NHS
Greater Glasgow and Clyde

# CLINICAL GUIDELINE

# Bone Health in Patients with Learning Disabilities

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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| **Version Number:** | 4 |
| **Does this version include changes to clinical advice:** | No |
| **Date Approved:** | 6th November 2019 |
| **Date of Next Review:** | 31st October 2022 |
| **Lead Author:** | Stephen Gallacher |
| **Approval Group:** | Medicines Utilisation Subcommittee of ADTC |

**Important Note**:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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# GUIDELINE FOR BONE HEALTH IN PEOPLE WITH LEARNING DISABILITY

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If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.


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| **Date of publication:** | February 2019 |
| **Review date:** | February 2022 |
| **Written by:** | Dr Stephen Gallacher/ Dr Elita Smiley |
| **Approved by:** | |

# NHSGGC Learning Disability Bone Health Guideline

People with learning disability have a significant, lifelong, condition which started before adulthood, which affected their development and which means they need help to:

- Understand information
- Learn skills, and
- Cope independently

Learning disability is also known as intellectual disability, or in the past mental retardation/handicap. The latter terms are outdated, stigmatising and can cause offence, so should *not* be used.

Learning Disability should not be confused with specific (rather than global) learning difficulties, such as dyslexia. People with a learning disability are not a homogeneous group, some live independently with little support (mild learning disability), others require support with all aspects of daily living, (severe or profound learning disability).

People with learning disability have considerable health inequalities and poorer health care than the general population. Understanding, identifying and addressing inequalities is at the heart of NHSGGC's approach to providing effective health care.

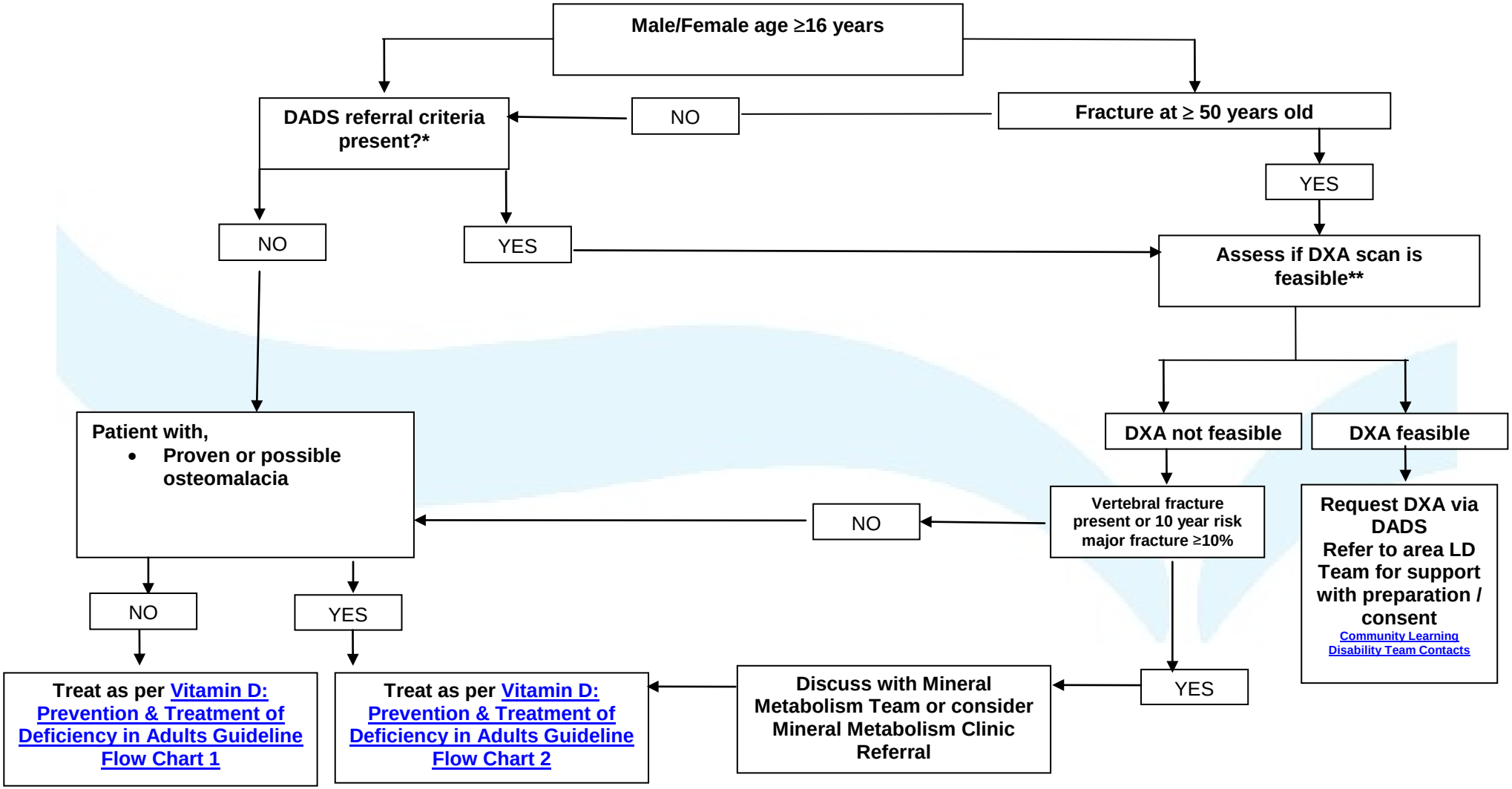
NHSGGC has dedicated community Learning Disability Teams which support General Practice to meet primary health care needs of all adults with learning disability. Community Learning Disability Teams can also provide advice and support around any reasonable adjustments that people with learning disability might require to ensure they can access any investigations and treatments they need.

The learning disability health check process has identified a significant number of people with low vitamin D results and osteoporosis and/or at increased fracture risk. People with learning disability have increased prevalence of osteoporosis and lower bone density than the general population. There are several contributory factors:

- impaired mobility/lack of weight bearing exercise
- genetic factors - some syndromes are associated with a failure to produce sex hormones, delayed puberty, or earlier menopause for example as might be seen in Down syndrome
- poor nutrition/being underweight
- some antiepileptic and antipsychotic drugs can adversely affect bone health
- social/environmental factors such as reliance on carers to support being outdoors to optimise vitamin D levels

Review of the use of the Direct Access DXA Service (DADS) for osteoporosis/fracture risk assessment highlighted the need to include the specific health needs of people with a learning disability. A partnership of Primary, Acute Care, and Learning Disability clinicians have collaborated to create a bone health protocol specific to people with a learning disability for use alongside the existing DADS / DXA scan protocol. This guideline is for use both by clinicians with a special interest in learning disability and by all GPs seeing these patients.

# NHSGGC GUIDELINE FOR BONE HEALTH IN PEOPLE WITH LEARNING DISABILITY




* DADS Referral Criteria:

- Men and women who sustain fracture after age 50 years
- corticosteroids (≥7.5mg prednisolone or equivalent per day for more than 3 months)
- follow-up DXA as advised by DADS/FLS or Mineral Metabolism Clinic
- calculated 10 year risk (of major fracture) – assessed by QFracture or FRAX - ≥10% - risk calculators available at: Direct Access DXA Service (DADS)

** Feasibility of DXA Scan – Requirements:

- consent from patient/carer
- able to weight bear for transfer onto/off scanner or need for hoist recorded on referral form
- absence of significant spine scoliosis
- able to lie still unsupported for 1-2 minutes

Patients with feeding tubes - Discuss calcium and vitamin D supplementation with dietetics and pharmacist for appropriate formulation for use via PEG tube.