

Common Infections in the Intellectual and Developmental Disabilities Population

People with intellectual or developmental disabilities (IDD) have more health problems than the general population, including higher sensitivity to certain infections. The inability of many with more severe IDD to verbalize the health complications they are experiencing further complicates the matter, often leading to infections going unnoticed and untreated until they get worse¹. This is why it is important to know which types of infections to carefully monitor for to catch them early.

Ear Infections

The prevalence of otitis media, a middle-ear infection or inflammation, that can cause ear pain, ear drainage, fever, and hearing loss, is estimated to occur in 25% of the IDD population¹. Otitis media can occur when congestion from an allergy or cold blocks the eustachian tube, and bacteria or viruses that have traveled up the tube into the middle ear multiply and cause an ear infection. The higher rate of otitis media in the IDD population is largely caused by higher rates of eustachian tube drainage problems². In IDD persons with otitis media symptoms, instances of self-injury to reduce surrounding noise or irritation can occur. Caregivers should monitor for symptoms and any changes in behavior³. Health interventions for otitis media may include antibiotics, analgesics, and allergy avoidance¹.

Lower Respiratory Infections

Because of the risks inherent in community living, the IDD population is particularly at risk for respiratory infections. Almost half the deaths that occur in institutions are attributed to pneumonia and influenza². Also, IDD individuals aspirate food or liquid into the lungs and suffer from reflux at higher rates, which can lead to lung infections. Individuals with Down Syndrome are at particular risk for respiratory infections because of a poor immune system that makes them at risk to infections and physical malformations that can interfere with sinus drainage and cause them to breathe through their mouths². Common signs and symptoms that caregivers should be aware of that could suggest a respiratory infection are cough, congestion, fever, and difficulty breathing.

Helicobacter pylori (H. pylori)

People with intellectual disabilities in community living situations experience approximately twice the rate of H. pylori infections as the general population and are nearly seven times more likely to have recurrences after triple drug treatment⁴. H. pylori is a bacterium that usually infects the stomach, causing ulcers, and is a cancer-causing agent according to the WHO, contributing to the greater occurrence of gastric cancer observed in the IDD population².

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Helicobacter pylori (H. pylori) Continued

Persons with IDD may display unstable behaviors that can increase their risk of contracting H. Pylori as it can be spread by vomit, saliva, and feces⁴. Increased testing and awareness of symptoms of H. pylori infections, which include abdominal pain that's worse on an empty stomach, nausea, loss of appetite, frequent burping, and bloating, are very important for controlling H. pylori in the IDD population.

Oral Infections

IDD individuals have more untreated tooth decay and a higher prevalence of gingivitis and other periodontal diseases than the general population, which can lead to pain, difficulty eating, sleep disturbance, and decreased self-esteem⁵. Impaired physical coordination or ability and decreased cognitive skills limit the ability to independently complete tasks such as daily tooth brushing. Proper caregiver training in oral care is very important along with consistent supervision, positive reinforcement in proper oral hygiene, and a well-balanced diet⁵.

Infections from Pressure Sores

Individuals with physical disabilities are more likely to be immobilized to some degree. This increases risk for developing bed sores, areas of damaged skin caused by staying in one position for too long, because they are reliant upon caretakers to rotate pressure on their skin. In later stages, pressure sores can cause serious slow-healing infections, some of which can become life threatening⁷. Caregivers should be trained to prevent pressure sores in at the risk IDD individuals, which includes regularly rotating pressure on the skin, utilizing clothes and equipment designed to distribute pressure, keeping skin dry, and frequently checking for any skin abnormalities.

Sources

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