



## AGING WITH DEVELOPMENTAL DISABILITIES

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### LEARNING OBJECTIVES

- ❑ Participants will have a better understanding of the aging process (health, mobility, vision, hearing) and aging issues prevalent with people with Intellectual/Developmental Disabilities (I/DD)
- ❑ Participants will acquire knowledge on how to identify and manage aging issues within a community setting

### WHY ADDRESS THIS ISSUE

- ❑ People with I/DD are living longer
- ❑ Good health plays a vital role in their quality of life
- ❑ It is important that older men and women with I/DD receive the health related information and access to preventative care to promote well-being and prevent future health problems

University Center for Excellence in Developmental Disabilities

### EPIDEMIOLOGY AND LIFE EXPECTANCIES

- ❑ Most individuals with I/DD had shortened life expectancies in institutional residences. Now, aging adults with I/DD are living longer in the community
- ❑ By 2021, seniors will form 18% of Canada's population, compared to 12.5% in 2000.
- ❑ The rate of I/DD among Canadians aged 15 years and over in 2001 was 0.5 percent or 120,140 persons. Of these, an estimated 44,770 persons are aged 45-64 and 11,080 are aged 65-74.
- ❑ As persons with I/DD are living longer, geriatrics healthcare providers need to learn about the characteristics, healthcare needs, and common clinical issues facing this population.


### AGING FOR ADULTS WITH I/DD

- ❑ Genetics, environment, and lifestyle choices affect how all people age
- ❑ How people with I/DD age is additionally affected by the nature and severity of their impairments, secondary conditions arising from the inter-action of the aging process with their I/DD, coexisting medical conditions, and their medication usage
- ❑ Therefore, persons with I/DD and their caregivers need to understand:
  - ❑ How the general aging process affects the body systems
  - ❑ The differences that may occur with people with I/DD

### SYNDROME SPECIFIC

Down Syndrome	Cerebral Palsy
❑ Alzheimer disease	❑ Decreased muscle tone
❑ Early Menopause	❑ Increase of fractures
❑ New onset of seizures	❑ Increased dysphagia
❑ Increased incidence of sleep apnea	❑ Increased pain threshold
❑ Early onset of visual and hearing loss	❑ Increased incidence of constipation/bowel obstruction
❑ Obesity	❑ Increased nutritional needs
❑ Increased risk of heart disease	❑ Breathing problems

### SYNDROME SPECIFIC

Prader-Willi Syndrome	Fragile X Syndrome
❑ Increase in cardiovascular disease	❑ Increased rate of heart problems
❑ Increase in diabetes	❑ Increased rate of musculoskeletal disorders
❑ Low hormone levels	❑ Early menopause
❑ Hypogonadism	❑ Increased visual impairments
	❑ Increased rate of epilepsy
	❑ Increased risk of osteoporosis

### AGING AND CEREBRAL PALSY

People aging with Cerebral Palsy (CP) have an increased likelihood of having:

- ❑ Reduced mobility
- ❑ Bone demineralization
- ❑ Fractures
- ❑ Decreased muscle tone
- ❑ Increased pain
- ❑ Difficult-ty eating or swallowing
- ❑ Bowel and bladder concerns



### AGE RELATED ISSUES

**CHANGES ASSOCIATED WITH AGING**

- Cognitive Decline
- Heart Disease
- Diminished Eyesight
- Hearing Loss
- Osteoporosis
- Arthritis
- Decreased Muscle Mass
- Polypharmacy
- Stroke
- Cancer
- Psycho-Social changes

**CHANGES ASSOCIATED WITH AGING AND I/DD**

**Previous List Plus:**

- Earlier development of some of the chronic conditions or diseases (e.g. dementia, arthritis)
- More severe degrees of sensory impairment
- More severe loss of flexibility in joint function
- Lack of basic knowledge about healthy lifestyle behaviors
- Receive less preventive health measures (e.g., pap smears and mammograms)

**MEDICAL ISSUES DESERVING CLOSE ATTENTION**


- Early aging in those with I/DD and accelerated rate of functional decline
- Earlier development of eye and ear abnormalities
- Higher incidence of seizures in elderly I/DD persons
- Higher incidence of affective disorders, depression, and bipolar disorders associated with aging and I/DD
- Increased incidence of thyroid disease and Alzheimer's disease in people with Down's Syndrome
- Monitor for signs of abuse to individual but also to caregiver

**BEHAVIOURAL ISSUES**

**ALWAYS RULE OUT MEDICAL FIRST**

- Medication side effects
- Medical problems –anemia, high blood pressure
- Metabolic problems –diabetes, thyroid dysfunction
- Hearing or vision problems
- Mental Health

**COMMON HEALTH CONCERNS IN THE ELDERLY I/DD**



**COMMON HEALTH CONCERNS**

- Auditory and Visual Difficulties
- Pain
- Falls
- Polypharmacy
- Gastrointestinal
- Incontinence
- Osteoporosis/Osteoarthritis
- Epilepsy
- Obesity
  - Diabetes
  - Heart Disease
- Confusion
  - 3 D's
    - Alzheimer's Disease
- Sleep Disorders

**VISUAL DIFFICULTIES**

Considerations for People with I/DD

- Adults with Down Syndrome are at higher risk for vision problems and are more likely to experience age-related eye disorders earlier than other older adults
- Blepharitis, keratoconus and cataracts are more common among adults with Down Syndrome
- Because many vision changes occur gradually, individuals may have difficulty recognizing or communicating the problem

**VISUAL DIFFICULTIES**

**Symptoms of a Problem**

- Rubbing eyes
- Squinting
- Shutting or covering one eye
- Tilting or thrusting head forward
- Redness of eye or area around eye

**Changes in Function**

- Stumbling
- Hesitancy on a step or curb
- Holding page or object closer to eyes
- Refusing to participate in previous activities
- Sitting close to TV

**TYPES OF VISION LOSS**

**Loss of Central Vision**

- Blind spot for central field
- Unable to see faces, read.
- Loss of acuity or clarity
- Caused by macular disease

**Loss of Peripheral Vision**

- From glaucoma or retinitis pigmentosa
- Affects safe mobility

**Loss across Visual Field**

- From diabetes, cataracts, keratoconus
- Vision may fluctuate based on amount and direction of light

**SUGGESTIONS FOR CAREGIVERS**

- Provide annual eye exams
- Watch for behaviors suggesting vision problems such as: squinting, confusion, rubbing the eye, shutting/covering one eye, tilting /thrusting the head, holding objects closer.
- Use bright (e.g., yellow, orange, red) and contrasting colours. Use contrasting colours or different textures at stairs and other places to accommodate declines in depth perception.
- Increase lighting levels and arrange lights to focus on individual tasks.
  - Provide nightlights and large print books.
  - Allow time for a person to adjust to changes in light.
  - Reduce glare by using dull instead of highly polished finishes on furniture and floors


### HEARING DIFFICULTIES

#### Considerations for People with I/DD

- ❑ People with Down Syndrome are generally more prone to hearing loss because of the presence of fluid in the middle ear and very small ear canals which can be blocked by relatively small amounts of cerumen (ear wax).
- ❑ Presbycusis is more prevalent among people with Down Syndrome and often occurs among young adults.

### HEARING CHANGES OF AGING

- ❑ Loss of auditory nerve cells and fibers
- ❑ Reduction of blood supply to auditory nerve transmission area
- ❑ Thickening of eardrum
- ❑ Increased ear wax
- ❑ Presbycusis (loss for high pitched speech sounds)
- ❑ Decreased tone discrimination, localization.



### TYPES OF HEARING LOSS

#### Conductive

- ❑ Problem with the physical conduct of sound through the ear structures
- ❑ From earwax, infection, head trauma, damage to ear drum


#### Sensori-Neural

- ❑ Problem with the conduct of the sound signal through the nerve to the brain or the processing of the information in the brain
- ❑ From head trauma, drugs, diabetes, high blood pressure, heredity, kidney failure, coronary artery disease

### HEARING DIFFICULTIES

#### SYMPTOMS

- ❑ Turning TV up loud
- ❑ Speaking loudly
- ❑ Inappropriate response to questions
- ❑ Confusion in noisy situations
- ❑ Isolating
- ❑ Self injurious behaviors



### SUGGESTIONS FOR CARGIVERS

- ❑ Be alert for signs of hearing loss such as boosting the television volume, speaking loudly, withdrawing from social situations
- ❑ Periodically check for wax in the ears
- ❑ Presbycusis (high-pitched tones become harder to hear) may be correctable with a hearing aid
- ❑ Look directly at the person when speaking. Speak clearly and slowly in deeper tones
- ❑ Find a quiet place with minimum background noise for conversing
- ❑ Allow the person time to sort out what he or she has heard.

### PAIN

- ❑ Pain is not a normal part of aging, and may be a sign that something is wrong
- ❑ Chronic physical pain from arthritis and lower back injury is common among many older adults, and frequently is inadequately addressed
- ❑ For older adults, chronic pain can lead to depression, fatigue, decreased socialization, sleep disturbance, impaired ability to move and walk
- ❑ It can also lead to emotional isolation from being disabled or functionally impaired.
- ❑ Women are more likely to report musculoskeletal pain and to have pain in several parts of their body than men are

### PAIN AND CEREBRAL PALSY

- ❑ Chronic pain may be common in patients with CP, and it may be difficult to diagnose and treat because of communication difficulties.
- ❑ Important causes of discomfort in patients with CP include dental abnormalities, ingrown nails, musculoskeletal problems, pathologic fractures, and pressure ulcers.

### SUGGESTIONS FOR CARGIVERS

Medications	Treatments
❑ Acetaminophen	❑ Heat
❑ NSAIDs	❑ Ice
❑ Narcotics	❑ Rehabilitation
❑ Antidepressants	❑ Assistive devices
❑ Antianxiety medicine	❑ Surgery and other procedures
❑ Muscle relaxers	
❑ Steroids	

### FALLS

- ❑ Falls are a major cause of disability and death of senior citizens. More than one third of persons older than age 65 fall at least once each year. Injuries from a fall may range from bruises to life-threatening trauma. Head injuries and fractures of long bones lead the list of serious injuries.
- ❑ Medical problems may predispose a person to suffer a fall. These problems can include:
  - ❑ Changes that decrease vision, particularly at night and in the dark
  - ❑ Neurological problems that cause weakness or affect stability and balance
  - ❑ Medications that cause imbalance, light headedness, decreased coordination or sedation

### SUGGESTIONS FOR CAREGIVERS

- ❑ Encourage independent movement and self-care
- ❑ Promote regular exercise
- ❑ Implement safeguards to prevent falls
- ❑ Promote safe use of mobility aids
- ❑ Provide seating that is comfortable, firm, and not too deep
- ❑ Ask health care provider about calcium and vitamin D supplements, weight-bearing exercise, hormone replacement therapy

### POLYPHARMACY

- ❑ Definitions include:
  - ❑ use of more drugs than is clinically necessary
  - ❑ administration of many drugs together
  - ❑ administration of excessive medication
  - ❑ the practice of prescribing multiple drugs to people suffering from more than one health condition
- ❑ Changes in the liver, kidney and GI systems affect the body's ability to absorb, distribute, and eliminate medications
- ❑ The risk of side effects from medication increases with the number of drugs an individual takes
- ❑ Changes in medication dosage may be required
  - ❑ particularly if individuals have been on the same medications for several years

### SUGGESTIONS FOR CAREGIVERS

- ❑ Make sure that every physician knows about ALL the medications an individual is taking (including vitamins and herbal remedies)
- ❑ Know what each medication does and what the possible side effects are.
- ❑ Start with a low dosage of a new medication and slowly increase it to the recommended dosage
- ❑ Watch for unexplained and unusual symptoms
- ❑ Check for drug to drug interactions and food to drug interactions


### GASTROINTESTINAL

#### Considerations for People with I/DD

- ❑ Older people with I/DD are at greater risk for severe problems from constipation.
- ❑ People who are inactive or who take antidepressants, antipsychotic, anticonvulsant, or phenothiazine medications are more likely to develop constipation.
- ❑ Ongoing bowel and bladder problems that are experienced by many people with cerebral palsy will intensify with age.

### SUGGESTIONS FOR CAREGIVERS

- ❑ Provide a balanced diet that includes high fiber foods and nutrient dense foods
- ❑ Implement a regular schedule for using the toilet.
- ❑ Promote elimination through fluids, fiber and physical activity
- ❑ Observe for constipation
- ❑ Encourage slower eating smaller, more frequent meals
- ❑ Avoid empty calories



### INCONTINENCE

- ❑ Bladder capacity and muscle tone decrease
- ❑ Kidneys become less efficient
- ❑ Enlargement of prostate common
- ❑ Relaxation of pelvic muscles
- ❑ Effects of decreased hormones

### SUGGESTIONS FOR CAREGIVERS

- ❑ Observe for voiding patterns - increased or decreased frequency, changes in continence
- ❑ Observe for signs of infection- frequency, urgency, accidents, discomfort, unusual odor, color or bleeding. There may be no fever or usual symptoms
- ❑ Regular screening tests and examinations
- ❑ Good hygiene practices
- ❑ Preventative Measures
  - ❑ More frequent urination
  - ❑ Make sure toilet facilities are nearby and accessible
  - ❑ Kegel exercises

### OSTEOPOROSIS

- ❑ Osteoporosis is a disease in which bones become fragile and are more likely to break.
- ❑ Osteoporosis is more prevalent among older individuals with I/DD than among other older people
- ❑ Osteoporosis is a particular concern because older people are more at risk of falling due to mobility and balance problems
- ❑ Unfortunately, many older women become aware that they have osteoporosis only after they break or fracture a bone.


### OSTEOPOROSIS: RISK FACTORS

❑ Advanced age	❑ Early menopause
❑ Family history of osteoporosis	❑ Diet low in calcium or Vitamin D
❑ Caucasian or Asian ethnicity	❑ High alcohol and/or coffee intake
❑ Thin or small stature	❑ Excessive weight loss
❑ Physical inactivity; condition that limits movement	❑ Smoking

Brown, A., and Murphy, L. (2007). Aging and Developmental Disabilities: Women's Health Issues

### PREVENTION OF OSTEOPOROSIS

- Diet
- Exercise
- Weight Management
- Quit Smoking
- Medications



### EPILEPSY

- Management of epilepsy in the older adult, particularly one with I/DD, is challenging.
- May be more prone to side effects due to changes in oral absorption, polypharmacy, and changes in renal and hepatic metabolism
- With aging, tolerance of neurocognitive effects of AEDs may decrease. Clinicians should reassess the AED regimen periodically, even if the epilepsy itself is well controlled.
- Decreased bone density combined with increased trauma and falls due to seizures may lead to fractures and loss of independence.

### SUGGESTIONS FOR CAREGIVERS

- Seizures don't last long.
- They end naturally.
- You can't stop them.
- People don't feel pain during the seizure, although their muscles may be sore afterwards.
- Seizures are usually not life-threatening, although in senior citizens the extra strain on the heart, the possibility of injury and the reduced intake of oxygen may increase the risk.
- They are not dangerous to others. The movements produced by a seizure are almost always too vague, too unorganized and too confused to threaten the safety of anyone else.

### OBESITY

**Increases the Risk of:**

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, and colon)
- High blood pressure
- Lipid disorders (i.e. high cholesterol & triglycerides)
- Stroke
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis
- Gynecological problems

### DIABETES

- Over time Diabetes can cause problems like heart disease, stroke, kidney disease, blindness, nerve damage, and circulation problems that may lead to amputation.
- People with type 2 diabetes have a greater risk for Alzheimer's disease.
- The good news is that there are things you can do to take control of diabetes and prevent its problems.

<http://www.nia.nih.gov/health/publication/diabetes-older-people>

### MANAGING DIABETES

- Tracking your glucose levels
  - Very high glucose levels or very low glucose levels (called hypoglycemia) can be risky to your health
- Making healthy food choices
  - Learn how different foods affect glucose levels. For weight loss, check out foods that are low in fat and sugar
- Getting exercise
  - Daily exercise can help improve glucose levels in older people with diabetes. Keeping track of how you are doing
- Talk to the doctor about how well the diabetes care plan is working. Make sure you know how often to check glucose levels

### THINGS TO KEEP IN MIND

- Have yearly eye exams
- Check your kidneys yearly. A urine and blood test will show if your kidneys are okay
- Get flu shots every year and the pneumonia vaccine. A yearly flu shot will help keep you healthy
- Check your cholesterol
- Watch your blood pressure
- Care for your teeth and gums
- Find out your average blood glucose level
- Protect your skin. Take care of minor cuts and bruises to prevent infections
- Look at your feet. Take time to look at your feet every day for any red patches

### HEART DISEASE

**Considerations for People with I/DD**

- An estimated 30% to 60% of people with Down Syndrome are born with heart problems (congenital heart disease), and young adults with no history of heart problems may develop heart valve dysfunction.
- Adults with these conditions may develop special needs as they grow older. However, adults with Down Syndrome are at low risk for atherosclerosis.

### HEART DISEASE RISK FACTORS

- Undiagnosed
- Family history of hypertension
- Diabetes
- Lack of cardiovascular fitness
- Smoking
- Menopause can increase cholesterol levels which can lead to greater risk for heart disease or stroke

### HEART ATTACK WARNING SIGNS

- ❑ Shortness of breath
- ❑ Pain or tightness in the chest, arm or jaw
- ❑ Dizziness
- ❑ Fainting
- ❑ Lack of energy

Brown, A., and Murphy, L. (2007). Aging and Developmental Disabilities: Women's Health Issues

### SUGGESTIONS FOR CAREGIVERS

- ❑ Regular moderate exercise
- ❑ Watch for signs of fatigue, decreased endurance, dizziness, confusion, and distress
- ❑ Allow enough time between position changes to prevent dizziness
- ❑ Place heavy objects at waist level or below to eliminate lifting them over the head
- ❑ Encourage a reduction in cigarette smoking
- ❑ Implement a diet that increases "good" cholesterol and reduces "bad" cholesterol
- ❑ Provide routine blood pressure tests, and implement a low salt diet to reduce high blood pressure
- ❑ Learn the signs and the symptoms of a heart attack

### CONFUSION

As people age, "CONFUSION" is used as a broad term to describe behavior changes. Common causes of confusion in the elderly are:

- ❑ Drug intoxication
- ❑ Circulatory disturbances
- ❑ Metabolic and fluid imbalances (e.g., thyroid and kidney problems)
- ❑ Major medical and surgical treatments
- ❑ Neurologic disorders, infectious processes, nutritional deficiencies
- ❑ Abrupt loss of significant person
- ❑ Multiple losses in a short span of time
- ❑ Moves to radically different environments

### DELIRIUM

- ❑ To provide appropriate care, it is important to understand distinctions between three conditions that can manifest as "Confusion": **Delirium, Dementia, and Depression**
- ❑ **Delirium** is severe confusion with hyperactivity. It is characterized by a rapid impairment of intellectual function resulting from a widespread disturbance of brain metabolism. Characteristics include clouding of consciousness, mental incoherence, and impaired concentration and attention (Edwards, 2003).

### DEMENTIA

- ❑ **Dementia** is broadly defined as an observable decline in mental abilities (APA, 2000). In general, its onset is insidious and memory impairment is often a prominent early symptom.
- ❑ People with dementia have difficulty learning new material. Short-term memory problems commonly result in losing valuables such as wallets and keys, or forgetting about food that is being cooked on the stove.
- ❑ In more severe dementia, people may forget previously learned material, such as the names of loved ones.

### DEPRESSION

- ❑ The World Health Organization defines **Depression** as a "common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration" (WHO, 2010).
- ❑ Depression is more prevalent among people with developmental disabilities compared to their general population peers and is frequently under-assessed, under-diagnosed and untreated.
- ❑ Several conditions may mimic depression, such as metabolic and endocrine disorders (e.g., serum glucose abnormalities, pernicious anemia, hypothyroidism, or hyperthyroidism) (Edwards, 2003; Sutherland & Sklar, 1999).

### ALZHEIMER'S DISEASE

- ❑ People with I/DD develop Alzheimer's disease at rates similar to older adults in the general population
- ❑ Adults with Down Syndrome develop Alzheimer's disease at greater rates



### ALZHEIMER'S WARNING SIGNS FOR ADULTS WITH I/DD

- ❑ Loss of activity of daily living skills, difficulty with well-learned abilities
- ❑ Changes in personality; more withdrawn, more frustration
- ❑ Periods of inactivity or apathy, disinterest in activities the individual previously enjoyed
- ❑ Development of seizures not previously seen
- ❑ Disorientation to time and place
- ❑ Increase in stereotyped behaviours
- ❑ Hyperactive reflexes
- ❑ Visual retention deficits
- ❑ Speech difficulties, not able to use words or speech that is not clear

### SLEEP DISORDERS

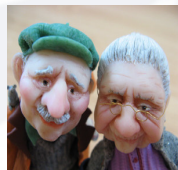
#### Considerations for People with I/DD

- ❑ People with Down Syndrome are more likely to develop sleep apnea because of: unusually small upper airways, increased secretions, obesity, poor muscle tone, tongue weakness, and enlarged tonsils and adenoids resulting from frequent infections
- ❑ The prevalence of sleep apnea is likely to increase as they age. Symptoms of sleep apnea include excessive daytime sleeping, behavioural disturbances, declining functional skills, and disrupted sleep patterns

### SUGGESTIONS FOR CAREGIVERS

- ❑ Encourage a regular sleep routine
- ❑ "Sleep Hygiene"
- ❑ Reduce the intake of caffeine and fluids before bedtime
- ❑ Discourage the use of sleeping pills. Instead, try methods to promote sleep including relaxation techniques and warm milk
- ❑ Watch for signs of sleep apnea such as excessive daytime sleeping, behavioral disturbances, skill decline and disrupted sleep patterns

### SUMMARY



### CONSIDERATIONS FOR PEOPLE WITH DOWN SYNDROME

- ❑ Small increases in motor problems may be exhibited by adults without Down Syndrome after age 50
- ❑ Individuals without Down Syndrome may experience a gradual decline in intellectual capacity and the speed of recall
- ❑ Individuals with Down Syndrome begin to show losses in cognitive and adaptive skills by age 50
- ❑ The onset of Alzheimer's disease may occur at a younger age and may result in a more rapid decline among people with Down Syndrome than in the general population

### CONSIDERATIONS FOR PEOPLE WITH OTHER I/DD

- ❑ Mental illness is more prevalent among people with I/DD than among the general population
- ❑ Depression is the most frequently noted affective disorder among older people with I/DD
- ❑ People with I/DD are more likely to become depressed from less stressful situations than the general population
- ❑ Anxiety disorders and phobias are more common among people with mild and moderate levels of impairment

### SUGGESTIONS FOR CAREGIVERS

- ❑ Establish routines
- ❑ Use memory aids and familiar objects to help a person learn new tasks and remember old ones
- ❑ Speak slowly, clearly and distinctly
- ❑ Ask simple questions and give simple instructions
- ❑ Provide environmental cues (e.g. changing the color of the walls and the flooring to differentiate areas)
- ❑ Refer individuals showing signs of Alzheimer's/dementia for a thorough clinical evaluation to rule out treatable conditions that produce the same symptoms.
  - ❑ These include: hypothyroidism; B-12 deficiency; brain tumor; stroke; kidney; liver and electrolyte disturbances; medication effects; depression; sensory changes; and sleep apnea.

### KEY POINTS

- ❑ The aging of persons with a I/DD may occur at a younger age (10-20 years) than the general population and be affected by factors related to their specific disability
- ❑ It is important that caregivers pay attention to the indicators of aging such as changes in social roles, activity level, interests, behaviour patterns, response to things in the environment and health conditions

### SUGGESTIONS FOR CAREGIVERS

- ❑ Empower the person by directly involving them with treatment considerations and decisions. Encourage family involvement and participation in planning. Identify and involve "circles of support" during transitions to new environments
- ❑ Respect people's need to be independent and to live and die as they choose. Help them to pursue their personal dreams
- ❑ Watch for signs of loneliness, depression, or isolation, especially if there are changes in living situations. Review all possible medical and environmental factors to determine origin or cause of changes in behaviour

### ARRANGE FOR THE FOLLOWING ASSESSMENTS

- |                            |                            |
|----------------------------|----------------------------|
| ❑ Eye exam                 | ❑ Smoking                  |
| ❑ Hearing test             | ❑ Alcohol consumption      |
| ❑ Tracking of menstruation | ❑ Living situation         |
| ❑ Dental exam              | ❑ Status of caregivers     |
| ❑ Mammogram                | ❑ Social activities        |
| ❑ Gynecological exam       | ❑ Access to transportation |
| ❑ Prostate exam            | ❑ Interests/hobbies        |
| ❑ Skin inspection          | ❑ Sleep routine            |
| ❑ Exercise routine         | ❑ Community activities     |
| ❑ Toileting                | ❑ Home safety and security |
| ❑ Diet                     |                            |

### RESOURCES

- ❑ <http://www.shrtn.on.ca/resources>
  - ❑ <http://www.shrtn.on.ca/community/aging-and-developmental-disabilities-add-community-practice>
- Seniors Health Research Transfer Network (SHRTN)**
- ❑ <http://www.opadd.on.ca/>
  - ❑ [http://www.opadd.on.ca/Documents/transitionguide-final-sept0105\\_001.pdf](http://www.opadd.on.ca/Documents/transitionguide-final-sept0105_001.pdf)
- Ontario Association on Developmental Disabilities**
- ❑ [http://www.aging-and-disability.org/en/resources\\_and\\_links](http://www.aging-and-disability.org/en/resources_and_links)

**There is always a lot to be thankful for, if you take the time to look. For example, I'm standing here thinking how nice it is that wrinkles don't hurt.**

**-Author Unknown-**

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