

# Adults with intellectual disabilities are at high risk of preventable emergency admissions

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Adults with intellectual disabilities have more than twice as many emergency hospital admissions and five times more preventable emergency admissions than other comparable individuals.

Researchers from St. George's University of London linked primary care records with hospital admission data in a sample of 16,666 [adults](#) with intellectual disabilities and 113,562 age-, sex- and practice-matched controls without intellectual disabilities from England's general population. They analyzed all [emergency admissions](#) and those only for preventable ambulatory care sensitive conditions. Among adults with intellectual disabilities, 3,847 (23 percent) had an emergency admission and 1,809 (11 percent) had multiple admissions.

In comparison, 12 percent of those in the control group had one or more emergency hospitalizations and 4 percent had multiple admissions. The overall annual rate for emergency hospitalizations in adults with intellectual disabilities was 182 per 1,000 adults, nearly three times higher than their matched controls (IRR=2.82; 95 percent CI, 2.66-2.98) and more than double the control group when adjusted for comorbidities, smoking and deprivation (HR=2.16; 95 percent CI, 2.02-2.30). The overall rate of emergency admissions for ACSCs for adults with intellectual disabilities was 61 per 1,000 adults, compared to 12 per 1,000 for the [control group](#) (IRR=5.62; 95 percent CI, 5.14-6.13). The most common ACSCs resulting in admission for adults with

intellectual disabilities were convulsions/epilepsy (36 percent), lower respiratory tract infection (19 percent) and [urinary tract infection](#) (11 percent).

This study, the first in the United Kingdom to use an unselected group of adults with [intellectual disabilities](#) to accurately quantify differences in emergency admissions, lays the foundation for health interventions for adults with such disabilities, particularly as their life expectancy increases. Higher emergency admission rates represent an area where improvements can be made, the authors suggest.

**More information:** <http://www.annfammed.org/content/15/5/462.full>

Provided by American Academy of Family Physicians

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