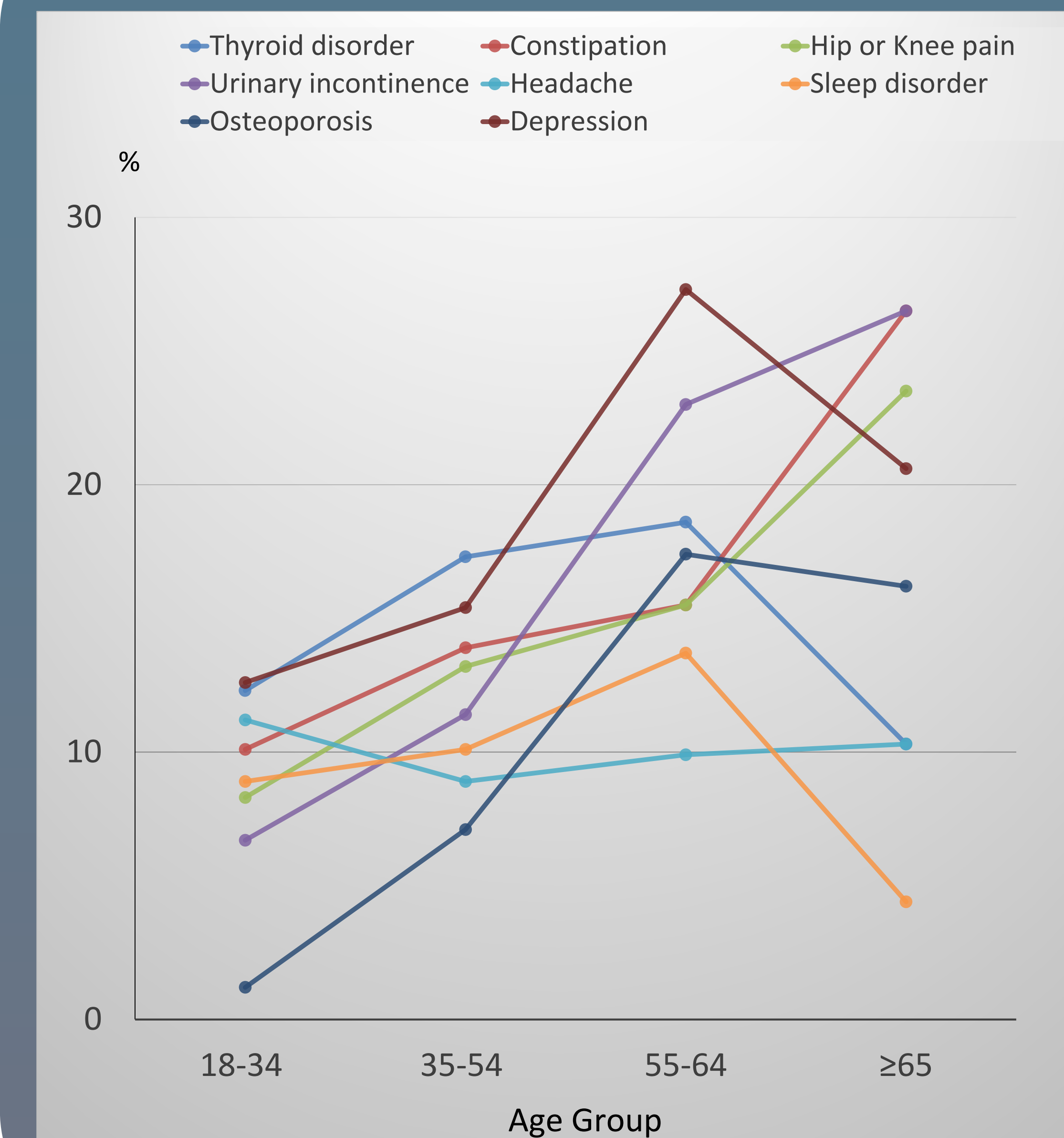
### Number of medications taken

- Adults with ID aged 65 and over took more medications ( $M = 3.5$ ) than those in other age groups,  $p < .001$
- Women with ID aged 65 and over took more medications than women in other age groups ( $M = 3.40$ ),  $p < .001$ .

## Health by Type of Residence

- Adults with ID living with family were more likely to be reported in very good or excellent health (54%) and had a higher number of healthy days ( $M = 25.4$ ) than those living in other residential settings.
- Adults with ID who lived on their own or in supportive living took more medications ( $M = 2.40$ ) than those who lived with family ( $M = 1.44$ ) or lived in foster/group homes ( $M = 1.97$ ),  $p < .001$ .
- Adults with ID who lived in foster/group homes were more likely to take more than three medications (59.4%) as compared to those who lived on their own/in supportive living (48.5%) or lived with family (31.6%),  $p < .001$ .

## Significant Trends of Health Conditions with Age



Note. Linear-by-linear associations tests were employed to examine significant trends across age groups.

## Conclusion

- There are health disparities among women and men, residential settings, and advanced age.
- Development of health promotion programs targeted in specific subgroups and taking aging into account for adults with ID is needed.

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