

Primary care utilization among children with intellectual disabilities transitioning into adulthood

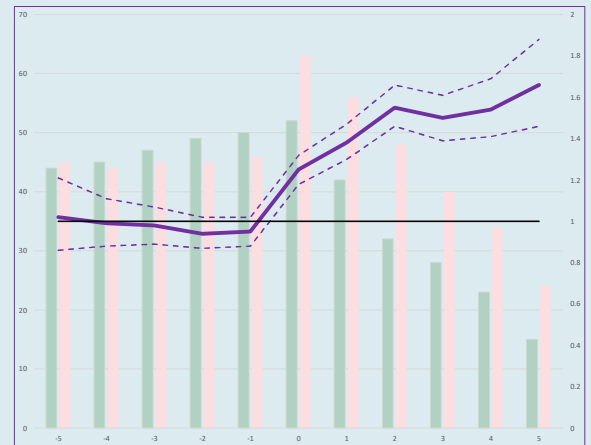
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Conclusion

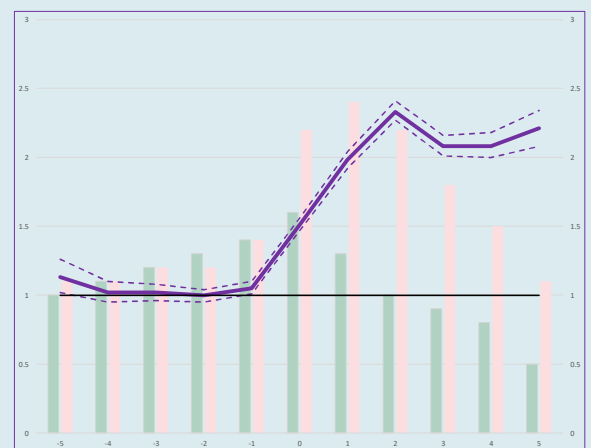
- Adolescents with intellectual disability have similar rates of primary health care contacts as adolescents from the general population.
- However, when transitioning into adulthood, adolescents with intellectual disability have a large increase in primary health care contacts and a slower decrease afterwards.
- The causes for this need to be investigated.

Background & aim

Transitioning into adulthood comes with a range of potential challenges, one of them being changes in health care provision. In Sweden, primary care is delivered in the same setting to both children and adults. However, when turning 18 years, the young adult is expected to be responsible for their own health care, and parents can no longer access the child's health care records. Previous studies have suggested that for adolescents with intellectual disabilities, this transition into adult health care may be particularly challenging. However, most studies have focused on subgroups of adolescents with intellectual disability, such as those with Down Syndrome, or with specific health care concerns, such as mental health disorders. The aim of this study was to assess potential changes in primary care utilization among adolescents with intellectual disability transitioning into adulthood in comparison with their age peers in the general population.



At least one health care contact in the gPop (green) and ID (pink) cohorts, and RRs with 95% CIs (lines) in relation to the year of the 18th birthday



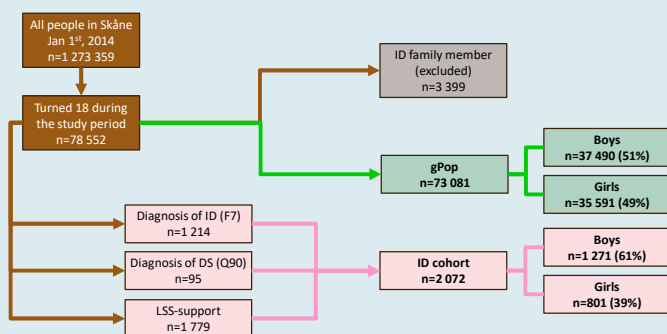
Mean number of health care contacts in the gPop (green) and ID (pink) cohorts, and RRs with 95% CIs (lines) in relation to the year of the 18th birthday

Results

- Up until the year of the 18th birthday, there were no differences between the gPop and ID cohorts for having a least one yearly health care contact or the number of yearly health care contacts.
- In the year of turning 18, there was an increase in health care contacts in both cohorts. This was more pronounced in the ID cohort, resulting in increased risk for both outcomes.
- The number of health care contacts decreased during the years after transitioning in both cohorts. However, the decrease was slower in the ID cohort, and the risk increase remained during the whole observation period.

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Flowchart of study population identification

Methods

We identified all people living in Skåne on January 1st, 2014, and who turned 18 years old during the study period (2014-2019). People with diagnosis of intellectual disability or Down syndrome, or with LSS support, were included in the ID cohort. After excluding family members of people with intellectual disability, the remaining people comprised the gPop (general population) cohort.

We investigated two outcomes: 1) having at least one health care contact in primary care and 2) the number of health care contacts in primary care. Cohort comparisons were performed for each year five years prior to and five years after the year of the 18th birthday. Analyses were adjusted for age at inclusion (i.e., in 2014) performed using Poisson regression, thus estimating relative risks (RRs) with 95% Confidence Intervals (CIs).