

ASPECTS OF AGEING IN MENTAL HANDICAP

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INTRODUCTION

The overall picture of mental handicap hospital populations is changing (Primrose 1984), with much longer survival rates. One of the effects of this change will be a shift in patterns of care provided. A study was undertaken to clarify some basic care needs across three bands of a hospital population.

Method

All residents in the Tatchbury Mount hospital who fell exactly into the age ranges 20 - 25, 30 - 45 and 60 years plus were entered into the study. A questionnaire was constructed which examined the physical appearance, physical health, psychiatric wellbeing, self care skills, investigations done and medication for each resident in the study. It was completed with the help of nursing staff familiar with each resident.

Psychiatric assessment included note of formal diagnosis reached, observed mood changes and behaviour and mannerisms. Self care skills were assessed in terms of continence, feeding, bathing and dressing. Communication skills were examined from two aspects, verbal and non-verbal. Verbal skills were assessed by ability to speak and be understood and non verbal abilities were related to capacity to make needs known.

Results

Sixty-three hospital residents were involved in the study. Numbers in each age group and sex are as shown in Table 1.

Age Group 20 - 25 n = 22

Three (14%) residents looked older than their years and 9 (41%) looked younger. There were a total of 54 reported physical problems in this group, a mean of 2.4. Eight residents (36%) had had recent investigations but only one had been abnormal. Only one resident had a recognised syndrome. Nine residents had ever had an EEG. Three of the tracings were abnormal. Twenty-one residents (95%) were on medication, ranging from one to five different prescriptions - see Table II. Twelve (26%) of the forty-seven scripts were for a neuroleptic and twelve for an anti-convulsant. Self care skills were as shown in Table III. Seven residents (32%) were unable to make their needs known, but only two could not understand speech. Eleven (50%) had problems remembering where they put their belongings. Only one resident had a formal psychiatric diagnosis although 18 (82%) were thought to suffer from mood disturbances and 11 (50%) were said to suffer anxiety symptoms.

Age Group 40 - 45 n = 16

Three residents (19%) looked older and 4 (25%) looked younger than their years. There were a total of 29 reported physical problems in this group, a mean of 1.8. Seven (44%) of residents had had recent investigations, but only one had been abnormal. Two residents had a recognised syndrome. Six (37.5%) had ever had an EEG with two abnormal tracings. Ten residents (62.5%) were on medication. Six

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(21%) out of twenty-nine scripts were for neuroleptics and five (17%) for anti-convulsants. Self care skills were as shown in Table II. Two residents (12%) were non verbal, but only one could not make his needs known. Two residents (12.5%) were disorientated beyond the ward and 4 (25%) had memory problems. Four residents (25%) had been diagnosed as suffering psychiatric illness. Eleven residents (69%) were said to have mood disturbances and 5 (31%) suffered anxiety symptoms.

Age Group 60 + n = 25

Seven residents (28%) looked older and 8 (32%) residents looked younger than their years. The oldest resident in the group was 85. There was a total of 70 reported physical problems in this group, a mean of 2.8. Eight residents (32%) had had recent investigations and two abnormalities were found. One resident had a recognised syndrome. One EEG examination had been performed and it was abnormal. Twelve residents (48%) were on medication, 33% of scripts being for cardiac drugs. Self care skills were as shown in Table II. All residents had verbal skills. Eight (32%) were disorientated around the hospital and four (16%) had memory problems. One resident had been diagnosed as suffering from psychiatric illness. Fifteen (60%) had mood disturbances and five (20%) exhibited features of anxiety.

Discussion

One third of the residents studied looked younger than their years. This observation has been attributed to reduced levels of stress in the lifestyle of the mentally handicapped. However, one third of the residents studied looked older than their age in contrast to the popularly held view. The middle age residents were the fittest. The elderly group had the highest rate of physical problems. Incontinence was a problem in more than one fifth of this group, probably related to deteriorating physical health and mobility; incontinence in the elderly did not correlate with difficulties with other self care skills. Self care skills improved through the age groups. The youngest residents had poor self care skills, more than one third were incontinent, and a third were non-verbal. This group also had most residents on medication.

The elderly were the most able and all of them had verbal skills. Disorientation and memory problems were not seen as a major problem in the older group. Spencer (1980) has previously observed that the elderly mentally handicapped are of higher intelligence and well preserved both mentally and physically.

The results of the study bear witness to the recent trend for younger admissions to mental handicap hospitals to be the most handicapped individuals with physical problems, a need for medication, poor self-care and communication skills. Admission to hospital in recent years would seem to be related more to needs for actual care in terms of feeding, dressing, incontinence problems and other such needs than the absolute level of mental handicap.

The study also confirms that many of our elderly residents were remarkably capable, but they do suffer the physical problems associated with ageing as seen in the general population. This is borne out by the type of medication prescribed for this age group. This was in marked contrast to the younger residents. There was a marked preponderance of cardiac drugs.

Many of the elderly residents would not be admitted to hospital if they were presented to mental handicap services today. However, for many of them the hospital has now been their home for decades. Discharge into the community would be a cruel and unnecessary disruption at this stage in their lives. Continued hospitalization is not without its own problems. It may encourage excess dependency, as physical health deteriorates. Self care skills were generally well preserved, but the high incidence of incontinence in this group was disturbing. Residential provision may not be appropriate to the needs of the elderly residents. The psychiatric problems of old age, including dementia, add another dimension to the issue of the residential/care provision.

The formal recognition of psychiatric illness in this study was low. Reid (1972) has commented on the difficulties in diagnosis.

Recognition of mental illness relies heavily on nursing observations and Forrest and Ogunremi (1974) have discussed the problems in consistency of terminology used. Undoubtedly this was a contributing factor in our hospital.

Previous studies have suggested a prevalence of psychiatric illness of 5 - 10 per cent (Heaton-Ward 1977, Reid 1972a, 1972 b) varying up to 59% (Williams 1971) although classification will always remain an issue. The overall incidence of observed mood disturbance was 70% and of anxiety features was 33%. Wright (1982) previously reported a 23% incidence of one or more affective symptom. Day (1985) recently found a low rate (3.7%) of neurotic disorder in long stay residents, but acknowledged that much may go unrecognised and be attributed just to handicap. Particularly high rates of observed psychological disturbance were recorded in the youngest age group who were also recognised as being the most handicapped of those studied. Perhaps recognition, adequate treatment and removal of such additional handicapping factors would further improve and enhance the potential and quality of life for this group of residents.

Acknowledgements

I would like to thank the hospital nursing staff for their co-operation, particularly Charge Nurse, Neil Scott.

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TABLE I

Age Range	♂	♀
20 - 25 n = 22	14	8
40 - 45 n = 16	11	5
60+ n = 25	19	6

TABLE II

Type of Drug	20 - 25	40 - 45	60 +
Neuroleptic	12	6	2
Minor tranquillisers	2	5	—
Anti-parkinsonian agent	7	4	—
Cardiac	—	—	10
Hormonal	2	2	—
Vitamins/Fe	4	—	5
Steroids	1	—	1
Anticonvulsants	12	5	2
Laxative	2	2	3
Lithium	3	—	—
Antidepressant	2	4	—
Thyroid supplement	—	1	—
Hyperglycaemic	—	1	1
Respiratory	—	—	2
Antibiotic	—	—	3
Anti-inflammatory	—	—	1
Totals	47	29	30

TABLE IV
COMMUNICATION SKILLS

	Age Groups		
	20 - 25	40 - 45	60+
No understandable speech	7	2	5
Unable to understand speech	2	0	0
Unable to make needs known	7	1	0

TABLE III
SELF CARE SKILLS

Age Group	Urinary Incontinence		Faecal Incontinence		Feeding			Bathing			Dressing	
	Self	With aid	Self	With aid	Self	With aid	All help	Self	With aid	All help	Self	With aid
20 - 25	41%	36%	59%	23%	18%	32%	32%	36%	41%	27%	32%	—
40 - 45	12.5%	6%	87.5%	12.5%	—	56%	44%	—	69%	31%	—	—
60 +	24%	20%	100%	—	—	60%	36%	4%	68%	32%	—	—