

Consultants in mental handicap and adults with severe learning difficulty/multiple handicaps

DEAR SIRS

Consultants in mental handicap customarily receive two major groups of referrals. First are mentally handicapped people with disordered behaviour which now includes 'challenging behaviour'. Second are highly dependent seriously mentally handicapped people, often with multiple handicaps. On reaching 12 to 16 years of age, mentally handicapped children under the care of paediatricians may be transferred to consultants in mental handicap. There are numerous severely mentally handicapped adults living in the community at home or in residential facilities and attending day centres who are referred to consultants for opinions about management and placement.

For some time to come, consultants working full-time or part-time in mental handicap and colleagues covering for them will continue to provide a service for the second group of patients. They may not appear to have psychiatric disorder in the narrowest sense, but they can be regarded as having a cerebral dysfunction. In the appraisal of these patients it can be useful to have a framework of the topics to be inquired into and looked for especially. These can form a basis for consultation, examination and advice to ensure that all needs are covered.

The sheet given below summarises points which arise in the assessment and treatment of this type of patient. It can provide a check-list and a record sheet if the other side of the paper is used for personal details, fuller history, notes and comments.

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Summary Sheet Algorithm

High dependency severe learning difficulty/multiple handicaps

ASSESSMENT/EXAMINATION

Biography of development

Pre-natal, birth, post-natal, 'milestones', childhood, immunisations, illnesses, schooling, occupation.

Family history

Clinical somatic features:

Height Weight Physique

Note obesity, tallness, dwarfism

Hair hairline

Head shape: round, long.
size: measurements.

Brachycephalic, dolichocephalic, microcephalic, hydrocephalic, acro-, scapho-, plagio-cephaly.

Eyebrows confluent, synophrys.

Eyes size, microphthalmia.

Distance apart, hypertelorism.

Palpebral fissures slope V or Λ.

Ears size, form, position, lobules.

Mouth gums, tongue, teeth, palate.

Jaw micrognathism, prognathism.

Neck ?short, thick, Klippel-Feil.

Carrying angle elbows.

Palmar creases Simian, Sydneyline.

Dermatoglyphs

Fingers arachnodactyly (long, thin), ectrodactyly (absence), polydactyly (extra), syndactyly (bony fusion), zygodactyly (webbing), clinodactyly (incurving).

Thumbs ?retroflexible.

Toes size, gaps.

Sexual characteristics

Skin hairiness, pigmentation.

Limbs motordysfunction: type, location, severity.

Neurological abnormality e.g. spina bifida.

Degree of mental handicap

Self-help and social skills; feeding, dressing, washing, walking, talking.

NEEDS/THERAPIES

Epilepsy anti-epileptic drugs, EEG, scan.

Vision } tests, aids.
Hearing }

Speech therapy advice.

Nutrition dietary advice, supplements, liquidised food, special utensils, mats, trays.

Teeth cleaning, hygiene, treatment, ?GA, ?consent.

Physiotherapy exercises, positioning – guidance to carers. Relaxation, e.g. rebound therapy, hydrotherapy, muscle relaxant drugs.

Occupational therapy mobility (Mobility Allowance); Wheelchair – private, DHSS, hand/electric powered; Mould for position.

Orthopaedic advice Consultant's assessment, ?surgery. Special footwear, e.g. wedges, built-up shoes. Consultant's continuing prescription for equipment.

Day care and occupation education, leisure, recreation, social activities, ?transport.

Respite/relief care provision

Diagnosis ICD classification.

Problems/risks Choking, upper respiratory and chest infections, pica, anaemia, intestinal abnormality: obstruction, e.g. Trichobezoar, phytobezoar; constipation, diarrhoea, incontinence, infection, self-injury, head banging, trichotillomania.