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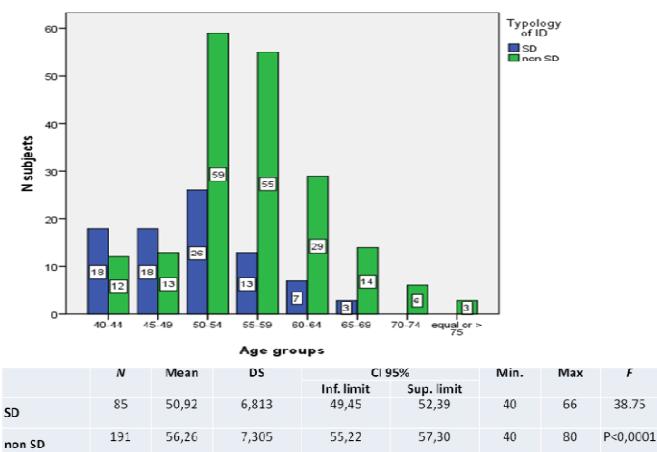
Background

Aging is a general phenomenon in Western countries and in recent years it has affected even people with intellectual disabilities (ID), suffering from some genetic syndromes that present conditions of premature aging (e.g., Down syndrome [SD]) or other organic or psychiatric syndrome-specific problems (eg, metabolic syndrome in Prader Willi syndrome).

In this context, a high percentage of subjects exposed to polypharmacy (≥ 4 drugs) is predictable with a consequent increase in the risk of developing adverse events.

There is very little evidence and epidemiological data regarding this population and we are not aware at the time of the publication of studies that relate to the Italian context.

Clinical and demographic characteristics



Results

Almost 60% of the non-DS subsample is under drug treatment without a statistically significant difference between males and females and subjects with and without cognitive deterioration (data not dem.). Forty-three individuals out of 191 non-DS subjects (22.5%) are under polypharmacy treatment with a mean (\pm DS) of 5.95 (\pm 2.91) drug use (range 4-13).

Non-DS individuals show a higher mean intake of psychotropic medications compared to DS subjects regardless of age, gender, ID severity and presence/absence of cognitive decline (MANCOVA: $F_{(5,8,393)}=4,44$; $p =0.001$).

Only 8 individuals (3% of our sample) are under antalgic treatment, while chronic pain is detected in just 28 individuals (14.6% of our sample).

Aims

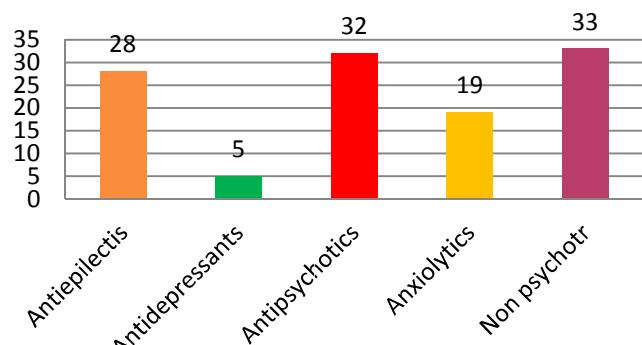
The present investigation is an excerpt from the dataset of a multi-centre validation study of the DSQIID by Deb (2007), which has been applied to a national sample of 276 adult individuals with DI.

The pharmacological data have been collected by means of the Anatomical Therapeutic and Chemical Classification (ATC) of drugs and results will be presented confined to the subsample of adults/seniors with non-DS ($n=191$).

Aims of study were twofold:

- a) to verify the frequency of polypharmacy
- b) to compare psychotropic vs non-psychotropic use drug

Different drug class distribution (%) Adults and elderly people with ID non DS



Conclusions

Over half of the non-DS subsample takes drugs. Polypharmacy does not appear to be very common, but where it occurs, it involves on average six or more different medications.

A post-hoc outcome worthy to highlight is the negligible percentage of chronic pain detected in this subsample.

IN THIS MULTI-CENTRE SAMPLE
UNDERTREATMENT OF PAIN IS COMMON
AGING INDIVIDUALS WITH NON-DS