



# Obesity and Diabetes in Adults with Learning Disabilities

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## The Stats

Adults with a learning disability are more likely to be obese than the rest of the population

31% men with a LD compared to 24% General Population

45% women with a LD compared to 27% of General Population

This most recent data on the prevalence of excess weight in people aged 18 and older with learning disabilities is based on analysis of data from GPs across the whole of England.

## The Health Inequalities

PHE estimates that 70,000 premature deaths in the UK could be avoided each year if UK diets matched nutritional guidelines.

The CIPOLD [2013] report showed that people with a learning disability die an average of 17 years younger than the rest of the population

Addressing the Obesity issue is therefore high on our agenda as part of the bridging the health inequality gap

People with learning disabilities have substantially higher rates of conditions associated with being overweight:-

- diabetes**
- heart failure**
- strokes**

# Why are people with learning disabilities more likely to be obese ?

- Self Image - Body perception
  - Medical Conditions
  - Social Reasons
- Capacity to understand impact of their decision
- Ability to truly understand and follow diet plan
  - Accessibility of exercise options
  - Health Literacy of their carers



# Case Examples

## SO WHAT CAN GP's Do??

At the End of the Annual Health Check it is a requirement to complete the health plan  
EG re diet

### **The GP will :-**

- review and possibly change medication that affects weight
- alter nutrition where this is assisted by gastrostomy
- management of diabetes
- Play a role in any capacity and best interest decision

### **Fred will:-**

- I will follow a healthier diet with help of my carers
- I will taking more exercise with help of my carers

### **Freds care staff will :-**

- Make sure they understand the health risks of their current diet and exercise plan - contact the CLDN for info if necessary
- Provide them with clear information in a format they understand about what they should and shouldn't eat.
- Support with food diaries and regular weigh in's
- consider attending or following a slimming world or weight watchers diet
- Help teach to cook and shop for health meals [using SW or WW]
- help them develop an exercise plan which ensures they do at least 2.5 hrs physical exercise a week
- If they are reluctant to follow the plan then consider whether they have capacity to understand the risks in their decision and call a multi disciplinary meeting to consider a best interest decision care support plan.



# What Can We Do From Here ?

## CLDN's

Easy read guide for understanding health implications of obesity and diabetes [mental capacity]

Write a guide of good practice examples

Pull together and develop, where necessary, material in different formats re  
exercise diet Diabetes wellbeing Mental Capacity easy diet and exercise recording charts

share with Diabetic nurses in practices and care providers

Carers training session and material - Their Roles Responsibilities and Core Diet and Exercise Information

## Diabetic Nurses

Work with the CLDN's to develop material that is useful / in line with what they need as the health care provider.

## All

Build closer links countywide between clinicians and CLDN's for a multidisciplinary approach

Remember - if care providers aren't supporting someone to maintain their health this COULD be a safeguarding concern