CPD Whilst You Wee

Learning Disability

21st March 2026

- Men with LD **die** **23 years younger** and women **27 years younger** than those without LD
- People with a LD can often have complex co-morbidities, hearing and visual impairment
- 40% of deaths are due to pneumonia (many preventable)
- Dysphagia, macro- or micro-aspiration, and reflux are very common
- People with a LD can present in atypical ways, be suspicious for acute medical illness when there are new behavioural changes reported

People with a LD face multiple barriers to accessing healthcare- make the most of your opportunity to promote their health and prevent avoidable deaths:

- Prescribe and promote **twice daily toothbrushing** reducing risk of death from aspiration
- Promote **vaccination** and health (cancer) **screening**
- Warn patients with epilepsy and their carers of the higher risk of **SUDEP** (sudden unexpected death in Epilepsy) with LD – suggest nocturnal audio monitoring
- Ask about **constipation** – a common and avoidable cause of morbidity and death. Show the Bristol Stool chart. Promote hydration, activity and high fibre diet
- Avoid unnecessary **polypharmacy** (STOMP – Stopping the over medication of people with a learning disability, autism or both)
- On discharge letter ask if the GP has them on the LD register for an **annual health check**

Acute Medicine Podcast

STOMP Guidance

RCP Toolkit

T - Time: it takes longer to get a history, be thorough addressing each system in turn, ask specific questions, open questions can be challenging.

E - Environment: think about noise, lighting and distractions. What helps?

A - Attitude: Are bloods or ECG essential? Be sensitive to carers concerns.

C - Communication: Pause between sentences, avoid medical jargon, be specific with instructions, use visual aids, pictures or Makaton signs if possible.

H - Help: Get the LD team involved ASAP. Ask about community LD team contacts or social worker involvement. Early collateral history can be vital.