

1. *Corrigendum*. Journal of Intellectual Disability Research, 2011. **55**(8): p. 821-821. A correction to the article "Recruitment and Consent of Women with Intellectual Disabilities in a Randomized Control Trial of a Health Promotion Intervention," that appeared in issue number 55 of the journal is presented.
<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=62963327&site=ehost-live&scope=site>
2. *Developing health resources with the help of people with Down syndrome*. Learning Disability Practice, 2006. **9**(4): p. 16-18. Lynda Russell describes how focus groups, which included people with Down syndrome, helped develop health promotion material for those with learning disabilities.
<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2009181621&site=ehost-live&scope=site>
3. *DIGEST*. Adapted Physical Activity Quarterly, 2012. **29**(2): p. 193-198. Reviews of several articles on physical activity are presented, including "Physical Activity and Cognitive Function in Multiple Sclerosis," by R. W. Motl and colleagues, published in a 2011 issue of the "Journal of Sport and Exercise Psychology" and "Getting From Here to There and Knowing Where: Teaching Global Positioning Systems to Student With Visual Impairments," by C. L. Phillips, published in a 2011 issue of the "Journal of Visual Impairment & Blindness."
<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=74207719&site=ehost-live&scope=site>
4. *DIGEST*. Adapted Physical Activity Quarterly, 2011. **28**(4): p. 370-376. The article presents abstracts on several studies about adapted physical activity including "The Accuracy of Talking Pedometers During Free-Living Activities," by C. Albright and G. J. Jerome, "Perceptual and Motor Inhibition and Traumatic Brain Injury," by C. Catale, S. Germain and T. Meulemans, and "Health and Physical Education: School for the Deaf," by P. Kurkova, N. Scheetz and J. Stelzer.
<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=66315637&site=ehost-live&scope=site>
5. *National program helps consumers with SMI achieve career goals*. Mental Health Weekly, 2008. **18**(14): p. 1-4. The article focuses on the Johnson & Johnson-Dartmouth Community Mental Health Program, developed by the New Hampshire-Dartmouth Psychiatric Research Center. The program provides team-based training and ongoing consultation to state departments of mental health and vocational rehabilitation. It is an evidence-based supported employment effort that helps individuals with severe mental illness (SMI). They will receive services from an integrated mental health team.
<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=31614808&site=ehost-live&scope=site>
6. *Physical health*. Journal of Applied Research in Intellectual Disabilities, 2010. **23**(5): p. 467-480. The article presents abstracts on intellectual disabilities (ID) which include an assessment on health promotions for people with ID, research on healthy behaviors of individual with ID, and down syndrome from childhood to maturity.
<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=52903611&site=ehost-live&scope=site>
7. *Physical Health*. Journal of Intellectual Disability Research, 2012. **56**(7/8): p. 749-765. Abstracts of several studies related to physical health are presented including "Public Health Approaches to Intellectual Disability," by E. Emerson "Health Promotion Program: Tools for Community Action," by B. Marks and J. Sisirak and "Public Health and Intellectual Disability," by G. Glover.
<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=76651350&site=ehost-live&scope=site>
8. *Practice Notes: Strategies in Health Education*. Health Education & Behavior, 2009. **36**(1): p. 5-8. This article features two exemplary programs in health education practice: (1) Project L.E.A.P (Learning Effective and Applicable Parenting); and (2) A program that uses a pedestrian count tool to measure environmental and health promotion efforts. Project L.E.A.P. was developed by the Atlanta Alliance on Developmental Disabilities to promote parenting skills among parents with intellectual disabilities. The second program was developed by the Northern Kentucky Health Department to identify a reliable monitoring tool to assess their progress in the promotion of walkable community initiatives. This tool was to become an integral part of the walkability initiatives of the City of Erlanger, Kentucky.
<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ826348&site=ehost-live&scope=site>
<http://dx.doi.org/10.1177/1090198108330318>

9. Afzal, M., et al., *Mental Retardation and Mental Health: Paradigm Shifts in Genetic, Clinical and Behavioural Research*. Journal of Medical Sciences, 2008. **8**: p. 603-640.
10. Aglen, B., M. Hedlund, and B.J. Landstad, *Self-help and self-help groups for people with long-lasting health problems or mental health difficulties in a Nordic context: A review*. Scandinavian Journal of Public Health, 2011. **39**(8): p. 813-822. Aim: The aim of this review is to provide systematic knowledge of research from Nordic countries about the meaning of self-help and self-help groups when these are used as a concept or method addressing issues related to long-lasting health problems or mental health difficulties. Methods: Included were studies conducted in the Nordic countries that were published between January 1999 and September 2009. These studies investigated self-help and self-help groups addressing issues related to long-lasting health problems. Results: A total of 83 publications met the inclusion criteria. Four major characteristics of self-help were found to be present in the publications: self-help as an intrapsychological process, self-help as an interpsychological or group process, self-help as a coping, individual learning or empowerment process, and self-help as an alternative or complement to medical treatment. Of the 83 studies, 72 publications used a professional treatment perspective for studying self-help and 11 publications used a perspective derived from alternative or complementary therapies. Conclusions: The review shows that most of the research on self-help and self-help groups for people with long-lasting health problems or disability is conducted with an interest to improve the professional healthcare system. That is, the health-promotion strategy is mainly considered in the framework of treatment or care settings. This means that self-help in this context does not challenge the dominant biomedical health model.
<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dlN5anlcK1DIIP&product=WOS&UT=000297423600004&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord>
11. Ahmad, N., et al., *Study of health status and etiological factors of mentally challenged children in a school for mentally challenged in rural Maharashtra*. Internet Journal of Medical Update-EJOURNAL, 2010. **5**(2). The mental health of the child affects his physical health and the learning process. The present study was conducted to study the health status and etiological factors among 58 mentally challenged children in a school for the mentally challenged at Sangamner. Majority of mentally challenged children (68.0%) were in 5-9 years age group. Most of them had moderate retardation (43.0%). Down's syndrome (17.23%) was commonest, followed by Fragile X syndrome (6.89%). In 70.68% children no clinical syndrome was associated with mental retardation. 60.35% children were offspring of consanguineous marriages. In 63.8% children the causes for mental retardation were idiopathic, and genetic causes were found in 29.31% children. For mentally challenged children better quality of life should be provided by disability limitation and suitable rehabilitation.
<http://www.ajol.info/index.php/ijmu/article/view/56158>
12. Ahmead, M. and P. Bower, *The effectiveness of self help technologies for emotional problems in adolescents: a systematic review*. Child and Adolescent Psychiatry and Mental Health, 2008. **2**(1): p. 20. BACKGROUND:Adolescence is a transition period that involves physiological, psychological, and social changes. Emotional problems such as symptoms of anxiety and depression may develop due to these changes. Although many of these problems may not meet diagnostic thresholds, they may develop into more severe disorders and may impact on functioning. However, there are barriers that may make it difficult for adolescents to receive help from health professionals for such problems, one of which is the limited availability of formal psychological therapy. One way of increasing access to help for such problems is through self help technology (i.e. delivery of psychological help through information technology or paper based formats). Although there is a significant evidence base concerning self help in adults, the evidence base is much weaker in adolescents. This study aims to examine the effectiveness of self help technology for the treatment of emotional problems in adolescents by conducting a systematic review of randomized and quasi-experimental evidence.METHODS:Five major electronic databases were searched: Medline, PsycInfo, Embase, Cochrane Controlled Trials Register and CINAHL. In addition, nine journals were handsearched and the reference lists of all studies were examined for any additional studies. Fourteen studies were identified. Effect sizes were calculated across 3 outcome measures: attitude towards self (e.g. self esteem); social cognition (e.g. self efficacy); and emotional symptoms (i.e. depression and anxiety symptoms).RESULTS:Meta analysis showed small, non-significant effect size for attitude towards self (ES = -0.14, 95% CI = -0.72 to 0.43), a medium, non-significant effect size for social cognition (ES = -0.49, 95% CI = -1.23 to 0.25) and a medium, non-significant effect size for emotional symptoms (ES = -0.47, 95% CI = -1.00 to 0.07). However, these findings must be considered preliminary, because of the small number of studies, their

heterogeneity, and the relatively poor quality of the studies. CONCLUSION: At present, the adoption of self help technology for adolescents with emotional problems in routine clinical practice cannot be recommended. There is a need to conduct high quality randomised trials in clearly defined populations to further develop the evidence base before implementation.

<http://www.capmh.com/content/2/1/20>

13. Ajami, B.A., et al., *Dental treatment needs of children with disabilities*. Journal of Dental Research, Dental Clinics, Dental Prospects, 2007. **1**(2): p. 93-98.

Background and aims. Children and adolescents with disabilities appear to have poorer oral health than their non-disabled counterparts. The aim of this study was to assess the frequency and severity of oral diseases and treatment needs using world health organization criteria of caries, periodontal disease and malocclusions in a selected population of children with disabilities in Mashhad, Iran.

Materials and methods. A randomized study on 1621 children aged 5-16 was conducted in 13 special schools by six examiners, using a mouth mirror, explorer and enough lighting.

Results. The caries frequency of hearing impaired children (HI) was lower than those mentally retarded (MR) and visually impaired (VI) (DMFT: 2 ± 1.91 versus 2.27 ± 1.97 and 2.68 ± 2.30 , respectively). MR children appear to have poorer oral hygiene and periodontal status than their otherwise disabled counterparts. Most children had class I malocclusion (57%).

Conclusion. According to this study, an epidemiological survey followed by the implementation and evaluation of long-term public dental health care plan for children and adolescents with disabilities is highly recommended.

<http://dentistry.tbzmed.ac.ir/joddd/index.php/joddd/article/view/16>

14. Akhavan Karbasi, S., et al., *Evaluation of Inheritance Pattern in Mentally Retarded Children*. SSU Journals, 2011. **19**(3): p. 292-301. Introduction: Mental retardation is one of the most important problems of general health. The purpose of this study was to evaluate inheritance pattern of mentally retarded patients in Yazd city. Methods: In a descriptive cross-sectional study, all medical records and pedigrees of 320 mentally retarded children whose parents had referred for genetic consultation to the Welfare center of Yazd city were reviewed. Results: Of the total, 62.8% of the parents had consanguineous marriage. Mean inbreeding coefficient of offsprings was 0.0713 in third degree related parents versus 0.0156 in non-related parents. Mental retardation was seen in 43.4% of first-degree relatives of children (6.6% of parents and 36.8% of siblings, respectively). Frequency of mental retardation did not differ significantly in both sexes. Pedigree showed inheritance pattern in 43.4% of patients (autosomal recessive, autosomal dominant and x-linked inheritance pattern were seen in 33.75%, 6.9% and 2.8%, respectively), while 37% of patients had no definite inheritance pattern. Abnormal karyotype were seen in 19.4% of patients, 28 of whom (8.75% of all patients) had Down syndrome. The prevalence of autosomal recessive inheritance in patients with consanguineous marriages and non family marriages was 62.8 % and 10%, respectively (P=0.002). Conclusion: Since multiple cases of mental retardation were seen in families and rate of consanguineous marriage was more in parents of mentally retarded children, genetic counseling in consanguinity marriages and families of mentally retarded children can prevent incidence of mental retardation in these families.

http://jssu.hbi.ir/browse.php?a_id=1567&sid=1&slc_lang=en

15. Allen, D., *The relationship between challenging behaviour and mental ill-health in people with intellectual disabilities*. Journal of Intellectual Disabilities, 2008. **12**(4): p. 267-294. Challenging behaviours and problems of mental ill-health are common amongst people with intellectual disabilities. The article examines conceptual similarities and differences between these conditions, examines the data on comorbidity, and explores possible hypothetical relationships between behavioural and psychiatric disorder in this population. While there is little evidence at present to suggest that many of the challenging behaviours seen in people with intellectual disabilities are underpinned by problems of mental ill-health, only qualified conclusions are possible because of limitations in the quality and scope of existing research. A conceptual model for looking at the risk variables that may contribute to both conditions is suggested, and requirements for future research and current multi-disciplinary practice are outlined.

<http://jid.sagepub.com/cgi/content/abstract/12/4/267>

16. Almeida, A.M., et al., *Signs Workshop: Promotion of early communication skills of children with developmental disabilities*. Technology and Disability, 2008. **20**(1): p. 1-7. This article presents and describes the framework and the development process of the "Signs Workshop" CD-ROM, which is a multimedia application for the promotion of early communication skills of children with developmental disabilities. Signs Workshop CD-ROM was created in the scope of Down's Comm Project, which was financed by the Calouste Gulbenkian Foundation, and is the result of a partnership between UNICA (Communication and Arts Research Unit of the University of Aveiro) and the Portuguese Association of Trisomy 21 Carriers (APPT21/ Diferencas). 2008 IOS Press. All rights reserved.

<http://ovidsp.ovid.com/ovidweb.cgi?>

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<http://openurl.bibsys.no/openurl?>

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17. Alphen, L.M.v., et al., *The significance of neighbours: views and experiences of people with intellectual disability on neighbouring*. Journal of Intellectual Disability Research, 2009. **53**(8): p. 745-757. Background People with intellectual disability (ID) who live in regular neighbourhoods have experiences with their neighbours, which are important to understand when studying social integration. Method This study describes and analyses the opinions on, and experiences with, neighbour relationships of 39 people with ID living in neighbourhood housing facilities. Results We found that, while the views of people with ID on 'good neighbouring' were consistent with 'neighbouring' described in sociological literature, their experiences may be influenced by an organisational context, the tendency to formalise relationships and apprehension towards meeting unfamiliar people. Conclusion Understanding influential factors to neighbouring for people with ID may shed light on the processes involved in social integration of people with ID at a neighbourhood level. This paper contributes to understanding the opinions of people with ID on satisfactory neighbourhood relationships, and explores opportunities to improve them. [ABSTRACT FROM AUTHOR]

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18. Angela, H., et al., *Cognitive behaviour therapy (CBT) for anxiety and depression in adults with mild intellectual disabilities (ID): a pilot randomised controlled trial*. Trials, 2011. **12**.

<http://www.trialsjournal.com/content/12/1/95>

19. Annerstedt, M. and P. Währborg, *Nature-assisted therapy: Systematic review of controlled and observational studies*. Scandinavian Journal of Public Health, 2011. **39**(4): p. 371-388. Background: Nature's potentially positive effect on human health may serve as an important public health intervention. While several scientific studies have been performed on the subject, no systematic review of existing evidence has until date been established. Methods: This article is a systematic evaluation of available scientific evidence for nature-assisted therapy (NAT). With the design of a systematic review relevant data sources were scrutinised to retrieve studies meeting predefined inclusion criteria. The methodological quality of studies and abstracted data were assessed for intervention studies on NAT for a defined disease. The final inclusion of a study was decided by the authors together. Results: The included studies were heterogeneous for participant characteristics, intervention type, and methodological quality. Three meta-analyses, six studies of high evidence grade (four reporting significant improvement), and 29 studies of low to moderate evidence grade (26 reporting health improvements) were included. For the studies with high evidence grade, the results were generally positive, though somewhat ambiguous. Among the studies of moderate to low evidence grade, health improvements were reported in 26 cases out of 29. Conclusions: This review gives at hand that a rather small but reliable evidence base supports the effectiveness and appropriateness of NAT as a relevant resource for public health. Significant improvements were found for varied outcomes in diverse diagnoses, spanning from obesity to schizophrenia. Recommendations for specific areas of future research of the subject are provided.

<http://sjp.sagepub.com/cgi/content/abstract/39/4/371>

20. Aracena, M., et al., *A cost-effectiveness evaluation of a home visit program for adolescent mothers*. Journal of Health Psychology, 2009. **14**(7): p. 878-887. A home visit intervention program for adolescents throughout their pregnancy and during the early stages of motherhood was evaluated. The participants (N = 90) were part of a larger group of adolescents treated in two health centers in a poor neighborhood in Santiago, Chile. The program was carried out by volunteer community health monitors and evaluated through an experimental, randomized, controlled clinical trial. Cost-effectiveness was examined in comparison with standard health care. Results show higher scores for the intervention group on the mothers' mental health and nutritional state, as well as on the children's levels of linguistic development.

<http://hpq.sagepub.com/cgi/content/abstract/14/7/878>

21. Arora, A., et al., *Early childhood feeding practices and dental caries in preschool children: a multi-centre birth cohort study*. BMC Public Health, 2011. **11**(1): p. 28. BACKGROUND:Dental caries (decay) is an international public health challenge, especially amongst young children. Early Childhood Caries is a rapidly progressing disease leading to severe pain, anxiety, sepsis and sleep loss, and is a major health problem particularly for disadvantaged populations. There is currently a lack of research exploring the interactions between risk and protective factors in the development of early childhood caries, in particular the effects of infant feeding practises.METHODS/DESIGN:This is an observational cohort study and involves the recruitment of a birth cohort from disadvantaged communities in South Western Sydney. Mothers will be invited to join the study soon after the birth of their child at the time of the first home visit by Child and Family Health Nurses. Data on feeding practices and dental health behaviours will be gathered utilizing a telephone interview at 4, 8 and 12 months, and thereafter at 6 monthly intervals until the child is aged 5 years. Information collected will include a) initiation and duration of breastfeeding, b) introduction of solid food, c) intake of cariogenic and non-cariogenic foods, d) fluoride exposure, and e) oral hygiene practices. Children will have a dental and anthropometric examination at 2 and 5 years of age and the main outcome measures will be oral health quality of life, caries prevalence and caries incidence.DISCUSSION:This study will provide evidence of the association of early childhood feeding practices and the oral health of preschool children. In addition, information will be collected on breastfeeding practices and the oral health concerns of mothers living in disadvantaged areas in South Western Sydney.
<http://www.biomedcentral.com/1471-2458/11/28>

22. Baker, J.K., M.M. Seltzer, and J.S. Greenberg, *Longitudinal effects of adaptability on behavior problems and maternal depression in families of adolescents with autism*. Journal of Family Psychology, 2011. **25**(4): p. 601-609. Research on families of individuals with autism has tended to focus on child-driven effects utilizing models of stress and coping. The current study used a family systems perspective to examine whether family level adaptability promoted beneficial outcomes for mothers and their adolescents with autism over time. Participants were 149 families of children diagnosed with autism who were between the ages of 10 and 22 years during the 3-year period examined. Mothers reported on family adaptability, the mother-child relationship, their own depressive symptoms, and the behavior problems of their children at Wave 1, and these factors were used to predict maternal depression and child behavior problems 3 years later. Family level adaptability predicted change in both maternal depression and child behavior problems over the study period, above and beyond the contribution of the dyadic mother-child relationship. These associations did not appear to depend upon the intellectual disability status of the individual with autism. Implications for autism, parent mental health, family systems theory, and intervention with this population are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

23. Balogh, R., et al., *Organising health care services for persons with an intellectual disability*. Cochrane Database of Systematic Reviews, 2008(4). Background When compared to the general population, persons with an intellectual disability have lower life expectancy, higher morbidity, higher rates of unmet health needs, and more difficulty finding and getting health care. Organisational interventions are used to reconfigure the structure or delivery of health care services and may prove useful to decrease the noted disparities. Objectives To assess the effects of organisational interventions for the mental and physical health problems of persons with an intellectual disability. Search strategy We searched the Cochrane Effective Practice and Organisation of Care Group specialised register (no year restriction), MEDLINE, EMBASE, CINAHL, other databases from January 1990 to April 2006 reference lists of included studies, and we consulted experts in the field. Selection criteria Randomised controlled trials, controlled clinical trials, controlled before and after studies and interrupted time series of organisational interventions aimed at improving care of mental and physical health problems of adult persons with an intellectual disability. Data collection and analysis Two review authors independently extracted data and assessed study quality. Missing data were requested from authors of included studies. Main results Eight studies met the selection criteria: six were randomised controlled trials, one was a controlled before and after study, and one was an interrupted time series. In general the studies were of acceptable methodological quality. The included studies investigated interventions dealing with the mental health problems of persons with an intellectual disability, none focused on physical health problems. Three of the studies identified effective organisational interventions and five showed no evidence of effect. Only two studies were similar enough to analyse using a meta-analysis. In the pooled analyses 25 participants received assertive community treatment and 25 received standard community treatment. Results from measures of function, caregiver burden and quality of life were non-significant. Authors' conclusions There are currently no well designed studies focusing on organising the health services of persons with an intellectual disability and concurrent physical problems. There are very few studies of organisational interventions targeting mental health needs and the results of those that were found need corroboration. There is an urgent need for high quality health services research to identify optimal health services for persons with an intellectual disability and concurrent

physical problem.

[http://apps.webofknowledge.com/InboundService.do?](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000259895000093&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

[SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000259895000093&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000259895000093&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

24. Barr, M. and N. Shields, *Identifying the barriers and facilitators to participation in physical activity for children with Down syndrome*. Journal of Intellectual Disability Research, 2011. **55**(11): p. 1020-1033. Background Many children with Down syndrome do not undertake the recommended amount of daily physical activity. The aim of this study was to explore the barriers and facilitators to physical activity for this group. Methods Eighteen in-depth interviews were conducted with 20 parents (16 mothers, 4 fathers) of children with Down syndrome aged between 2 and 17 years to examine what factors facilitate physical activity and what factors are barriers to activity for their children. The participants were recruited through a community disability organisation that advocates for people with Down syndrome and their families. Interviews were recorded, transcribed and independently coded and analysed by two researchers using thematic analysis. Results Four themes on facilitators of physical activity were identified: (1) the positive role of the family; (2) opportunity for social interaction with peers; (3) structured accessible programmes that make adaptations for children with Down syndrome; and (4) children who were determined to succeed and physically skilled. Four themes on the barriers to physical activity were also identified: (1) characteristics commonly associated with Down syndrome; (2) competing family responsibilities; (3) reduced physical or behavioural skills; and (4) a lack of accessible programmes. Conclusions The results highlight the important role of families in determining how much physical activity children with Down syndrome undertake and the effect that common characteristics associated with Down syndrome can have on maintaining an active lifestyle. Future research needs to concentrate on successful methods of encouraging physical activity, such as ensuring social interaction is part of the activity, and eliminating barriers to physical activity such as the a lack of appropriate programmes for children with Down syndrome. Implementing these strategies may encourage children with Down syndrome to participate more frequently in a physically active lifestyle. [ABSTRACT FROM AUTHOR]

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25. Baskind, R., M. Kordowicz, and R. Chaplin, *How does an accreditation programme drive improvement on acute inpatient mental health wards? An exploration of members' views*. Journal of Mental Health, 2010. **19**(5): p. 405-411. Background: Concerns have been raised about inpatient mental health care. An accreditation model can improve compliance with standards associated with improved quality of health care. Aims: To explore the effects of a standards-based, peer review, accreditation model on standards of care in acute inpatient wards and explore how staff achieved change. Method: Quality of care was assessed by independent peer review against evidence-based standards in an accreditation process. Staff from the 11 wards receiving subsequent accreditation were interviewed to find out what processes had enabled accreditation. Results: Sixteen wards enrolled: four achieved immediate and 11 subsequent accreditation. The most common reasons for initial failure of accreditation were lack of psychological therapies or 1:1 time for patients, and presence of ligature points. Ward staff perceived the accreditation process improved communication, gave power to negotiate for resources, clear guidance how to practice, rewarded good practice and led to additional unrelated improvements in care. Conclusions: Acute wards need to attend to basic safety and provide talking treatments (both formal psychotherapy and basic time spent with patients). An accreditation, peer-reviewed, standards-based process can enable staff to feel confident about improvements in the quality of care. [ABSTRACT FROM AUTHOR]

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26. Bate, S.L. and M.J. Cannon, *Regular Symposia A Social Marketing Approach to Building a Behavioral Intervention for Congenital*

Cytomegalovirus. Australian and New Zealand Journal of Psychiatry, 2007. **41**(2 suppl); p. A133-A213. Congenital cytomegalovirus (CMV) is the most common congenital infection in the United States, causing permanent disabilities in more than 5,500 children born each year. In the absence of a vaccine, a promising means of prevention is through a behavioral intervention that educates women about CMV and promotes adherence to hygiene guidelines during pregnancy. Although effective behavioral interventions have been identified for other infectious diseases with similar transmission modes, current research has not yet identified an effective intervention for CMV. One way to gather evidence and identify key elements of a successful CMV intervention is through a social marketing approach. This article describes a five-step process for applying social marketing principles to the research and development, implementation, and evaluation of a CMV behavioral intervention.

http://anp.sagepub.com/cgi/content/short/41/2_suppl/A133

<http://hnp.sagepub.com/cgi/content/abstract/12/3/349>

27. Bauer, S.C. and M.E. Msall, *GENETIC TESTING FOR AUTISM SPECTRUM DISORDERS*. Developmental Disabilities Research Reviews, 2011. **17**(1): p. 3-8. Children with autism spectrum disorders (ASD) have unique developmental and behavioral phenotypes, and they have specific challenges with communication, social skills, and repetitive behaviors. At this time, no single etiology for ASD has been identified. However, evidence from family studies and linkage analyses suggests that genetic factors play a pivotal role in the etiology of ASD. However, ASD appear to be influenced by complex genetic and environmental factors, and evidence suggests that this is not a single gene disorder. In particular, ASD has a complex behavioral phenotype, and this variation reflects complex genotypes under the influence of external factors. With these considerations in mind, it is important to recognize that genetic testing is a vital component of the diagnostic evaluation of children with ASD. For example, children with ASD who have definitive etiologies may be able to access more specific resources, they may be spared long, emotionally and financially exhausting diagnostic journeys, and associated medical conditions and comorbidities can be managed proactively. Most importantly, children with disabilities of unknown origin should have an ongoing evaluation of potential etiologies for their symptoms (Crocker, 1987). Our purpose is to describe current trends in genetic testing for ASD, potential genetic etiologies of ASD, known genetic disorders associated with ASD, and recommendations for genetic testing in ASD. We will also emphasize the importance of access to informed health professionals, especially in the contexts of stigma and community supports. (C)2012 Wiley Periodicals, Inc. Dev Disabil Res Rev 2011;17:3-8.

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SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000301760500002&SrcApp=EndNote&DestFail=http%3A%2F

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28. Beacroft, M. and K. Dodd, *'I Feel Pain'- audit of communication skills and understanding of pain and health needs with people with learning disabilities*. British Journal of Learning Disabilities, 2011. **39**(2): p. 139-147. An audit was conducted across Surrey to investigate pain recognition and management with people with learning disabilities. This section of the audit looked at what people with learning disabilities understood and experienced when they had pain compared to good practice from the literature. The results show that people with learning disabilities struggle to discuss pain effectively, and that little use is made of additional communication aids. People with learning disabilities rely on others to deal with their pain, but may not tell people that they are in pain. The most common response to having pain is to go to the doctors, and many people were not offered pain medication by staff. It was also reported that other alternative strategies were not used to manage pain. Although most people did not make the decision as to whether they needed to see their doctor, most people knew who their doctor was and reported good experiences in terms of information sharing once at the appointment. Further work has since been undertaken in Surrey to address the concerns raised in this audit through the development of information booklets on pain recognition and management for people with learning disabilities and for staff and family carers, together with the development and roll out of pain training. information booklets on pain recognition and management for people with learning disabilities and for staff and family carers, together with the development and roll out of pain training. [ABSTRACT FROM AUTHOR]

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29. Beebee, J., *People with learning disabilities in the criminal justice system*.

Nursing Standard, 2010. **24**(38): p. 35-8. This article summarises the needs of people with learning disabilities in the police station, courts and prisons. The article describes national plans to address these needs, with particular information on how needs are being addressed in the south west region of the English NHS.

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30. Bendelow, G., *Emotional health: challenging biomedicine or increasing health surveillance?* Critical Public Health, 2010. **20**(4): p. 465-474. In general practice in the UK, the term emotional health is increasingly being used to address an ever-increasing range of consultations which involve distressing symptoms which combine mental, physical and social aspects of health and wellbeing. Practitioners often despair of being able to treat these complex conditions with traditional biomedicine, as they are often manifested through medically unexplained symptoms, hence the turn to more holistic or integrated models of health and illness, which are now permeating many areas of medical education and health care practice. Instead of the 'quickfix' response of psychopharmacological treatment, psychotherapeutic therapies, such as cognitive behavioural therapy or social interventions, such as exercise programmes may be considered for alleviating anxiety and depression. This article considers whether the focus on emotional health offers a potential and enlightened way forward in addressing the mind/body/society interface in contemporary health care and health promotion. [ABSTRACT FROM AUTHOR]

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31. Berger, B., A. Navar-Boggan, and S. Omer, *Congenital rubella syndrome and autism spectrum disorder prevented by rubella vaccination - United States, 2001-2010*. BMC Public Health, 2011. **11**(1): p. 340. BACKGROUND: Congenital rubella syndrome (CRS) is associated with several negative outcomes, including autism spectrum disorders (ASDs). The objective of this study was to estimate the numbers of CRS and ASD cases prevented by rubella vaccination in the United States from 2001 through 2010. METHODS: Prevention estimates were calculated through simple mathematical modeling, with values of model parameters determined from published literature. Model parameters included pre-vaccine era CRS incidence, vaccine era CRS incidence, the number of live births per year, and the percentage of CRS cases presenting with an ASD. RESULTS: Based on our estimates, 16,600 CRS cases (range: 8300-62,250) were prevented by rubella vaccination from 2001 through 2010 in the United States. An estimated 1228 ASD cases were prevented by rubella vaccination in the United States during this time period. Simulating a slight expansion in ASD diagnostic criteria in recent decades, we estimate that a minimum of 830 ASD cases and a maximum of 6225 ASD cases were prevented. CONCLUSIONS: We estimate that rubella vaccination prevented substantial numbers of CRS and ASD cases in the United States from 2001 through 2010. These findings provide additional incentive to maintain high measles-mumps-rubella (MMR) vaccination coverage.

<http://www.biomedcentral.com/1471-2458/11/340>

32. Berger, B.E. and S.B. Omer, *Could the United States experience rubella outbreaks as a result of vaccine refusal and disease importation?* Hum Vaccin, 2010. **6**(12): p. 1016-20. Prenatal rubella infection early in gestation is likely to damage the fetus, leading to miscarriage, stillbirth, neonatal death, or congenital rubella syndrome (CRS). CRS is a devastating syndrome that encompasses a wide variety of disorders, including (but certainly not limited to) cataracts, congenital heart defects, deafness, and mental retardation. Elimination of rubella was declared in the United States in 2004; however, the US faces the risk of rubella outbreaks. In this article, we discuss the possibility of rubella outbreaks in the US due to refusal of measles-mumps-rubella (MMR) vaccination and importation of the disease from regions where vaccination coverage is suboptimal. To avoid the severe health consequences associated with prenatal rubella infection, continued attention should be given to the maintenance of high MMR coverage.
33. Bernstein, A., *Distributive Justice through Tort (and Why Sociolegal Scholars Should Care)*. Law & Social Inquiry, 2010. **35**(4): p. 1099-1135. Drawing on two

books central to an emerging sociolegal literature about tort—Fault Lines: Tort Law as Cultural Practice, a collection edited by David M. Engel and Michael McCann, and Torts, Egalitarianism and Distributive Justice, a monograph by Tsachi Keren-Paz—this essay argues that tort law in the United States redistributes wealth in ways that ought to trouble sociolegal scholars and enlist their reformist energy. Read together, the two volumes offer considerable description and critique of a distributive injustice, and lead to important proposals for change.

<http://www.jstor.org/stable/40926298>

34. Berthouze-Aranda, S.E. and E. Reynes, *Sedentary lifestyle: a physiological process and an health risk factor for everyone*. Science & Sports, 2011. **26**(4): p. 191-196. Objectives. -Taking into account the process of sedentarism (inclination to sedentary lifestyle) which leads the individual to no longer invest himself in physical activity (PA), despite being conscious of the deleterious character of this behaviour for health. News. -Considering the 3H syndrome (hypodynamy/hypokinesia/hypoxia) which is based on a functional approach of sedentary lifestyle, this article looks at its psycho-physiological interface. This model explains how from the alteration of the physiological capacity inherent to the lack of PA, the individual no longer wants to practice PA, and adopts attitudes and behaviours which are locking him in inactivity. This approach focuses on the importance of the modifications of aerobic capacity and of the feeling of dissatisfaction in the process of sedentary lifestyle. Perspectives. -This process is crucial to understand the phenomenon of over-handicap related to physical inactivity among people with disabilities and/or chronic pathologies. Conclusion. -The question of physical inactivity and/or sedentary lifestyle constitutes a major public health issue. The loss of aerobic capacity is the key element of this process. Recommendations are proposed to break this vicious circle of physical inactivity. (C) 2011 Elsevier Masson SAS. All rights reserved.

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35. Bistrain, B., *Systemic Response to Inflammation*. Nutrition Reviews, 2007. **65**(12): p. 170-172.

<http://www.ingentaconnect.com/content/ilsi/nure/2007/00000065/A00112s1/art00007>

<http://dx.doi.org/10.1301/nr.2007.dec.S170-S172>

36. Biswas, A.B. and F.G. Furniss, *Life events and mental illness in people with learning disabilities*. Psychiatry, 2009. **8**(11): p. 445-447. Specific traumas, such as abuse and bereavement, and overall extent of potentially stressful life experiences are associated with increased levels of a range of behavioural and affective difficulties in people with learning disabilities. Although causality is probably complex and variable across diagnostic groups, evidence for a causal role for life events in the incidence of mental ill-health is growing. Even salient events, however, may not be perceived by carers as relevant to emotional and behavioural disturbance. Preventative strategies including use of social stories may reduce distress when life events can be anticipated. Supportive groupwork and a number of behavioural and cognitive-behavioural interventions offer promising interventions to reduce affective and other symptoms subsequent to traumatic life events. 2009 Elsevier Ltd. All rights reserved.

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`2009.07.005&issn=1476-1793&isbn=&volume=8&issue=11&spage=445&pages=445-447&date=2009&title=Psychiatry&atitle=Life+events+and+mental+illness+in+people+with+learning+disabilities&aulast=Biswas&pid=%3Cauthor%3EBiswas+A.B.%3C%2Fauthor%3E%3CAN%3E2009578772%3C%2FAN%3E%3CDT%3EJournal%3A+Review%3C%2FDT%3E`

37. Bitsko, R.H., et al., *Unmet Health Care Needs Among CSHCN With Neurologic Conditions*. Pediatrics, 2009. **124**: p. S343-S351. OBJECTIVE: Children with neurologic conditions require a variety of services. With this study we examined health care needs and unmet needs among children with neurologic conditions. METHODS: Cross-sectional data reported by parents of 3-to 17-year-olds in the 2005-2006 National Survey of Children With Special Health Care Needs were analyzed. Demographic characteristics, health care needs, and unmet needs of children with special health care needs (CSHCN) and neurologic conditions were descriptively compared with an independent referent group of children without special health care needs; statistical contrasts were performed as a function of the type (conditions included in the Diagnostic and Statistical Manual of Mental Disorders [DSM] or not) and number of reported neurologic conditions. RESULTS: Compared with the parents of children without special

health care needs, parents of CSHCN with neurologic conditions were more likely to report unmet health care needs for their child. After adjustment for demographic factors and severity of functional limitation, CSHCN with at least 2 conditions had more visits to a health care provider, needed more services, and reported more unmet needs than CSHCN with a single DSM condition. The magnitude of need among CSHCN was greatest among those with at least 1 of each type of neurologic condition.

CONCLUSIONS: Unmet health care needs exist among CSHCN with neurologic conditions and are particularly pronounced among children with a combination of both DSM and non-DSM disorders. The health care needs among CSHCN with multiple neurologic conditions may be better served by targeted efforts to improve care coordination. [ABSTRACT FROM AUTHOR]

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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=47153776&site=ehost-live&scope=site>

38. Blakemore, S., *Call to improve wellbeing of service users in custody*. Mental Health Practice, 2010. **14**(1): p. 7-7. The article focuses on a call from Lord Keith Bradley on nurses and other professionals working with people with mental health problems and learning disabilities to become champions at local level. Bradley emphasizes the importance of cross-sector collaboration at an intellectual disabilities and criminal justice conference that was held in Chester, England. He also cites ways to continue providing excellent mental health services in Great Britain despite the economic downturn, including reshaping budgets.

<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=53977712&site=ehost-live&scope=site>

39. Bodde, A.E. and D.-C. Seo, *A review of social and environmental barriers to physical activity for adults with intellectual disabilities*. Disability and Health Journal, 2009. **2**(2): p. 57-66. Background There is a higher prevalence of sedentary behavior among adults with intellectual disability (ID) compared to the general population. The majority of research on this topic has focused on assessing physical activity (PA) levels and there are relatively few studies addressing barriers to PA (including exercise) in this population. Objective It is important to analyze the PA barriers faced by adults with ID in order to develop and implement intervention programs. Methods A systematic research review was conducted to analyze the barriers to PA for adults with ID. Original research articles published after 1980 with primary intention of identifying PA determinants of age 18+ adults with ID were included. Results In total, 837 citations were returned, and after screening for repeated articles and inclusion criteria, 7 were included in the analysis. The primary barriers that reoccurred throughout the papers were transportation issues, financial limitations and lack of awareness of options. Other salient barriers included negative supports from caregivers and authority figures (e.g. teachers, coaches and parents) and lack of clear policies for engaging in regular activity in residential and day service programs. Conclusion This study reveals clear barriers to PA to target. Of primary importance is the development of policies among agencies that serve individuals with ID that could help minimize transportation, financial, policy and educational barriers, which are more modifiable than negative supports.

<http://www.sciencedirect.com/science/article/pii/S193665740800160X>

40. Bodde, A.E. and D.C. Seo, *A review of social and environmental barriers to physical activity for adults with intellectual disabilities*. Disability and Health Journal, 2009. **2**(2): p. 57-66. Background: There is a higher prevalence of sedentary behavior among adults with intellectual disability (ID) compared to the general population. The majority of research on this topic has focused on assessing physical activity (PA) levels and there are relatively few studies addressing barriers to PA (including exercise) in this population. Objective: It is important to analyze the PA barriers faced by adults with ID in order to develop and implement intervention programs. Methods: A systematic research review was conducted to analyze the barriers to PA for adults with ID. Original research articles published after 1980 with primary intention of identifying PA determinants of age 18+ adults with ID were included. Results: In total, 837 citations were returned, and after screening for repeated articles and inclusion criteria, 7 were included in the analysis. The primary barriers that reoccurred throughout the papers were transportation issues, financial limitations and lack of awareness of options. Other salient barriers included negative supports from caregivers and authority figures (e.g. teachers, coaches and parents) and lack of clear policies for engaging in regular activity in residential and day service programs. Conclusion: This study reveals clear barriers to PA to target. Of primary importance is the development of policies among agencies that serve individuals with ID that could help minimize transportation, financial, policy and educational barriers, which are more modifiable than negative supports. 2009 Elsevier Inc. All rights reserved.

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<http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:&id=doi:10.1016%2Fj.dhjo.2008.11.004&issn=1936-6574&isbn=&volume=2&issue=2&spage=57&pages=57-66&date=2009&title=Disability+and+Health+Journal&atitle=A+review+of+social+and+environmental+barriers+to+physical+activity+for+adults+with+intellectual+disabilities&aulast=Bodde&pid=%3Cauthor%3EBodde+A.E.%3C%2FAuthor%3E%3CAN%3E2009127662%3C%2FAN%3E%3CDT%3EJournal%3A+Review%3C%2FDT%3E>

41. Bodde, A.E., et al., *The Effect of a Designed Health Education Intervention on Physical Activity Knowledge and Participation of Adults With Intellectual Disabilities*. American Journal of Health Promotion, 2012. **26**(5): p. 313-316. Purpose. The purpose of this study was to assess novel methods of health education and promotion to increase physical activity among adults with intellectual disabilities. Design. A pre-post delayed treatment design was employed to assess the effect of the intervention. Setting. The intervention was administered at two agencies that serve adults with intellectual disabilities. Subjects. Forty-two adults ranging in age from 19 to 62 with mild to moderate intellectual disability participated in the study. Participants were equally divided by gender. Intervention. An eight-session intervention employed a combination of video instruction, pictorial memory tools, and interactive class activities as educational methods. Measures. Physical activity knowledge was evaluated using Illingworth, Moore, and McGillivray's Nutrition Activity Knowledge Scale (NAKS) and the Physical Activity Recommendations Assessment (PARA). Average daily minutes of physical activity were measured using dual-axis accelerometers. Analysis. Paired and independent samples t-tests were used to assess the knowledge scales. Wilcoxon signed-rank tests and Mann-Whitney U-tests were used to assess physical activity participation. Results. Overall, there were mean improvements in scores for both the NAKS ($p < .05$) and the PARA ($p < .001$) following the intervention. Physical activity also improved, but not significantly. Conclusion. The education and training methods used in this curriculum are promising for future health education programs in this population. Additional interventions may be necessary to improve physical activity participation. [ABSTRACT FROM AUTHOR]

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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=74972048&site=ehost-live&scope=site>

42. Bodde, A.E. and M. Van Puymbroeck, *Reviewing theoretical foundations of perceived control: application to health behaviors of adults with intellectual disabilities*. Annual in Therapeutic Recreation, 2010. **18**: p. 131-140. It has been documented that adults with intellectual disability often face the same barriers to physical activity as the general population -for example, lack of money, motivation, time, or energy. Yet, because adults with intellectual disability often lack control over their daily activities due to living situations and caregiver preferences, it is important to explore the psychological construct of perceived control in relation to their physical activity and exercise behaviors. Furthermore, it is critical that therapeutic recreation specialists design interventions that facilitate choice and protect autonomy, while still encouraging positive behavioral changes. In order to broadly understand these concepts, literature from psychology, applied health, recreation, therapeutic recreation, and disability studies were examined for peer-reviewed articles relating to perceived control, health-related perceived control, and perceived control for people with intellectual disabilities. Our findings indicate that perceived control is an important concept for this population, yet it has not been fully applied in health and recreation research. Both perceived control and perceived behavioral control have implications for use with this population. Rotter's perceived control is useful for predicting general personality traits and behaviors, whereas Ajzen's perceived behavioral control, as a tenet of the Theory of Planned Behavior, is a better predictor of specific health behaviors. Suggestions for therapeutic recreation practice and research are provided.

<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010460023&site=ehost-live&scope=site>

43. Boland, M., L. Daly, and A. Staines, *Methodological Issues in Inclusive Intellectual Disability Research: A Health Promotion Needs Assessment of People Attending Irish Disability Services*. Journal of Applied Research in Intellectual Disabilities, 2008. **21**(3): p. 199-209. Background: This paper describes a novel combination of inclusive methods to evaluate health and health promotion needs of service users (clients) with intellectual disability. Sixty centres provide disability services to over 900 clients with intellectual disability in the East Coast Area Health Board region of Ireland (population approximately 325 000). This is the first known triangulated large-scale approach to inclusive needs assessment of clients using regional disability

services in Ireland. Method: The research included interviewer-directed surveys of 247 clients with intellectual disability (or advocates) and 180 clients with physical/sensory disability; focus groups for clients, service providers and carers; and a postal survey for centre managers. Modification of existing surveys was required for people with intellectual disability. Results: Fifty-six of 60 (93.3%) centres participated. The response rate at the client level was 98.8% (3250 refusals). Health behaviours, likes and dislikes were well described by clients and advocates. Clients identified the need for more creative therapy, physical activity, relaxation therapy and social activities. Service providers and carers emphasized more the need for speech and language therapy, counselling, occupational therapy and physiotherapy. Conclusions: Inclusive research methods can produce useful outcome measures of the health promotion needs of those with disability. Triangulation is valuable, where clients, carers and service providers are all involved in the research process.

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<http://dx.doi.org/10.1111/j.1468-3148.2007.00404.x>

44. Bowler, D., et al., *A systematic review of evidence for the added benefits to health of exposure to natural environments*. BMC Public Health, 2010. **10**(1): p. 456. BACKGROUND: There is increasing interest in the potential role of the natural environment in human health and well-being. However, the evidence-base for specific and direct health or well-being benefits of activity within natural compared to more synthetic environments has not been systematically assessed. METHODS: We conducted a systematic review to collate and synthesise the findings of studies that compare measurements of health or well-being in natural and synthetic environments. Effect sizes of the differences between environments were calculated and meta-analysis used to synthesise data from studies measuring similar outcomes. RESULTS: Twenty-five studies met the review inclusion criteria. Most of these studies were crossover or controlled trials that investigated the effects of short-term exposure to each environment during a walk or run. This included 'natural' environments, such as public parks and green university campuses, and synthetic environments, such as indoor and outdoor built environments. The most common outcome measures were scores of different self-reported emotions. Based on these data, a meta-analysis provided some evidence of a positive benefit of a walk or run in a natural environment in comparison to a synthetic environment. There was also some support for greater attention after exposure to a natural environment but not after adjusting effect sizes for pretest differences. Meta-analysis of data on blood pressure and cortisol concentrations found less evidence of a consistent difference between environments across studies. CONCLUSIONS: Overall, the studies are suggestive that natural environments may have direct and positive impacts on well-being, but support the need for investment in further research on this question to understand the general significance for public health.

<http://www.biomedcentral.com/1471-2458/10/456>

45. Boyden, P., et al., *Service users leading the way*. Journal of Intellectual Disabilities, 2009. **13**(3): p. 183-194. The English government sees it important to view service users as active partners in the delivery of accessible resources. The current article follows a brief report which described an innovative project on developing an accessible DVD explaining the Birmingham Clinical Psychology Service to people with learning disabilities. The article describes three focus groups involving adults with learning disabilities that met to reflect and evaluate the accessibility of the DVD. This process formed the evaluative phase of the DVD development project where people with learning disabilities evaluated the accessibility, level of understanding, and clarity of the DVD content. The DVD was rated positively by the focus groups, and minor changes were made to the final version of the DVD. The article also reflects upon the use of focus groups as a methodological approach in researching the views of people with learning disabilities.

<http://jid.sagepub.com/content/13/3/183.abstract>

46. Boyle, M.J., et al., *Attitudes of undergraduate health science students towards patients with intellectual disability, substance abuse, and acute mental illness: a cross-sectional study*. BMC Med Educ, 2010. **10**: p. 71. BACKGROUND: There is a long history of certain medical conditions being associated with stigma, stereotypes, and negative attitudes. Research has shown that such attitudes can have a detrimental effect on patients presenting with stigmatised medical conditions and can even flow on to impact their family. The objective of this study was to measure the attitudes of undergraduate students enrolled in six different health-related courses at Monash University toward patients with intellectual disability, substance abuse, and acute mental illness. METHODS: A convenience sample of undergraduate students enrolled in six health-related courses in first, second and third years at Monash University were surveyed. The Medical Condition Regard Scale--a valid and reliable, self-report measure of attitudes--was administered to students along with a brief demographic form. Mean scores, t-tests, and ANOVA were used to analyse student attitudes. Ethics approval was granted. RESULTS: 548 students participated. Statistically significant differences were found between the courses ($p = 0.05$), year of the course ($p = 0.09$), and gender ($p = 0.04$) for the medical condition of intellectual disability. There was no statistically significant difference between the courses, year of the course, gender, and age group for

substance abuse or acute mental illness conditions. CONCLUSION: The findings suggest that students in undergraduate health-related courses, as a group, have a strong regard for patients with intellectual disability and some regard for patients with acute mental illness, but not for patients presenting with substance abuse problems.

47. Braddock, D., *Washington rises: Public financial support for intellectual disability in the United States, 1955-2004*. *Mental Retardation and Developmental Disabilities Research Reviews*, 2007. **13**(2): p. 169-177. Public financial support for intellectual disability in the United States grew from \$2.3 billion in 1955 to \$82.6 billion in 2004, and the federal government emerged during this period as the principal provider of such support. Notwithstanding this unprecedented growth in financial support, many inequities persist today in the distribution of financial resources and services across states, communities, families and to individual disabled consumers. Moreover, tens of thousands of persons with intellectual disabilities continue to live in institutions and nursing homes, waiting lists and aging caregivers are growing rapidly, and family support and supported employment programs receive limited funding. Research and training support has declined significantly in comparison to the growing financial commitments for services and income maintenance. To address these and other issues, the author suggests commissioning a new "President's Panel on Intellectual Disability" modeled on President Kennedy's landmark 1961 Panel on Mental Retardation. The new panel would be appointed during the first months of the new presidential administration in 2009 and deliver its report to the President in 2011, commemorating the 50th anniversary of the original President's Panel. 2007 Wiley-Liss, Inc.

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20150&issn=1080-4013&isbn=&volume=13&issue=2&spage=169&pages=169-177&date=2007&title=Mental+Retardation+and+Developmental+Disabilities+Research+Reviews&atitle=Washington+rises%3A+Public+financial+support+for+intellectual+disability+in+the+United+States%2C+1955-2004&aulast=Braddock&pid=%3Cauthor%3EBraddock+D.%3C%2Fauthor%3E%3CAN%3E2007357675%3C%2FAN%3E%3CDT%3EJournal%3A+Review%3C%2FDT%3E

48. Brajenovic -Milic, B., et al., *Pregnant women's attitudes toward amniocentesis before receiving Down syndrome screening results*. *Women's Health Issues*, 2008. **18**(2): p. 79-84. Objectives: We sought to evaluate pregnant women's knowledge about features of second-trimester screening for Down syndrome and to assess whether knowledge and educational level influence their attitude toward amniocentesis before receiving test results. Methods: Pregnant Caucasian women (n = 300) <35 years old with no personal or family history of Down syndrome were surveyed. Women were randomized to 2 groups. One group of women (n = 150) were surveyed by questionnaire before consultation with specially trained midwives; the other group of women (n = 150) were surveyed after consultation. The questionnaire consisted of 3 sections: 1) participants' demographic data, 2) knowledge about prenatal screening for Down syndrome, and 3) readiness to undergo amniocentesis if there was an increased risk of Down syndrome. Result: Women surveyed after consultation had greater total knowledge scores than those surveyed before consultation (p < .001). A statistically significant difference in knowledge scores in relation to educational levels was observed only in women who were surveyed before consultation (p = .007). Significantly more women were prepared to accept amniocentesis in the group surveyed after consultation (74%) than before consultation (53%; p < .001). Conclusion: Knowledge gained during a prescreening consultation influenced pregnant women's attitudes toward further diagnostic investigation. A smaller proportion of women who were indecisive was observed in the group surveyed after prescreening consultation. Indecisiveness was not affected by poor knowledge about screening, but rather by difficulty in knowing how they will feel and what they will do if their screening result is positive. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

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10.1016%2Fj.whi.

2007.10.003&issn=1049-3867&isbn=&volume=18&issue=2&spage=79&pages=79-84&date=2008&title=Women%27s+Health+Issues&atitle=Pregnant+women%27s+attitudes+toward+amniocentesis+before+receiving+Down+syndrome+screening+results.&aulast=Brajenovic+-Milic&pid=%3Cauthor%3EBrajenovic+-Milic%2C+Bojana%3C%2Fauthor%3E%3CAN%3E2009-06507-001%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E

49. Bromet, E., et al., *Subjective health legacy of the Chernobyl accident: a comparative study of 19-year olds in Kyiv*. *BMC Public Health*, 2009. **9**(1): p.

417. BACKGROUND: Since the Chernobyl accident in 1986, the physical health of exposed children in Ukraine has been monitored, but their perceived health has not been studied. This study examines health perceptions of Ukrainian adolescents exposed to radioactive fallout in utero or as infants, and the epidemiologic and Chernobyl-related influences on self-reported health. METHOD: We assessed three groups of 19-year olds in Kyiv: 262 evacuees from contaminated areas near the plant; 261 classmate controls; and 325 population-based controls. The evacuees and classmates were previously assessed at age 11. Structured interviews were conducted with the adolescents and their mothers (N = 766), followed by general physical examinations (N = 722) and blood tests (N = 707). Proportional odds logistic regression and multi-group path analysis were the major statistical tests. RESULTS: The examination and blood test results were similar across groups except for a significantly elevated rate of thyroid enlargement found by palpation in evacuees (17.8%) compared former classmates (8.7%) and population-based controls (8.0%). In addition, four evacuees and one population control had had a thyroidectomy. Compared to controls, the evacuees rated their health the least positively and reported more medically diagnosed illnesses during the 5 years preceding the interview, particularly thyroid disease, migraine headache, and vascular dystony. The consistent risk factors ($p < 0.001$) for these subjective health reports were evacuee status, female gender, multiple hospitalizations, and health risk perception regarding Chernobyl. All three groups of mothers rated their children's health more negatively than the adolescents themselves, and maternal ratings were uniquely associated with the adolescents' health reports in the adjusted models. In the longitudinal evacuee and classmate subsamples, path analysis showed that mothers' health ratings when the children were age 11 predicted their later evaluations which in turn were associated with the adolescent self-reports. CONCLUSION: The more negative self-evaluations of the evacuees were linked to a number of risk factors, including multiple hospitalizations, health risk perceptions, and epidemiologic risk factors. The increased rate of thyroid cancer and other diagnoses no doubt contributed to the evacuees' less positive subjective health. The strong effect of the mothers' perceptions argues in favor of developing risk communication programs for families rather than for mothers or adolescents as separate target groups.

<http://www.biomedcentral.com/1471-2458/9/417>

50. Broome, M., *Essential Psychiatry*. Journal of Public Mental Health, 2008. 7(3): p. 42-42. [...] it was only after starting at the Maudsley myself a couple of years later that I realised how the book and its contributors were associated with that hospital's psychiatric training programme. Since the last edition, the title has changed slightly (previously The Essentials of Postgraduate Psychiatry), the editorial team, and range of contributors, has expanded and has become more international, but the book remains very similar in both spirit and substance.

<http://search.proquest.com/docview/212402419?accountid=43164>

51. Brown, A.A. and C.J. Gill, *New Voices in Women's Health: Perceptions of Women with Intellectual and Developmental Disabilities*. Intellectual and Developmental Disabilities, 2009. 47(5): p. 337-347. This study explored aging and health experiences and concerns of women with intellectual and developmental disabilities, using a participatory approach that captured the direct reports of the women, in their own words and from their own perspectives. The results of a qualitative analysis of 6 focus groups, composed of 34 women with intellectual and developmental disabilities, Age 30 years and older are reported. The focus groups addressed health knowledge, body awareness, developmental and age-related changes, life satisfaction, health behaviors, health service experiences, and perceptions of disability. Findings indicated that the women held misconceptions and limited knowledge regarding health and aging. The results are discussed in relation to disability, women's health, and social support issues, including recommendations for health professionals and care providers.

[http://search.ebscohost.com/login.aspx?](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ859686&site=ehost-live&scope=site)

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<http://dx.doi.org/10.1352/1934-9556-47.5.337>

52. Buckley, F., *Cholesterol and Alzheimer Type Dementia among Adults with Down Syndrome*. Down Syndrome Research and Practice, 2008. 12(2): p. 91. This article reports a summary of research by Warren Zigman and colleagues investigating the link between cholesterol levels and Alzheimer type dementia among adults with Down syndrome. Warren Zigman and colleagues followed 123 adults with Down syndrome between May 1998 and April 2006. The participants were aged between 41 and 78 years at the start of the study and did not have dementia. The study found that participants with high cholesterol levels were more than twice as likely to develop dementia of the Alzheimer type during the course of the study.

[http://search.ebscohost.com/login.aspx?](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ831467&site=ehost-live&scope=site)

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<http://dx.doi.org/10.3104/research-highlights.2052>

53. Buckley, S., *Increasing opportunities for physical activity*. Down Syndrome: Research & Practice, 2007. 12(1): p. 18-19. Comments on the K. S. Menear article (see record 2007-13814-024), in which parents of children with Down syndrome from

preschool to adolescent ages were interviewed about their perceptions of the health and physical activity needs of their children. Being physically active can have a number of benefits-- having fun, meeting with friends, keeping healthy and experiencing success. For children with Down syndrome the foundations need to be laid early if they are to keep active in school and during teenage and adult years, and parents need to ask for more help in this area from professionals. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

<http://ovidsp.ovid.com/ovidweb.cgi?>

T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc5&AN=2007-13814-012

<http://openurl.bibsys.no/openurl?sid=OVID:psycdb&id=pmid:&id=doi:>

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2033&issn=0968-7912&isbn=&volume=12&issue=1&spage=18&pages=18-19
&date=2007&title=Down+Syndrome%3A+Research+
%26+Practice&atitle=Increasing+opportunities+for+physical
+activity.&aulast=Buckley&pid=%3Cauthor%3EBuckley%2C+Sue%3C
%2Fauthor%3E%3CAN%3E2007-13814-012%3C%2FAN%3E%3CDT
%3EComment%2FReply%3C%2FDT%3E

54. Buelow, J.M. and C.P. Shore, *Management challenges in children with both epilepsy and intellectual disability*. *Clinical Nurse Specialist*, 2010. **24**(6): p. 313-20. People who have both epilepsy and intellectual disability have significant problems requiring skilled health care management. Clinical nurse specialists have the unique opportunity to work with these people and their families to help them develop self-management and family management skills. In this article, we describe some factors associated with intellectual disability and epilepsy. In addition, we address the management challenges associated with this dual diagnoses in 3 areas: (1) problems associated with the management of seizure and prescription management, (2) problems associated with the seizure management other than prescriptions, and (3) life management issues. Finally, we suggest ways that clinical nurse specialists can foster development of management skills.

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e=6&spage=313&pages=313-20&date=2010&title=Clinical+Nurse
+Specialist&atitle=Management+challenges+in+children+with+both+epilepsy
+and+intellectual+disability.&aulast=Buelow&pid=%3Cauthor%3EBuelow+JM
%3C%2Fauthor%3E%3CAN%3E20940569%3C%2FAN%3E%3CDT
%3EJournal+Article%3C%2FDT%3E

55. Buss, P.M., [untitled]. *Journal of Public Health Policy*, 2010. **31**(1): p. 96-99.
<http://www.jstor.org/stable/40542253>

56. Calders, P., et al., *Effect of combined exercise training on physical and metabolic fitness in adults with intellectual disability: a controlled trial*. *Clinical Rehabilitation*, 2011. **25**(12): p. 1097-1108. Objective: Investigating the effect of combined aerobic and strength training on metabolic and physical fitness in adults with intellectual disabilities compared to endurance training and no training. Design: A controlled trial with patients receiving either combined (COM), endurance (END) or no training (C). Setting: Two centres for intellectual disabilities (Sterrenhuis, Brasschaat and Emiliani, Lokeren, Belgium). Subjects: Forty-five adults with intellectual disabilities (mean age: 42 (9,2), mean body mass index (BMI): 24 (3,9), mean IQ: 56 (5,6)). Intervention: Combined exercise training (n = 15) and endurance training (n = 15) twice a week for 70 minutes per session for 20 weeks and no training (n = 15). Groups were matched for age, sex and intellectual disability. Main measures: Lipid profile, physical fitness (primary); blood pressure and body composition. Results: Compared to no training, combined exercise training has significant positive effects on total cholesterol levels, aerobic capacity, muscle strength and resting systolic blood pressure, while endurance exercise training has significant effects on aerobic capacity and resting systolic blood pressure. Compared to endurance training, combined exercise training resulted in a significant better evolution of total cholesterol (mean differences: -18 versus -3 mg/dl), 1RM upper (+6 versus +1 kg) and lower limb (+25 versus +8 kg) and abdominal muscles (+15 versus +1 kg), hand grip strength (+9 versus +2 kg), muscle fatigue resistance (+11 versus +5 sec), sit-to-stand (+5 versus +2/30 sec) and systolic blood pressure (-15 versus -10 mmHg). Conclusion: This study revealed a tendency towards more beneficial effects of combined exercise training in adults with intellectual disability. [ABSTRACT FROM PUBLISHER]

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direct=true&db=afh&AN=69612394&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=69612394&site=ehost-live&scope=site)

57. Cameron, M., G.M. Rezai-Rashti, and C. Teasley, *Race, Diversity, and Curriculum in the Era of Globalization*. Curriculum Inquiry, 2009. **39**(1): p. 75-96.
<http://www.jstor.org/stable/25475950>

58. Cannella-Malone, H.I., C.A. Tullis, and A.R. Kazee, *Oral Presentations Using Antecedent Exercise to Decrease Challenging Behavior in Boys With Developmental Disabilities and an Emotional Disorder*. Australian and New Zealand Journal of Psychiatry, 2007. **41**(2 suppl): p. A243-A358. Some individuals with developmental disabilities and emotional disorders may engage in challenging behavior that can result in the use of aversive procedures and/or seclusion from typically developing peers. They may also engage in low levels of physical activity. One way to decrease challenging behaviors while increasing overall levels of physical health may be to provide access to exercise systematically throughout the day. This study used a multiple-baseline across-participants design to investigate the effects of antecedent exercise on the challenging behavior of three boys with moderate to severe developmental disabilities and an emotional behavior disorder. Each participant engaged in eight daily exercise sessions ranging in duration from 1 to 20 min throughout the entire school day across school settings. Challenging behavior decreased to zero for two participants and near zero for the third participant.

http://anp.sagepub.com/cgi/content/short/41/2_suppl/A243
<http://pbi.sagepub.com/cgi/content/abstract/13/4/230>

59. Cardol, M., M. Rijken, and H. van Schroyenstien Lantman-de Valk, *People with mild to moderate intellectual disability talking about their diabetes and how they manage*. Journal of Intellectual Disability Research, 2012. **56**(4): p. 351-360. Background The prevalence of diabetes is relatively high in people with intellectual disability (ID). However, little is known about how people with ID experience having diabetes and how they manage the condition. Method Seventeen people with mild to moderate ID who have diabetes were interviewed. A framework on illness perceptions having an influence on diabetes self-management was used as a basis for the interviews and for the qualitative analysis. Results Diabetes is associated with feelings of loss with regard to food intake and choices, and with being controlled. Most respondents did not feel ill. Information about diabetes for people with ID is lacking, but they do have questions. Family members with diabetes often serve as a role model. Diabetes self-management is impeded by a lack of information, motivation and support, few opportunities for learning, and by health factors, mood and living accommodation. Communication between health professionals and people with ID about diabetes rarely takes place. Conclusions Developing diabetes information together with the people concerned is an important step towards engagement in self-management activities. At the same time, the professional staff in living arrangements should stimulate and support the development of self-management skills in people with diabetes, by providing opportunities to learn and develop. Therefore, the professional staff also need skills and information to be able to support people with ID in building the skills and confidence they need to lead active and fulfilling lives, despite having diabetes. [ABSTRACT FROM AUTHOR]

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direct=true&db=afh&AN=73362473&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=73362473&site=ehost-live&scope=site)

60. Carlson, J., et al., (S)Partners for Heart Health: a school-based program for enhancing physical activity and nutrition to promote cardiovascular health in 5th grade students. BMC Public Health, 2008. **8**(1): p. 420. BACKGROUND: The American Heart Association Position Statement on Cardiovascular Health Promotion in Public Schools encourages school-based interventions for the primary prevention of cardiovascular disease (CVD) through risk factor prevention or reduction in children with an emphasis on creating an environment that promotes healthy food choices and physical activity (PA). In an effort to address issues related to CVD risk factors including obesity in Michigan children, a multi-disciplinary team of Michigan State University (MSU) faculty, clinicians, and health profession students was formed to "(S)partner" with elementary school physical education (PE) teachers and MSU Extension staff to develop and implement a cost-effective, sustainable program aimed at CVD risk factor prevention and management for 5th grade students. This (S)partnership is intended to augment and improve the existing 5th grade PE, health and nutrition curriculum by achieving the following aims: 1) improve the students' knowledge, attitudes and confidence about nutrition, PA and heart health; 2) increase the number of students achieving national recommendations for PA and nutrition; and 3) increase the number of students with a desirable CVD risk factor status based on national pediatric guidelines. Secondary aims

include promoting school staff and parental support for heart health to help children achieve their goals and to provide experiential learning and service for MSU health profession students for academic credit. METHODS/DESIGN: This pilot effectiveness study was approved by the MSU IRB. At the beginning and the end of the school year students undergo a CVD risk factor assessment conducted by MSU medical students and graduate students. Key intervention components include eight lesson plans (conducted bi-monthly) designed to promote heart healthy nutrition and PA behaviors conducted by PE teachers with assistance from MSU undergraduate dietetic and kinesiology students (Spartners). The final 10 minutes of each lesson, MSU Spartners conduct small breakout/discussion groups with the 5th grade students. Additionally, each Spartner case manages/mentors two to three 5th grade students using a web-based goal setting and tracking protocol throughout the school year. DISCUSSION: This paper describes the rationale, development, and methods of the Spartners for Heart Health program. This is a multi-level intervention designed to promote heart healthy behaviors and prevent or manage CVD risk factors in children. We believe this will be a viable sustainable intervention that can be disseminated and adopted by other institutions with minimal cost by engaging college students as an integral part of the measurement and intervention teams.

<http://www.biomedcentral.com/1471-2458/8/420>

61. Carr, J., *Six Weeks to 45 Years: A Longitudinal Study of a Population with Down Syndrome*. Journal of Applied Research in Intellectual Disabilities, 2012. **25**(5): p. 414-422. Background A population sample of people with Down Syndrome, repeatedly studied since infancy, has now been followed up at the age of 45 years. The paper is intended to give an overview of their abilities, as represented by the results of psychological tests, over their life span to date. Methods As at all previous occasions from age 30 onwards, intelligence, language, academic abilities and memory were tested, and self-help skills assessed. Results Mean IQs, both non-verbal and verbal, changed little from age 21 to 45. Disregarding the scores of two women severely affected by dementia, the remainder of the cohort lost over the whole period an average of less than one point in non-verbal IQ and gained over five months in verbal age. Scores on memory tests by some of those not yet diagnosed with AD declined, in some cases significantly, suggesting that other members of the cohort too may be showing the early signs of the disease. Conclusions While most of the cohort show few indications of decline in ability, a number now are or may be affected by AD, and this may require closer monitoring in the future. [ABSTRACT FROM AUTHOR]

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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=78436470&site=ehost-live&scope=site>

62. Casten, K.S., A.C. Gray, and R.D. Burwell, *Discrimination learning and attentional set formation in a mouse model of Fragile X*. Behavioral Neuroscience, 2011. **125**(3): p. 473-479. Fragile X Syndrome is the most prevalent genetic cause of mental retardation. Selective deficits in executive function, including inhibitory control and attention, are core features of the disorder. In humans, Fragile X results from a trinucleotide repeat in the *Fmr1* gene that renders it functionally silent and has been modeled in mice by targeted deletion of the *Fmr1* gene. *Fmr1* knockout (KO) mice recapitulate many features of Fragile X syndrome, but evidence for deficits in executive function is inconsistent. To address this issue, we trained wild-type and *Fmr1* KO mice on an experimental paradigm that assesses attentional set-shifting. Mice learned to discriminate between stimuli differing in two of three perceptual dimensions. Successful discrimination required attending only to the relevant dimension, while ignoring irrelevant dimensions. Mice were trained on three discriminations in the same perceptual dimension, each followed by a reversal. This procedure normally results in the formation of an attentional set to the relevant dimension. Mice were then required to shift attention and discriminate based on a previously irrelevant perceptual dimension. Wild-type mice exhibited the increase in trials to criterion expected when shifting attention from one perceptual dimension to another. In contrast, the *Fmr1* KO group failed to show the expected increase, suggesting impairment in forming an attentional set.

marklogic.com/appservices/search" xmlns="http://apa.org/pimain" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:xh="http://www.w3.org/1999/xhtml">Fmr1</xh:> KO mice also exhibited a general impairment in learning discriminations and reversals. This is the first demonstration that <xh:i xmlns:search="http://marklogic.com/appservices/search" xmlns="http://apa.org/pimain" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:xh="http://www.w3.org/1999/xhtml">Fmr1</xh:> KO mice show a deficit in attentional set formation. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

63. Caton, S., et al., *Healthy lifestyles for adults with intellectual disability: Knowledge, barriers, and facilitators**. Journal of Intellectual & Developmental Disability, 2012. **37**(3): p. 248-259. Background People with intellectual disability (ID) are more likely to have health problems than people without disability. Little previous research has investigated health from the perspective of the people with ID themselves. We aimed to focus on what people with ID understand being healthy to mean and what their experiences are of healthy lifestyles. Method Semistructured interviews were conducted with 13 adults with ID to ask them about their health and healthy lifestyles. Data were analysed thematically. Results Participants demonstrated understanding of what it means to be healthy, have a healthy diet, the dangers of substance misuse, and the benefits of exercise. Participants demonstrated some knowledge about rationales for engaging in healthy behaviours. The idea of moderation was raised, along with barriers and facilitators to engaging in a healthy lifestyle. Conclusions Findings suggest that people with ID demonstrate some understanding of what constitutes being healthy and are aware of healthy lifestyles, the consequences of unhealthy behaviours, and of the need for moderation. [ABSTRACT FROM AUTHOR]

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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=78421280&site=ehost-live&scope=site>

64. Cervantes, C.M. and D.L. Porretta, *Physical Activity Measurement Among Individuals With Disabilities: A Literature Review*. Adapted Physical Activity Quarterly, 2010. **27**(3): p. 173-190. This review examined the literature on physical activity measurement among individuals with disabilities utilizing Yun and Ulrich's (2002) view on measurement validity. Specific inclusion criteria were identified. The search produced 115 articles; however, only 28 met all specified criteria. Findings revealed that self-reports and accelerometers were the most common approaches to measuring physical activity, and individuals with orthopedic impairments, those with mental retardation, and those with other health impairments received the most attention. Of the 28 articles, 17 (61%) reported validity and reliability evidence. Among those studies reporting validity, criterion-related evidence was the most common; however, a number of methodological limitations relative to validity were observed. Given the importance of using multiple physical activity measures, only five (18%) studies reported the use of multiple measures. Findings are discussed relative to conducting future physical activity research on persons with disabilities.

<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dlN5anlcK1DIIP&product=WOS&UT=000279050500001&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord>

65. Chapman, M., et al., *The misdiagnosis of epilepsy in people with intellectual disabilities: A systematic review*. Seizure-European Journal of Epilepsy, 2011. **20**(2): p. 101-106. Purpose: Epilepsy is common in people with intellectual disabilities. Epilepsy can be difficult to diagnose and may be misdiagnosed in around 25% of cases. A systematic review was conducted to explore: (i) How common the misdiagnosis of epilepsy is amongst people with intellectual disabilities. (ii) Reasons for misdiagnosis of epilepsy. (iii) Implications of misdiagnosis. (iv) Improving diagnosis. Methods: Primary studies and systematic reviews published in the English language between 1998 and 2008 were identified from electronic databases, experts, the Internet, grey literature, and citation tracking. Included studies were critically appraised by team members using the appraisal tools produced by the Critical Appraisal Skills Programme (CASP) at the Public Health Resource Unit, Oxford. Results: Eight studies were included in the review and critically appraised: six cohort studies and two case studies. Where data was provided in the cohort studies between 32% and 38% of people with intellectual disabilities were diagnosed as not having epilepsy or as having nonepileptic events. The main reason for misdiagnosis was the misinterpretation of behavioural, physiological, syndrome related, medication related or psychological events by parents, paid carers and health professionals. Conclusions: Those working in epilepsy and intellectual disability services and families must be made more aware of the possibility of misdiagnosis. Future

research is needed about the misdiagnosis of epilepsy amongst people with intellectual disabilities and carer knowledge. (C) 2010 British Epilepsy Association. Published by Elsevier Ltd. All rights reserved.

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[SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000288294900002&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000288294900002&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

66. Chauhan, U., et al., *Health Checks in Primary Care for Adults with Intellectual Disabilities: How Extensive Should They Be?* Journal of Intellectual Disability Research, 2010. **54**(6): p. 479-486. Background: Routine health checks have gained prominence as a way of detecting unmet need in primary care for adults with intellectual disabilities (ID) and general practitioners are being incentivised in the UK to carry out health checks for many conditions through an incentivisation scheme known as the Quality and Outcomes Framework (QOF). However, little is known about the data being routinely recorded in such health checks in relation to people with ID as practices are currently only incentivised to keep a register of people with ID. The aim of this study was to explore the additional value of a health check for people with ID compared with standard care provided through the current QOF structure. Methods: Representative practices were recruited using a stratified sampling approach in four primary care trusts to carry out health checks over a 6-month period. The extracted data were divided into two aggregated informational domains for the purpose of multilevel regression analysis: "ID-specific" (containing data on visual assessment, hearing assessment, behaviour assessment, bladder function, bowel function and feeding assessment) and financially incentivised QOF targets (blood pressure, smoking status, ethnicity, body mass index, urine analysis and carer details) which are incentivised processes. Results: A total of 651 patients with ID were identified in 27 practices. Only nine practices undertook a health check on 92 of their patients with ID. Significant differences were found in the recorded information, between those who underwent a health check and those who did not (P less than 0.001, chi[superscript 2] = 56.3). In the group that had health check, recorded information was on average higher for the "QOF targets" domain, compared with the "ID-specific" domain, by 58.7% (95% CI: 54.1, 63.3, P less than 0.001). Conclusions: If incentives are to be used as a method for improving care for people with ID through health checks a more targeted approach focused on ID-specific health issues might be more appropriate than an extensive health check.

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<http://dx.doi.org/10.1111/j.1365-2788.2010.01263.x>

67. Cheng, S., et al., *Self-perception of aging and acute medical events in chronically institutionalized middle-aged and older persons with schizophrenia.* International Journal of Geriatric Psychiatry, 2012. **27**(9): p. 907-913.

<http://www.ingentaconnect.com/content/bpl/gps/2012/00000027/00000009/art00004>

<http://dx.doi.org/10.1002/gps.2798>

68. Chicoine, B. and D. McGuire, *The guide to good health for teens & adults with Down syndrome* 2010, Bethesda, MD: Woodbine House; US.

69. Clark, L.I. and M.S. O'Toole, *Intellectual impairment and sexual health: information needs.* British Journal of Nursing, 2007. **16**(3): p. 154-6. Inclusion into the wider community for people with learning disabilities and intellectual impairment has been problematic for many people and in some cases the result has been an exacerbation of mental health problems or a reduction in adaptive functioning. Research has found that people who have chronic mental illness or intellectual impairment are a sexually active group although they might not always be perceived as such. Therefore, there are questions that may be raised over an identified lack of sexual health promotion and practices surrounding safe sex. This short article will examine particular barriers to sexual health care for this patient group in the areas of consent (to sexual acts, screening and treatment), communication and health promotion in this field. Implications for future practice are discussed.

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[sid=OVID:ovrddb&id=pmid:&id=doi:&issn=0966-0461&isbn=&volume=16&issue=3&spage=154&pages=154-6&date=2007&title=British+Journal+of+Nursing&atitle=Intellectual+impairment+and+sexual+health%3A+information+needs.&aurlast=Clark&pid=%3Cauthor%3EClark+LI%3C%2Fauthor%3E%3CAN%3E17363881%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://openurl.bibsys.no/openurl?sid=OVID:ovrddb&id=pmid:&id=doi:&issn=0966-0461&isbn=&volume=16&issue=3&spage=154&pages=154-6&date=2007&title=British+Journal+of+Nursing&atitle=Intellectual+impairment+and+sexual+health%3A+information+needs.&aurlast=Clark&pid=%3Cauthor%3EClark+LI%3C%2Fauthor%3E%3CAN%3E17363881%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

70. Clarke, D., et al., *"Helicobacter Pylori" Infection in Five Inpatient Units for People*

with *Intellectual Disability and Psychiatric Disorder*. *Journal of Applied Research in Intellectual Disabilities*, 2008. **21**(1): p. 95-98. Background: A high prevalence of "Helicobacter pylori" infection has been reported among people with intellectual disability, especially those residing in hospital and similar settings. Surveys of inpatients have found unusually high rates of gastrointestinal malignancy, to which "H. pylori" infection predisposes. Methods: "Helicobacter pylori" antibody testing was arranged for all residents of five inpatient units for people with intellectual disability and challenging behaviour or psychiatric disorder. Eradication triple therapy was prescribed for those people with a positive result. [superscript 13]C urea breath testing was attempted after eradication therapy. Results: Thirty-seven residents were identified. It was possible to obtain blood for "H. pylori" antibody testing for 36 people. Twenty-two (59%) had a positive result. Dividing the people studied according to length of stay in hospital showed that 4 of the 18 people resident in hospital for less than 4 years (22%) had a positive antibody test, compared with 16 of the 19 people resident in hospital for greater than or equal to 4 years (84%; $\chi^2 = 14.6$; $P < 0.001$). Treatment led to eradication of "H. pylori" infection in 11 of the 12 people who were able to cooperate with testing. Conclusions: Clinicians should have a high index of suspicion for "H. pylori" infection among people with intellectual disability who have a history of institutional care or prolonged hospital admission, especially those who have spent more than 4 years in such settings. Testing for "H. pylori" antibodies is well tolerated. Eradication therapy offers many health benefits, including a reduction of the risk for stomach malignancies.

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ835092&site=ehost-live&scope=site>
<http://dx.doi.org/10.1111/j.1468-3148.2007.00358.x>

71. Clute, M.A., *Bereavement interventions for adults with intellectual disabilities: what works?* *Omega (Westport)*, 2010. **61**(2): p. 163-77. Examination of the theory base for bereavement and loss is currently just beginning for adults with intellectual disabilities (ID). Yet, as life spans increase for individuals with ID, these adults experience more and more loss and bereavement events. Practitioners, especially grief counselors, are finding it increasingly critical for them to understand best practice principles for working with bereaved adults with ID in their daily work. Practitioners also are asked to guide families and care providers regarding grief and death education. This article provides counselors and other professionals with a review of existing bereavement intervention research for adults with ID. Practice recommendations are made on three levels: informal support; formal intervention; and community education.
72. Codling, M. and N. Macdonald, *Sustainability of health promotion for people with learning disabilities*. *Nursing Standard*, 2011. **25**(22): p. 42-7. AIM: To explore whether delivery of a health education programme would enable people with learning disabilities to gain knowledge about health and use it to enhance their wellbeing. METHOD: A mixed methodological approach, including questionnaires, focus groups and interviews, was used with people with learning disabilities. FINDINGS: Health education enhanced the knowledge of people with learning disabilities about their health, but this was not sustainable. Participants were unable to transfer this new information into their daily lives, and the knowledge gained did not result in demonstrable improvements in health. CONCLUSION: Healthcare professionals working with people with learning disabilities need to understand and recognise the significant influence of carers and other services. Such support systems need to be included when facilitating and enhancing health education for people with learning disabilities.
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<http://openurl.bibsys.no/openurl?sid=OVID:ovrn&id=pmid:&id=doi:&issn=0029-6570&isbn=&volume=25&issue=22&spage=42&pages=42-7&date=2011&title=Nursing+Standard&atitle=Sustainability+of+health+promotion+for+people+with+learning+disabilities.&aulast=Codling&pid=%3Cauthor%3ECodling+M%3C%2Fauthor%3E%3CAN%3E21323062%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>
73. Constantino, J.N., *The quantitative nature of autistic social impairment*. *Pediatr Res*, 2011. **69**(5 Pt 2): p. 55R-62R. Autism, like intellectual disability, represents the severe end of a continuous distribution of developmental impairments that occur in nature, that are highly inherited, and that are orthogonally related to other parameters of development. A paradigm shift in understanding the core social abnormality of autism as a quantitative trait rather than as a categorically defined condition has key implications for diagnostic classification, the measurement of change over time, the search for underlying genetic and neurobiologic mechanisms, and public health efforts to identify and support affected children. Here, a recent body of research in genetics and epidemiology is presented to examine a dimensional reconceptualization of autistic social impairment-as manifested in clinical autistic syndromes, the broader autism phenotype, and normal variation in the general population. It illustrates how traditional categorical approaches to diagnosis may lead to misclassification of subjects (especially girls and mildly affected

boys in multiple-incidence autism families), which can be particularly damaging to biological studies and proposes continued efforts to derive a standardized quantitative system by which to characterize this family of conditions.

74. Cooper, S.A., et al., *Neighbourhood Deprivation, Health Inequalities and Service Access by Adults with Intellectual Disabilities: A Cross-Sectional Study*. Journal of Intellectual Disability Research, 2011. **55**(3): p. 313-323. Background: Adults with intellectual disabilities (IDs) experience health inequalities and are more likely to live in deprived areas. The aim of this study was to determine whether the extent of deprivation of the area a person lives in affects their access to services, hence contributing to health inequalities. Method: A cross-sectional study design was used. Interviews were conducted with all adults with IDs within a defined location (n = 1023), and their medical records were reviewed. The extent of area deprivation was defined by postcode, using Carstairs scores. Results: Area deprivation did not influence access to social supports, daytime primary health-care services or hospital admissions, but people in more deprived areas made less use of secondary outpatient health care [first contacts (P = 0.0007); follow-ups (P = 0.0002)], and more use of accident and emergency care (P = 0.02). Women in more deprived areas were "more" likely to have had a cervical smear; there was little association with other health promotion uptake. Area deprivation was not associated with access to paid employment, daytime occupation, nor respite care. These results were essentially unchanged after adjusting for type of accommodation and level of ability. Conclusions: Deprivation may not contribute to health inequality in the population with IDs in the same way as in the general population. Focusing health promotion initiatives within areas of greatest deprivation would be predicted to introduce a further access inequality.

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<http://dx.doi.org/10.1111/j.1365-2788.2010.01361.x>

75. Cooper, S.A. and R. van der Speck, *Epidemiology of mental ill health in adults with intellectual disabilities*. Curr Opin Psychiatry, 2009. **22**(5): p. 431-6. PURPOSE OF REVIEW: Adults with intellectual disabilities experience higher rates of mental ill health than the general population. Despite this, the epidemiological knowledge base remains limited. The purpose of this article is to review mental health epidemiological studies relevant to adults with intellectual disabilities, published since January 2008. RECENT FINDINGS: Several studies have aimed to build the epidemiological evidence base, particularly with regards to problem behaviours, which appear to be remitting-relapsing conditions rather than necessarily being chronic. Most of such work confirms prevalence and incidence rates, and conducts exploratory analyses to determine factors independently related to mental ill health. Down syndrome protects against problem behaviours and mental ill health (except dementia that occurs at a higher rate), whereas epilepsy does not appear to affect risk for mental ill health. Dementia is four times more common in older persons with intellectual disabilities without Down syndrome than in the general population. Persons with borderline intellectual disabilities also experience higher rates of mental ill health than the general population, but receive fewer treatments. SUMMARY: This work builds usefully upon previous studies. Further hypothesis-based analyses are needed.

76. Cornaggia, C.M., et al., *Aggression in psychiatry wards: A systematic review*. Psychiatry Research, 2011. **189**(1): p. 10-20. Although fairly frequent in psychiatric in-patient, episodes of aggression/violence are mainly limited to verbal aggression, but the level of general health is significantly lower in nurses who report 'frequent' exposure to violent incidents, and there is disagreement between patients and staff concerning predictors of these episodes. We searched the Pubmed, Embase and PsychInfo databases for English, Italian, French or German language papers published between 1 January 1990 and 31 March 2010 using the key words "aggress*" (aggression or aggressive) "violen*" (violence or violent) and "in-patient" or "psychiatric wards", and the inclusion criterion of an adult population (excluding all studies of selected samples such as a specific psychiatric diagnosis other than psychosis, adolescents or the elderly, men/women only, personality disorders and mental retardation). The variables that were most frequently associated with aggression or violence in the 66 identified studies of unselected psychiatric populations were the existence of previous episodes, the presence of impulsiveness/hostility, a longer period of hospitalisation, non-voluntary admission, and aggressor and victim of the same gender; weaker evidence indicated alcohol/drug misuse, a diagnosis of psychosis, a younger age and the risk of suicide. Alcohol/drug misuse, hostility, paranoid thoughts and acute psychosis were the factors most frequently involved in 12 studies of psychotic patients. Harmony among staff (a good working climate) seems to be more useful in preventing aggression than some of the other strategies used in psychiatric wards, such as the presence of male nurses. (C) 2010 Elsevier Ireland Ltd. All rights reserved.

[http://apps.webofknowledge.com/InboundService.do?](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000295073500002&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=Full)

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[%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=Full](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000295073500002&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=Full)

77. Correll, T.L.D.O., *Clinical Handbook of Schizophrenia*. Psychiatry, 2009. **72**(4): p. 393-396. The literature is replete with studies that support how potent psychotherapy can be for patients, exercise can alleviate depressive symptoms, deep breathing and relaxation can dramatically and immediately reduce symptoms of anxiety, bibliotherapy and healthy socialization can be extremely helpful, alcohol and other substances can be toxic, and so on. Making targeted interventions with cognitive behavioral therapy, social skills training, cognitive rehabilitation, and vocational rehabilitation is discussed next. Part V examines Systems of Care, beginning with chapters that focus on clinical case management, assertive community treatment, and strengths-based case management.
<http://search.proquest.com/docview/220656408?accountid=43164>
78. Costa-Mattioli, M., et al., *Translational control of long-lasting synaptic plasticity and memory*. Neuron, 2009. **61**(1): p. 10-26. Long-lasting forms of synaptic plasticity and memory are dependent on new protein synthesis. Recent advances obtained from genetic, physiological, pharmacological, and biochemical studies provide strong evidence that translational control plays a key role in regulating long-term changes in neural circuits and thus long-term modifications in behavior. Translational control is important for regulating both general protein synthesis and synthesis of specific proteins in response to neuronal activity. In this review, we summarize and discuss recent progress in the field and highlight the prospects for better understanding of long-lasting changes in synaptic strength, learning, and memory and implications for neurological diseases.
79. Crosnoe, R., C. Riegler-Crumb, and C. Muller, *Gender, Self-Perception, and Academic Problems in High School*. Social Problems, 2007. **54**(1): p. 118-138. Given the increasing importance of education to socioeconomic attainment and other life course trajectories, early academic struggles can have long-term consequences if not addressed. Analysis of a nationally representative sample with official school transcripts and extensive data on adolescent functioning identified a social psychological pathway in this linkage between external feedback about early struggles and truncated educational trajectories. For girls, class failures absent of diagnosed learning disabilities engendered increasingly negative self-perceptions that, in turn, disrupted math and science course-taking, especially in family and peer contexts in which academic success was prioritized. For boys, diagnosed learning disabilities, regardless of class performance, engendered the same changes in self-perception and the same consequences of these changes for course-taking across family and peer contexts. These results reveal how ability labels and ability-related performance indicators come together to influence the long-term educational prospects of girls and boys attending mainstream schools in which the majority of students do not have learning disabilities or severe academic problems. Keywords: education, learning disability, academic failure, peers, and stigma.
<http://www.jstor.org/stable/10.1525/sp.2007.54.1.118>
80. Cullen, D., *Back to the Future: Eugenics—A Bibliographic Essay*. The Public Historian, 2007. **29**(3): p. 163-175. The following essay is a review of the literature about the American eugenics movement produced by scholars over the last fifty years. The essay provides an explanation for today's renewed interest in the subject and for why the science of eugenics remains relevant to contemporary society. The essay examines the catalyst to re-examine the eugenics movement, the influence of Darwinian thought upon its development, the political and institutional support for its growth, the relationship between eugenics, sterilization, and sex, and how the twentieth-century promises of the science of better breeding was a precursor to the twenty-first-century promise of genetic engineering.
<http://www.jstor.org/stable/10.1525/tph.2007.29.3.163>
81. Cunningham, J.I., et al., *MDMA pretreatment leads to mild chronic unpredictable stress-induced impairments in spatial learning*. Behavioral Neuroscience, 2009. **123**(5): p. 1076-1084. 3,4-Methylenedioxymethamphetamine (MDMA) is a drug of abuse worldwide and a selective serotonin (5-HT) neurotoxin. An important factor in the risk of drug abuse and relapse is stress. Although multiple parallels exist between MDMA abuse and stress, including effects on 5-HTergic neurotransmission, few studies have investigated the consequences of combined exposure to MDMA and chronic stress. Therefore, rats were pretreated with MDMA and exposed 7 days later to 10 days of mild chronic unpredictable stress (CUS). MDMA pretreatment was hypothesized to enhance the effects of CUS leading to enhanced 5-HT transporter (SERT) depletion in the hippocampus and increased anxiety and cognitive impairment. Whereas MDMA alone increased anxiety-like behavior on the elevated plus maze, CUS alone or in combination with MDMA pretreatment did not increase anxiety-like behavior. In contrast, MDMA pretreatment led to CUS-induced learning impairment in the Morris water maze but not an enhanced depletion of hippocampal SERT protein. These results show that prior exposure to MDMA leads to stress-induced impairments in learning behavior that is not otherwise observed with stress alone and appear unrelated to an enhanced depletion of SERT. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
82. Curtin, C., et al., *Health promotion research in children with intellectual*

disabilities. Journal of Intellectual Disability Research, 2012. **Conference**: p. 14th World Congress of the International Association for the Scientific Study of Disabilities. Health promotion research in children with intellectual disabilities (ID) limited. Significant work has been done in typically developing (TD) children but little is known about children and adolescents with ID. This symposium will focus on the UMMS-Shriver Center's interdisciplinary program in health promotion research in children with ID. Specifically, we will address the modifiable risk factors for disease with a focus on physical activity and diet. We will present four research projects that we have recently completed: (1) an observational study examining the physical activity and eating patterns of children with ID and autism ages 3-11; (2) a pilot walking program for adolescents with ID and autism that was developed using community-based participatory research methods; (3) a demonstration project using a community-based peer-support model to increase fitness for adolescents with intellectual disabilities; and (4) a small randomized controlled weight loss trial using family-based behavioural methods to support adolescents with Down syndrome. The symposium will present information on the clinical protocols used in each of these projects, will present the outcome data from each of these studies, and will outline areas for future research.

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http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:&id=doi:10.1111%2Fj.1365-2788.2012.01583_10.x&issn=0964-2633&isbn=&volume=56&issue=7-8&spage=756&pages=756&date=2012&title=Journal+of+Intellectual+Disability+Research&atitle=Health+promotion+research+in+children+with+intellectual+disabilities&aulast=Curtin&pid=%3Cauthor%3ECurtin+C.%3C%2Fauthor%3E%3CAN%3E70809141%3C%2FAN%3E%3CDT%3EJournal%3A+Conference+Abstract%3C%2FDT%3E

83. Davis, K., et al., *Providing Physical Activity for Students with Intellectual Disabilities: The Motivate, Adapt, and Play Program*. Journal of Physical Education, Recreation & Dance (JOPERD), 2010. **81**(5): p. 23-28. Research has shown that regular physical activity helps to prevent major health problems, such as heart disease, obesity, and diabetes. However, little research has been conducted on classroom-based physical activity programs for students with disabilities. In North Carolina, the Healthy Active Children Policy was implemented in 2006, requiring all K-8 students to achieve 30 minutes of moderate-to-vigorous physical activity during every school day. But no additional resources were allocated to implement the physical activity requirement for students with disabilities. This article describes the Motivate, Adapt, and Play (MAP) Program, which was designed to specifically meet the physical activity needs of students with intellectual disabilities. (Contains 4 figures and 1 table.)

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<http://www.aahperd.org/publications/journals/joperd/providing-physical-activity-for-students-with-intellectual-disabilities.cfm>

84. Davis, K., G. Zhang, and P. Hodson, *Promoting Health-Related Fitness for Elementary Students with Intellectual Disabilities through a Specifically Designed Activity Program*. Journal of Policy and Practice in Intellectual Disabilities, 2011. **8**(2): p. 77-84. The Motivate, Adapt, and Play Program was specifically designed as an adapted physical activity (PA) program for students with intellectual disabilities (ID) to meet required school PA policies to combat childhood obesity. The policies commonly require a minimum of 30 min of PA per school day. A study was undertaken to test the efficacy of the program. Twenty-five students with ID (9 girls, 16 boys; ages 9.7 plus or minus 1.2) from four elementary schools in the southeastern United States participated in the study. The health-related fitness measures of the 16-m shuttle run test, the modified curl-up test, and the back-saver sit-and-reach test were completed at the beginning and at the end of an 8-week period. Body mass index (BMI) measurements were also obtained. During the interval, participants completed a 30 min/day, 5 days/week activity program, focusing on cardiovascular endurance, flexibility, and muscular strength and endurance activities, utilizing specialized equipment. Over the 8 weeks, there was a significant increase in the health-related fitness scores obtained. As expected, there was a slight decrease in BMI over 8 weeks, although it was a nonsignificant finding. The findings suggest that the health-related fitness of students with ID can be improved through engaging in a school-based daily adapted PA program.

[http://search.ebscohost.com/login.aspx?](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ929008&site=ehost-live&scope=site)

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<http://dx.doi.org/10.1111/j.1741-1130.2011.00293.x>

85. De, S., J. Small, and L.A. Baur, *Overweight and Obesity among Children with Developmental Disabilities*. Journal of Intellectual & Developmental Disability, 2008. **33**(1): p. 43-47. Background: The aim of this study was to determine the prevalence of overweight and obesity in children with developmental disabilities attending a metropolitan Diagnosis and Assessment Service. Method: A retrospective chart review

was carried out for 98 children (67 male) aged 2-18 years. Data on age, sex, weight, height, and severity of intellectual disability or global developmental delay were collected from medical records. Body mass index (BMI, weight/height²) was calculated, and overweight and obesity defined using standard international criteria. Results: Data indicated that 24% of the children were overweight and a further 15% were obese (i.e., a total of 40% either overweight or obese), which is significantly higher than the prevalence rate for Australian school children in the New South Wales Schools Physical Activity and Nutrition Survey (SPANS) 2004, which found that 17% were overweight ($p = 0.05$) and 6% were obese ($p = 0.0003$) (i.e., 23% either overweight or obese, $p = 0.0001$). Conclusions: The prevalence of overweight and obesity is higher among children with developmental disabilities than in the general population. Community-based studies with larger sample sizes are required to confirm this finding. The results also highlight the need to develop health care strategies for the prevention, early identification and management of excess weight gain for this group. (Contains 3 tables.)

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ787100&site=ehost-live&scope=site>
<http://www.informaworld.com/openurl?genre=article&id=doi:10.1080/13668250701875137>

86. de Souza, D.C., L.C. Meguins, and E.M.C. Meguins, *Major Depression in a Brazilian Amazon Woman with Down Syndrome: A Case Report*. The Internet Journal of Mental Health, 2008. **5**(2). We report on a 28 years-old woman with Down syndrome and moderate intellectual disability that was referred to us with a 1-month history of progressive change from being cheerful and cooperative to becoming socially withdrawn, tearful, apathetic and disinterested in activities. She had also shown behavioral deterioration with loss of adaptive skills. Her appetite decreased, leading to a 10 kg weight loss, and she developed initial insomnia. The patient was treated with fluoxetine at 20 mg each day. She made a complete recovery over one month, and 15 months after the beginning of pharmacologic therapy, continued to be free of depressive symptoms. Although major depression is not commonly associated with Down's syndrome, the diagnosis of this mood disorder must be considered when alterations of vegetative functions and activity are observed.

<http://www.ispub.com/journal/the-internet-journal-of-mental-health/volume-5-number-2/major-depression-in-a-brazilian-amazon-woman-with-down-syndrome-a-case-report.html>

87. Dennis, A.M. and C. Leach, *Expressed emotion and burnout: the experience of staff caring for men with learning disability and psychosis in a medium secure setting*. Journal of Psychiatric and Mental Health Nursing, 2007. **14**(3): p. 267-276. This study examines the level of expressed emotion (EE) and burnout in staff caring for people with learning disabilities on a medium secure unit. The study aims to develop a baseline measure of EE and burnout in staff on the unit to be used for future service evaluation and to underpin interventions in the developing service based on psychosocial interventions. Ten staff participated in an audiotaped interview and completed a questionnaire. The Five Minute Speech Sample and Maslach Burnout Inventory were completed. High EE was evident in 31% of responses based on critical comments and negative relationships. Expressed emotion was higher in male staff and in Health Care Support Workers. No staff met all components for high burnout, but low personal accomplishment, high emotional exhaustion and high depersonalization were evident for some staff. There is evidence of high EE and some elements of high burnout within the staff team. A significant relationship was found between the level of high EE and the depersonalization element of burnout.

<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000245895300008&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord>

88. Devine, M. and L. Taggart, *Addressing the mental health needs of people with learning disabilities*. Nursing Standard, 2008. **22**(45): p. 40-8; quiz 50. It is now common policy in providing care for people with learning disabilities to ensure improved access to mainstream health services. Consequently, all nursing disciplines are required to have improved understanding about the physical and mental health needs of this client group. This article focuses on their mental health needs. It is predominantly targeted at mental health and learning disability nurses, but will be of interest to all nurses who increasingly come into contact with people with a learning disability and require insight into all aspects of their health.

89. D'Haem, J., *Special at school but lonely at home: an alternative friendship group for adolescents with Down syndrome*. Downs Syndr Res Pract, 2008. **12**(2): p. 107-11. Friends play a significant role in mental and physical health; however, individuals with Down syndrome and other developmental disabilities, even those who are

included in general education programmes, have not developed friendships as hoped. After a decade of inclusion and structured school programmes to facilitate friendships, many parents report that peer relationships end after school hours. This study compared the efficacy of school based friendship groups with a mixed age home based group. Specific methods to establish a successful friendship group are discussed. This study followed three friendship groups for five years. Two groups of six to eight general education students met with the target student twice a month during the school day; one group of mixed age participants met in the student's home. A counsellor facilitated all the groups. Parent and student concerns regarding friendships were informally assessed with interviews and observations. Observations and interviews confirmed that although peer interactions during school occurred they did not continue after school. Of the three students studied, only one had a relationship with a same-aged peer after four years of school facilitated groups. Two students had significant feelings of depression during high school. One student entered counselling. The home-based mixed age friendship group did result in significant friendships. The individual participated in two or three activities each month with friends from the group. School based friendship groups of adolescent peers were not successful in developing friendships for individuals with Down syndrome. When a multi-age group was conducted outside of the school, friendships formed and have continued for over two years. This article describes how and why parents and professionals should look beyond school based same age peer friendship groups and consider a community circle of mixed-age friends.

90. Dijker, A., et al., *Social integration of people with intellectual disability: insights from a social psychological research programme*. Journal of Intellectual Disability Research, 2011. **55**(9): p. 885-894. Background Social integration of people with intellectual disability (ID) moving into regular neighbourhoods tends to be studied and evaluated without detailed knowledge about the social psychological aspects of everyday interaction between neighbours with and without ID. The goal of the present paper is to show how the authors' social psychological research programme may contribute to this field of inquiry. Methods The different ways in which societies respond to features and behaviours that may be perceived as deviant are theoretically analysed. Results of empirical studies are reported to clarify how social responses to people with ID are special in terms of perceptions, emotions and interaction desires of people with and without ID during a pre-contact and contact phase. Results On the basis of the theoretical analysis, it is concluded that regular neighbouring in modern Western society often takes the form of benevolent tolerance, rather than stigmatisation and prejudice. However, empirical studies reveal that, prior to getting people with ID as new neighbours, prospective neighbours without ID experience a specific pattern of emotions that are associated with specific desires (e.g. with respect to information supply or a caring relationship). These anticipatory reactions are dependent on the expected size of the group moving in and on the severity of ID. Furthermore, while actually engaging in neighbouring, neighbours with and without ID appear to have experiences related to behaviour of residents, staff and features of housing facilities that are perceived as (in)congruent with regular neighbouring. Conclusions It is concluded that interpersonal relationships between neighbours with and without ID should not be simplified in terms of attitudes that would be primarily prejudiced/stigmatising versus entirely accepting. Rather, our studies paint a more complex picture of sometimes ambivalent thoughts, feelings and interaction needs that all should be taken into account to make social integration a success. [ABSTRACT FROM AUTHOR]

Copyright of Journal of Intellectual Disability Research is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=64905451&site=ehost-live&scope=site>

91. Donovan, N.J., J. Juengling-Sudkamp, and M. Kunduk, *A Review of Health Behavior Theories and Their Applicability to Dysphagia Treatment*. Journal of Medical Speech-Language Pathology, 2010. **18**(1): p. 1-12. Suboptimal treatment adherence is a barrier to dysphagia management and contributes significantly to severe health conditions. However, there has been no consensus as to which variables contributing to adherence are the most salient. We suggest that using health behavior theories in the research and treatment of adherence to dysphagia treatment recommendations may assist in identifying critical processes that underlie behavior change, leading to improved adherence to treatment. Electronic databases including MEDLINE, PubMed, CINAHL, and EMBASE were searched between January 1966 to April 2008 for English-language studies pertaining to health behavior theories and patient adherence. Six main theoretical perspectives related to adherence were identified and are reviewed. Review of the literature supports that research investigating theory-based interventions to promote treatment adherence is an important prerequisite for the design of effective dysphagia management programs.

<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000274858300002&SrcApp=EndNote&DestFail=http%3A%2F>

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92. Doody, C.M. and O. Doody, *Health promotion for people with intellectual disability and obesity*. British Journal of Nursing, 2012. **21**(8): p. 460-465. Obesity is a significant health problem for people with intellectual disability, as they report a 59% higher rate of obesity as compared with those in the general population (Centres for Disease Control and Prevention, 2006). Causes are multifactorial and obesity leads to a higher risk of developing chronic conditions, such as diabetes and heart disease. While the risks of these conditions generally increase with age, people with an intellectual disability are at risk of developing them earlier owing to their higher levels of obesity. Client groups with mild intellectual disability residing in a group home or family home are at a higher risk of obesity than those in institutional care, mainly owing to increased independence and available choices. Healthcare services have predominantly focused on the primary disability rather than on prevention or reduction of secondary health conditions. As health promotion enables people to gain control over their lives, it is essential to address the health concern of obesity for people with intellectual disability. This article highlights the issues in health care faced by people with an intellectual disability and aspects that health professionals need to consider when engaging in health promotion for those who are obese. [ABSTRACT FROM AUTHOR]
- Copyright of British Journal of Nursing is the property of MA Healthcare Limited and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)
- <http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=75265609&site=ehost-live&scope=site>
93. dos Santos, M.J.P., et al., *Salivary Alpha Amylase and Cortisol Levels in Children with Global Developmental Delay and Their Relation with the Expectation of Dental Care and Behavior during the Intervention*. Research in Developmental Disabilities: A Multidisciplinary Journal, 2012. **33**(2): p. 499-505. The purpose of this study was to analyze the alpha-amylase (sAA) and cortisol levels in children with Global developmental delay (GDD) before and after dental treatment and its association with the children's behavior during treatment. The morning salivary cortisol levels and activity of sAA of 33 children with GDD were evaluated before and after dental treatment and were compared to 19 healthy children. The behavior of children with GDD during dental care was assessed by the Frankl scale. Children with GDD showed lower levels of sAA activity than healthy children, but this result was not significant. The salivary cortisol levels were similar between GDD and healthy children. GDD children showed increased levels of sAA (but not cortisol) prior to the dental treatment as compared to the post-treatment phase. GDD children who showed less favorable behavior during dental care had higher levels of sAA and salivary cortisol than GDD children with more favorable behavior, but only the sAA results were significant. In conclusion, GDD children show hyperactivity of the SNS-axis in anticipation of dental treatment which indicates the need for strategies to reduce their anxiety levels before and during dental care. (Contains 1 table and 1 figure.)
- <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ956615&site=ehost-live&scope=site>
<http://dx.doi.org/10.1016/j.ridd.2011.10.015>
94. Dowling, S., J. Manthorpe, and S. Cowley, *Working on person-centred planning: from amber to green light?* Journal of Intellectual Disabilities, 2007. **11**(1): p. 65-82. This article reviews the practice and policy based literature on person-centred planning in learning disability services in England. Its aim is to identify the implications for the workforce in practice. The analysis found that implementation is often described as partial or slow and characterizes reasons for this at a number of levels, including the slow pace of change in service culture and power relations, immutable funding structures, services' inflexible infrastructures, high levels of staff turnover and lack of training, inexperience among service management, inadequate staff supervision, and ambiguity among some stakeholders. Little substantial critique exists of the model itself. Analysis of the literature further reveals that the implementation of person-centred planning in practice is assisted by policy encouragement, service development and investment, favourable case reports and personal accounts, practitioner enthusiasm and positive evaluations. This article explores these to consider what facilitates the adoption of new elements of practice.
95. Dunn, M., et al., *Threats and offers in community mental healthcare*. Journal of Medical Ethics, 2012. **38**(4): p. 204-209. Making threats and offers to patients is a strategy used in community mental healthcare to increase treatment adherence. In this paper, an ethical analysis of these types of proposal is presented. It is argued (1) that the primary ethical consideration is to identify the professional duties of care held by those

working in community mental health because the nature of these duties will enable a threat to be differentiated from an offer, (2) that threatening to act in a way that would equate with a failure to uphold the requirements of these duties is wrong, irrespective of the benefit accrued through treatment adherence and (3) that making offers to patients raises a number of secondary ethical considerations that need to be judged on their own merit in the context of individual patient care. The paper concludes by considering the implications of these arguments, setting out a pathway designed to assist community mental healthcare practitioners to determine whether making a specific proposal to a patient is right or wrong. [ABSTRACT FROM AUTHOR]

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96. Durham-Shearer, S.J., et al., *Knowledge, compliance and serum phenylalanine concentrations in adolescents and adults with phenylketonuria and the effect of a patient-focused educational resource*. *Journal of Human Nutrition & Dietetics*, 2008. **21**(5): p. 474-85. BACKGROUND: There is a lack of dedicated resources for adolescent and adult patients with phenylketonuria (PKU) and few studies have examined dietary practices within this group. METHODS: One hundred and seventy-seven PKU patients were sent questionnaires to assess dietary compliance and the preferred format for an educational resource. Seventy-one patients responded; 32 following diet were recruited to assess the resource's impact on test variables. The results were compared for the intervention group (n = 22) and control group (n = 10) at baseline, and 1 and 6 months after resource intervention. RESULTS: Most patients were aware of dietary recommendations, although this did not always result in compliance. The preferred resource format was a filofax-style folder with inserts (P < 0.05). There was a significant difference in the extent of change in knowledge score between baseline and 1 month in favour of the intervention group (P < 0.05). The improvement in knowledge was not accompanied by a significant improvement in measures of compliance. CONCLUSIONS: These findings add to the knowledge base about this patient group and support the use of patient involvement in resource development. It is likely that the test parameters used were not sensitive enough to pick up subtle and longer-term effects on compliance.

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sid=OVID:ovrddb&id=pmid:&id=doi:&issn=0952-3871&isbn=&volume=21&issue=5&page=474&pages=474-85&date=2008&title=Journal+of+Human+Nutrition+%26+Dietetics&atitle=Knowledge%2C+compliance+and+serum+phenylalanine+concentrations+in+adolescents+and+adults+with+phenylketonuria+and+the+effect+of+a+patient-focused+educational+resource.&aulast=Durham&pid=%3Cauthor%3EDurham-Shearer+SJ%3C%2FAuthor%3E%3CAN%3E18833588%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E

97. Dykens, E.M., *Psychiatric and behavioral disorders in persons with Down syndrome*. *Mental Retardation and Developmental Disabilities Research Reviews*, 2007. **13**(3): p. 272-278. Similar to the state of the broader intellectual disabilities field, many gaps exist in the research and treatment of mental health concerns in people with Down syndrome. This review summarizes key findings on the type and prevalence of behavior and emotional problems in children, adolescents, and adults with Down syndrome. Such findings include relatively low rates of severe problems in children, and well-documented risks of depression and Alzheimer's disease in older adults. The review also considers emerging data on autism, and the paucity of studies on adolescents. Three next steps for research are highlighted, including a need to: (1) connect research on psychiatric status and diagnoses across developmental periods, including adolescence, and to examine such associated processes as sociability, anxiety and attention; (2) unravel complicated psychosocial risk and protective factors that serve to increase or diminish psychopathology; and (3) identify evidence-based treatments that both reduce distressful symptoms and enhance well-being in individuals with Down syndrome. (C) 2007 Wiley-Liss, Inc.

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SID=W1im7dln5anlcK1DIIP&product=WOS&UT=00025019400010&SrcApp=EndNote&DestFail=http%3A%2F

%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord

98. Earle Hahn, J. and H.U. Aronow, *Reliability and Validity Analysis of the "Stay*

Well and Healthy!" Health Risk Appraisal for Persons with Intellectual and Developmental Disabilities. Journal of Applied Research in Intellectual Disabilities, 2011. **24**(4): p. 341-350. Background: The "Stay Well and Healthy!" Health Risk Appraisal (SWH-HRA) tool was developed and piloted in an in-home preventive healthcare program for persons ageing with intellectual and developmental disabilities (Aronow & Hahn 2005; Hahn & Aronow 2005). This paper presents the results of reliability and validity assessment of the SWH-HRA tool based on pilot data for 201 participants with intellectual and/or developmental disabilities (IDD) who were administered the SWH-HRA, a subsample of 36 who were administered the SWH-HRA twice within 100 days, and a subsample of 69 participants who received an advanced practice nurse (APN) (nurse practitioner) intervention. Materials and Methods: The reliability of the SWH-HRA tool was assessed using descriptive statistics, scale item analyses and correlation analyses. Descriptive statistics were run on all health risk measures of the SWH-HRA, and the results were examined for face validity. Cronbach's alpha statistics were calculated for all multi-item scales. Factor analyses were used to evaluate the factor structure in three scales. Correlation statistics were used for test-retest reliability and for validity assessment comparing selected SWH-HRA scales with comparable measures used by the APN. Criterion validity was assessed by evaluating the relationship of the risk items or scales to use of emergency room and hospital services and to participation. Results: The findings of the psychometric analysis of the SWH-HRA tool, which was developed for assessing health and risks of persons with intellectual and developmental disabilities, support the tool's overall reliability and validity. Conclusions: The findings add support for continued use and testing of the SWH-HRA in randomized clinical control trials comparing SWH-HRA use to usual care with persons with IDD. Further psychometric testing is indicated with persons with other types of disabilities.

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<http://dx.doi.org/10.1111/j.1468-3148.2010.00614.x>

99. Eisenberg, D.P., M. Jabbi, and K.F. Berman, *Bridging the gene-behavior divide through neuroimaging deletion syndromes: Velocardiofacial (22q11.2 Deletion) and Williams (7q11.23 Deletion) syndromes.* Neuroimage, 2010. **53**(3): p. 857-69. Investigating the relationship between genes and the neural substrates of complex human behavior promises to provide essential insight into the pathophysiology of mental disorders. One approach to this inquiry is through neuroimaging of individuals with microdeletion syndromes that manifest in specific neuropsychiatric phenotypes. Both Velocardiofacial syndrome (VCFS) and Williams syndrome (WS) involve haploinsufficiency of a relatively small set of identified genes on the one hand and association with distinct, clinically relevant behavioral and cognitive profiles on the other hand. In VCFS, there is a deletion in chromosomal region 22q11.2 and a resultant predilection toward psychosis, poor arithmetic proficiency, and low performance intelligence quotients. In WS, there is a deletion in chromosomal region 7q11.23 and a resultant predilection toward hypersociability, non-social anxiety, impaired visuospatial construction, and often intellectual impairment. Structural and functional neuroimaging studies have begun not only to map these well-defined genetic alterations to systems-level brain abnormalities, but also to identify relationships between neural phenotypes and particular genes within the critical deletion regions. Though neuroimaging of both VCFS and WS presents specific, formidable methodological challenges, including comparison subject selection and accounting for neuroanatomical and vascular anomalies in patients, and many questions remain, the literature to date on these syndromes, reviewed herein, constitutes a fruitful "bottom-up" approach to defining gene-brain relationships.
100. Elinder, L.S., et al., *Promoting a healthy diet and physical activity in adults with intellectual disabilities living in community residences: Design and evaluation of a cluster-randomized intervention.* BMC Public Health, 2010. **10**: p. 761-767. Background: Many adults with intellectual disabilities have poor dietary habits, low physical activity and weight disturbances. This study protocol describes the design and evaluation of a health intervention aiming to improve diet and physical activity in this target group. In Sweden, adults with intellectual disabilities often live in community residences where the staff has insufficient education regarding the special health needs of residents. No published lifestyle interventions have simultaneously targeted both residents and staff. Methods/Design: The intervention is designed to suit the ordinary work routines of community residences. It is based on social cognitive theory and takes 12-15 months to complete. The intervention includes three components: 1) Ten health education sessions for residents in their homes; 2) the appointment of a health ambassador among the staff in each residence and formation of a network; and 3) a study circle for staff in each residence. The intervention is implemented by consultation with managers, training of health educators, and coaching of health ambassadors. Fidelity is assessed based on the participation of residents and staff in the intervention activities. The study design is a cluster-randomised trial with physical activity as primary outcome objectively assessed by pedometry. Secondary outcomes are dietary quality assessed by digital photography, measured weight, height and waist circumference, and quality of life assessed by a quality of life scale. Intermediate outcomes are changes in work routines in the residences assessed by a questionnaire to managers. Adults with mild to moderate intellectual disabilities living in community residences in Stockholm County are eligible for

inclusion. Multilevel analysis is used to evaluate effects on primary and secondary outcomes. The impact of the intervention on work routines in community residences is analysed by ordinal regression analysis. Barriers and facilitators of implementation are identified in an explorative qualitative study through observations and semi-structured interviews. Discussion: Despite several challenges it is our hope that the results from this intervention will lead to new and improved health promotion programs to the benefit of the target group. Trial registration number: ISRCTN33749876 [ABSTRACT FROM AUTHOR]

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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=57224369&site=ehost-live&scope=site>

101. Endo, A., et al., *Posterior reversible encephalopathy syndrome in childhood: report of four cases and review of the literature*. *Pediatr Emerg Care*, 2012. **28**(2): p. 153-7. BACKGROUND: Posterior reversible encephalopathy syndrome (PRES) is a recently described disorder with typical radiological findings of bilateral gray and white matter abnormalities in the posterior regions of the cerebral hemispheres and cerebellum. Its clinical symptoms include headache, decreased alertness, mental abnormalities such as confusion, diminished spontaneity of speech, and changed behavior ranging from drowsiness to stupor, seizures, vomiting, and abnormalities of visual perception such as cortical blindness. In this study, the clinical and radiological findings of 4 children with this syndrome due to a variety of conditions are reported. METHODS: The records of 4 children with a diagnosis of PRES were retrospectively analyzed. RESULTS: PRES is associated with a disorder of cerebrovascular autoregulation of multiple etiologies. Four patients with PRES who had primary diagnoses of severe aplastic anemia, nephritic syndrome, Henoch-Schonlein purpura, and acute poststreptococcal glomerulonephritis are presented. This syndrome has been described in numerous medical conditions, including hypertensive encephalopathy, eclampsia, and with the use of immunosuppressive drugs. CONCLUSIONS: Early recognition of PRES as a complication during different diseases and therapies in childhood may facilitate precise diagnosis and appropriate treatment.
102. Ercan, E.S., et al., *Risperidone in the treatment of conduct disorder in preschool children without intellectual disability*. *Child Adolesc Psychiatry Ment Health*, 2011. **5**(1): p. 10. BACKGROUND: The DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, 4th edition Textrevision) highlights the especially poor outcomes of early-onset conduct disorder (CD). The strong link between the patient's age at treatment and its efficacy points the importance of early intervention. Risperidone is one of the most commonly studied medications used to treat CD in children and adolescents. The aim of this study is to obtain preliminary data about the efficacy and tolerability of risperidone treatment in otherwise typically developing preschool children with conduct disorder and severe behavioral problems. METHOD: We recruited 12 otherwise normally developing preschoolers (ten boys and two girls) with CD for this study. We could not follow up with 4 children at control visits properly; thus, 8 children (six girls, two boys; mean age: 42.4 months) completed the study. We treated the patients with risperidone in an open-label fashion for 8 weeks, starting with a daily dosage of 0.125 mg/day or 0.25 mg/day depending on the patient's weight (<20 kg children: 0.125 mg/day; >20 kg children: 0.25 mg/day). Dosage titration and increments were performed at 2-week interval clinical assessments. The Turgay DSM-IV Based Disruptive Behavior Disorders Child and Adolescent Rating & Screening Scale (T-DSM-IV-S) as well as the Clinical Global Impression Scale (CGI) assessed treatment efficacy; the Extrapyramidal Symptom Rating Scale (ESRS) and laboratory evaluations assessed treatment safety. RESULTS: The mean daily dosage of risperidone at the end of 8 weeks was 0.78 mg/day (SD: 0.39) with a maximum dosage of 1.50 mg/day. Based on the CGI global improvement item, we classified all patients as "responders" (very much or much improved). Risperidone was associated with a 78% reduction in the CGI Severity score. We also detected significant improvements on all of the subscales of the T-DSM-IV-S. Tolerability was good, and serious adverse effects were not observed. We detected statistically significant prolactin level increments ($p < 0.05$), but no clinical symptoms associated with prolactinemia. CONCLUSION: The results of this study suggest that risperidone may be an effective and well-tolerated atypical antipsychotic for the treatment of CD in otherwise normally developing preschool children. The findings of the study should be interpreted as preliminary data considering its small sample size and open-label methodology.
103. Esbensen, A.J., M.M. Seltzer, and M.W. Krauss, *Stability and Change in Health, Functional Abilities, and Behavior Problems Among Adults With and Without Down Syndrome*. *American journal of mental retardation : AJMR*, 2008. **113**(4): p. 263.
104. Farber, J.M., *Autism, cognition, and parent counseling*. *Journal of Developmental and Behavioral Pediatrics*, 2010. **31**(4): p. 341-342. Parents often

have an inaccurate understanding of outcomes in autism, and developmentalists contribute to this when they omit consideration of cognitive functioning in their discussions with parents. Developmentalists need to incorporate information about cognitive levels (including intellectual disability, when present), in order to properly educate parents about prognosis for their child with autism. Lippincott Williams & Wilkins. 2010.

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[0b013e3181da779d&issn=0196-206X&isbn=&volume=31&issue=4&spage=341&pages=341-342&date=2010&title=Journal+of+Developmental+and+Behavioral+Pediatrics&atitle=Autism%2C+cognition%2C+and+parent+counseling&aurl=Farber&pid=%3Cauthor%3EFarber+J.M.%3C%2Fauthor%3E%3CAN%3E20453580%3C%2FAN%3E%3CDT%3EJournal%3A+Review%3C%2FDT%3E](http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:20453580&id=doi:10.1097%2FDBP0b013e3181da779d&issn=0196-206X&isbn=&volume=31&issue=4&spage=341&pages=341-342&date=2010&title=Journal+of+Developmental+and+Behavioral+Pediatrics&atitle=Autism%2C+cognition%2C+and+parent+counseling&aurl=Farber&pid=%3Cauthor%3EFarber+J.M.%3C%2Fauthor%3E%3CAN%3E20453580%3C%2FAN%3E%3CDT%3EJournal%3A+Review%3C%2FDT%3E)

105. Felce, D., et al., *The Impact of Repeated Health Checks for Adults with Intellectual Disabilities*. *Journal of Applied Research in Intellectual Disabilities*, 2008. **21**(6): p. 585-596. Background An earlier study (Baxter et al. 2006) found that a structured health check conducted in primary care identified clinically significant previously unrecognized morbidity among adults with intellectual disabilities. The aim here was to examine whether follow-up health checks would identify equally significant newly identified morbidity and to investigate this as a function of the interval between health checks. Method Adults with intellectual disabilities who had had an initial health check (n = 108) participated: group 1 (n = 39) had a repeat health check an average of 28 months later, group 2 (n = 36) had a repeat health check an average of 44 months later and group 3 (n = 33) did not have a subsequent health check. Thirty participants in group 1 had a second repeat health check an average of 14 months after the first repeat. An audit of the results of the health check established whether morbidity was newly identified. Information was collected on each participant's age, gender, place of residence, skills, challenging behaviour, social abilities, psychiatric status and perceived health. Comparisons within groups over time or between groups at a point in time were made using non-parametric statistics. Results A similar number of newly identified health problems were found at the repeat health check compared to the initial check. The nature of needs identified was also similar. There was no association between the number of new needs identified at the repeat health check and the interval between it and the initial check. The perceived health of participants receiving health checks tended to decline. Conclusions As the level of new need revealed by repeated checks at even the shortest interval since the previous check studied here (mean = 14 months) was as high as that found by the initial check, annual health checking could be a justifiable intervention for this population. Decline in perceived health may represent more accurate assessment by carers following feedback from the health checks. [ABSTRACT FROM AUTHOR]

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106. Felce, D., et al., *The Impact of Checking the Health of Adults with Intellectual Disabilities on Primary Care Consultation Rates, Health Promotion and Contact with Specialists*. *Journal of Applied Research in Intellectual Disabilities*, 2008. **21**(6): p. 597-602. Background Studies have found that health checking in primary care led to the identification of previously unrecognized morbidity among adults with intellectual disabilities. The aim here was to evaluate whether health checking stimulated increased consultation with the general practitioner or another member of the primary care team, increased health promotion actions undertaken outside the health check or increased contact with specialists. Method Data on the above three categories of activity were abstracted from the medical records of 77 adult participants with intellectual disabilities for eight 6-month periods before and seven 6 month periods after they had undergone a health check. Comparisons of access to care before and after the health check were made using non-parametric statistics. Results On average, participants had 5.4 and 1.8 primary care and specialist consultations per year respectively. There were no significant differences in either rate before and after the health check. The frequency of health promotion actions increased significantly after the health check from a mean of 1.2 to 2.2/ year. Conclusions Comparison of the primary care and specialist consultations rates of people with intellectual disabilities with those for the general population might suggest that the former have greater access to these services. However, comparison to the general practitioner consultation rates of patients with other chronic conditions would seem to indicate that contact with primary care may not be commensurate with need. Attention to health promotion is inadequate. Further research is required to substantiate whether health checking increases health promotion and how increased health promotion activity

would affect the health of this population. [ABSTRACT FROM AUTHOR]
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107. Fenning, R.M. and J.K. Baker, *Mother-child interaction and resilience in children with early developmental risk*. Journal of Family Psychology, 2012. **26**(3): p. 411-420. Although prenatal and genetic factors make strong contributions to the emergence of intellectual disability (ID), children's early environment may have the potential to alter developmental trajectories and to foster resilience in children with early risk. The present study examined mother-child interaction and the promotion of competence in 50 children with early developmental delays. Three related but distinct aspects of mother-child interaction were considered: maternal technical scaffolding, maternal positive sensitivity, and mother-child dyadic pleasure. Children were classified as exhibiting undifferentiated delays at age 3, based upon performance on developmental assessments and the absence of known genetic syndromes. Mother-child interaction was assessed at age 4 through observational ratings of structured laboratory tasks, and through naturalistic home observations. ID was identified at age 5 using the dual criteria of clinically significant delays in cognitive functioning and adaptive behavior. Maternal technical scaffolding and dyadic pleasure each uniquely predicted reduced likelihood of later ID, beyond the contributions of children's early developmental level and behavioral functioning. Follow-up analyses suggested that mother-child interaction was primarily important to resilience in the area of adaptive behavior, with scaffolding and dyadic pleasure differentially associated with particular subdomains. Implications for theories of intellectual disability and for family-based early intervention and prevention efforts are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
108. Finch, M., et al., *A cluster randomised trial to evaluate a physical activity intervention among 3-5 year old children attending long day care services: study protocol*. BMC Public Health, 2010. **10**(1): p. 534. BACKGROUND:Young children are not participating in recommended levels of physical activity and exhibit high levels of sedentary behaviour. Childcare services provide access to large numbers of young children for prolonged periods, yet there is limited experimental evidence regarding the effectiveness of physical activity interventions implemented in this setting. The aim of this study is to assess the effectiveness and acceptability of a multi-component physical activity intervention, delivered by childcare service staff, in increasing the physical activity levels of children attending long day care services.METHODS/DESIGN:The study will employ a cluster randomised controlled trial design. Three hundred children aged between 3-5 years from twenty randomly selected long day care services in the Hunter Region of New South Wales, Australia will be invited to participate in the trial. Ten of the 20 long day care services will be randomly allocated to deliver the intervention with the remaining ten services allocated to a wait list control group. The physical activity intervention will consist of a number of strategies including: delivering structured fundamental movement skill activities, increasing physical activity opportunities, increasing staff role modelling, providing children with a physical activity promoting indoor and outdoor environment and limiting children's small screen recreation and sedentary behaviours. Intervention effectiveness will be measured via child physical activity levels during attendance at long day care. The study also seeks to determine the acceptability and extent of implementation of the intervention by services and their staff participating in the study.DISCUSSION:The trial will address current gaps in the research evidence base and contribute to the design and delivery of future interventions promoting physical activity for young children in long day care settings.TRIAL REGISTRATION:Australian New Zealand Clinical Trials Registry ACTRN1261000087055
<http://www.biomedcentral.com/1471-2458/10/534>
109. Finesilver, C., *A new age for childhood diseases: Down syndrome*. RN, 2002. **65**(11): p. 43-49. Many patients with Down syndrome now live to age 50 and beyond. As they age, their risk for developing a number of conditions, such as Alzheimer's disease and thyroid dysfunction, grows, making close screening and monitoring of these adults all the more important.
<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2003010572&site=ehost-live&scope=site>
110. Finlayson, J., et al., *Understanding Predictors of Low Physical Activity in Adults with Intellectual Disabilities*. Journal of Applied Research in Intellectual Disabilities, 2009. **22**(3): p. 236-247. Background: Lack of regular physical activity is globally one of the most significant risks to health. The main aims of this study were to describe the types and levels of regular physical activity undertaken by adults with intellectual disabilities, and to investigate the factors predicting low activity. Materials and Methods: Interviews were conducted with a community-based sample of adults with

intellectual disabilities (n = 433) at two time points. Data hypothesized to be predictive of low levels of activity were collected at time 1. Descriptive data were collected on the frequency and intensity, and actual level of participation in activities at time 2. Results: Only 150 (34.6%) adults with intellectual disabilities undertook any regular activity of at least moderate intensity. This was of shorter duration, compared with the general population. Older age, having immobility, epilepsy, no daytime opportunities, living in congregate care and faecal incontinence were independently predictive of low levels of activity. Conclusions: These results are a step towards informing the development of interventions to promote the health of adults with intellectual disabilities through increased physical activity.

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direct=true&db=eric&AN=EJ835320&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ835320&site=ehost-live&scope=site)
<http://dx.doi.org/10.1111/j.1468-3148.2008.00433.x>

111. Finlayson, J., A. Turner, and M.H. Granat, *Measuring the Actual Levels and Patterns of Physical Activity/Inactivity of Adults with Intellectual Disabilities*. *Journal of Applied Research in Intellectual Disabilities*, 2011. **24**(6): p. 508-517. Background: Lack of regular physical activity is a significant risk to health. The aim of this study was to objectively measure the levels and patterns of activity of adults with intellectual disabilities, to inform the design of studies aimed at increasing activity and health in this population. Materials and Methods: Interviews were conducted with 62 community-based adults with mild to moderate intellectual disabilities at the start and at the end of a 7-day period of physical activity/inactivity measurement using an activity monitor. Results: Forty-one (66%) participants wore the activity monitor at least 5 days. Of these, only 11 (27%) achieved the recommended 10 000 steps per day, and only six (15%) were achieving the recommended greater than or equal to 30 min of moderate/vigorous activity at least 5 days per week. Conclusions: Adults with mild to moderate learning disabilities have low levels of physical activity.

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direct=true&db=eric&AN=EJ942446&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ942446&site=ehost-live&scope=site)
<http://dx.doi.org/10.1111/j.1468-3148.2011.00633.x>

112. Fleming, R.K., et al., *Behavioral health in developmental disabilities: a comprehensive program of nutrition, exercise, and weight reduction*. *International Journal of Behavioral Consultation & Therapy*, 2008. **4**(3): p. 287-296. We review the literature on the prevalence and conditions resulting in overweight and obesity in people with intellectual disability (ID), followed by obesity treatment research with typically developing children and adaptations for children with ID. In addition to proposing directions for future research and practice, we report a comprehensive randomized control trial (RCT) of family-based behavioral intervention targeting weight loss among adolescents with Down syndrome.

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direct=true&db=rzh&AN=2010372580&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010372580&site=ehost-live&scope=site)

113. Fleury, M.-J., et al., *28TH ANNUAL MEETING OF THE SOCIETY FOR MEDICAL DECISION MAKING*

Determinants of Referral to the Public Health care and Social Sector by Nonprofit Organizations. *Medical Decision Making*, 2007. **27**(4): p. e-1-e-2. In accordance with current health care and social reforms designed to enhance service efficiency, the nonprofit and voluntary sector is playing a more prominent role in service delivery. Policy makers would benefit from greater information on ways to enhance coordination between the public health care and social sector and nonprofit organizations. This study has for aim to identify variables associated with the referral process from nonprofit organizations to the public health care and social sector. Data are based on a sample of 168 nonprofit mental health organizations in Quebec, Canada. Five variables were found to influence referrals to the public health care and social sector: (a) proportion of consumers with common mental disorders; (b) number of referrals to other nonprofit organizations; (c) referral rates to intersectorial organizations; (d) formal agreements with hospitals; and (e) participation in a mental health care regional roundtable. Implementing diversified strategies to streamline the referral process and enhance interorganizational collaboration is recommended.

<http://mdm.sagepub.com/cgi/content/short/27/4/e-1>
<http://nvs.sagepub.com/cgi/content/abstract/41/2/257>

114. Forsyth, N., J. Elmslie, and M. Ross, *Supporting healthy eating practices in a forensic psychiatry rehabilitation setting*. *Nutrition & Dietetics*, 2012. **69**(1): p. 39-45. Aim: To evaluate the confidence and education requirements of nursing staff to provide evidence-based nutrition advice and practical assistance to patients of a healthy living programme in a forensic psychiatry rehabilitation unit. Methods: Participants completed semistructured interviews in pairs or individually to explore how their beliefs and attitudes about food and nutrition influenced their ability to support patients to plan and prepare healthy meals. Interview questions explored the nurses' perceptions about the nutrition education needs of patients, their own nutrition knowledge, their confidence to provide nutrition advice, previous nutrition training and their current need for further

training. All participants also completed a nutrition knowledge questionnaire. Data from the Nutrition Knowledge Questionnaire were summarised descriptively. Thematic analysis was used to identify the key themes that emerged from the interview transcripts. Results: Nine of eleven potential participants took part in the study. Four main themes emerged from the semistructured interviews: 'knowledge and experience', 'barriers to change', 'realistic expectations' and 'reducing barriers'. Nine questionnaires were completed and returned (100% response rate). The average score was 50% (11/22). Scores ranged between 9 (41%) and 15 (68%). Three respondents scored less than 50%. Conclusion: This study highlights a need for dietitians in mental health settings to be involved not only with patient care but with staff education, to ensure that nursing staff receive the training and ongoing support necessary to protect and enhance the nutritional health of patients. [ABSTRACT FROM AUTHOR]

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115. Frey, G.C., H.I. Stanish, and V.A. Temple, *Physical activity of youth with intellectual disability: review and research agenda*. Adapted Physical Activity Quarterly, 2008. **25**(2): p. 95-117. This review characterizes physical activity behavior in youth with intellectual disability (ID) and identifies limitations in the published research. Keyword searches were used to identify articles from MEDLINE, EBSCOhost Research Databases, Psych Articles, Health Source, and SPORT Discus, and ProQuest Dissertations and Theses up to June 2007. Data were extracted from each study using a template of key items that included participant population, study design, data source, and outcome measure. Nineteen manuscripts met the inclusion criteria. Findings were mixed, with various studies indicating that youth with ID have lower, similar, and higher physical activity levels than peers without disabilities. Only two studies provided enough information to determine that some youth with ID were meeting minimum physical activity standards. Significant methodological limitations prohibit clear conclusions regarding physical activity in youth with ID.

<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2009893929&site=ehost-live&scope=site>

116. Frey, G.C. and V.A. Temple, *Health promotion for Latin Americans with intellectual disabilities*. Salud Publica De Mexico, 2008. **50**(SUPPL. 2): p. S167-S177. In response to the emerging global concern regarding health and people with intellectual disabilities (ID), several developed countries have established national initiatives to address the unique health needs of this population segment. However, most people with ID reside in countries with developing economies, such as many Latin American countries, yet there is virtually no information on the health of people with ID in these regions. Countries with developing economies face distinct challenges in promoting health among this population segment that may preclude adoption or adaptation of policies and practices developed in regions with established economies. This paper will address the issue of health promotion among people with ID in Latin America, an area that is undergoing significant reforms in both health care and disability rights. Information on the social and health status of Latin Americans with ID, as well as research on health promotion best practices, will be used to develop recommendations for promoting health for these individuals.

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[18470345&id=doi:&issn=0036-3634&isbn=&volume=50&issue=SUPPL.](http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:18470345&id=doi:&issn=0036-3634&isbn=&volume=50&issue=SUPPL.)

[+2&spage=S167&pages=S167-S177&date=2008&title=Salud+Publica+de](http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:18470345&id=doi:&issn=0036-3634&isbn=&volume=50&issue=SUPPL.+2&spage=S167&pages=S167-S177&date=2008&title=Salud+Publica+de)

[+Mexico&atitle=Health+promotion+for+Latin+Americans+with+intellectual](http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:18470345&id=doi:&issn=0036-3634&isbn=&volume=50&issue=SUPPL.+2&spage=S167&pages=S167-S177&date=2008&title=Salud+Publica+de)

[+disabilities&aulast=Frey&pid=%3Cauthor%3EFrey+G.C.%3C%2Fauthor%3E](http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:18470345&id=doi:&issn=0036-3634&isbn=&volume=50&issue=SUPPL.+2&spage=S167&pages=S167-S177&date=2008&title=Salud+Publica+de)

[%3CAN%3E18470345%3C%2FAN%3E%3CDT%3EJournal%3A+Review%3C](http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:18470345&id=doi:&issn=0036-3634&isbn=&volume=50&issue=SUPPL.+2&spage=S167&pages=S167-S177&date=2008&title=Salud+Publica+de)

[%2FDT%3E](http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:18470345&id=doi:&issn=0036-3634&isbn=&volume=50&issue=SUPPL.+2&spage=S167&pages=S167-S177&date=2008&title=Salud+Publica+de)

117. Friedman, N.D.B. and K.J. Shedlack, *Assessment and Management of Patients with Intellectual Disabilities by Psychiatric Consultants*. Psychosomatics, 2011. **52**(3): p. 210-217. Background: Although most individuals with intellectual disability (ID) currently reside in the community and receive their health care in general medical settings, there is no specific literature on psychiatric consultation to those requiring inpatient medical or surgical care. Objective: The authors discuss the specialized features of the consultation-liaison (C-L) evaluation and common requests for psychiatric consultation in the hospitalized ID population. Method: This article reviews the literature on general psychiatric care in this population and presents the experience of practitioners in the ID-Psychiatry field who have followed their patients through episodes of inpatient

non-psychiatric care. Results: The C-L clinician must adapt the interview to accommodate a patient's cognitive, sensory, and language capacities; integrate information from collateral sources; and serve as a liaison between multiple parties. Discussion: ID should not be a barrier to the delivery of appropriate health care. This article provides evidence and recommendations on C-L assessment, management, and liaison for hospitalized individuals with ID. (Psychosomatics 2011; 52:210-217)

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[SID=W1im7dlN5anlcK1DIIP&product=WOS&UT=000291187000002&SrcApp=EndNote&DestFail=http%3A%2F](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dlN5anlcK1DIIP&product=WOS&UT=000291187000002&SrcApp=EndNote&DestFail=http%3A%2F)

www.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord

118. Gainotti, S., et al., *Antipsychotics in individuals with intellectual disability*, 2008. p. 1501-1502. <http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=31915607&site=ehost-live&scope=site>
119. Galbiati, S., et al., *Attention remediation following traumatic brain injury in childhood and adolescence*. *Neuropsychology*, 2009. **23**(1): p. 40-49. Traumatic brain injury (TBI) frequently affects both the basic and the superordinate components of attention; deficits vary according to patient age. This study evaluated the efficacy of a specific remediation intervention for attention. Sixty-five TBI patients (aged 6?18 years) with attention deficit were assessed at baseline and at 1-year follow-up: 40 patients received attention-specific neuropsychological training for 6 months, and the control group comprised 25 patients. Cognitive assessment included a Wechsler Intelligence Scale (e.g., A. Orsini, 1993) and the Continuous Performance Test II (CPT II; C. K. Conners, 2000). The Vineland Adaptive Behavior Scales (VABS; S. Sparrow, D. Balla & D. V. Cicchetti, 1984) was administered to assess the treatment's ecological validity. At baseline, all patients presented with a mild intellectual disability and pathological scores on the CPT II. At follow-up, significant differences were found between the 2 groups on the CPT II and VABS: The clinical group improved more than the control group. Specific remediation training for attention, including a combination of a process-specific approach and metacognitive strategies, significantly improved attention performance. Improvement in attention skills also affected adaptive skills positively. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
120. George, V.A., S.D. Shacter, and P.M. Johnson, *BMI and attitudes and beliefs about physical activity and nutrition of parents of adolescents with intellectual disabilities*. *Journal of Intellectual Disability Research*, 2011. **55**(11): p. 1054-1063. Background The purpose of this study was: (1) to evaluate the beliefs, attitudes and behaviours associated with nutrition and physical activity of parents with adolescents with intellectual disabilities (ID); (2) to determine if these variables related to the body mass index (BMI) of the adolescents and the parents' BMI; and (3) to investigate if the parents' perception of their child's weight status was accurate. Methods A survey was used to collect information on BMI and attitudes and beliefs about nutrition and physical activity from parents (n = 207) of adolescents with ID attending schools participating in the Best Buddies Program. Results Approximately 45% of the adolescents were overweight or obese and over two-thirds of the parents were either overweight or obese. There was a significant difference in child's BMI by parents' description, $F_{3,158} = 72.75$, $P < 0.001$. Factor analysis on questions on physical activity and nutrition revealed three factors (Factor 1 - Family Healthy Habits, Factor 2 - Parental Role and Factor 3 - Parental Activity) extracting 63% of the variance. The BMI of the adolescents significantly correlated with Factors 2 and 3. Children categorised as having a lower BMI had parents who agreed significantly more ($r = -0.22$, $P < 0.005$) with questions about being role models. There was a significant correlation between BMI for both the parents and adolescents and frequency of fast foods purchased. Conclusion Efforts need to be made to provide parents of adolescents with ID tailored information about how they can assist their child in managing their weight. This information should emphasise to parents the important part they play as role models and as providers for healthy choices for physical activity as well as nutrition. [ABSTRACT FROM AUTHOR]
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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=66716045&site=ehost-live&scope=site>
121. Giagkoudaki, F., et al., *Effects of Exercise Training on Heart-Rate-Variability Indices in Individuals With Down Syndrome*. *Journal of Sport Rehabilitation*, 2010. **19**(2): p. 173-183. Objective: To investigate the effects of an exercise-training program on heart rate- variability (HRV) indices in individuals with Down syndrome (DS). Design: Controlled clinical trial. Participants: 10 people with DS, age 24.2 ± 5.1 y (group A), and 10 age-matched healthy sedentary individuals (group B). Method: At baseline all

subjects underwent a clinical examination and an ambulatory 24-h Holter monitoring for the evaluation of cardiac autonomic-nervous-system (ANS) activity by time- and frequency-domain analysis. Intervention: After initial evaluation, group A followed a 6-month exercise-training program and thereafter underwent the same HRV analysis. Results: At the beginning of the study, group A showed a higher LF:HF ratio than group B, indicating impaired sympathovagal balance, likely because of lesser vagal modulation. Moreover, both time- and frequency-domain indices in group A were significantly lower than in group B. At the end of the study, exercise training was found to improve the sympathovagal balance, mainly by increasing vagal activity, in group A. Conclusion: The results indicate that individuals with DS have ANS dysfunction that can be improved by exercise's increasing the parasympathetic modulation. [ABSTRACT FROM AUTHOR]

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122. Giannini, M.J., et al., *Understanding suicide and disability through three major disabling conditions: Intellectual disability, spinal cord injury, and multiple sclerosis*. Disability and Health Journal, 2010. 3(2): p. 74-78. Background: Disability is not a category of disease but rather relates to the physical, sensory, cognitive, and/or mental disorders that substantially limit one or more major life activities. These functional limitations have been found to be predictive of suicide, with psychiatric comorbidities increasing the risk for suicide. Enormous gaps exist in the understanding of the relationship between disability and suicide. Objective: We reviewed the current literature addressing the prevalence of and risk factors for suicide among persons with three major disabling conditions and identify priorities for future research. Methodology: We performed a literature review investigating the relationship between three major disabilities (intellectual disability, spinal cord injury, multiple sclerosis) and suicide. To ensure thorough evaluation of the available literature, we searched PubMed, the Cochrane Library, and Google Scholar with terms including "suicide," "disability," "intellectual disability," "spinal cord injury," "multiple sclerosis," and permutations thereof. By this method we evaluated 110 articles and included 21 in the review. Results: Suicide rates are significantly higher among persons with multiple sclerosis and spinal cord injury than in the general population. A more nuanced picture of suicide rates and risk factors exists for the intellectual disability population, in which it appears that rates of suicide risk factors are higher than among the general population while suicide rates may be lower. The highest rates of suicide are reported among study populations of persons with multiple sclerosis, followed by persons with spinal cord injury, and then individuals with intellectual disability. Conclusions: Suicide among persons with disabilities is a complex and pressing public health concern. Urgent research priorities include (1) valid estimates of suicide rates among persons with disabilities by age cohort; (2) assessment of the predictive importance of suicide risk factors; and (3) determination of best practices in preventing suicide. Working toward these objectives will reduce the unacceptable burden of this preventable cause of death and help children and adults with disabilities to lead happier, healthier, and longer lives. (C) 2010 Elsevier Inc. All rights reserved.

<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000283284900002&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord>

123. Gilbert, T., T. Wilkinson, and S. Crudgington, *People with intellectual disability and cancer: Issues of communication, access, and comfort*. International Journal on Disability and Human Development, 2008. 7(4): p. 371-377. This paper focuses on people with intellectual disability (ID) and communication needs related to the cancer journey arising from experiences related to the development of the 'living with cancer pack' a resource designed for use with people with ID. Drawing on an international literature and experiences from the United Kingdom, the discussion raises issues regarding health policy, human rights, public health, and health promotion. Two key issues emerged. Demographic change has seen the life expectancy of people with ID extended, increasing risks for cancers, while systematic failures in health services raise concerns over human rights and citizenship, leading to a number of highly critical reports that identify the centrality of communication to these problems questioning the preparedness of practitioners in primary care and generic health settings. The 'living with cancer pack' took a 'total communication' approach and included people with ID as participants in both the development and the evaluation of the resource. Here we extend the experiences of the resource to consider limitations due to the lack of contact that practitioners in primary care services have with people with ID. Using the concept of 'comfort', we argue that policy directives and staff training alone are limited due to the lack of contact practitioners have with people with ID.

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Record](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000263037500003&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

124. Gilbert, T., T. Wilkinson, and S. Crudgington, *Supporting people with intellectual disability in the cancer journey: the 'Living with cancer' communication pack*. European Journal of Oncology Nursing, 2007. **11**(4): p. 357-61.

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+Oncology+Nursing&atitle=Supporting+people+with+intellectual+disability+in
+the+cancer+journey%3A+the+%27Living+with+cancer%27+communication
+pack.&aulast=Gilbert&pid=%3Cauthor%3EGilbert+T%3C%2Fauthor%3E
%3CAN%3E17291830%3C%2FAN%3E%3CDT%3EEvaluation+Studies%3C
%2FDT%3E

125. Glover, R.W., *Working together for longer, healthier lives*. Mental Health Weekly, 2008. **18**(1): p. 5-6. The article reports on the importance of cooperation to promote mental health for longer and healthier lives, as focused by the National Association of State Mental Health Program Directors (NASMHPD) in the U.S. To fulfill the vision, the plan focuses on helping consumers in making healthy choices and reducing risky behaviors that lead to the early death of mentally ill. NASMHPD develops ways in the fulfillment of the plan including the tobacco-free toolkit, and a program to support veterans.

<http://search.ebscohost.com/login.aspx?>

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126. Goddard, L., S. Mackey, and P.M. Davidson, *Functional clinical placements: a driver for change*. Nurse Education Today, 2010. **30**(5): p. 398-404. The aim of the project was to create a supervised professional experience placement model involving undergraduate nursing students, families of children with intellectual disabilities and nursing lecturers. Action research provided the methodological framework for developing a new placement model. Five families with children with disabilities, nine nursing students and two nurse academics worked together through the cycles of the action research process to develop a family health promotion intervention to improve the health and wellness of the family members and reduce risk for illness. Awareness, valuing and understanding were key themes derived from the qualitative data. Findings of this project indicate that this model of university-initiated, community-focused professional experience placement is effective in achieving the competency-based learning outcomes required of undergraduate nursing students and is worthy of ongoing exploration. Crown Copyright 2009. Published by Elsevier Ltd. All rights reserved.

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sid=OVID:ovrn&id=pmid:&id=doi:&issn=0260-6917&isbn=&volume=30&issue=5&spage=398&pages=398-404&date=2010&title=Nurse+Education
+Today&atitle=Functional+clinical+placements%3A+a+driver+for
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%3E%3CAN%3E19883958%3C%2FAN%3E%3CDT%3EJournal+Article%3C
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127. Goldsmith, L., H. Skirton, and C. Webb, *Informed consent to healthcare interventions in people with learning disabilities - an integrative review*. Journal of Advanced Nursing, 2008. **64**(6): p. 549-563. Informed consent to healthcare interventions in people with learning disabilities - an integrative review. This paper is a report of an integrative review of informed consent to healthcare interventions in people with learning disabilities. Consent to treatment lies at the heart of the relationship between patient and healthcare professional. In order for people with learning disabilities to have equity of access to health care, they need to be able to give informed consent to health interventions - or be assessed as incompetent to give consent. The British Nursing Index (BNI), CINAHL, MEDLINE, Social Care Online, ERIC and ASSIA and PsycINFO databases were searched using the search terms: Consent or informed choice or capacity or consent to treat* or consent to examin* AND Learning disab* or intellectual* disab* or mental* retard* or learning difficult* or mental* handicap*. The search was limited to papers published in English from January 1990 to March 2007. An integrative review was conducted and the data analysed thematically. Twenty-two studies were

reviewed. The main themes identified were: life experience, interaction between healthcare professionals and participants, ability to consent, and psychometric variables. A consensus seemed to emerge that capacity to consent is greater in people with higher cognitive ability and verbal skills, but that the attitudes and behaviour of healthcare professionals was also a crucial factor. The findings support use of the functional approach to assessing mental capacity for the purpose of obtaining informed consent. Future research into informed consent in people with learning disabilities is needed using real life situations rather than hypothetical vignettes.

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[SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000261203800003&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000261203800003&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

128. Gonzalez-Aguero, A., et al., *A 21-week bone deposition promoting exercise programme increases bone mass in young people with Down syndrome*. *Developmental Medicine & Child Neurology*, 2012. **54**(6): p. 552-6. AIM: To determine whether the bone mass of young people with Down syndrome may increase, following a 21-week conditioning training programme including plyometric jumps. METHOD: Twenty-eight participants with Down syndrome (13 females, 15 males) aged 10 to 19 years were divided into exercise (DS-E; n=14; eight females, six males mean age 13y 8mo, SD 2y 6mo) and non-exercise (DS-NE; n=14; five females, nine males mean age 15y 5mo, SD 2y 6mo) groups. Total and regional (hip and lumbar spine [L1-L4]) bone mineral content (BMC) and total lean mass were assessed by dual energy X-ray absorptiometry at baseline and after a 25-minute training session performed twice a week. Repeated-measures analyses of variation were applied to test differences between pre- and posttraining values for BMC and total lean mass. Differences between increments were studied with the Student's t-test. Linear regression models were fitted to test independent relationships. RESULTS: After the intervention, higher increments in total and hip BMC, and total lean mass, were observed in the DS-E group (all p<0.05). A time x exercise interaction was found for total lean mass (p<0.05). The increment in total lean mass, height, and Tanner stage accounted for almost for 60% in the increment in total BMC in the DS-NE group (p<0.05). INTERPRETATION: Twenty-one weeks of training have a positive effect on the acquisition of bone mass in young people with Down syndrome. Copyright The Authors. *Developmental Medicine & Child Neurology* Copyright 2012 Mac Keith Press.

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<http://openurl.bibsys.no/openurl?sid=OVID:ovrndb&id=pmid:&id=doi:10.1111%2Fj.1469-8749.2012.04262.x&issn=0012-1622&isbn=&volume=54&issue=6&spage=552&pages=552-6&date=2012&title=Developmental+Medicine+%26+Child+Neurology&atitle=A+21-week+bone+deposition+promoting+exercise+programme+increases+bone+mass+in+young+people+with+Down+syndrome.&aulast=Gonzalez&pid=%3Cauthor%3EGonzalez-Aguero+A%3C%2Fauthor%3E%3CAN%3E22409634%3C%2FAN%3E%3CDT%3EEClinical+Trial%3C%2FDT%3E>

129. González-Agüero, A., et al., *Health-related physical fitness in children and adolescents with Down syndrome and response to training*. *Scandinavian Journal of Medicine & Science in Sports*, 2010. **20**(5): p. 716-724. Physical fitness is related to health at all ages. Information about physical fitness in the Down syndrome (DS) population, however, is scarce, especially when we consider children and adolescents. A review of the current data available on this topic would be both timely and important as it would serve as a starting point to stimulate new research perspectives. The data we reviewed from the literature showed a general trend toward lower values of physical fitness parameters and worse body composition variables in children and adolescents with DS compared with the population without intellectual disability (ID) or even with the population with ID without DS. Notably, children and adolescents with DS have been described as less active or overprotected; however, these factors may not be the cause of their poor physical fitness. Many of the training programs carried out in children and adolescents with DS did not yield the desired responses, and the reasons are still unknown. The purpose of this review is to summarize the current available literature on health-related physical fitness in children and adolescents with DS, and the effect of training on these variables. From the literature available, it is clear that more data on this population are necessary. [ABSTRACT FROM AUTHOR]

Copyright of *Scandinavian Journal of Medicine & Science in Sports* is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

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130. Gottfreðsdóttir, H. and K. Björnsdóttir, *'Have you had the test?' A discourse analysis of media presentation of prenatal screening in Iceland*. Scandinavian Journal of Caring Sciences, 2010. **24**(2): p. 414-421.
<http://www.ingentaconnect.com/content/bsc/scs/2010/00000024/00000002/art00026>
<http://dx.doi.org/10.1111/j.1471-6712.2009.00727.x>
131. Grandisson, M., S. Tétreault, and A.R. Freeman, *Enabling Integration in Sports for Adolescents with Intellectual Disabilities*. Journal of Applied Research in Intellectual Disabilities, 2012. **25**(3): p. 217-230. Background Promoting the health and social participation of adolescents with intellectual disability is important as they are particularly vulnerable to encountering difficulties in those areas. Integration of these individuals in integrated sports is one strategy to address this issue. Methods The main objective of this study was to gain a better understanding of the factors associated with the integration of adolescents with intellectual disability in sports alongside their non-disabled peers. Individual interviews were completed with 40 adolescents with intellectual disability and their parents, while 39 rehabilitation staff participated via either a discussion group or self-administered questionnaires. The Disability Creation Process (DCP) theoretical model was used to frame the analysis and the presentation of the findings (The Quebec Classification: Disability Creation Process. International Network on the Disability Creation Process/CSICIDH, Québec, QC, 1998). Results Various personal and environmental factors that have an impact on integration in sports were identified by participants. For example, attitudes, practical support, individuals' experiences in sports and in integrated settings as well as behaviour control emerged as important elements to consider. Conclusions Integration in integrated sports can engender a lot of benefits for individuals with intellectual disability, their parents and non-disabled athletes. However, many barriers need to be removed before such benefits can be more widely realized. [ABSTRACT FROM AUTHOR]
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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=74103277&site=ehost-live&scope=site>
132. Gratsa, A., et al., *Developing a Mental Health Guide for Families and Carers of People with Intellectual Disabilities*. Journal of Applied Research in Intellectual Disabilities, 2007. **20**(2): p. 77-86. Background Although there is already information available about caring for someone with a mental health problem, there is very little written for families and carers of people with intellectual disabilities. Materials and methods This paper describes the development of a Guide as such a resource. The consultation stage involved interviews and focus groups with families, service users and paid carers (n = 20) to highlight their needs and preferred format. Additional carers (n = 12) completed structured questionnaires to evaluate the Guide. Results The initial consultation showed that an easily accessible and user-friendly information resource was needed. The evaluation showed that family carers were satisfied with the Guide, finding it easy to read and covering most of the information required. However, they did highlight areas that needed further detail. Conclusions The involvement of carers in the development of such resources is essential, emphasizing the benefit of carers' knowledge and experience to professionals. [ABSTRACT FROM AUTHOR]
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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=23961158&site=ehost-live&scope=site>
133. Gray-Stanley, J.A., et al., *Work stress and depression among direct support professionals: the role of work support and locus of control*. Journal of Intellectual Disability Research, 2010. **54**(8): p. 749-761. Background Although work stress can impede the capacity of direct support professionals and contribute to mental health challenges, external (i.e. work social support) and internal resources (i.e. an internal locus of control) have been shown to help DSPs cope more actively. We examined how work stress was associated with depression, with a particular focus on the role of resources. Method Direct support professionals (n = 323) who serve adults with intellectual and developmental disabilities from five community-based organisations completed a cross-sectional, self-administered survey which measured work stress, work support, locus of control, and depression. Results Multiple regression analyses demonstrated that work stress was positively associated with depression, while resources were negatively associated with depression. In particular, work support moderated the effects of client disability stress, supervisory support lessened the effects

of role conflict, and locus of control moderated the effects of workload. Conclusions Such findings suggest the importance of external and internal resources for staff mental health. This research underscores the need for strong work social support systems and interventions to help staff manage work stressors. [ABSTRACT FROM AUTHOR]

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134. Griffiths, P., J. Bennett, and E. Smith, *The size, extent and nature of the learning disability nursing research base: A systematic scoping review*. International Journal of Nursing Studies, 2009. **46**(4): p. 490-507. Background: A research base should be Of Sufficient quality and quantity to inform nursing practice. It must allow nurses to access information about clients' needs and to identify effective strategies for meeting those needs. This paper presents the findings of a scoping review of 'learning disability nursing research'. The review aimed to determine whether there is a research base sufficient to support learning disability nursing practice. Method: We undertook searches of the Cochrane Library and electronic databases (Medline, Psychinfo, Embase, CINAHL and British Nursing Index) for the years 1996-2006. Full references and abstracts were downloaded for papers returned. Papers considered relevant to the topic of the review were organised into three categories according to whether the main focus of the research was people with learning disabilities, carers or family members, or nurses. For each paper, information about the locality of the research, the topic of the research, design/method and sample size was extracted. Findings: We identified 180 relevant research studies, most of which made use of convenience samples of less than one hundred people. Very few studies evaluated the clinical impact of nursing interventions or the delivery of care by learning disability nurses. A small number of studies examined the impact or patient experiences of nurse-led interventions. These tend to small-scale evaluations of new service initiatives, such as the management of behavioural problems. Overall there was an absence of strong evidence about the effectiveness of specific nursing interventions. Conclusions: The extent of learning, disability nursing research is limited in quantity and it is difficult to draw comparisons across research Studies. Much of the available evidence is drawn from small-scale evaluations; which may provide useful guidance and inspiration for service development but do not, in themselves, constitute a sufficient body of research evidence to support learning disability nursing practice. (C) 2008 Elsevier Ltd. All rights reserved.

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135. Grolla, E., et al., *Specific treatment of Prader-Willi syndrome through cyclical rehabilitation programmes*. Disability & Rehabilitation, 2011. **33**(19/20): p. 1837-1847. Purpose. To evaluate retrospectively the efficiency of our rehabilitation programme for patients with Prader-Willi Syndrome. In total, 49 patients were examined, 21 female and 28 male, the youngest in their late teens. Prader-Willi syndrome is generally characterised by cognitive impairment, behavioural abnormalities, and hyperphagia. Patients are usually considerably adverse to any form of physical exercise, and despite hormonal therapy, weight control in adult patients can be difficult. Methods. Four times a year, disease-specific residential programmes were organised, each lasting 4 weeks. The patients were restricted to a 1500 Kcal diet. In addition, they were required to do 6.5 h of physical exercise daily, stamina being built up by using music therapy, psychomotor therapy, education and entertainment activities. Results. BMI decreased by 2.1 average points in every residential session. For three patients who attended our treatments regularly, a reduction of 8.9 points over 6 years was recorded. An attendance of at least three sessions per year seemed to be necessary to substantially reduce weight. Conclusions. A multidisciplinary approach and a daily calorie-counted diet can lead to significant weight loss in teenage and adult PWS patients. This approach would also be suitable in treating patients with other obesity syndromes with mental retardation. [ABSTRACT FROM AUTHOR]

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136. Gurbuz, O., et al., *Periodontal health and treatment needs among hospitalized chronic psychiatric patients in Istanbul, Turkey*. *Community Dental Health*, 2011. **28**(1): p. 69-74. Objective: The aim of the study was to evaluate the periodontal health and treatment needs of chronically hospitalized psychiatric patients in Istanbul, Turkey. Method: The subjects' periodontal health was recorded by the CPI (Community Periodontal Index) method. Results: Of the 330 patients examined, 179 (52.5%) were males and 151 (47.5%) females. The mean age of the patients was 49.2+or-11.7 years. The majority (61.8%) was diagnosed with schizophrenia and 30.6% diagnosed with mental retardation. The mean length of hospitalization was 16.0+or-10.9 years. Healthy periodontal tissues (CPI 0) were found in 8.8% of the subjects. Bleeding on probing (CPI 1) was recorded in 6.3%, and dental calculus (CPI 2) in 51.8% of the subjects. These were determined as the worst findings. Altogether, 33% of the subjects had deep periodontal pockets, 14.2% with at least one 4- to 5-mm pocket (CPI 3), and 18.8% with at least one 6-mm pocket (CPI 4). The stepwise logistic regression analysis, between the final CPI score and seven variables including age, gender, psychiatric diagnosis, length of hospitalization, degree of helplessness, tooth brushing habits and smoking, showed that irregular tooth brushing habits and male gender were significant contributors to having a final CPI score of 2 or more. The regression analysis also showed that tooth brushing habits remained as an explanatory variable in CPI 0 coded subjects; helplessness and psychiatric diagnosis (mental retardation) in CPI 2; tooth brushing habits and psychiatric diagnosis (schizophrenia) in CPI 3; and only helplessness in CPI 4. Conclusion: The present study underlines a considerable need for prevention and treatment of periodontal disease among chronic psychiatric patients in Istanbul. Efforts need to be focused above all on raising this population's awareness of the importance of oral hygiene and on early diagnosis of periodontal problems.
http://www.cdjournal.org/view.php?article_id=334&journal_id=37
<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=cagh&AN=20113206483>
<http://openurl.bibsys.no/openurl?sid=OVID:cagbdb&id=pmid:&id=doi:&issn=0265-539X&isbn=&volume=28&issue=1&spage=69&pages=69-74&date=2011&title=Community+Dental+Health&atitle=Periodontal+health+and+treatment+needs+among+hospitalized+chronic+psychiatric+patients+in+Istanbul%2C+Turkey.&aulast=Gurbuz&pid=%3Cauthor%3EGurbuz%2C+O.%3C%2Fauthor%3E%3CAN%3E20113206483%3C%2FAN%3E%3CDT%3EJournal+article%3C%2FDT%3E>
137. Gustafsson, C., et al., *Effects of Psychosocial Interventions for People With Intellectual Disabilities and Mental Health Problems*. *Research on Social Work Practice*, 2009. **19**(3): p. 281-290. The aim of this study is to provide a survey of systematic reviews that have evaluated the effects of psychosocial interventions for adult people with intellectual disabilities and/or an autistic syndrome with concurrent mental health problems. Reviews for inclusion were identified through searches of 10 electronic databases. The authors found that 3 out of 126 published reviews met the inclusion criteria for interventions, population, and being considered a systematic review. The results imply a weak scientific support for behavioral therapy, cognitive-behavioral therapy, and some forms of integrated care and support. However, the primary studies included in the reviews have several methodological shortcomings. The results suggest future research initiatives in the direction of more effectiveness studies of good quality and reproduction of high-quality systematic reviews.
<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlck1DIIP&product=WOS&UT=000265104800001&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord>
138. Hahn, J.E., *Minimizing Health Risks Among Older Adults With Intellectual and/or Developmental Disabilities: Clinical Considerations to Promote Quality of Life*. *Journal of Gerontological Nursing*, 2012. **38**(6): p. 11-17.
<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2011573417&site=ehost-live&scope=site>
139. Hallawell, B., J. Stephens, and D. Charnock, *Physical activity and learning disability*. *British Journal of Nursing*, 2012. **21**(10): p. 609-612. The inclusion of people with learning disabilities in sporting activities promotes a number of positive outcomes. These may include opportunities for social inclusion, the creation of positive role models for other people with learning disabilities, the opportunity to present people with learning disabilities in valued social roles to a global community, sharing of common interests and experiences, and social and competitive rewards. There is also the potential for positive physical and mental health outcomes. Current data suggests that people with learning disabilities are physically less active than the rest of the population, more likely to lead sedentary lifestyles and more prone to obesity and associated health

conditions. However, there are a number of ways in which nurses may support both individuals and their carers to engage with and promote programmes of physical activity. These may include the design of individual activity plans incorporated within health action planning aligned with suitable rewards systems. Action might also be taken in terms of health promotion advice and information to carers and those providing facilities for physical activity. [ABSTRACT FROM AUTHOR]

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140. Halvorson, R., *Exercise Benefits Developmentally Disabled Kids*. IDEA Fitness Journal, 2009. **6**(4): p. 12-12. The article discusses the importance of exercise to developmentally disabled children. A study published in the January-February 2009 issue of the "American Journal of Health Promotion" revealed that children with autism, cerebral palsy or mental retardation who involve themselves in exercise programs have improved health and fitness levels as well as coordination. Another important benefit of engagement in physical activity was that children also found some level of enjoyment from participation.

<http://search.ebscohost.com/login.aspx?direct=true&db=s3h&AN=37810487&site=ehost-live&scope=site>

141. Hamilton, S., et al., *A review of weight loss interventions for adults with intellectual disabilities*. Obesity Reviews, 2007. **8**(4): p. 339-345. Obesity is more prevalent in adults with intellectual disabilities than in the general population, and has been shown to contribute to their reduced life expectancy, and increased health needs. Relatively few studies have examined the effectiveness of weight loss interventions for adults with intellectual disabilities. However, there is evidence to support interventions that take account of the context of the lives of adults with intellectual disabilities, including carer involvement in interventions. To reduce the health inequalities experienced by adults with intellectual disabilities, there is a clear need to develop accessible, evidence-based clinical weight management services.

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142. Hamiwka, L., et al., *Child psychiatry*. Epilepsy & Behavior, 2011. **22**(1): p. 38-46. This paper first summarizes the main findings of clinical studies conducted over the past two and a half decades on psychopathology (i.e., psychiatric diagnoses, behavior and emotional problems) in children with new onset and chronic epilepsy both with and without intellectual disability who are treated medically and surgically. Although impaired social relationships are core features of the psychiatric disorders found in pediatric epilepsy, few studies have examined social competence (i.e., social behavior, social adjustment, and social cognition) in these children. There also is a dearth of treatment studies on the frequent psychiatric comorbidities of pediatric epilepsy, attention deficit hyperactivity disorder, anxiety disorders, and depression. Drs. Hamiwka and Jones then describe their current and planned studies on social competence and cognitive behavioral treatment of anxiety disorders, respectively, in these children and how they might mitigate the poor long-term psychiatric and social outcome of pediatric epilepsy. (C) 2011 Elsevier Inc. All rights reserved.

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143. Hanna, L.M., L. Taggart, and W. Cousins, *Cancer Prevention and Health Promotion for People with Intellectual Disabilities: An Exploratory Study of Staff Knowledge*. Journal of Intellectual Disability Research, 2011. **55**(3): p. 281-291. Background: As people with intellectual disabilities (ID) are living longer, their chances of developing cancer also increases. However, recognising the early signs and symptoms of cancer in a population with cognitive impairment and communication difficulties poses difficulties for both family carers and professional care staff. Engagement in health promotion and cancer prevention activities is also a challenge; yet, people with ID have an equal right to these important public services as other members of the population. Aims: The aim of this study was to examine how care staff engaged in cancer prevention

and health promotion activities on behalf of people with ID. Methods: This was an exploratory descriptive study using a postal survey design employing a questionnaire. Fifteen residential facilities for adults with ID were targeted within one geographic region of the UK. In total, 40 residential staff completed a questionnaire about their knowledge of the risk and protective factors of stomach, breast, cervical and testicular cancer. Staff then completed questionnaires regarding 90 adults with ID, recording details about body mass index (BMI), lifestyle choices (i.e. smoking, dietary intake), "Helicobacter pylori" testing, family history of cancer and staff's health promotion and cancer prevention activities with these individuals. Findings: The women with ID were reported to have significantly higher BMIs than the men with ID and only two people with ID had been tested for the "H. pylori" infection: potential risk factors for developing breast and stomach cancer, respectively. The majority of the staff reported that they did not receive training in cancer prevention. Likewise, the majority of the staff reported that they were unaware of the family histories of the people with ID in their care. Reports varied with how staff engaged with people with ID regarding stomach, breast, cervical and testicular cancer health promotion activities and cancer screening opportunities. Discussion: Findings of this study show that health promotion and cancer prevention activities for people with ID may be less than optimal. The importance of staff training in order to raise knowledge and awareness is highlighted. Educating both staff and people with ID about the early signs and symptoms of cancer and the importance of a healthy lifestyle as a protective factor may help lead to more informed healthier lifestyle choices and lower cancer risk and morbidity.

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direct=true&db=eric&AN=EJ929039&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ929039&site=ehost-live&scope=site)
<http://dx.doi.org/10.1111/j.1365-2788.2010.01357.x>

144. Harader, D.L., H. Fullwood, and M. Hawthorne, *Sexuality among Adolescents with Moderate Disabilities: Promoting Positive Sexual Development*. Prevention Researcher, 2009. **16**(4): p. 17-20. Adolescents with moderate disabilities are not being given vital information regarding their sexuality and ways to behave responsibly with their peers. This article examines the laws that govern the education of all persons with disabilities, how societal norms and attitudes have contributed to this lack of sexuality knowledge, how these adolescents are often victims of inappropriate sexual beliefs and attitudes, and how professionals can work effectively with these youth to promote positive sexual attitudes and behaviors. (Contains 1 box and 1 table.)

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direct=true&db=eric&AN=EJ866790&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ866790&site=ehost-live&scope=site)
[http://www.tpronline.org/article.cfm/
Sexuality_Among_Adolescents_with_Moderate_Disabilities](http://www.tpronline.org/article.cfm/Sexuality_Among_Adolescents_with_Moderate_Disabilities)

145. Harris, M.D., *Caring for individuals in the community who are mentally retarded/developmentally disabled*. Home Healthcare Nurse, 1995. **13**(6): p. 27-38. Home healthcare nurses have the opportunity to care for individuals who are mentally retarded/developmentally disabled, and their families, in different types of community residences. Nursing assessments and interventions are initiated at various times in the life cycle. The goal is to help the individual and family members attain their maximum level of health, function, independence, recognition, and self-esteem.

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direct=true&db=rzh&AN=1996004236&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=1996004236&site=ehost-live&scope=site)

146. Hartley, S.L., et al., *Marital Satisfaction and Life Circumstances of Grown Children With Autism Across 7 Years*. Journal of Family Psychology, 2012: p. No Pagination Specified. We examined the extent to which marital satisfaction across 7 years in 199 mothers was associated with the characteristics (gender, age, and intellectual disability status) of their adolescent or adult child with an autism spectrum disorder (ASD) and whether fluctuations in marital satisfaction covaried with the child's autism symptoms, health, behavior problems, and closeness in the parent-child relationship. We also examined the impact of the departure of the adult child out of the family home on mothers' marital satisfaction. The effect of family context variables including the presence of an additional child with a disability, maternal education, and household income on marital satisfaction were also examined. We found that closeness in the mother-child relationship and household income had a significant effect on level of marital satisfaction, and that variability in the slope of mothers' marital satisfaction was significantly predicted by fluctuations in the behavior problems of the adolescent or adult child with an ASD. The grown child's departure out of the family home was not related to change in marital satisfaction. Interventions aimed at managing the behavior problems of adolescents and adults with ASDs may help strengthen parents' marital relationship. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

147. Hartzler, B. and E.M. Espinosa, *Moving Criminal Justice Organizations Toward Adoption of Evidence-Based Practice via Advanced Workshop Training in Motivational Interviewing: A Research Note*. Criminal Justice Policy Review, 2011. **22**(2): p. 235-253. The National Institute of Corrections urges use of motivational interviewing (MI) techniques by its workforce, and it is incumbent on criminal justice

organizations to find effective methods of personnel training in this evidence-based practice. The current study evaluates impact of a 2-day, advanced MI workshop on personnel skills. Utilizing a validated skill instrument, four cohorts of juvenile justice personnel (aggregate N = 87) completed skill assessments at the outset and conclusion of an advanced MI workshop. Results indicated robust and reliable skill improvements across cohorts and skill domains, with nearly 80% of trainees attaining a proficiency criterion upon leaving the workshop. Furthermore, individual personnel with lesser reported education evidenced both lesser preworkshop skill and greater skill improvement such that postworkshop skills approximated more educated peers. Study findings reinforced the value of the professional training workshop as a practical and effective means of preparing personnel for monitored implementation of MI.

<http://cjp.sagepub.com/cgi/content/abstract/22/2/235>

148. Harvey, A.C., et al., *Funding of applied behavior analysis services: Current status and growing opportunities*. Psychological Services, 2010. **7**(3): p. 202-212. Across the United States, unprecedented numbers of individuals with disabilities are transitioning from mental institutions and developmental centers to community-based settings. As the growing tide of individuals needing community-based services advances, the daunting task of procuring the resources necessary to support them is at hand. Practitioners of applied behavior analysis (ABA), in conjunction with professionals from disciplines such as psychiatry, psychology, medicine, and other specialized ancillary services including occupational therapy, physical therapy and speech and language pathology, have been able to forge beneficial partnerships to maintain the movement to community-based life for individuals with long-term support needs. In this article, we provide an overview of funding options for ABA services at the federal, state, and local levels and for various disability types. We also discuss current and future initiatives to increase funding for ABA services for specific populations who are currently underserved. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
 149. Hasegawa, T., [*Care continuity for patients with Down syndrome during transition from childhood to adulthood*]. Nihon Rinsho, 2010. **68**(1): p. 69-75. This review describes on comprehensive care for persons with Down syndrome especially in adulthood. Down syndrome is probably believed too special and therefore many clinicians seems to hesitate to attend them or scare to give wrong treatment. Quite a few psychiatrists make diagnoses of psychiatric diseases instead of behavior problems due to environmental effects and give inappropriate and/or unnecessary medication. Special care is needed on (1) muscle hypotonia, (2) characteristic mental development and developmental retardation, and (3) various complications. Complications are not too special and treatment is similar to common diseases. Persons with Down syndrome have many excellences, but maltreatment and/or environment without normalization may lead them psychiatric disorders.
 150. Hastings, R.P., et al., *Behavior Problems at 5 Years of Age and Maternal Mental Health in Autism and Intellectual Disability*. Journal of Abnormal Child Psychology 39, no, 2011. **8**: p. 1137-1147.
 151. Haveman, M., et al., *Ageing and health status in adults with intellectual disabilities: Results of the European POMONA II study*. Journal of Intellectual & Developmental Disability, 2011. **36**(1): p. 49-60. Background POMONA II was a European Commission public health-funded project. The research questions in this article focus on age-specific differences relating to environmental and lifestyle factors, and the 17 medical conditions measured by the POMONA Checklist of Health Indicators ((P15)). Method The P15 was completed in a cross-sectional design for a stratified sample of 1,253 adults with ID across 14 European member states. Results Older people ((55+)) were more likely to live in larger residential homes. Rates of smoking and use of alcohol were lower than in the general population but were higher with older age. More than 60% of older adults had a sedentary lifestyle. Cataract, hearing disorder, diabetes, hypertension, osteoarthritis/arthrosis, and osteoporosis were positively associated with advancing age; allergies and epilepsy, negatively associated. Conclusions Some evidence of health disparities was found for older people with ID, particularly in terms of underdiagnosed or inadequately managed preventable health conditions. [ABSTRACT FROM AUTHOR]
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- <http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=58059330&site=ehost-live&scope=site>
152. Hayakawa, K. and K. Kobayashi, *PHYSICAL AND MOTOR SKILL TRAINING FOR CHILDREN WITH INTELLECTUAL DISABILITIES*. Perceptual & Motor Skills, 2011. **112**(2): p. 573-580. Summary.- This study investigated the effectiveness of using special training machines for children with intellectual disabilities to strengthen

their body's inner muscles and improve their ability to maintain standing posture and improve walking movement. The participants were 23 high school age boys with intellectual disabilities who had difficulties expressing greetings, and needed to be led by the hand when walking. Four special training machines were used for walking movements, for standing and walking balance, for leg-hip extension, and for ipsilateral movement in a sitting position. Each participant underwent 30 min. of training once a week over a 3-mo. period during school time. Body control ability required to perform each training exercise was improved over the training period. A significant improvement was observed in the 50-m dash, mean 10-m walk time, and 10-m obstacle course walk. The hip joint split angle showed a significant increase. Legal guardians all reported their child had "improved and/or progressed" for each of the targeted movements.

[ABSTRACT FROM AUTHOR]

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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=60648845&site=ehost-live&scope=site>

153. Healthy Schools Network, I., *Coalition for Healthier Schools Position Statement. Improving Education, Child Health, the Environment, and Communities*, 2010, Healthy Schools Network, Inc. <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=ED510050&site=ehost-live&scope=site>

154. Healy, D. and P. Mc Sharry, *Promoting self awareness in undergraduate nursing students in relation to their health status and personal behaviours*. *Nurse Education in Practice*, 2011. **11**(4): p. 228-33. The purpose of this article is to report the experience of facilitating, delivering and evaluating a health assessment workshop as part of Assessing and Promoting Health module on the Bachelor of Nursing Science (BNSc) General and Intellectual Disability programme. This module is delivered to 65 nursing students (40 general and 25 intellectual disability) undertaking the first year of the four year programme. The aim of the workshop is to promote health awareness among these undergraduate students. The objectives are to provide students with time to self assess their health knowledge and lifestyle practices. From this students' current health behaviours are discussed in conjunction with recommendations from the Department of Health and Children (DOHC) (2005). Students are then provided with an opportunity to assess the stresses they perceive in their own lives and this is followed by a relaxation session guided by the facilitators. The teaching methods focus mostly on active student participation, demonstration and experience sharing. Copyright Copyright 2010 Elsevier Ltd. All rights reserved.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=ovrn&AN=21075685>

<http://openurl.bibsys.no/openurl?sid=OVID:ovrddb&id=pmid:&id=doi:&issn=1471-5953&isbn=&volume=11&issue=4&spage=228&pages=228-33&date=2011&title=Nurse+Education+in+Practice&atitle=Promoting+self+awareness+in+undergraduate+nursing+students+in+relation+to+their+health+status+and+personal+behaviours.&aulast=Healy&pid=%3Cauthor%3EHealy+D%3C%2Fauthor%3E%3CAN%3E21075685%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

155. Heavey, E. and K. Peterson-Sweeney, *Caring for an adult with Down syndrome*. *Nursing*, 2010. **40**(6): p. 53-56. Many people with Down syndrome live into their 40s and beyond. Explore healthcare issues facing them as they mature and age so you can provide optimal care for the patient and family.

<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010794421&site=ehost-live&scope=site>

156. Heller, T., *Report of the state of the science in aging with developmental disabilities: charting lifespan trajectories and supportive environments for healthy community living symposium*. *Disability & Health Journal*, 2008. **1**(3): p. 127-30. BACKGROUND: This paper is an introduction to four papers that present the findings of the 2007 "State of the Science in Aging with Developmental Disabilities: Charting Lifespan Trajectories and Supportive Environments for Healthy Community Living" symposium. The overall goal of this symposium was to increase our understanding and improve the health, psychosocial well-being, and community participation of adults with intellectual and developmental disabilities over their life course. METHODS: The symposium consisted of four main tracks: (1) neurodevelopmental conditions; (2) health care services, health promotion needs, and health literacy; (3) family support and intergenerational caregiving; and (4) environmental barriers and supports to community living. RESULTS/CONCLUSIONS: Recommendations offer a research agenda that would increase our knowledge on the life span trajectory for

individuals with intellectual and developmental disabilities and on methods for developing and assessing effectiveness of practices and policies on individuals with intellectual and developmental disabilities, their families, and their other service providers.

157. Heller, T., K. Hsieh, and J. Rimmer, *Barriers and supports for exercise participation among adults with Down syndrome*. *Journal of Gerontological Social Work*, 2002. **38**(1/2): p. 161-178. Examined were the impact of exercise barriers and carer attitudes regarding exercise outcomes on the exercise participation of adults with Down syndrome (DS). The sample included 44 adults age 30 years and older with DS and mild to moderate intellectual disability and their carers (family members or staff). Measures included personal characteristics of the adults with DS (age, level of adaptive behavior, and health status), carer perceived outcomes of exercise for people with DS, socio-emotional barriers, and access barriers to exercising. A regression analysis was conducted with exercise frequency as the dependent variable and the above measures as the independent variables. The significant determinants of exercise participation were carers' perceived outcomes of exercise for persons with DS and access barriers. When carers perceived greater benefits of exercise and when there were fewer access barriers, the adults with DS were likely to exercise more frequently. Persons with DS were more likely to report access barriers than were informants. The results reinforce the need to improve access to exercise facilities and equipment and to increase carers' awareness of the importance of exercise for adults with DS.
<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2004015680&site=ehost-live&scope=site>
158. Heller, T., et al., *Brief Report: State of the Science Symposium on Aging and Developmental Disabilities*. *Journal of Policy and Practice in Intellectual Disabilities*, 2008. **5**(4): p. 286-288. The overall goal of the "2007 State of the Science Symposium on Aging with Developmental Disabilities: Charting Lifespan Trajectories and Supportive Environments for Healthy Community Living" (held in Atlanta, Georgia, U.S.A.) was to increase the understanding and definition of how to improve the health, psychosocial well-being, and community participation of older adults with intellectual and developmental disabilities. The symposium consisted of four main tracks (neurodevelopmental conditions; health care services, health promotion needs, and health literacy; family support and intergenerational caregiving; and environmental barriers and supports to community living). The symposium's participants recommended a greater focus on a research agenda that would serve to increase the knowledge on the lifespan trajectory for individuals with intellectual and developmental disabilities and on identifying methods for developing and assessing effectiveness of practices and policies for individuals with developmental disabilities, their families, and their service providers.
<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ835313&site=ehost-live&scope=site>
<http://dx.doi.org/10.1111/j.1741-1130.2008.00189.x>
159. Heller, T., et al., *Physical activity and nutrition health promotion interventions: what is working for people with intellectual disabilities?* *Intellectual & Developmental Disabilities*, 2011. **49**(1): p. 26-36. A scoping review of studies on physical activity and nutrition health promotion interventions for individuals with intellectual disabilities was conducted. Searches included MEDLINE, PsycINFO, and CINAHL databases from 1986 through July 2006. The final number included 11 articles comprising 12 studies. Generally, this review indicated some evidence for fitness and psychosocial benefits of community-based physical activity and exercise programs for adults with intellectual disabilities. When combined with a more comprehensive health behavior education program incorporating exercise and nutrition information, some evidence exists for reductions in weight.
160. Hersh, J.H. and R.A. Saul, *Health supervision for children with fragile X syndrome*. *Pediatrics*, 2011. **127**(5): p. 994-1006. Fragile X syndrome (an FMR1-related disorder) is the most commonly inherited form of mental retardation. Early physical recognition is difficult, so boys with developmental delay should be strongly considered for molecular testing. The characteristic adult phenotype usually does not develop until the second decade of life. Girls can also be affected with developmental delay. Because multiple family members can be affected with mental retardation and other conditions (premature ovarian failure and tremor/ataxia), family history information is of critical importance for the diagnosis and management of affected patients and their families. This report summarizes issues for fragile X syndrome regarding clinical diagnosis, laboratory diagnosis, genetic counseling, related health problems, behavior management, and age-related health supervision guidelines. The diagnosis of fragile X syndrome not only involves the affected children but also potentially has significant health consequences for multiple generations in each family.
161. Heslam, S., *Health issues for adults with Down's syndrome*. *Learning Disability Practice*, 2011. **14**(6): p. 26-27. The Down's Syndrome Association carried out a survey of its members to find out how many had received an annual health check and how thorough it had been. The results are disappointing and the association proposes

that learning disability nurses can play a bigger role in promoting the uptake of health checks.

[http://search.ebscohost.com/login.aspx?
direct=true&db=rzh&AN=2011214618&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2011214618&site=ehost-live&scope=site)

162. Heyer, K., *A Disability Lens on Sociolegal Research: Reading Rights of Inclusion from a Disability Studies Perspective*. *Law & Social Inquiry*, 2007. **32**(1): p. 261-293.

<http://www.jstor.org/stable/4490560>

163. Heyvaert, M., et al., *A multilevel meta-analysis of single-case and small-n research on interventions for reducing challenging behavior in persons with intellectual disabilities*. *Research in Developmental Disabilities*, 2012. **33**(2): p. 766-780. The effectiveness of different interventions for challenging behavior (CB) in persons with intellectual disabilities (ID) was reviewed by means of a two-phase study. First, a systematic review of 137 meta-analyses and reviews on group-study interventions for CB in persons with ID was conducted. Based on this review, hypotheses concerning the effectiveness of divergent interventions for CB and concerning the impact of variables moderating treatment effectiveness were systematically generated. Second, these hypotheses were tested by means of a multilevel meta-analysis of single-case and small-n research. Two hundred and eighty-five studies reporting on 598 individuals were examined. The average treatment effect was large and statistically significant. However, this effect varied significantly over the included studies and participants. Compared to the meta-analyses and reviews focusing on group-studies in this research domain, the results of the present multilevel meta-analysis of single-case and small-n intervention research provided more detailed knowledge on which specific CB and intervention components moderate the interventions' effectiveness. (C) 2011 Elsevier Ltd. All rights reserved.

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SID=W1im7dln5anicK1DIIP&product=WOS&UT=000299403600056&SrcApp=
EndNote&DestFail=http%3A%2F
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mersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=Full
Record](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anicK1DIIP&product=WOS&UT=000299403600056&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

164. Hilgenkamp, T.I.M., et al., *Physical Activity Levels in Older Adults with Intellectual Disabilities Are Extremely Low*. *Research in Developmental Disabilities: A Multidisciplinary Journal*, 2012. **33**(2): p. 477-483. This study measures physical activity levels in a representative population-based sample of older adults (aged [greater than or equal to]50 years) with intellectual disabilities. For this, the steps/day of all 1050 participants of the Healthy Ageing and Intellectual Disabilities study (HA-ID; a study conducted among three Dutch healthcare providers in 2009-2010), were measured with a pedometer. Largely due to physical limitations (n = 103), walking speed less than 3.2 km/h (n = 252), limited understanding or non-cooperation (n = 233), only 257 of the group were able to participate in valid measurements with pedometers. Of these 257 participants, only 16.7% (95% CI 12.2-21.3) complied with the guideline of 10,000 steps/day, 36.2% (95% CI 30.3-42.1) took 7500 steps/day or more, and 39% (95% CI 32.6-44.5) was sedentary (less than 5000 steps/day). Because the measured sample was the more functionally able part of the total sample, this result is likely to be a considerable overestimation of the actual physical activity levels in this population. This realistic study shows that physical activity levels are extremely low in adults aged 50 years and over with intellectual disabilities. Focus on lifetime promotion of physical activity in this specific, but rapidly growing population, is recommended. (Contains 4 tables and 1 figure.)

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direct=true&db=eric&AN=EJ956629&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ956629&site=ehost-live&scope=site)

<http://dx.doi.org/10.1016/j.ridd.2011.10.011>

165. Hill, J.M., K. Cuasay, and D.T. Abebe, *Vasoactive intestinal peptide antagonist treatment during mouse embryogenesis impairs social behavior and cognitive function of adult male offspring*. *Experimental Neurology*, 2007. **206**(1): p. 101-113. Vasoactive intestinal peptide (VIP) is a regulator of rodent embryogenesis during the period of neural tube closure. VIP enhanced growth in whole cultured mouse embryos; treatment with a VIP antagonist during embryogenesis inhibited growth and development. VIP antagonist treatment during embryogenesis also had permanent effects on adult brain chemistry and impaired social recognition behavior in adult male mice. The neurological deficits of autism appear to be initiated during neural tube closure and social behavior deficits are among the key characteristics of this disorder that is more common in males and is frequently accompanied by mental retardation. The current study examined the blockage of VIP during embryogenesis as a model for the behavioral deficits of autism. Treatment of pregnant mice with a VIP antagonist during embryonic days 8 through 10 had no apparent effect on the general health or sensory or motor capabilities of adult offspring. However, male offspring exhibited reduced sociability in the

social approach task and deficits in cognitive function, as assessed through cued and contextual fear conditioning. Female offspring did not show these deficiencies. These results suggest that this paradigm has usefulness as a mouse model for aspects of autism as it selectively impairs male offspring who exhibit the reduced social behavior and cognitive dysfunction seen in autism. Furthermore, the study indicates that the foundations of some aspects of social behavior are laid down early in mouse embryogenesis, are regulated in a sex specific manner and that interference with embryonic regulators such as VIP can have permanent effects on adult social behavior. Published by Elsevier Inc.

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166. Hinckson, E.A. and A. Curtis, *Measuring physical activity in children and youth living with intellectual disabilities: A systematic review*. Research in Developmental Disabilities, 2013. **34**(1): p. 72-86. Accurate assessment of physical activity is necessary in determining levels of physical activity in children living with intellectual disability (ID) and assessing effectiveness of intervention programmes. A systematic review of measures of physical activity in children with ID was undertaken using the PRISMA guidelines. MEDLINE-PubMed, Scopus, CINAHL Plus with Full Text and SPORT Discus (up to May 2012) databases were searched and articles were identified. The following inclusion criteria were used; articles in English which reported original research and measured physical activity levels in children with ID, and participants of school age (5–18 years). Searches were limited to articles from peer-reviewed journals and those available in full text. The search identified 5087 titles. Seventy-eight articles were retained for full review and 30 met the inclusion criteria. The review identified a clear deficiency in the number of validity and reliability studies of tools used to quantify physical activity in children with ID. Objective measurement of physical activity provided consistent results. Despite the differences in study design and methodological quality, there was agreement among studies that children with ID were significantly less active compared to children without disabilities. Refusal to wear instruments, movement limitations in children with ID, and positioning of devices were common issues. Future studies should focus on determining the validity and reliability of tools used to assess physical activity in children with ID.

<http://www.sciencedirect.com/science/article/pii/S0891422212001898>

167. Hodapp, R.M., *Families of persons with Down syndrome: New perspectives, findings, and research and service needs*. Mental Retardation and Developmental Disabilities Research Reviews, 2007. **13**(3): p. 279-287. To understand the families of offspring with Down syndrome, this article begins by describing the change in orientation-from "negative" to "stress-and-coping" perspectives-in studies of families of offspring with disabilities. In reviewing the existing studies, mothers, fathers, and siblings cope slightly better than family members of persons with other disabilities, a phenomenon called the "Down syndrome advantage." Beyond this more general finding, however, much remains unknown. Most studies examine only parental or sibling levels of stress or coping, leaving unknown the marital, occupational, health, educational, and other "real-world" outcomes for these family members. Increased research attention is needed to understand the life-span needs of families of persons with Down syndrome and the impact of cultural and sociocultural diversity on family outcomes. It will also be important to relate family outcomes to differences in the offspring's behaviors, development, relationships, medical conditions, psychopathology, and the presence (and effectiveness) of needed support services. Although these families have received some research attention over the past several decades, we now need to make family research in Down syndrome more concrete, more life-span, and more tied to characteristics of the individual with the syndrome and the family's surrounding support system. (C) 2007 Wiley-Liss, Inc.

<http://apps.webofknowledge.com/InboundService.do?>

`SID=W1im7dln5anlcK1DIIP&product=WOS&UT=00025019400011&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord`

168. Hodapp, R.M. and E.M. Dykens, *Intellectual disabilities and child psychiatry: looking to the future*. J Child Psychol Psychiatry, 2009. **50**(1-2): p. 99-107. We begin this article by examining the role of intellectual disabilities within child psychiatry, highlighting the relatively steady role of disabilities and the recent movement to examine behavior in specific genetic syndromes. We next propose five questions for future work. Questions relate to (1) specifying the nature of gene-brain-behavior connections; (2) delineating environmental effects and gene-environment interactions; (3) understanding behaviors, physical characteristics, health issues, and other personal characteristics by

which children with intellectual disabilities influence others; (4) clarifying the roles of gender and aging in behavioral functioning; and (5) working to improve pharmacological, educational, and other interventions and supports for children and their families. Although great advances have occurred over the past 50 years, intellectual disability research lags behind other areas of child psychiatry; much remains to be discovered that might help these children.

169. Hove, O., et al., *Mental Disorders and Problem Behavior in a Community Sample of Adults with Intellectual Disability: Three-Month Prevalence and Comorbidity*. Journal of Mental Health Research in Intellectual Disabilities 1, no. 2008. 4: p. 223-237.
170. Howard, D., *Recreational Therapy Handbook of Practice: ICF-Based Diagnosis and Treatment*. Therapeutic Recreation Journal, 2007. 41(2): p. 158-163. Within this edition, however, for each diagnosis listed, excellent information is provided related to etiology, body systems affected, prognosis and secondary problems, scope of assessment (with anticipated TR findings), and treatment directions (including TR approaches). Thus, as personal factors are considered an area so broad and so diverse so as to preclude them from being classified within the ICF, the authors' treatment of this topic within the Handbook is appropriate. Within the Handbook's pages, the authors report that it is a work in progress, and offer any and all readers with the opportunity to provide feedback and contribute to future editions, hoping to specifically improve in the area of pediatrics and mental health as the Handbook is principally geared toward clinical rehabilitation practice (particularly physical disability).
<http://search.proquest.com/docview/218678670?accountid=43164>
171. Hsieh, K. and J. Rimmer, *Prevalence of obesity and its risk factors among adults with intellectual disabilities*. Journal of Intellectual Disability Research, 2012. **Conference:** p. 14th World Congress of the International Association for the Scientific Study of Disabilities. Aim: The aim of this study was to examine the prevalence of obesity and its risk factors in adults with intellectual disabilities. Method: A cross-sectional design was conducted using baseline data (N = 1603) from the national Longitudinal Health and Intellectual Disabilities Study. A hierarchical multiple logistic regression was employed. Independent variables included individual level factors (e.g., demographics, mobility etc), health behaviors (physical activity, dietary habits, smoking), environmental factors (living arrangement and region), and psycho-social factors (life events and social participation). Results: The overall prevalence of obesity was 38.5%. Women (OR = 1.49, 95% CI, 1.16-1.93) adults with Down syndrome (OR = 2.77, 95% CI, 2.04-3.77), who took weight-gain causing medications (OR = 1.67, 95% CI, 1.27-2.18), watched TV more often (OR = 1.07, 95% CI, 1.01-1.14), drank soda more often (OR = 1.19, 95% CI, 1.01-1.41), or experienced life events in the past year (OR = 1.33, 95% CI, 1.02-1.73) were more likely to be obese. Having cerebral palsy (OR = 0.53, 95% CI, 0.33-0.83) was inversely related to obesity. Conclusions: Obesity is related to modifiable health behaviors and psycho-social factors. Strategies for health promotion to reduce body weight and recommendations for future research will be discussed.
<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed10&AN=70808639>
http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:&id=doi:10.1111%2Fj.1365-2788.2012.01583_2.x&issn=0964-2633&isbn=&volume=56&issue=7-8&spage=660&pages=660&date=2012&title=Journal+of+Intellectual+Disability+Research&atitle=Prevalence+of+obesity+and+its+risk+factors+among+adults+with+intellectual+disabilities&aulast=Hsieh&pid=%3Cauthor%3EHsieh+K.%3C%2Fauthor%3E%3CAN%3E70808639%3C%2FAN%3E%3CDT%3EJournal%3A+Conference+Abstract%3C%2FDT%3E
172. Hsu, S., et al., *Health Promotion Program on Reduction of Cardiovascular Disease Risk Factors for Adults with Intellectual Disabilities: 2518: Board #126 June 4 9:00 AM - 10:30 AM*. Medicine & Science in Sports & Exercise, 2010. 42(5): p. 654.
<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=ovrn&AN=00005768-201005001-01926>
<http://openurl.bibsys.no/openurl?sid=OVID:ovrnb&id=pmid:&id=doi:10.1249%2F01.MSS.0000385824.05701.d6&issn=0195-9131&isbn=&volume=42&issue=5&spage=654&pages=654&date=2010&title=Medicine+%26+Science+in+Sports+%26+Exercise&atitle=Health+Promotion+Program+on+Reduction+of+Cardiovascular+Disease+Risk+Factors+for+Adults+with+Intellectual+Disabilities%3A+2518%3A+Board+%23126+June+4+9%3A00+AM+-+10%3A30+AM&aulast=Hsu&pid=%3Cauthor%3EHsu%2C+Sharon+%3E%3CAN%3E00005768-201005001-01926%3C>

173. Huang, K.-H., W.-C. Tsai, and P.-T. Kung, *The Use of Pap Smear and Its Influencing Factors among Women with Disabilities in Taiwan*. *Research in Developmental Disabilities: A Multidisciplinary Journal*, 2012. **33**(2): p. 307-314. Cervical cancer is a prevalent cancer among Taiwanese women, and can be effectively cured if diagnosed early. Therefore, cervical cancer is worthy of preventive health screening. Due to physical and psychological barriers, patients with disability may be unable to express their physical complaints accurately, thus reducing their access to health care; some may not even receive proper preventive health care or medical treatment. This study investigates the utilization of Pap smear among women with disability in Taiwan and its influencing factors. With women aged 30 and over as the study subjects, this retrospective cohort study is conducted based on the database of the Ministry of the Interior, Taiwan, 2008, combined with information gathered between 2006 and 2008 regarding preventive health care and health insurance medical claims data from the Bureau of Health Promotion and the National Health Research Institutes, respectively. The frequency of Pap smears and the percentage differences of each variable are examined using the 2x tests to check for statistical significance. Finally, logistic regression analysis is used to examine the factors influencing the use of Pap smears. The results revealed that among disabled women aged 30 and over, the use of Pap smears was 7.71% in 2008. Disabled women with the following characteristics had lower use levels regarding Pap smears: greater age, residing in areas of higher urbanization, lower income, lower education levels, unmarried, not diagnosed with cancer, diagnosed with diabetes, and with severe disability levels. Disabled women with hearing impairments or mental retardation were possessed of the highest and lowest probabilities of using Pap smear, respectively. The recommendations of this study include: (1) provide physicians with a varying pricing scheme and incentives for Pap smear based on the type or severity of disability; (2) proactively encourage gynecologist and obstetricians to conduct regular and convenient Pap smear on disabled women; and (3) target disabled women in low usage groups, and improve their knowledge of Pap smear. (Contains 3 tables.)

[http://search.ebscohost.com/login.aspx?](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ955866&site=ehost-live&scope=site)

[direct=true&db=eric&AN=EJ955866&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ955866&site=ehost-live&scope=site)

<http://dx.doi.org/10.1016/j.ridd.2011.09.016>

174. Hulbert-Williams, L. and R.P. Hastings, *Life events as a risk factor for psychological problems in individuals with intellectual disabilities: a critical review*. *Journal of Intellectual Disability Research*, 2008. **52**: p. 883-895. Background Stressful life events such as bereavement, moving house and changing jobs have repeatedly been implicated as risk factors for mental and physical ill health. Since the 1940s, researchers have demonstrated the negative effects of stressful life events, refined methods of recording such events and investigated the relative impact of different types of event. These investigations have generally not extended to include people with intellectual disabilities. Methods We conducted a narrative review of research on life events as they occur to people with intellectual disabilities and critically assessed the evidence that life events function as a risk factor for psychological problems. Evidence was reviewed for an association between life events and a range of outcome variables, including affective disorders, challenging behaviour, psychosis and psychological problems more generally. We also critiqued the methodology behind the current evidence base and discussed a number of methodological advances that would help to strengthen it. Conclusions There is reasonable evidence that life events are associated with psychological problems, and that there is some tentative evidence that life events play a causal role, although to date, no relationship with psychosis in people with intellectual disabilities has been demonstrated. Life events are likely to be pertinent in clinical work with people with intellectual disabilities.

[http://apps.webofknowledge.com/InboundService.do?](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000260052600001&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

[SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000260052600001&SrcApp=EndNote&DestFail=http%3A%2F](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000260052600001&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

[%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000260052600001&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

175. Humensky, J., *Are adolescents with high socioeconomic status more likely to engage in alcohol and illicit drug use in early adulthood?* *Substance Abuse Treatment, Prevention, and Policy*, 2010. **5**(1): p. 19. BACKGROUND: Previous literature has shown a divergence by age in the relationship between socioeconomic status (SES) and substance use: adolescents with low SES are more likely to engage in substance use, as are adults with high SES. However, there is growing evidence that adolescents with high SES are also at high risk for substance abuse. The objective of this study is to examine this relationship longitudinally, that is, whether wealthier adolescents are more likely than those with lower SES to engage in substance use in early adulthood. METHODS: The study analyzed data from the National Longitudinal Survey of Adolescent Health (AddHealth), a longitudinal, nationally-representative survey of secondary school students in the United States. Logistic regression models were analyzed examining the relationship between adolescent SES (measured by parental education and income) and substance use in adulthood, controlling for substance use in

adolescence and other covariates. RESULTS: Higher parental education is associated with higher rates of binge drinking, marijuana and cocaine use in early adulthood. Higher parental income is associated with higher rates of binge drinking and marijuana use. No statistically significant results are found for crystal methamphetamine or other drug use. Results are not sensitive to the inclusion of college attendance by young adulthood as a sensitivity analysis. However, when stratifying by race, results are consistent for white non-Hispanics, but no statistically significant results are found for non-whites. This may be a reflection of the smaller sample size of non-whites, but may also reflect that these trends are driven primarily by white non-Hispanics. CONCLUSIONS: Previous research shows numerous problems associated with substance use in young adults, including problems in school, decreased employment, increases in convictions of driving under the influence (DUI) and accidental deaths. Much of the previous literature is focused on lower SES populations. Therefore, it is possible that teachers, parents and school administrators in wealthier schools may not perceive as great to address substance abuse treatment in their schools. This study can inform teachers, parents, school administrators and program officials of the need for addressing drug abuse prevention activities to this population of students.

<http://www.substanceabusepolicy.com/content/5/1/19>

176. Humphrey Beebe, L., et al., *Oral Presentations*

Effect of a Motivational Group Intervention on Exercise Self-Efficacy and Outcome Expectations for Exercise in Schizophrenia Spectrum Disorders. Australian and New Zealand Journal of Psychiatry, 2009. **43**(1 suppl): p. A18-A54.

BACKGROUND: Persons with schizophrenia spectrum disorders (SSDs) contend with multiple barriers to exercise. Interventions are needed to enhance attitudes theoretically linked to exercise behavior. OBJECTIVE: To examine the effect of Walk, Address Sensations, Learn About Exercise, Cue Exercise for SSDs (WALC-S) intervention on exercise self-efficacy (SEE) and outcome expectations (OEES) in 97 outpatients with SSDs. DESIGN: Experimental, pre- and posttest. Randomization to experimental (WALC-S) or time-and-attention control (TAC) after baseline SEE and OEES measures. Measures repeated after WALC-S or TAC. RESULTS: N = 97, 46% female, 43% African American, average age 46.9 years (SD = 2.0). Mean SEE scores were significantly higher in WALC-S participants after intervention, $F(1, 95) = 5.92, p = .0168$, however, mean OEES scores were significantly higher in control participants after intervention, $F(1, 95) = 5.76, p = .0183$. CONCLUSION: This is the first study to examine SEE and OEES in SSDs. Interventions to enhance exercise attitudes are a critical first step toward the ultimate goal of increasing exercise participation.

http://anp.sagepub.com/cgi/content/short/43/1_suppl/A18

<http://jap.sagepub.com/cgi/content/abstract/16/2/105>

177. Humphries, K., M.A. Traci, and T. Seekins, *Nutrition and Adults With Intellectual or Developmental Disabilities: Systematic Literature Review Results.*

Intellectual and Developmental Disabilities, 2009. **47**(3): p. 163-185.

Approximately 4.5 million Americans have an intellectual or developmental disability. Concern is increasing about these individuals' nutrition-related behavior and its implications for their health. This article reports on a systematic search of the current literature listed in the PsycINFO and PubMed databases related to nutritional status of adults with intellectual or developmental disabilities. The authors used key terms for nutrition, secondary conditions, and intellectual and developmental disability and categorized literature pertaining to nutrition-related studies of adults with intellectual or developmental disabilities as follows: dietary intake studies, anthropometric assessments of nutritional risks, biochemical indexes, and clinical evaluations.

[http://apps.who.int/whois/whois?app=webofknowledge.com/InboundService.do?](http://apps.who.int/whois/whois?app=webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000267082900001&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

[SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000267082900001&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&custo](http://apps.who.int/whois/whois?app=webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000267082900001&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

[mersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord](http://apps.who.int/whois/whois?app=webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000267082900001&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

178. Hutzler, Y. and O. Korsensky, *Motivational correlates of physical activity in persons with an intellectual disability: a systematic literature review.* Journal of Intellectual Disability Research, 2010. **54**(Part 9): p. 767-786. BACKGROUND:

The purpose of this study is to systematically retrieve, examine and discuss scientific studies focusing on motivational correlates that both contribute to, and can be assumed to be effects of, participation in sport, recreation, or health-related physical activities in persons with intellectual disability (ID). METHODS: A systematic analysis of the literature retrieved through electronic databases and other resources was performed, covering articles published from 1980 through 2009. Inclusion criteria were based on terms referring to the participants, the psychosocial correlates and the type of activity.

RESULTS: Twenty-three articles satisfied the inclusion criteria, and were divided into four categories of studies: (1) cross-sectional designs, (2) experimental prospective one-group designs, (3) longitudinal comparative intervention designs, and (4) qualitative designs. The level of quality regarding the intervention studies was assessed using four different scales, and on average they depicted a moderate level of evidence.

CONCLUSIONS: Both exercise and sport-related activities seem to contribute to well-

being. Improved physical fitness and elevated skill level gained during exercise and sport activities appear to serve as mediators for increased perceptions of self-efficacy and social competence. Peer modelling, as well as video and audio reinforcement, appear to be important modalities in maintaining compliance to exercise programmes.

[http://search.ebscohost.com/login.aspx?](http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010802774&site=ehost-live&scope=site)

[direct=true&db=rzh&AN=2010802774&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010802774&site=ehost-live&scope=site)

179. Irby, M.B., et al., *Pediatric Obesity Treatment in Children With Neurodevelopmental Disabilities*. ICAN: Infant, Child, & Adolescent Nutrition, 2012. 4(4): p. 215-221. Obesity can affect any child, but it occurs disproportionately in children with developmental disabilities. Treatment efforts, however, have focused primarily on nondisabled children, and more research is needed to determine how current approaches can be modified for youth with neurodevelopmental disabilities. This article briefly reviews what is currently known about obesity treatment in these children and presents a case series describing methods employed by a family-based, multidisciplinary weight management program in the treatment of obesity. Lessons learned from clinical experience are also discussed, with implications for collaborating with families of children with disabilities in treatment, establishing healthy routines and schedules, setting the pace of treatment progression, and minimizing disruptions in the behavior change process. Though there are no expert recommendations specifically tailored to obesity treatment in children with neurodevelopmental disabilities, existing clinical programs such as the one described here can be adapted to better meet the needs of this underserved population. Further research is warranted to determine the most effective methods for addressing obesity in these children, as has been specified as a national health priority.

<http://can.sagepub.com/cgi/content/abstract/4/4/215>

180. Jan, J.E., et al., *Long-term sleep disturbances in children: A cause of neuronal loss*. European Journal of Paediatric Neurology, 2010. 14(5): p. 380-390. Short-term sleep loss is known to cause temporary difficulties in cognition, behaviour and health but the effects of persistent sleep deprivation on brain development have received little or no attention. Yet, severe sleep disorders that last for years are common in children especially when they have neurodevelopmental disabilities. There is increasing evidence that chronic sleep loss can lead to neuronal and cognitive loss in children although this is generally unrecognized by the medical profession and the public. Without the restorative functions of sleep due to total sleep deprivation, death is inevitable within a few weeks. Chronic sleep disturbances at any age deprive children of healthy environmental exposure which is a prerequisite for cognitive growth more so during critical developmental periods. Sleep loss adversely affects pineal melatonin production which causes disturbance of circadian physiology of cells, organs, neurochemicals, neuroprotective and other metabolic functions. Through various mechanisms sleep loss causes widespread deterioration of neuronal functions, memory and learning, gene expression, neurogenesis and numerous other changes which cause decline in cognition, behaviour and health. When these changes are long-standing, excessive cellular stress develops which may result in widespread neuronal loss. In this review, for the first time, recent research advances obtained from various fields of sleep medicine are integrated in order to show that untreated chronic sleep disorders may lead to impaired brain development, neuronal damage and permanent loss of developmental potentials. Further research is urgently needed because these findings have major implications for the treatment of sleep disorders.

<http://www.sciencedirect.com/science/article/pii/S1090379810000851>

181. JANICKI, M.P., *AGING ADULTS WITH INTELLECTUAL DISABILITIES: PERSPECTIVES ON EMERGING SERVICE CONCERNS*. Journal of Special Education, 2010. 11.
182. Janicki, M.P., C.M. Henderson, and I.L. Rubin, *Neurodevelopmental conditions and aging: Report on the Atlanta Study Group Charrette on Neurodevelopmental Conditions and Aging*. Disability and Health Journal, 2008. 1(2): p. 116-124. This article provides a summary of the proceedings of the Neurodevelopmental Conditions Study Group charrette held on May 21-22, 2007, in Atlanta, Georgia (USA) and underwritten by the Developmental Disabilities Branch of the U.S. Centers for Disease Control and Prevention and the National Institute for Disability and Rehabilitation Research. The charrette was a part of the conference on "State of the Science in Aging with Developmental Disabilities: Charting Lifespan Trajectories and Supportive Environments for Healthy Living." The aim of the charrette was to examine the extant knowledge on aging-related long-term effects and interactions of a number of neurodevelopmental conditions, including autism, cerebral palsy, Down syndrome, fragile X syndrome, Prader-Willi syndrome, spina bifida, and Williams syndrome. The discussants noted that although there is some published information regarding lifespan changes with these disorders, especially cerebral palsy and Down syndrome, there is a lack of confirming evidence for most of these conditions and concluded that additional evidence-based research and investigatory clinical work are needed to better understand the long-term effects of maturation and aging upon adults with these conditions. Primary recommendations included a call for more work toward the identification and description of the presentations and courses of age-related medical disorders that are common

among these conditions; determination of the comparative prevalence and incidence of specific medical conditions between persons with neurodevelopmental disabilities and the general population; use of prevalence and incidence data to better understand risk factors for concomitant conditions; promotion of surveillance, screening, and specific treatment protocols for health provision; institution of a program of translational collaborative research related to older-age associated conditions; and dissemination of information related to aging and health to providers and people affected by these conditions.

<http://www.sciencedirect.com/science/article/pii/S193665740800037X>

183. Jenkins, C.M. and K. McKenzie, *The Application of the Theory of Planned Behaviour to Diet in Carers of People with an Intellectual Disability*. Journal of Applied Research in Intellectual Disabilities, 2011. **24**(3): p. 237-246. The utility of the theory of planned behaviour (TPB) in predicting the intentions of care staff to encourage healthy eating behaviour in those they supported was examined. A quantitative, within-participant, questionnaire based design was used with 112 carers to assess the performance of two TPB models. The first contained the variables: attitude, subjective norm and perceived behavioural control. The second had additional variables of self efficacy and self identity. Model 1 accounted for 31% of the variance with all three variables being significant predictors. Adding variables increased the overall predictive power of the model by 4%, but resulted in a reduction in the predictive power of the individual variables. The results suggests the TPB is a useful model for predicting carer intentions in relation to the diet of those they support, with their perceptions of the attitudes of others towards healthy eating being a key influential factor. Ways in which this may inform interventions to improve the overall health of people with intellectual disabilities are discussed. [ABSTRACT FROM AUTHOR]

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[direct=true&db=afh&AN=59953379&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=59953379&site=ehost-live&scope=site)

184. Jenkins, R., et al., *Developing and implementing mental health policy in Zanzibar, a low income country off the coast of East Africa*. International Journal of Mental Health Systems, 2011. **5**(1): p. 6. BACKGROUND:The Zanzibar Ministry of Health and Social Welfare, concerned about mental health in the country, requested technical assistance from WHO in 1997.AIMS:This article describes the facilitation over many years by a WHO Collaborating Centre, of sustainable mental health developments in Zanzibar, one of the poorest countries in the world, using systematic approaches to policy design and implementation.METHODS:Based on intensive prior situation appraisal and consultation, a multi-faceted set of interventions combining situation appraisal to inform planning; sustained policy dialogue at Union and state levels; development of policy and legislation, development of strategic action plans, establishment of intersectoral national mental health implementation committee, establishment of national mental health coordination system, integration of mental health into primary care, strengthening of primary-secondary care liaison, rationalisation and strengthening of secondary care system, ensuring adequate supply of medicines, use of good practice guidelines and health information systems, development of services for people with intellectual disability, establishment of formal mechanism for close liaison between the mental health services and other governmental, non-governmental and traditional sectors, mental health promotion, suicide prevention, and research and development.RESULTS:The policy and legislation introduced in 1999 have resulted in enhanced mental health activities over the ensuing decade, within a setting of extreme low resource. However, advances ebb and flow and continued efforts are required to maintain progress and continue mental health developments. Lessons learnt have informed the development of mental health policies in neighbouring countries.CONCLUSIONS:A multi-faceted and comprehensive programme can be effective in achieving considerable strengthening of mental health programmes and services even in extremely low resource settings, but requires sustained input and advocacy if gains are to be maintained and enhanced.

<http://www.ijmhs.com/content/5/1/6>

185. Jin-Ding, L., et al., *Assessment of GPs' beliefs relating to the care of people with intellectual disabilities: A Taiwan-based, opportunity-guided approach*. Disability & Rehabilitation, 2008. **30**(8): p. 611-617. Purpose. This study was designed to investigate general practitioners' (GPs) beliefs about the perceived importance of their role in, and their satisfaction with, providing healthcare to people with intellectual disabilities. The identification of healthcare issues with potential for improvement was assessed using gap analysis and an opportunity-guided method. Method. A cross-sectional census survey by a mail-structured questionnaire recruited 331 GPs (response rate = 16%) who provided information on healthcare for people with intellectual disabilities in 2006 in Taiwan. Results. The results indicated that GPs considered their role in providing healthcare for people with intellectual disabilities to be

important (mean score 7.2 - 8.3). However, the respondents generally did not feel satisfied (mean score 4.6 - 5.5) with their achievements in treating patients with intellectual disabilities. We found that the gender and educational level of the respondents were statistically correlated to the perceived importance they considered their work to have, while the factors of age, medical practice setting and training experience in intellectual disability were statistically correlated to GPs' perceived satisfaction in providing healthcare to people with intellectual disabilities ($p < 0.05$). Those healthcare issues of 'training and experience in intellectual disability', 'multi-disciplinary and multi-sectoral cooperation', 'adequate competence in disability diagnosis', 'genetic consulting services', 'duty of disease prevention and health promotion', and 'adequate medical consultation time' were the five most promising areas to be improved in healthcare for people with intellectual disabilities according to the opportunity-guided analysis. Conclusions. This study highlights that health professionals need to examine carefully healthcare issues pertaining to people with ID, and that much more effort is required to develop appropriate healthcare policies based on the opportunity-guided health issues identified here. [ABSTRACT FROM AUTHOR]

Copyright of Disability & Rehabilitation is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=31499240&site=ehost-live&scope=site>

186. Jinks, A., A. Cotton, and R. Rylance, *Obesity interventions for people with a learning disability: an integrative literature review*. Journal of Advanced Nursing, 2011. **67**(3): p. 460-471. Aim. This paper is a review of the effectiveness of non-surgical, non-pharmaceutical interventions designed to promote weight loss in people with a learning disability and how qualitative evidence on people's experiences and motivations can help understanding of the quantitative research outcomes. Background. The health risks of obesity underline the importance of effective evidence-based weight loss interventions for people with learning disabilities as they are at increased risk of being overweight. Data sources. Papers published from 1998 to 2009 were identified through searches of the Cumulative Index for Nursing and Allied Health Literature, Proquest, Medline (PubMed), PSYCHINFO databases, and the Cochrane Library. Review methods. An integrative review method was used. Studies included were non-surgical or non-pharmaceutical interventions aimed at weight reduction for people with a learning disability. Synthesis of the findings related to study design, participants, types of interventions, outcome measures and participant perspectives. Results. Twelve studies met the inclusion criteria. The most common research design was quasi-experimental pretest and post-test. Few researchers used a clinical trial approach, and there was only one predominantly qualitative study. Interventions were mainly focused on energy intake, energy expenditure or health promotion. Only a few studies incorporated behaviour modification approaches. Conclusion. Nurses who work with clients with learning disabilities have a key role to play in the management of obesity. Future research needs to focus on qualitative studies of the perceptions of clients and their families, controlled trials investigating the effectiveness of interventions and their costs and sustainability, and longitudinal studies examining weight loss over time.

<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010991190&site=ehost-live&scope=site>

187. Jobling, A. and M. Cuskelly, *Young people with Down syndrome: A preliminary investigation of health knowledge and associated behaviours*. Journal of Intellectual & Developmental Disability, 2006. **31**(4): p. 210-218.

<http://www.ingentaconnect.com/content/apl/cjid/2006/00000031/00000004/art00004>
<http://dx.doi.org/10.1080/13668250600999186>

188. Johnson, V.A., *Checklist assessments of FMR1 gene mutation phenotypes*. J Cult Divers, 2008. **15**(3): p. 117-31. BACKGROUND: Fragile X Syndrome (FXS) caused by the mutation of the FMR1 gene, is the most common inherited cause of intellectual disability, autism, and other psychoneurological disorders. Timely identification of young children with social or emotional challenges is urged in that emotional and social problems are often overlooked until problems reach serious magnitudes. Reliable methods of screening children at an earlier age are crucial to early intervention. PURPOSE: The purpose of this article is to illuminate phenotypic characteristics of FXS and the role that the use of screening tools may play to help interdisciplinary health and human development professionals to empower parents as frontline screeners to seek early diagnosis and implement effective early intervention. METHODS: This article reviews what is known about phenotypic characteristics of the FMR1 gene mutation. In addition, eight screening tools in use to screen for the FMR1 gene mutation are compared with the author-developed screening tool, the Biopsychosocial Screening Inventory for Fragile X Syndrome (BIPSSI-FX). CONCLUSIONS: The BIPSSI-FX, a parent response tool, is a conduit by which the primary caregivers may contribute to an earlier diagnosis. It is the only parent response tool, based on research evidence,

designed to tap the wealth of knowledge parents possess about subtle developmental characteristics of very young children with FXS.

189. Jones, J., *Persons with intellectual disabilities in the criminal justice system: review of issues*. *Int J Offender Ther Comp Criminol*, 2007. **51**(6): p. 723-33. Although the vast majority of individuals with intellectual disabilities (ID) are law-abiding citizens, there is a small percentage with offending behaviour that is considered antisocial, socially inappropriate, or defined as illegal. It has long been recognised that individuals with ID or mental-health needs who break the law should be dealt with differently from the general population. There have been an increasing number of empirical studies in this area; however, these have been plagued by various definitional and methodological issues. Prevalence estimates of offenders with ID are complicated by diagnostic variations and inconsistencies in the criminal justice process. International studies have shown a large range, from 2% to 40%, depending on methodological approaches. The following review will highlight the salient issues including prevalence of offending, characteristics of offenders, vulnerabilities within the legal system, assessment, and a brief overview of intervention and treatment approaches.
190. Jones, M.C., et al., *Behavioral and Psychosocial Outcomes of a 16-Week Rebound Therapy-Based Exercise Program for People with Profound Intellectual Disabilities*. *Journal of Policy and Practice in Intellectual Disabilities*, 2007. **4**(2): p. 111-119. People with profound intellectual disabilities rarely experience a physically active lifestyle, and their long-term physical inactivity likely contributes to poor health. The authors developed and implemented a pilot exercise program for persons with a profound intellectual disability and conducted a study to evaluate the effort. The development of mobility, independent movement, and posture profiles resulted in a 16-week needs-led exercise program based on "rebound therapy," with additional exercises, including active and passive exercise, walking, swimming, hydrotherapy, and team games. Study participants undertook 3-5 additional periods of low-impact exercise per week, providing moderate to low levels of activity judged in terms of energy costs. The program was evaluated using physiological measures (resting pulse, systolic and diastolic blood pressure, weight, height, body mass index, seizure activity, activity levels), counts of challenging behaviors, and by indices of quality of life and alertness outcomes. Participation in the exercise program was associated with decreases of frequency of challenging behaviors and increases in quality of life (freedom scores) and alertness. The authors concluded that barriers to the development and implementation of ongoing exercise programs in continuing care settings can be overcome by trained and motivated care staff.
<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ840055&site=ehost-live&scope=site>
<http://dx.doi.org/10.1111/j.1741-1130.2007.00108.x>
191. Kaehne, A., *Do integrated health and social care services deliver better care for children with intellectual disabilities?* 2012. Vol. 12. 2012: Igitur.
192. Kaehne, A. and C. O'Connell, *Focus groups with people with learning disabilities*. *Journal of Intellectual Disabilities*, 2010. **14**(2): p. 133-145. Focus groups are a widely accepted method in qualitative research. While there is a burgeoning literature on the methodology of focus groups, using focus groups with people with learning disabilities has received less attention so far. The article serves two purposes: (1) to review the current literature on focus groups in learning disability research and (2) to sketch four aspects that may impact on the usefulness of the focus group method with respondents with learning disabilities. Some comments on the role of focus groups in qualitative research start the article before we outline the emancipatory and participatory context of research with people with learning disabilities.
<http://jid.sagepub.com/content/14/2/133.abstract>
193. Kannabiran, M. and J. McCarthy, *The mental health needs of people with autism spectrum disorders*. *Psychiatry*, 2009. **8**(10): p. 398-401. Autism spectrum disorders (ASDs) are characterized by restricted, repetitive behaviour and abnormalities in social interaction and communication. A prevalence rate of ASD of up to 116/10,000 has been reported. The prevalence and range of psychiatric disorders are increased in people with ASD, including those with intellectual disability. Risk factors for psychiatric disorders in this group include genetic factors, communication problems, loneliness and low self-esteem. Mental health problems may be difficult to assess, and range from attention deficit hyperactivity disorder (ADHD) and tic disorders to psychotic and mood disorders, and catatonia. Prevalence of ADHD and tic disorders is increased in people with ASD. While the presentation of depressive and bipolar disorders may be similar to that in the general populations, depression may be associated with onset of or increase in maladaptive behaviour. In contrast to checking, cleaning or counting compulsions seen in people with obsessive-compulsive disorder (OCD), people with ASD may engage in repeating, hoarding, touching and tapping behaviour. ASD has been proposed as a non-specific neurodevelopmental marker for childhood-onset schizophrenia and it is recognized that psychotic symptoms may be difficult to establish in the presence of ASD. Interestingly, catatonia has been reported in up to 17% of young people with ASD referred to a national centre. It is important to disseminate available evidence on

psychiatric treatment for people with ASD, while recognizing the need for further research on treatment and outcome measures.

<http://www.sciencedirect.com/science/article/pii/S1476179309001402>

194. Katz, G. and E. Lazcano-Ponce, *Sexuality in subjects with intellectual disability: an educational intervention proposal for parents and counselors in developing countries*. Salud Publica De Mexico, 2008. **50**: p. S239-S254. In developing countries, the study of intellectual disability has enormous knowledge gaps, especially in the areas of intervention, utilization of services and legislation. This article provides information not only for aiding in the potential development of sexuality in individuals with intellectual disability, but also for fostering their social integration. In Mexico and the region, in order to develop educational interventions for promoting sexual health, it is necessary to consider the following priorities: a) mental health professionals should have the knowledge or receive training for carrying out a sexual education and counseling program; b) educational interventions for subjects with intellectual disability should be adapted for the different stages of life (childhood, adolescence and adulthood); c) during childhood, educational intervention should emphasize the concept of public and private conducts; d) in adolescence, intervention should consider the actual mental age and not the chronological age of the subjects receiving intervention; e) the expression of sexuality in the adult with intellectual disability depends on the early incorporation of factors for promoting social inclusion; f) for educational interventions to be successful, it is fundamental that sexual educators and counselors, in addition to working with the clients, also work with their parents and other close family members; g) intervention programs should establish development objectives for developing in persons with intellectual disability a positive attitude towards sexuality and the improvement in self-esteem; h) in subjects with intellectual disability, their linguistic comprehension level should be taken into consideration and techniques for open discussion and non-inductive education should be used; i) social integration programs should address the needs of developing countries and their individuals, since it is not feasible to import external programs due to differences in infrastructure and the absence of public policies for promoting development; j) full sexuality in subjects with intellectual disability should be fostered in a comprehensive manner within an independent living program; k) in Mexico and the region, public policies should be instituted for administering independent living programs for people with intellectual disability and should lead to social, familial and economic power for the purpose of being productive. Thus, people with mental deficiency in developing countries can aspire to being integrated into social and work life and to appropriately expressing their sexuality.

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195. Katz, G., M.E. Marquez-Caraveo, and E. Lazcano-Ponce, *Perspectives of intellectual disability in Mexico: Epidemiology, policy, and services for children and adults*. Current Opinion in Psychiatry, 2010. **23**(5): p. 432-435. Purpose of Review: Intellectual disability is a public health issue, which has largely been overlooked in Mexico. The magnitude of this problem is unknown; few programs exist for adults and mental health professionals focus mainly on identifying treatable comorbidities. Recent Findings: In Mexico, there is an example of a best practice in social integration. This program has benefited hundreds of adults with intellectual disability by teaching four basic abilities: practical academic skills; vocational skills; independent living skills; and skills for community integration. Summary: In a sociocultural and economic context such as Mexico's, social integration programs are feasible and necessary in order to provide an organized social response to the health, social, and vocational needs of people with intellectual disability and should become part of public policy. 2010 Wolters Kluwer Health | Lippincott Williams & Wilkins.

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196. Katz, G., et al., *A best practice in education and support services for independent living of intellectually disabled youth and adults in Mexico*. Salud Publica De Mexico, 2008. **50**: p. S194-S204. This article describes a best practice

in the field of intellectual disability, a program for independent living offered by the Center for Integral Training and Development (CADI per its abbreviation in Spanish) for people with intellectual disability in Mexico. A detailed description of an effective program that fosters autonomy, social inclusion and high quality of life in people with intellectual disability is presented. The program encompasses four areas: a) a therapeutic academic area that teaches applied living skills; b) development of social skills; C) development of vocational skills, and d) skills for independent living. The program is divided into three levels: a) initiation to independent living, where clients develop basic abilities for autonomy, b) community integration and social independence, which provides clients with the skills necessary for social inclusion and economic independence, and c) practical and psychological support, which offers counseling for resolving psychological issues and enables subjects to maintain their autonomy.

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197. Keegan, J., et al., *Addiction in pregnancy*. Journal of Addictive Diseases, 2010.

29(2): p. 175-191. Substance abuse in pregnancy has increased over the past three decades in the United States, resulting in approximately 225,000 infants yearly with prenatal exposure to illicit substances. Routine screening and the education of women of child bearing age remain the most important ways to reduce addiction in pregnancy. Legal and illegal substances and their effect on pregnancy discussed in this review include opiates, cocaine, alcohol, tobacco, marijuana, and amphetamines. Most literature regarding opiate abuse is derived from clinical experience with heroin and methadone. Poor obstetric outcomes can be up to six times higher in patients abusing opiates. Neonatal care must be specialized to treat symptoms of withdrawal. Cocaine use in pregnancy can lead to spontaneous abortion, preterm births, placental abruption, and congenital anomalies. Neonatal issues include poor feeding, lethargy, and seizures. Mothers using cocaine require specialized prenatal care and the neonate may require extra supportive care. More than 50% of women in their reproductive years use alcohol. Alcohol is a teratogen and its effects can include spontaneous abortion, growth restriction, birth defects, and mental retardation. Fetal alcohol spectrum disorder can have long-term sequelae for the infant. Tobacco use is high among pregnant women, but this can be a time of great motivation to begin cessation efforts. Long-term effects of prenatal tobacco exposure include spontaneous abortion, ectopic pregnancy, placental insufficiency, low birth weight, fetal growth restriction, preterm delivery, childhood respiratory disease, and behavioral issues. Marijuana use can lead to fetal growth restriction, as well as withdrawal symptoms in the neonate. Lastly, amphetamines can lead to congenital anomalies and other poor obstetric outcomes. Once recognized, a multidisciplinary approach can lead to improved maternal and neonatal outcomes. Copyright Taylor & Francis Group.

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198. Kemper, A.R., L. Ouyang, and S.D. Grosse, *Discontinuation of thyroid hormone treatment among children in the United States with congenital hypothyroidism: findings from health insurance claims data*. BMC Pediatrics, 2010. **10**(1): p. 9.

199. Kerr, M., G. Kluger, and S. Philip, *Evolution and management of Lennox-Gastaut syndrome through adolescence and into adulthood: are seizures always the primary issue?* Epileptic Disord, 2011. **13 Suppl 1**: p. S15-26. Although Lennox-Gastaut syndrome (LGS) typically begins during childhood, it frequently persists through adolescence and on into adulthood. It may also, rarely, have late onset during adolescence or adulthood. Longitudinal studies have highlighted that the "typical" features of LGS observed during childhood evolve and change over time, so that by adulthood it might be difficult to recognise LGS in previously undiagnosed patients. Approaches to treatment must therefore adapt to the changes in a patient's condition as they progress through life. Effective management of LGS requires a global approach to care that not only encompasses seizure control, but also the management of co-morbidities associated with the condition, such as cognitive and behavioural problems, sleep disturbances and physical disability, together with the specific educational and psychosocial needs of the individual. This is particularly relevant during adolescence, when patients have to cope with a host of additional issues alongside those relating to their epilepsy. During all stages of life, management of LGS must carefully balance the need for treatment against its side effects, with the patient's overall quality of life always

being the primary focus. The transition of care from paediatric to adult services presents important challenges for patients, their families and healthcare providers, and requires particular consideration to ensure that it is as smooth as possible. It also presents an important opportunity to review and reappraise a patient's condition, treatment and other longer-term needs as they journey into adulthood.

200. Kerr, M.P., A. Turkey, and B. Huber, *The psychosocial impact of epilepsy in adults with an intellectual disability*. *Epilepsy Behav*, 2009. **15 Suppl 1**: p. S26-30. Epilepsy has a pervasive impact on the quality of life, and thus the psychosocial well-being, of adults with an intellectual disability. Social and economical well-being appears to be affected by an increase in restrictions on activities and thus social contact. The population has very high rates of challenging behaviors and of mental illness. It is likely that these have a significant impact on epilepsy management. When populations with and without epilepsy are controlled for level of ability, no difference in prevalence of behavior or mental illness is seen between the populations. Current knowledge is limited on crucial issues such as the long-term effect of seizure disorder on mental health, quality of life, and cognition.
201. Kerr, S., et al., *Tobacco and alcohol-related interventions for people with mild/moderate intellectual disabilities: a systematic review of the literature*. *J Intellect Disabil Res*, 2012. Background The behavioural determinants of health among people with mild/moderate intellectual disabilities (ID) are of increasing concern. With the closure of long-stay institutions, more people with ID are living in the community. As they lead more ordinary and less restricted lives, people with ID may be exposed to social and environmental pressures that encourage them to adopt behaviours that impact negatively on their health. Levels of smoking and alcohol consumption in this client group are of particular concern. Methods We undertook a mixed method review of the literature, aiming to assess the Feasibility, Appropriateness, Meaningfulness and Effectiveness (FAME) of interventions designed to address the use of tobacco and/or alcohol in people with mild/moderate ID. Key electronic databases were searched (e.g. Medline, Cochrane Register of Controlled Trials, PsycINFO) from 1996 to 2011. The search was developed using appropriate subject headings and key words (e.g. intellectual disability, tobacco use, alcohol drinking, health promotion). On completion of the database searches, inclusion/exclusion criteria, based on an adaptation of the PICO framework (Population, Intervention, Comparison, Outcomes), were applied. Methodological quality was assessed using a seven-point rating scale. Results Database searches identified 501 unique records, of which nine satisfied the inclusion criteria. Four focused on tobacco, three on alcohol and two on both tobacco and alcohol. Located in the UK, the USA and Australia, the studies aimed to increase knowledge levels and/or change behaviour (e.g. to encourage smoking cessation). One was a randomised controlled trial, one a quasi-experiment and the others were before and after studies and/or case studies. Methodological quality was poor or moderate. The combined studies had a sample size of 341, with ages ranging from 14 to 54 years. The interventions were delivered by professionals (e.g. in health, social care, education) during sessions that spanned a period of three weeks to one academic year. The studies highlighted a number of important issues linked to the appropriateness of interventions for this client group (e.g. use of pictures, quizzes, role play, incentives); however, in the majority of cases the interventions appeared to lack a theoretical framework (e.g. behaviour change theory). The appropriateness of the outcome measures for use with this client group was not tested. One study discussed feasibility (teachers delivering lessons on alcohol and tobacco) and only one was informative in terms of effectiveness i.e. increasing knowledge of the health and social dangers of smoking and excessive alcohol consumption. Conclusions This review is the first to systematically collate evidence on tobacco and alcohol-related interventions for people with ID. While there is currently little evidence to guide practice, the review delivers clear insights for the development of interventions and presents a strong case for more robust research methods. In particular there is a need to test the effectiveness of interventions in large-scale, well-designed trials and to ensure that outcome measures are developed/tailored appropriately for this client group.
202. Khan, S.A., et al., *Therapeutic Options in the Management of Sleep Disorders in Visually Impaired Children: A Systematic Review*. *Clinical Therapeutics*, 2011. **33**(2): p. 168-181. Abstract: Background: Treatment of sleep disorders in visually impaired children is complicated by a complex pathophysiology, a high incidence of sleep disorders in this population, and a dearth of management options. The significant impact on the health of these children and distress to their caregivers warrant a systematic assessment of the published literature on therapeutic approaches. Objective: This systematic review aims to assess the current therapeutic options in the management of sleep disorders in visually impaired children to identify knowledge gaps and guide future research. Methods: A search of primary literature was conducted using the bibliographic databases PubMed (1980–August 2010), EMBASE (1990–August 2010), Science Citation Index Expanded (1990–August 2010), and CINHALL (1992–August 2010) and the Cochrane Central Register of Controlled Trials (CENTRAL). Additional studies were identified through snowballing search techniques (manually by searching retrieved references and electronically by using citation-tracking software). Search terms included behavioral treatment, children, circadian rhythm, hypnotosedatives, intellectual disability,

light therapy, melatonin, phototherapy, random allocation, randomized controlled trial (RCT), sleep disorder, and visual impairment. Randomized and quasi-randomized clinical trials of therapeutic options (behavioral treatment, light therapy, melatonin, or hypnotosedatives) used in participants aged 3 months to 18 years who had both a visual impairment and a sleep disorder were included. Independent extraction of articles was performed by 2 authors using predefined data fields, including quality of the therapeutic options, based on the Strength of Recommendation Taxonomy evidence-rating system. Results: Two RCTs were retrieved for melatonin, with improved effect on sleep latency ($P = 0.019$ and $P < 0.05$, respectively). However, separate analysis for visual impairment was not conducted. No RCTs were retrieved for behavioral intervention, light therapy, or hypnotosedatives. Three studies using behavioral therapy (2 case reports and 1 case series) anecdotally showed improvement in sleep habit. No improvement in sleep rhythm was observed with a case series applying light therapy as an intervention. Conclusions: Children with visual impairment and sleep disorders are a heterogeneous patient group, making diagnosis and treatment difficult. RCTs on treatment options remain in their infancy, with a lack of evidence for appropriate therapeutic strategies. Trials across a range of selected diagnoses need to be conducted with adequate sample populations to differentiate the efficacy of 4 different treatment modalities (behavioral therapy, light therapy, melatonin, and hypnotosedatives) as agents for improving sleep.

<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2011010554&site=ehost-live&scope=site>

203. Kilgour, A.H.M., J.M. Starr, and L.J. Whalley, *Associations between childhood intelligence (IQ), adult morbidity and mortality*. *Maturitas*, 2010. **65**(2): p. 98-105. Intelligence is a life-long trait that exerts powerful influences on educational success, occupational status, use of health services, life style and recreational choices. Until recently, the influence of cognitive performance on time to death was thought largely to be based on failing cognition in the time immediately before death or because lower mental ability was associated with low socioeconomic status and socioeconomic disadvantage. Children who were systematically IQ tested early in the twentieth century have now completed most of their life expectancy and permit evaluation of a possible link between childhood IQ and survival. This link is discussed as it affects people with intellectual disability and as a possible contributor to the acquisition of a healthy life style or use of health services. Studies on the topic are affected by many methodological pitfalls. Recently, as cohorts IQ tested as adolescents have completed middle age, new relevant data have become available. These suggest that earlier attempts to tease out the confounding effects of socioeconomic status on the relationship between childhood IQ and mortality did not take account of the full effects of childhood adversity on IQ and disease risk. When statistical models that include childhood adversity are tested, these attenuate and sometimes remove the contribution of IQ to morbidity and premature death. Copyright 2009 Elsevier Ireland Ltd. All rights reserved. [References: 80]

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204. Kitsantas, P., E. Kang, and L. Yang, *Root cause analysis and Bayesian networks of Down syndrome and necrotizing enterocolitis*. *Quality Management in Health Care*, 2007. **16**(4): p. 328-35. OBSERVATION: This study demonstrates the use of root cause analysis and Bayesian networks in assessing risk of Down syndrome and infant mortality due to necrotizing enterocolitis (NEC). SUBJECTS AND METHODS: The contribution of maternal age, ethnicity, smoking, and infant's comorbidities on mortality associated with NEC (83 cases) was investigated using data obtained from the North Carolina linked birth/infant death files from 1999 to 2003. The data related to Down syndrome, which included 747 infants born with Down syndrome between the years of 1999 and 2003, were provided by the North Carolina Birth defects Monitoring Program. Flowcharts were built to identify potential risk factors and their associations, while the Bayesian network methodology was utilized to encode probabilistic relationships among these variables. RESULTS AND CONCLUSIONS: On the basis of the NEC model, the 3 most common causes of NEC infant mortality were respiratory tract conditions, cardiac, and infection-related problems. For the second application, prior live births (at least 1 prior birth) and infant's gender (male) were found to be the most prevalent causes of Down syndrome. Bayesian belief networks constitute an excellent tool for explorative and causal data analysis, and can assist health care providers in gaining insight into a complex problem.

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e=4&spage=328&pages=328-35&date=2007&title=Quality+Management+in+Health+Care&atitle=Root+cause+analysis+and+Bayesian+networks+of+Down+syndrome+and+necrotizing+enterocolitis.&aulast=Kitsantas&pid=%3Cauthor%3EKitsantas+P%3C%2Fauthor%3E%3CAN%3E18049386%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E

205. Kleefman, M., D. Jansen, and S. Reijneveld, *The effectiveness of Stepping stones Triple P: the design of a randomised controlled trial on a parenting programme regarding children with mild intellectual disability and psychosocial problems versus care as usual*. BMC Public Health, 2011. **11**(1): p. 676.

BACKGROUND: Children with an intellectual disability are at increased risk of psychosocial problems. This leads to serious restrictions in the daily functioning of the children and to parental stress. Stepping Stones Triple P aims to prevent severe behavioural, emotional and developmental problems in children with a (intellectual) disability by enhancing parenting knowledge and skills, and the self-confidence of parents. This paper aims to describe the design of a study of the effectiveness of parenting counselling using Stepping Stones Triple P compared to Care as Usual. METHODS/DESIGN: The effects of Stepping Stones Triple P will be studied in a Randomised Controlled Trial. Parents of children aged 5-12 years with an IQ of 50-85 will be recruited from schools. Prior to randomisation, parents complete a screening questionnaire about their child's psychosocial problems and their parenting skills. Subsequently, parents of children with increased levels of psychosocial problems (score on Strengths and Difficulties Questionnaire [greater than or equal to] 14) will be invited to participate in the intervention study. After obtaining consent, parents will be randomised either to the experimental group (Stepping Stones Triple P) or to Care as Usual. The primary outcome is a change in the child's psychosocial problems according to parents and teachers. The secondary outcome is a change in parenting skills. Data will be collected before the start of the intervention, immediately after the intervention, and six months after. DISCUSSION: This paper presents an outline of the background and design of a randomised controlled trial to investigate the effectiveness of Stepping Stones Triple P, which aims to decrease psychosocial problems in children with a mild intellectual disability. Stepping Stones Triple P seems promising, but evidence on its effectiveness for this population is still lacking. This study provides evidence about the effects of this intervention in a community-based population of children with a mild intellectual disability. TRIAL REGISTRATION: Netherlands Trial Register (NTR): NTR2624

<http://www.biomedcentral.com/1471-2458/11/676>

206. Knipscheer, J.W. and R.J. Kleber, *Help-seeking behavior of west African Migrants*. Journal of Community Psychology, 2008. **36**(7): p. 915-928. In this article, the authors present essential aspects of the help-seeking behavior with regard to mental health problems of Ghanaian migrants in the Netherlands. Samples of citizens in the general population (n=97) and outpatients treated in mental health care facilities (n=36) were included. Data were acquired by administering a semi-structured interview. Quantified data were analysed using hierarchical multiple regression analyses and direct (standard) logistic analyses. Help-seeking pathways are multi-determined. Being involved in Dutch society may determine an individual's attitude toward health care and the time before taking action. Particularly, socio-demographic variables (e.g., age, unemployment, urbanicity) and acculturative demands (integrative skills, normative orientation) shape the help-seeking orientation and service utilization in multiethnic settings. A liaison between mental health services, traditional healers, religious leaders and self-help groups might therefore benefit patients. By identifying and emphasizing the specific social and acculturation components that facilitate or deter health behaviours, we are better able to implement health care interventions among different ethnic and cultural communities. © 2008 Wiley Periodicals, Inc. [ABSTRACT FROM AUTHOR]

Copyright of Journal of Community Psychology is the property of John Wiley & Sons, Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=33537284&site=ehost-live&scope=site>

207. Knopf, A., *Up to one in four incarcerations should be prevented*. Behavioral Healthcare, 2011. **31**(8): p. 11-13.

<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=78546747&site=ehost-live&scope=site>

208. Koivunen, M., et al., *Effects of the implementation of the web-based patient support system on staff's attitudes towards computers and IT use: a randomised controlled trial*. Scandinavian Journal of Caring Sciences, 2010. **24**(3): p. 592-599. Scand J Caring Sci; 2010; 24; 592-599 Effects of the implementation of the web-based patient support system on staff's attitudes towards computers and IT use: a randomised controlled trial Utilisation of information technology (IT) in the treatment of

people with severe mental health problems is an unknown area in Europe. Use of IT and guiding patients to relevant sources of health information requires that nursing staff have positive attitudes toward computers and accept IT use as a part of daily practises. The aim of the study was to assess the effects of the implementation of a web-based patient support system on staff's attitudes towards computers and IT use on psychiatric wards. Hundred and forty-nine nurses in two psychiatric hospitals in Finland were randomised to two groups to deliver patient education for patients with schizophrenia and psychosis with a web-based system (n = 76) or leaflets (n = 73). After baseline nurses were followed-up for 18 months after the introduction of the system. The primary outcome was nurses' motivation to utilise computers, and the secondary outcomes were nurses' beliefs in and satisfaction with computers, and use of computer and internet. There were no statistically significant differences between study groups in attitudes towards computers (motivation p = 0.936, beliefs p = 0.270, satisfaction p = 0.462) and internet use (p = 0.276). However, nurses' general computer use (p = 0.029) increased more in the leaflet group than in the IT intervention group. We can conclude that IT has promise as an alternative method in patient education, as the implementation of the web-based patient support system in daily basis did not have a negative effect on nurses' attitudes towards IT.

[ABSTRACT FROM AUTHOR]

Copyright of Scandinavian Journal of Caring Sciences is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=52903422&site=ehost-live&scope=site>

209. Koritsas, S. and T. Iacono, *Limitations in Life Participation and Independence Due to Secondary Conditions*. American Journal on Intellectual and Developmental Disabilities, 2009. **114**(6): p. 437-448. The effects of secondary conditions across adults with autism, Down syndrome, and cerebral palsy were explored in terms of overall limitation in life participation and independence, changes over time, and the degree and nature of limitation in specific secondary conditions. Information was obtained for 35 adults with autism, 49 with Down syndrome, and 29 with cerebral palsy (N = 113). Caregivers completed a questionnaire exploring secondary conditions on two occasions. Participants with cerebral palsy experienced the greatest overall limitations of the three groups. This finding is due to several secondary conditions. There were no changes in limitation scores over time. Implications related to health care for these groups are discussed.

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ858673&site=ehost-live&scope=site>
<http://dx.doi.org/10.1352/1944-7588-114.6.437>

210. Koritsas, S., T. Iacono, and R. Davis, *Australian General Practitioner Uptake of a Remunerated Medicare Health Assessment for People with Intellectual Disability*. Journal of Intellectual & Developmental Disability, 2012. **37**(2): p. 151-154. In 2007 the Australian Commonwealth Government announced the Medicare Health Assessment for People with an Intellectual Disability as part of the Enhanced Primary Care (EPC) program (Department of Health and Ageing, 2008). The annual health assessment is a structured framework for general practitioners (GPs), which enables an annual comprehensive assessment of the physical, psychological, and social function of patients with ID, and the identification of any medical intervention and preventative health care that may be required (Department of Health and Ageing, 2008). The health assessment items carry with them significant financial incentives designed to encourage GPs to enhance the quality of detection and management of health concerns of people with ID. In May 2010, however, health assessment items for different groups, including people with ID, were combined into four time-based items (Department of Health and Ageing, 2010b). This change prevents the tracking of item usage as a means of determining the frequency with which individuals with ID receive annual health assessments. This paper reports trends in uptake of ID health assessment items while the data could be differentiated. (Contains 3 tables.)

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ964994&site=ehost-live&scope=site>
<http://dx.doi.org/10.3109/13668250.2012.676636>

211. Kornbluh, F., *Queer Legal History: A Field Grows Up and Comes Out*. Law & Social Inquiry, 2011. **36**(2): p. 537-559.
<http://www.jstor.org/stable/23011902>

212. Kraayenoord, C.E.v., *Response to Intervention: New Ways and Wariness*. Reading Research Quarterly, 2010. **45**(3): p. 363-376. This essay reviews and comments on Evidence-Based Reading Practices for Response to Intervention, edited by Diane Haager, Janette Klingner, and Sharon Vaughn, one of the earliest books published on an initiative in the United States to provide instructional support for students who

experience difficulties with literacy and learning disabilities. The essay both identifies new ways likely to improve delivery of instruction and raises several concerns about Response to Intervention from the perspective of a wary outsider from Australia. The new ways include breaking down the barrier between special education and regular education, offering waves of instruction, and preventing difficulties through early assessment and intervention. Concerns include privileging reading, offering curriculum and instruction in constrained skills, and assessing students in restrictive ways. A comparison is made between the United States approach to Response to Intervention and an Australian model of whole-school intervention for Improvement.

<http://www.jstor.org/stable/27822892>

213. Krahn, G. and C. Drum, *Translating policy principles into practice to improve health care access for adults with intellectual disabilities: A research review of the past decade*. *Mental Retardation and Developmental Disabilities Research Reviews*, 2007. **13**(2): p. 160-8. This article extracts principles from two Surgeon General reports, *Closing the Gap: A National Blueprint to Improve the Health of Persons with Mental Retardation* (2002) and *Call to Action to Improve the Health and Wellness of Persons with Disabilities* (2005), and combines them with the Objectives from Chapter 6 of *Healthy People 2010* to create a policy framework. This framework is used to review literature from the past decade on access to health care and health promotion for persons with intellectual and developmental disabilities (IDD). Review of the literature indicates an emerging evidence base for health promotion programs for persons with IDD. Research in health care and health promotion access requires improvements in surveillance and measurement of quality of life, as well as increased participation of persons with IDD and their families in its implementation. While international guidelines for primary health care have been developed for people with IDD, US guidelines are specialty focused and address specific conditions. Despite its recognized importance, there is surprisingly little information on training programs for health care providers to improve care of persons with IDD. Financing of health care continues to threaten access to comprehensive care for persons with IDD, particularly regarding coordination of care and availability of providers who accept Medicaid patients. Community-based sources of health care have been slow to emerge, and there is clear need for assumption of responsibility for providing care to persons with IDD. Future US policy should include consideration of environmental factors in health care access.

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214. Krahn, G.L. and C.E. Drum, *Translating Policy Principles into Practice to Improve Health Care Access for Adults with Intellectual Disabilities: A Research Review of the Past Decade*. *Mental Retardation and Developmental Disabilities Research Reviews*, 2007. **13**(2): p. 160-168. This article extracts principles from two Surgeon General reports, "Closing the Gap: A National Blueprint to Improve the Health of Persons with Mental Retardation" (2002) and "Call to Action to Improve the Health and Wellness of Persons with Disabilities" (2005), and combines them with the Objectives from "Chapter 6 of Healthy People 2010" to create a policy framework. This framework is used to review literature from the past decade on access to health care and health promotion for persons with intellectual and developmental disabilities (IDD). Review of the literature indicates an emerging evidence base for health promotion programs for persons with IDD. Research in health care and health promotion access requires improvements in surveillance and measurement of quality of life, as well as increased participation of persons with IDD and their families in its implementation. While international guidelines for primary health care have been developed for people with IDD, US guidelines are specialty focused and address specific conditions. Despite its recognized importance, there is surprisingly little information on training programs for health care providers to improve care of persons with IDD. Financing of health care continues to threaten access to comprehensive care for persons with IDD, particularly regarding coordination of care and availability of providers who accept Medicaid patients. Community-based sources of health care have been slow to emerge, and there is clear need for assumption of responsibility for providing care to persons with IDD. Future US policy should include consideration of environmental factors in health care access. (Contains 1 table.)

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<http://dx.doi.org/10.1002/mrdd.20149>

215. Kumar, S., *Oral Presentations*

Occupational, Environmental and Lifestyle Factors Associated With Spontaneous Abortion. Australian and New Zealand Journal of Psychiatry, 2008. **42**(3 suppl):

p. A31-A89. Scientific evidence indicates extreme exposure sensitivity of embryos, fetuses, and infants to the persistent environmental/occupational chemicals directly and or indirectly as compared to the same magnitude of exposure in adults. Paternal/maternal exposure to some of these chemicals might have a effect on the gamete structure and function, which might have significant implication for the adverse effect on pregnancy and their outcome. The available data point that some of the organochlorine chemicals such as dichlorodiphenyl trichloroethane (DDT); metals such as lead, mercury; industrial pollutants such as dioxin, organic solvents, radiations; and some of the lifestyle-associated factors such as tobacco smoking (active and passive) and excessive maternal intake of alcohol had adverse effect on pregnancy outcome. The existing data support the hypothesis that, in general, working women have a higher risk of undesirable reproductive outcomes, even though the data are scanty. Studies are needed to find out the effects of those reproductive toxicants on priority basis which have been proved to be toxic in animal studies as well as data on human related to these chemicals are scanty. There is a need to educate the childbearing women to avoid exposure to the known or suspected risk factors and their employers to take measures to reduce the toxicant levels in workplace.

http://anp.sagepub.com/cgi/content/short/42/3_suppl/A31

<http://rsx.sagepub.com/cgi/content/abstract/18/10/915>

216. Kung, P.-T., W.-C. Tsai, and S.-J. Chiou, *The Assessment of the Likelihood of Mammography Usage with Relevant Factors among Women with Disabilities*. Research in Developmental Disabilities: A Multidisciplinary Journal, 2012.

33(1): p. 136-143. Research that identifies the determinants of low mammography use among disabled people is scant. This study examines the determining factors related to the low usage of mammography among women with disabilities. To identify the barriers that prevent women with disabilities from participating in mammography screening can help authorities conceive feasibly useful strategies for avoiding worse suffering. With women aged between 50 and 69 as subjects, this study was conducted using the database of Ministry of the Interior, Taiwan, in 2008, coupled with information gathered between 2006 and 2008 on preventive health care and medical claim data from the Bureau of Health Promotion and the National Health Research Institutes, respectively. This study examined the factors determining the use of mammography with logistic regression analysis. Only 8.49% of the disabled women used mammographies. When women with disabilities were in higher income level, they were more likely to use mammography for breast cancer screening. Similar findings were found for education levels. Moreover, subjects with a more severe form of disability were less likely to use mammography with ORs of 0.84, 0.63, and 0.52. Disabled women with major organ malfunction, chronic mental illness, or mental retardation had a higher likelihood to use mammography services, whereas women with multiple disabilities had the lowest likelihood of usage. Those with experience using other preventive services showed 1.9 times to 7.54 times (95% CI: 1.82-1.98, 7.15-7.95, respectively) increased likelihood of mammography usage. In summary, mammography usage is relatively different for disabled and nondisabled populations. To mitigate the disparities, we can use community healthcare institutions or public health nurses and social workers to provide related preventive health services through community events to implement integrated cancer screening services. (Contains 3 tables.)

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<http://dx.doi.org/10.1016/j.ridd.2011.08.032>

217. Kuppermann, M., et al., *Computerized prenatal genetic testing decision-assisting tool: A randomized controlled trial*. Obstetrics and Gynecology, 2009.

113(1): p. 53-63. Objective: Guidelines for fetal aneuploidy testing recommend that screening and diagnostic testing be made available to pregnant women of all ages and that providers explain the differences between these tests to help their patients make informed testing decisions. We sought to estimate the effect of a computerized, interactive prenatal testing decision tool on prenatal testing decision making. Methods: Four hundred ninety-six English- or Spanish-speaking women at 20 or fewer weeks of gestation were randomly assigned to view the interactive prenatal testing decision tool or the California Department of Health Services' educational booklet. Primary outcomes were knowledge, risk awareness, intervention satisfaction, decisional conflict, and among women aged at least 35 years, use of invasive diagnostic testing. Results: Women assigned to the interactive prenatal testing decision tool had higher knowledge scores (79.5% compared with 64.9%, $P < .001$), were more likely to correctly estimate their risk of procedure-related miscarriage (64.9% compared with 48.1%, $P = .002$) and carrying a Down syndrome-affected fetus (63.5% compared with 15.1%, $P < .001$), were more satisfied with the intervention ($P < .001$), and had less decision uncertainty ($P < .001$) than controls after viewing the intervention. Most of these differences persisted over time. Among women aged at least 35 years, the interactive prenatal testing decision tool viewers who were originally less inclined to undergo invasive testing were ultimately more likely than similarly inclined controls to have amniocentesis or chorionic villus sampling

(44.8% compared with 29.2%), whereas those who were originally more inclined to undergo an invasive procedure ultimately were less likely than similarly inclined controls to have a diagnostic procedure (84.6% compared with 94.9%; $P=0.15$ for interaction). Conclusion: Using an interactive prenatal testing decision tool results in more informed prenatal genetic testing decisions than viewing standard educational booklets. Clinical Trial Registration: Clinicaltrials.gov, www.clinicaltrials.gov, NCT00686062 Level of Evidence: I. 2008 by The American College of Obstetricians and Gynecologists.

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$+Gynecology\&atitle=Computerized+prenatal+genetic+testing+decision-assisting+tool\%3A+A+randomized+controlled+trial\&aulast=Kuppermann\&pid=\%3Cauthor\%3EKuppermann+M.\%3C\%2Fauthor\%3E\%3CAN\%3E2009277216\%3C\%2FAN\%3E\%3CDT\%3EJournal\%3A+Article\%3C\%2FDT\%3E$

218. Lamy, S. and F. Thibaut, *Psychoactive substance use during pregnancy: a review*. [French]

Etat des lieux de la consommation de substances psychoactives par les femmes

enceintes. L'Encephale, 2010. **36**(1): p. 33-38. All around the world, the potential consequences of the increasing use of psychoactive substances during pregnancy are a major public health concern. It is estimated that 20 to 30% of pregnant women use tobacco, 15% use alcohol, 3 to 10% use cannabis and 0.5 to 3% use cocaine. The estimation of tobacco consumption during pregnancy is better known as compared with alcohol and substance use prevalence during pregnancy, which remains under estimated or unknown. For example, in France, the prevalence of cannabis and cocaine use during pregnancy is unknown. In general, the prevalence of drug or alcohol use during pregnancy is estimated by extrapolating data from epidemiological studies conducted in the general population (in France or in other countries). However, drug or alcohol use in the general population may dramatically vary from one country to another. Even if some studies have reported the prevalence of alcohol or substance use in different countries around the world, most of them were based on the mother's interview. In most cases, the mother did not report exactly the amount of drugs or alcohol used. Further studies measuring alcohol or substance use in the mother's blood, hair or in the newborn's meconium are needed. In addition, different methodologies have been used in the literature (different types of interview, with or without biological measurements; different subjects included (in- or out-pregnant women, psychiatric comorbidities or not, different economic status, etc). Despite these methodological biases, the prevalence of drug or alcohol use increases in pregnant women, and in most cases, several drugs are associated. Most of the studies have used structured or semi-structured interviews such as the addiction severity index (ASI) or the alcohol use disorders identification test (AUDIT) to assess alcohol or drug consumption. In addition, the identification of risk factors for substance or alcohol use during pregnancy would allow the early detection of these high-risk pregnancies. Environmental factors such as low economic status or marital status may play an important role. Personality disorders may also contribute to substance or alcohol use during pregnancy. In fact, in most studies the quality of the obstetrical survey is lower in pregnant women using drugs or alcohol but it remains difficult to describe a specific at-risk profile in these pregnant women. Consumption of alcohol or of one or more psychoactive substances during pregnancy may have serious consequences on the pregnancy and on the child's development. Fetal alcoholism syndrome is the main etiology of mental retardation in France. We need to improve our knowledge of alcohol and substance use during pregnancy in order to target information for prevention campaigns and to implement specific mother and child medical care in high-risk populations. Copyright (c) 2009 L'Encephale, Paris. Published by Elsevier Masson SAS. All rights reserved.

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$2008.12.009\&issn=0013-7006\&isbn=\&volume=36\&issue=1\&spage=33\&pages=33-38\&date=2010\&title=L\%27Encephale\&atitle=Etat+des+lieux+de+la+consommation+de+substances+psychoactives+par+les+femmes+enceintes\&aulast=Lamy\&pid=\%3Cauthor\%3ELamy+S.\%3C\%2Fauthor\%3E\%3CAN\%3E20159194\%3C\%2FAN\%3E\%3CDT\%3EJournal\%3A+Review\%3C\%2FDT\%3E$

219. Lang, R., et al., *Behavioral treatment of chronic skin-picking in individuals with developmental disabilities: a systematic review*. Res Dev Disabil, 2010. **31**(2): p. 304-15. Skin-picking is a type of self-injurious behavior involving the pulling, scratching, lancing, digging, or gouging of one's own body. It is associated with social

impairment, and increased medical and mental health concerns. While there are several reports showing that skin-picking is common in individuals with developmental disabilities, knowledge about effective treatment approaches is sparse. We therefore reviewed studies involving the treatment of chronic skin-picking in individuals with developmental disabilities. Systematic searches of electronic databases, journals, and reference lists identified 16 studies meeting the inclusion criteria. These studies were evaluated in terms of: (a) participants, (b) functional assessment procedures and results, (c) intervention procedures, (d) results of the intervention, and (e) certainty of evidence. Across the 16 studies, intervention was provided to a total of 19 participants aged 6-42 years. Functional assessment procedures included direct observations, analog functional analyses, and functional assessment interviews. The most commonly identified function was automatic reinforcement. Treatment approaches included combinations of differential reinforcement, providing preferred items and activities stimuli (e.g., toys), wearing protective clothing (e.g., helmets or gloves), response interruption and redirection, punishment, and extinction. Improvements in behavior were reported in all of the reviewed studies. Suggestions for future intervention research are offered.

220. Langeland, E., et al., *PROMOTING COPING: SALUTOGENESIS AMONG PEOPLE WITH MENTAL HEALTH PROBLEMS*. *Issues in Mental Health Nursing*, 2007. **28**(3): p. 275-295. This article aims to illustrate how Antonovsky's salutogenic theory and its central concept of sense of coherence can be operationalized into salutogenic therapy principles and an intervention program for promoting a sense of coherence, coping, and mental health among people with mental health problems. The intervention is based on the following five basic components or therapy principles: (1) the health continuum model; (2) the story of the person; (3) health-promoting (salutary) factors; (4) the understanding of tension and strain as potentially health promoting, and (5) active adaptation. The program is a talk therapy group intervention and consists of 16 group meetings and homework. The intervention may serve as a guide to mental health nursing practice when coping is the main target. [ABSTRACT FROM AUTHOR]

Copyright of *Issues in Mental Health Nursing* is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=24726496&site=ehost-live&scope=site>

221. Lante, K., J. Reece, and J. Walkley, *Energy Expended by Adults with and without Intellectual Disabilities during Activities of Daily Living*. *Research in Developmental Disabilities: A Multidisciplinary Journal*, 2010. **31**(6-): p. 1380-1389. The aims of this study were to (1) determine the energy expenditure of adults with and without intellectual disabilities during common activities of daily living (ADL), (2) use these values to evaluate the accuracy of equivalent activity values reported in the Compendium of Physical Activities (CPA), and (3) identify ADL that may confer a health benefit for adults with intellectual disabilities when undertaken regularly. Energy expenditure was measured for adults with intellectual disabilities (N = 31; 29.0 plus or minus 8.6 yr) and adults without intellectual disabilities (N = 15; 30.4 plus or minus 9.6 yr) while undertaking each of seven ADL: sitting quietly (SitQ); sitting watching television (SitTV); sitting and standing while completing an assembly task (SitAT, StaAT); and walking at a slow (WalkS, 3.0 km h⁻¹), quick (WalkQ, 6.0 km h⁻¹) and fast (WalkF, 9.0 km h⁻¹) speed, under laboratory conditions. Adults with intellectual disabilities were found to expend significantly more energy than adults without intellectual disabilities for SitQ, WalkS, WalkQ and WalkF (p less than 0.05). Energy expended by both populations was significantly more than CPA values for SitQ, SitTV, SitAT, WalkS, and WalkQ (p less than 0.02) and significantly less for WalkF (p less than 0.01). Walking at the speed of 3.0 km h⁻¹ (50 min⁻¹) was found to be sufficient to achieve moderate-intensity energy expenditure, surpassing the intensity threshold for conferring a health benefit. Energy expenditure inaccuracies of the CPA have important consequences when estimating prevalence of engagement in health enhancing physical activities among population sub-groups. The identification of slow walking as a moderate-intensity physical activity offers significant health promotion opportunities for adults with intellectual disabilities through active transport and leisure. (Contains 5 tables.)

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ900336&site=ehost-live&scope=site>

<http://dx.doi.org/10.1016/j.ridd.2010.06.022>

222. Lantman-de Valk, H. and P.N. Walsh, *Managing health problems in people with intellectual disabilities*. *British Medical Journal*, 2008. **337**.

<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000262776600001&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=Full>

223. Lantman-de Valk, H.M.J.v.S., F. Rook, and M.A. Maaskant, *The use of contraception by women with intellectual disabilities*. *Journal of Intellectual Disability Research*, 2011. **55**(4): p. 434-440. Worldwide, contraception is frequently used by women for the prevention of conception, to regulate or postpone menstrual bleeding. The study aims to determine the use (number and method) of contraception by women with intellectual disabilities (ID), the indications, sources of referrals and relations with level of ID and age of the women concerned. The study group consisted of 234 women aged between 15 and 59 years and residing at a Dutch service provider for persons with ID. Data were obtained via the pharmacy database, attending physicians and individual medical files. Nearly one half (48%, n = 112) of the 234 residential women used some method of contraception: 87 (78%) took pharmacological contraceptive methods, 23 (20%) underwent surgical contraception and 2 (2%) both. Main reasons for contraception were problems with menstruation, behaviour and/or prevention of pregnancy. Requests for contraception were initiated mainly by physicians and parents. Differences between users of different contraceptives with regard to age and level of ID were not statistically significant. Further studies should focus on the development and implementation of adequate health promotion materials on this subject. [ABSTRACT FROM AUTHOR]

Copyright of *Journal of Intellectual Disability Research* is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

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[direct=true&db=afh&AN=59268082&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=59268082&site=ehost-live&scope=site)

224. Lamey, S., et al., *A cross-sectional survey of prevalence and correlates of suicidal ideation and suicide attempts among prisoners in New South Wales, Australia*. *BMC Public Health*, 2012. **12**(1): p. 14. BACKGROUND: We aimed to estimate the prevalence of suicidal ideation and suicide attempt among prisoners in New South Wales, Australia; and, among prisoners reporting suicidal ideation, to identify factors associated with suicide attempt. METHODS: A cross-sectional design was used. Participants were a random, stratified sample of 996 inmates who completed a telephone survey. The estimated population prevalence of suicidal ideation and suicide attempt were calculated and differences by sex and Aboriginality were tested using chi2 tests. Correlates of suicidal ideation and suicide attempt were tested using logistic regression. RESULTS: One-third of inmates reported lifetime suicidal ideation and one-fifth had attempted suicide. Women and Aboriginal participants were significantly more likely than men and non-Aboriginal participants, respectively, to report attempting suicide. Correlates of suicidal ideation included violent offending, traumatic brain injury, depression, self-harm, and psychiatric hospitalisation. Univariate correlates of suicide attempt among ideators were childhood out-of-home care, parental incarceration and psychiatric hospitalization; however, none of these remained significant in a multivariate model. CONCLUSIONS: Suicidal ideation and attempts are highly prevalent among prisoners compared to the general community. Assessment of suicide risk is a critical task for mental health clinicians in prisons. Attention should be given to ensuring assessments are gender- and culturally sensitive. Indicators of mental illness may not be accurate predictors of suicide attempt. Indicators of childhood trauma appear to be particularly relevant to risk of suicide attempt among prisoners and should be given attention as part of risk assessments.

<http://www.biomedcentral.com/1471-2458/12/14>

225. Lauriks, S., et al., *Performance indicators for public mental healthcare: a systematic international inventory*. *BMC Public Health*, 2012. **12**(1): p. 214. BACKGROUND: The development and use of performance indicators (PI) in the field of public mental health care (PMHC) has increased rapidly in the last decade. To gain insight in the current state of PI for PMHC in nations and regions around the world, we conducted a structured review of publications in scientific peer-reviewed journals supplemented by a systematic inventory of PI published in policy documents by (non-) governmental organizations. METHODS: Publications on PI for PMHC were identified through database- and internet searches. Final selection was based on review of the full content of the publications. Publications were ordered by nation or region and chronologically. Individual PI were classified by development method, assessment level, care domain, performance dimension, diagnostic focus, and data source. Finally, the evidence on feasibility, data reliability, and content-, criterion-, and construct validity of the PI was evaluated. RESULTS: A total of 106 publications were included in the sample. The majority of the publications (n = 65) were peer-reviewed journal articles and 66 publications specifically dealt with performance of PMHC in the United States. The objectives of performance measurement vary widely from internal quality improvement to increasing transparency and accountability. The characteristics of 1480 unique PI were assessed. The majority of PI is based on stakeholder opinion, assesses care processes, is not specific to any diagnostic group, and utilizes administrative data sources. The targeted quality dimensions varied widely across and within nations depending on local

professional or political definitions and interests. For all PI some evidence for the content validity and feasibility has been established. Data reliability, criterion- and construct validity have rarely been assessed. Only 18 publications on criterion validity were included. These show significant associations in the expected direction on the majority of PI, but mixed results on a noteworthy number of others. CONCLUSIONS: PI have been developed for a broad range of care levels, domains, and quality dimensions of PMHC. To ensure their usefulness for the measurement of PMHC performance and advancement of transparency, accountability and quality improvement in PMHC, future research should focus on assessment of the psychometric properties of PI.

<http://www.biomedcentral.com/1471-2458/12/214>

226. Laws, R., et al., *Explaining the variation in the management of lifestyle risk factors in primary health care: A multilevel cross sectional study*. BMC Public Health, 2009. **9**(1): p. 165. BACKGROUND: Despite evidence for the effectiveness of interventions to modify lifestyle behaviours in the primary health care (PHC) setting, assessment and intervention for these behaviours remains low in routine practice. Little is known about the relative importance of various determinants of practice. This study aimed to examine the relative importance of provider characteristics and attitudes, patient characteristics and consultation factors in determining the rate of assessment and intervention for lifestyle risk factors in PHC. METHODS: A prospective audit of assessment and intervention for lifestyle risk factors was undertaken by PHC nurses and allied health providers (n = 57) for all patients seen (n = 732) over a two week period. Providers completed a survey to assess key attitudes related to addressing lifestyle issues. Multi-level logistic regression analysis of patient audit records was undertaken. Associations between variables from both data sources were examined, together with the variance explained by patient and consultation (level 1) and provider (level 2) factors. RESULTS: There was significant variance between providers in the assessment and intervention for lifestyle risk factors. The consultation type and reason for the visit were the most important in explaining the variation in assessment practices, however these factors along with patient and provider variables accounted for less than 20% of the variance. In contrast, multi-level models showed that provider factors were most important in explaining the variance in intervention practices, in particular, the location of the team in which providers worked (urban or rural) and provider perceptions of their effectiveness and accessibility of support services. After controlling for provider variables, patients' socio-economic status, the reason for the visit and providers' perceptions of the 'appropriateness' of addressing risk factors in the consultation were all significantly associated with providing optimal intervention. Together, measured patient consultation and provider variables accounted for most (80%) of the variation in intervention practices between providers. CONCLUSION: The findings highlight the importance of provider factors such as beliefs and attitudes, team location and work context in understanding variations in the provision of lifestyle intervention in PHC. Further studies of this type are required to identify variables that improve the proportion of variance explained in assessment practices.

<http://www.biomedcentral.com/1471-2458/9/165>

227. Lazaratou, H., et al., *Parental attitudes and opinions on the use of psychotropic medication in mental disorders of childhood*. Annals of General Psychiatry, 2007. **6**(1): p. 32. BACKGROUND: The limited number of systematic, controlled studies that assess the safety and efficacy of psychotropic medications for children reinforce the hesitation and reluctance of parents to administer such medications. The aim of this study was to investigate the attitudes of parents of children with psychiatric disorders, towards psychotropic medication. METHODS: A 20-item questionnaire was distributed to 140 parents during their first contact with an outpatient child psychiatric service. The questionnaire comprised of questions regarding the opinions, knowledge and attitudes of parents towards children's psychotropic medication. Sociodemographic data concerning parents and children were also recorded. Frequency tables were created and the chi-square test and Fisher's exact tests were used for the comparison of the participants' responses according to sex, educational level, age and gender of the child and use of medication. RESULTS: Respondents were mostly mothers aged 25-45 years. Children for whom they asked for help with were mostly boys, aged between 6 and 12 years old. A total of 83% of the subjects stated that they knew psychotropic drugs are classified into categories, each having a distinct mechanism of action and effectiveness. A total of 40% believe that there is a proper use of psychotropic medication, while 20% believe that psychiatrists unnecessarily use high doses of psychotropic medication. A total of 80% fear psychotropic agents more than other types of medication. Most parents are afraid to administer psychotropic medication to their child when compared to any other medication, and believe that psychotherapy is the most effective method of dealing with every kind of mental disorders, including childhood schizophrenia (65%). The belief that children who take psychotropic medication from early childhood are more likely to develop drug addiction later is correlated with the parental level of education. CONCLUSION: Parents' opinions and beliefs are not in line with scientific facts. This suggests a need to further inform the parents on the safety and efficacy of psychotropic medication in order to improve treatment compliance.

<http://www.annals-general-psychiatry.com/content/6/1/32>

228. Lazcano-Ponce, E., G. Rangel-Eudave, and G. Katz, *Special Issue: Intellectual*

disability. (*Special Issue: Intellectual disability*). Salud Publica De Mexico, 2008. **50**(2): p. S119-S276. This special issue includes 18 articles focusing on the social and health needs of individuals with intellectual disability. The articles touch upon a broad range of aspects of intellectual disability, including: aetiopathogenesis, diagnosis, treatment and prognosis; a description of the world atlas of intellectual disability promoted by the WHO; diverse social, ethical and rights-related issues; access to and quality of health and social services; sexual and reproductive rights and responsibilities; the need for policy and interventions to promote physical activity and healthy lifestyle; ways of organizing free time in order to guarantee mental health and well-being; education and support services; and interventions to promote social and employment integration.

<http://www.insp.mx/salud>

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sid=OVID:cagbdb&id=pmid:&id=doi:&issn=0036-3634&isbn=&volume=50&issue=Suplemento+2&spage=S119&pages=S119-S276&date=2008&title=Salud+Publica+de+Mexico&atitle=Special+Issue%3A+Intellectual+disability.&aulast=Lazcano-Ponce&pid=%3Cauthor%3ELazcano-Ponce%2C+E.%3C%2Fauthor%3E%3CAN%3E20083104882%3C%2FAN%3E%3CDT%3EJournal+issue%3C%2FDT%3E

229. Lee, L., et al., *Health and Functional Status of Adults with Intellectual Disability Referred to the Specialist Health Care Setting: A Five-Year Experience*. International journal of family medicine, 2011. **2011**.

230. Leeb, R.T., T. Lewis, and A.J. Zolotor, *29TH ANNUAL MEETING OF THE SOCIETY FOR MEDICAL DECISION MAKING*

A Review of Physical and Mental Health Consequences of Child Abuse and Neglect and Implications for Practice. Medical Decision Making, 2008. **28**(1): p. E1-E97.

This article provides an overview of mental and physical health outcomes of child maltreatment to help health care providers identify the consequences of maltreatment and consider treatment options. Child maltreatment is associated with a variety of negative physical and mental health outcomes that affect the individual throughout the lifespan and place a substantial burden on both victims and the population as a whole. The review begins with an overview of the role of physicians in identifying abuse and neglect in the clinic setting. Next, current research findings on physical and mental health outcomes in children, adolescents, and adults are reviewed. Finally, opportunities for primary prevention of abuse and neglect are discussed. Primary prevention strategies can avoid risk for maltreatment, and subsequent interventions for victims have the potential to greatly improve their health.

<http://mdm.sagepub.com/cgi/content/short/28/1/E1>

<http://ajl.sagepub.com/cgi/content/abstract/5/5/454>

231. Lennox, N., et al., *Effects of a comprehensive health assessment programme for Australian adults with intellectual disability: a cluster randomized trial*.

International journal of epidemiology, 2007. **36**(1): p. 139-146. Background: People with intellectual disability constitute ~2% of the population. They die prematurely, and often have a number of unrecognized or poorly managed medical conditions as well as inadequate health promotion and disease prevention. Methods: A cluster randomized controlled trial with matched pairs was carried out. The participants were adults with intellectual disability (n=453 in 34 clusters). The intervention was a health assessment programme to enhance interactions between the adult with intellectual disability, their carer and their general practitioner (GP). It prompted the systematic gathering of a health history and, subsequently, access to a GP for a guided health review and development of a health action plan. It also provided information about the health of adults with intellectual disability. Follow-up was for 1 year post intervention, with outcomes extracted from GPs' clinical records. Results: Increased health promotion, disease prevention and case-finding activity was found in the intervention group. Compared with the control group there was a 6.6-fold increase in detection of vision impairment (95% confidence interval 1.9-40); a 30-fold increase in hearing testing (4.0-230); an increase in immunization updates [tetanus/diphtheria a 9-fold increase (4.2-19)], and improvements in women's health screening [Papanicolaou smears were eight times more common (1.8-35)]. The intervention increased detection of new disease by 1.6 times (0.9-2.8). Conclusions: The Comprehensive Health Assessment Program (CHAP) produced a substantial increase in GPs' attention to the health needs of adults with intellectual disability with concomitantly more disease detection. The presumption that these will yield longer-term health benefits, while suggestive, remains unexamined.

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+Epidemiology&atitle=Effects+of+a+comprehensive+health+assessment
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232. Lennox, N., et al., *Cluster Randomized-Controlled Trial of Interventions to Improve Health for Adults with Intellectual Disability Who Live in Private Dwellings*. Journal of Applied Research in Intellectual Disabilities, 2010. **23**(4): p. 303-311. Background: People with intellectual disability who live in the community often have poor health and healthcare, partly as a consequence of poor communication, recall difficulties and incomplete patient health information. Materials and Methods: A cluster randomized-controlled trial with 2 x 2 factorial design was conducted with adults with intellectual disability to investigate two interventions to enhance interactions among adults with intellectual disability, their care providers and general practitioners (GPs). The interventions were the Comprehensive Health Assessment Program (CHAP), a one-off health review tool, and the "Ask" health diary, designed for ongoing use. Follow-up was for 12 months post-intervention. Evidence of health promotion, disease prevention and case-finding activities were extracted from GPs clinical records. Results: Increased health promotion, disease prevention and case-finding activity were found in the intervention groups using the CHAP. It had a positive impact on "Pneumococcus" vaccination (OR 7.4; 95% CI: 1.5-37.1), hearing testing (4.5; 1.9-10.7), Hepatitis A vaccinations (5.4; 1.8-16.3), vision testing (3.4; 1.4-8.3), and weight measurement (3.1; 1.5-6.4). There were no strong changes in the measured outcomes in the group who used the "Ask" health diary alone. Conclusions: The use of the CHAP increased health promotion, disease prevention and case-finding activity in adults with intellectual disability living in the community and confirms the previously demonstrated benefits of the CHAP can be extended to less formal residential settings. The use of the "Ask" health diary did not improve the measured healthcare activity, at least in the short term, although it may contribute in other ways towards better health.
- <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ886736&site=ehost-live&scope=site>
<http://dx.doi.org/10.1111/j.1468-3148.2009.00533.x>

233. Lennox, N., et al., *Effects of health screening for adults with intellectual disability: a pooled analysis*. The British journal of general practice : the journal of the Royal College of General Practitioners, 2011. **61**(584): p. 193-196. Health screening has been shown to have beneficial effects on health outcomes in adults with intellectual disability. However, the nature of the population, which makes it difficult to recruit, has meant past studies have been relatively small and effect estimates unstable. This study conducted a pooled analysis of two randomised trials and one cohort study, containing a total of 795 participants. Use of a simple, low-cost screening tool produced substantial increases in health-promotion and disease-prevention activity, when compared with usual care.
- <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed10&AN=21375903>
<http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:21375903&id=doi:10.3399%2Fbjgp11X561186&issn=1478-5242&isbn=&volume=61&issue=584&spage=193&pages=193-196&date=2011&title=The+British+journal+of+general+practice+%3A+the+journal+of+the+Royal+College+of+General+Practitioners&atitle=Effects+of+health+screening+for+adults+with+intellectual+disability%3A+a+pooled+analysis&aulast=Lennox&pid=%3Cauthor%3ELennox+N.%3C%2Fauthor%3E%3CAN%3E21375903%3C%2FAN%3E%3CDT%3EJournal%3A+Review%3C%2FDT%3E>

234. Lennox, N., et al., *Ask: a health advocacy program for adolescents with an intellectual disability: a cluster randomised controlled trial*. BMC Public Health, 2012. **12**(1): p. 750. BACKGROUND: Adolescents with intellectual disability often have poor health and healthcare. This is partly as a consequence of poor communication and recall difficulties, and the possible loss of specialised paediatric services. METHODS: A cluster randomised trial was conducted with adolescents with intellectual disability to investigate a health intervention package to enhance interactions among adolescents with intellectual disability, their parents/carers, and general practitioners (GPs). The trial took place in Queensland, Australia, between February 2007 and September 2010. The intervention package was designed to improve communication with health professionals and families' organisation of health information, and to increase clinical activities beneficial to improved health outcomes. It consisted of the Comprehensive Health Assessment Program (CHAP), a one-off health check, and the Ask Health Diary, designed for ongoing use. Participants were drawn from Special Education Schools and Special Education Units. The education component of the intervention was delivered as part of the school curriculum. Educators were surveyed at baseline and followed-up four months later. Carers were surveyed at baseline and after 26 months. Evidence of health promotion, disease prevention and case-finding activities were extracted from GPs

clinical records. Qualitative interviews of educators occurred after completion of the educational component of the intervention and with adolescents and carers after the CHAP.DISCSSION:Adolescents with intellectual disability have difficulty obtaining many health services and often find it difficult to become empowered to improve and protect their health. The health intervention package proposed may aid them by augmenting communication, improving documentation of health encounters, and improving access to, and quality of, GP care. Recruitment strategies to consider for future studies in this population include ensuring potential participants can identify themselves with the individuals used in promotional study material, making direct contact with their families at the start of the study, and closely monitoring the implementation of the educational intervention.Trial Registration NumberClinicalTrials.gov Identifier: NCT00519311

<http://www.biomedcentral.com/1471-2458/12/750>

235. Lianou, A. and E. Siamaga, *Mental Retardation and Parenting Stress*. International Journal, 2011. **4**(1): p. 21.

http://www.caringsciences.org/volume004/issue1/Vol4_Issue1_04_Karasavvidis.pdf

236. Lin, J.-D., P.-Y. Lin, and L.-P. Lin, *Universal Hepatitis B Vaccination Coverage in Children and Adolescents with Intellectual Disabilities*. Research in Developmental Disabilities: A Multidisciplinary Journal, 2010. **31**(2): p. 338-344. There is little information of hepatitis B vaccination coverage for people with intellectual disabilities (ID). The present paper aims to examine the completed hepatitis B vaccination coverage rate and its determinants of children and adolescents with ID in Taiwan. A cross-sectional questionnaire survey, with the entire response participants was composed of 495 primary caregivers of children and adolescents with ID (age 3-24 years) who studying in 3 special education schools in Taiwan. The results showed that coverage rate of completed hepatitis B vaccination was 74.34% in children and adolescents with ID. Although hepatitis B vaccination is a universal health policy in Taiwan, the uncompleted coverage rate of our study subjects was 2 times of the Taiwan general population at the same age. In the logistic regression analysis of hepatitis B vaccination coverage, we found that the factors of household income and ID individual's age were variables that can significantly predict they did not accept a completed vaccination. The present study suggests that parents and providers should routinely review immunizations of children and adolescents with ID. (Contains 7 tables.)

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<http://dx.doi.org/10.1016/j.ridd.2009.09.005>

237. Lin, L.P. and J.D. Lin, *Perspectives on intellectual disability in Taiwan: Epidemiology, policy and services for children and adults*. Current Opinion in Psychiatry, 2011. **24**(5): p. 413-418. PURPOSE OF REVIEW: The present review examines the most recent published references to epidemiology, healthcare needs and utilization and social and health policy relating to people with intellectual disability in Taiwan. METHOD: Electronic searches of Medline, PubMed and PsychInfo literature using the key terms of epidemiology, etiology, welfare policy, health policy, health services, intellectual disability, learning disability and mental retardation as well as a thorough manual search for relevant literature. RECENT FINDINGS: The administrative prevalence of intellectual disability was 0.318-0.396%, and men accounted for a higher percentage of cases than women in Taiwan. Institutionalized care still dominates disability services provided in this society, and the number of institutions and staff working therein has increased steadily in recent years. Many studies also identify the high risk for ill health accompanied by physical/mental diseases in people with intellectual disability, with this group also requiring more healthcare services than the general population in Taiwan. There are still many barriers to accessibility and availability of health and social services confronting people with intellectual disability and their caregivers under the National Health Insurance scheme in Taiwan. SUMMARY: As a result of this review process, this paper suggests that future study should focus on an evaluation of the efficacy of current health and social policies related to people with intellectual disability, and that supportive health environments be initiated for this group of people living in institutions or in the community. 2011 Wolters Kluwer Health | Lippincott Williams & Wilkins.

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[10.1097%2FYCO](http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:&id=doi:10.1097%2FYCO).

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238. Lin, L.P., et al., *Caregiver awareness of reproductive health issues for women*

with intellectual disabilities. BMC Public Health, 2011. **11**: p. 59. BACKGROUND: Limited attention has been paid to the issue of reproductive health as it affects women with intellectual disabilities, despite reproductive health being a vital issue in public health policy for women in the general population. This paper describes caregiver awareness of reproductive health issues relative to women with intellectual disabilities who are being cared for in welfare institutions in Taiwan. METHODS: The study employed a cross-sectional, questionnaire-based study which recruited 1,152 caregivers (response rate = 71.87%) from 32 registered disability welfare institutions in Taiwan. We classified their understanding/awareness of reproductive health issues into four domains: menstrual (1) and menopause (2) issues, sex education (3), and reproductive health services (4). Each domain had five associated yes/no questions and the total score for the four domains was out of a maximum of 20. Data were analyzed using SPSS 15.0 software. RESULTS: We found that most of the caregivers were familiar with matters concerning sex education, menopause, and reproductive health services, but they lacked adequate understanding of issues associated with menstruation in women with ID. Many aspects of reproductive health such as "menstrual pain", "age at menarche", "masturbation", "diet during perimenopause", and "publicly available reproductive health services" were issues in which caregivers lacked adequate knowledge and required further instruction. Logistic regression analysis revealed that female caregivers with a university degree, and those who had experience assisting with reproductive health care were more inclined to have higher reproductive health awareness scores than their counterparts. CONCLUSIONS: This study highlights that service providers should offer appropriate reproductive health education to institutional caregivers, and that more attention be focused on the personal experiences and concerns of intellectually disabled women in future research.

239. Lin, L.-P., et al., *Papanicolaou Smear Screening of Women with Intellectual Disabilities: A Cross-Sectional Survey in Taiwan*. Research in Developmental Disabilities: A Multidisciplinary Journal, 2010. **31**(2): p. 403-409. Although little is known about the incidence of cervical cancer in women with intellectual disabilities (ID), Pap smear screening is an effective public health program to prevent cervical cancer to this group of people. The purposes of this study were to identify and evaluate the factors regarding the utilization of the Pap smears in women with ID seen in the preventive health screening program. We employed a cross-sectional survey "2009 National Survey on Preventive Health Use and Determinants among People with Disabilities", with the study sample 508 women with ID (aged [greater than or equal] 15 years) participated in the research in Taiwan. Results showed that there were 22.1% women with ID had ever used Pap smear screening previously and mean age of the first screening was nearly 40 years old. Comparing to the general population in Taiwan, the ID women at age group less than 35 years was less likely to use screening and the age group [greater than or equal] 35 years was more likely to use Pap smears than did the general women. Finally, a logistic regression analysis showed that marital status and had experience of accepted tubal ligation surgery were two factors which predicted Pap smear test use in the study. Those women with ID who had marital status were 8.99 times (95% CI = 1.65-49.15) more likely than those had not marital status to use Pap smear test. Women with ID had experience on tubal ligation surgery were 10.48 times (95% CI = 1.40-78.26) more likely to use Pap smear test than their counterparts. This study highlights that to acknowledge the rights of women with ID to access Pap smear screening service, health professionals will need to become more flexible and competent in the service that they provide. (Contains 7 tables.)

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ873736&site=ehost-live&scope=site>
<http://dx.doi.org/10.1016/j.ridd.2009.10.001>

240. Lindsay, W.R., *People with intellectual disability who offend or are involved with the criminal justice system*. Current Opinion in Psychiatry, 2011. **24**(5): p. 377-381. PURPOSE OF REVIEW: This review assesses the impact of recent research on the field of offenders with intellectual disabilities. Research includes work on prevalence, developments in appropriate assessments and investigations into the effectiveness of treatment procedures. RECENT FINDINGS: Methodological difficulties continued to beset studies on prevalence, with estimates ranging between 2 and 10% of the offender population having intellectual disabilities. Research on risk assessment has developed quickly in the last 7 years and current studies establish both the framework for assessment and new instruments that have been shown to predict offending incidents. There have been a number of promising studies on sex offender treatment and on the treatment of issues related to general offending. These studies continue to evaluate treatment progress in terms of improvements in behaviour, cognitive distortions and reductions of offending. One notable study had targeted reductions in sexual deviancy. With two exceptions, the main drawback in treatment studies continues to be the lack of control conditions. SUMMARY: These research studies will aid clinicians in the implementation of the assessment reviews and treatment programs for offenders with intellectual disabilities. 2011 Wolters Kluwer Health | Lippincott Williams & Wilkins.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed10&AN=2011455686>
<http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:&id=doi:10.1097%2FYCO>

0b013e3283479dc9&issn=0951-7367&isbn=&volume=24&issue=5&spage=37
7&pages=377-381&date=2011&title=Current+Opinion+in
+Psychiatry&title=People+with+intellectual+disability+who+offend+or+are
+involved+with+the+criminal+justice+system&aulast=Lindsay&pid=%3Cauthor
%3ELindsay+W.R.%3C%2Fauthor%3E%3CAN%3E2011455686%3C%2FAN
%3E%3CDT%3EJournal%3A+Review%3C%2FDT%3E

241. Loh, C.H., et al., *Longitudinal analysis of inpatient care utilization among people with intellectual disabilities: 1999–2002*. Journal of Intellectual Disability Research, 2007. **51**(2): p. 101-108. Background: There has been no longitudinal study in Taiwan to identify the nature and the scale of medical care utilization of people with intellectual disabilities (IDs) up to the present. The aim of this study is to describe inpatient utilization among people under ID care in institutions in order to identify the pattern of medical care needs and the factors affecting utilization in Taiwan. Method: The subject cohort was 168 individuals with ID who were cared for by a large public disability institution from 1999 to 2002 in Taipei, Taiwan. Results: On the examination of the inpatient care that these persons underwent, it was found that these individuals had a heightened need (inpatient rate: 10.1–14.9%) for inpatient care compared with the general population with disabilities (9.37%) in Taiwan. The main reasons for hospitalization were pneumonia, gastrointestinal disorders, cellulites, orthopaedic problems, epilepsy and bronchitis. Using the full model of Generalized Estimating Equations for inpatient care utilization, the factors including low income family, living in an institution, being a subject with cerebral palsy and being a high outpatient user all influenced the use of inpatient care. Conclusions: This study highlights that health authorities need to promote health planning more in order to ensure an excellent quality of health monitoring and health promotion among people with ID cared for by institutions. [ABSTRACT FROM AUTHOR]

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direct=true&db=afh&AN=23626545&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=23626545&site=ehost-live&scope=site)

242. Loke, A.Y. and C.F. Poon, *The health concerns and behaviours of primigravida: comparing advanced age pregnant women with their younger counterparts*. Journal of Clinical Nursing, 2011. **20**(7-8): p. 1141-50. AIM: This study was to describe and compare the health concerns, behaviours and anxiety of advanced age pregnant women (35 years and older) with their younger counterparts. BACKGROUND: Women have specific health concerns and behaviours during pregnancy. Delayed childbearing has an increased risk of adverse pregnancy outcomes and advanced age pregnant women may have more health concerns than younger ones. DESIGN: A cross-sectional study. METHOD: Primigravidae Chinese women aged 35 or older (n = 47) and 188 younger than aged 35 were recruited in February and March of 2005 by convenient sampling from the antenatal clinic of a regional hospital in Hong Kong to complete a questionnaire. FINDINGS: Advanced age pregnant women when compared with their counterparts were more likely to have tertiary education (42.6% vs. 28.7%) and a higher family monthly income of Hong Kong \$40,001 or more (40.5% vs. 15.4%). They were more likely to be concerned the possibility of miscarriage (63.8% vs. 45.9%) and the physical demands of caring for the newborn (61.7% vs. 45.4%) but were more likely to take up healthy behaviours such as 'eating nutritious food' (100%) and avoiding 'wearing tight clothing and high-heel shoes' (100%). Advanced age women were more likely to be concerned about their 'recovery after childbirth' (63.8% vs. 42.7%), Down's syndrome (70.2% vs. 37.8%) and structural defects of their foetus (78.7% vs. 54.1%). CONCLUSION: The results of this study provide a background for improving prenatal care catering for the specific health concerns of the advanced aged and promotion of health behaviours among younger pregnant women. RELEVANCE TO CLINICAL PRACTICE: Antenatal, obstetric and community health nurses have the responsibility to provide education and support services catering to the special concerns of pregnant women at different ages. Health professionals should promote the prime time for childbearing and deliver messages regarding the potential problems associated with later childbearing at premarital counselling. Copyright 2011 Blackwell Publishing Ltd.

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T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=ovrm&AN=2132377

<http://openurl.bibsys.no/openurl?sid=OVID:ovrmd&id=pmid.&id=doi:10.1111%2Fj.1365-2702.2010.03433.x&issn=0962-1067&isbn=&volume=20&issue=7-8&spage=1141&pages=1141-50&date=2011&title=Journal+of+Clinical+Nursing&title=The+health+concerns+and+behaviours+of+primigravida%3A+comparing+advanced+age+pregnant+women+with+their+younger+counterparts.&aulast=Loke&pid=%3Cauthor%3ELoke+AY%3C%2Fauthor%3E%3CAN%3E21323777%3C%2FAN%3E%3CDT%3EComparative+Study%3C%2FDT%3E>

243. Long, T. and S. Kavarian, *Aging with developmental disabilities: an overview*. Topics in Geriatric Rehabilitation, 2008. **24**(1): p. 2-11.
<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2009860851&site=ehost-live&scope=site>
244. Lotan, M., *Quality physical intervention activity for persons with Down syndrome*. TheScientificWorldJournal, 2007. **7**: p. 7-19. Persons with Down syndrome (DS) are at risk for a life of inactivity that can result in a multitude of medical problems including heart and vascular diseases. This review presents findings regarding the physical status of individuals with DS, as well as proper interventions found to improve the physical fitness and general health for this population. This review was written with the intent to suggest practical directions in planning and implementing quality physical intervention programs for this population.
<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000243502900002&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord>
245. Lotan, M., E. Isakov, and J. Merrick, *Improving functional skills and physical fitness in children with Rett syndrome*. Journal of Intellectual Disability Research, 2004. **48**(8): p. 730-735.
<http://www.ingentaconnect.com/content/bsc/jidr/2004/00000048/00000008/art00004>
<http://dx.doi.org/10.1111/j.1365-2788.2003.00589.x>
246. Lotan, M., S. Yalon-Chamovitz, and P.L. Weiss, *Improving Physical Fitness of Individuals with Intellectual and Developmental Disability through a Virtual Reality Intervention Program*. Research in Developmental Disabilities: A Multidisciplinary Journal, 2009. **30**(2): p. 229-239. Individuals with intellectual and developmental disabilities (IDD) are in need of effective physical fitness training programs. The aim was to test the effectiveness of a Virtual Reality (VR)-based exercise program in improving the physical fitness of adults with IDD. A research group (N = 30; mean age = 52.3 plus or minus 5.8 years; moderate IDD level) was matched for age, IDD level and functional abilities with a control group (N = 30, mean age = 54.3 plus or minus 5.4 years). A 5-6 week fitness program consisting of two 30 min sessions per week included game-like exercises provided by the Sony PlayStation II EyeToy VR system. Changes in physical fitness were monitored by the Energy Expenditure Index (EEI), the modified 12 min walk/run and the Total Heart Beat Index (THBI). Significant (p less than 0.05) improvements in physical fitness were demonstrated for the research group in comparison to the control group for the Modified Cooper test and the THBI but not for the EEI test. The EEI, Modified Cooper and THBI tests were found feasible to evaluate physical fitness levels and change of individuals with IDD under clinical conditions. VR technology intervention was suitable for adults with IDD and resulted in significant improvements in the physical fitness levels of the participants. (Contains 3 tables and 3 figures.)
<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ821877&site=ehost-live&scope=site>
<http://dx.doi.org/10.1016/j.ridd.2008.03.005>
247. Lunskey, Y., *The impact of stress and social support on the mental health of individuals with intellectual disabilities*. Salud Publica De Mexico, 2008. **50**(SUPPL. 2): p. S151-S153. People with intellectual disabilities (ID) are at increased risk for mental health problems than the general population. The reasons for this are both biological and social. Current treatment for mental health problems tends to be reactive in nature with less emphasis on how mental health problems can be prevented. A better understanding of the social contributors to mental health in individuals with ID should lead to the prevention of mental health problems in this particularly vulnerable population. Two promising areas of research when thinking about mental health promotion and ID are stress and social support, which are reviewed here.
http://bvs.insp.mx/rsp/_files/File/2008/suplemento%202/7-impact.pdf
<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed8&AN=18470342>
<http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:18470342&id=doi:&issn=0036-3634&isbn=&volume=50&issue=SUPPL.2&spage=S151&pages=S151-S153&date=2008&title=Salud+Publica+de+Mexico&atitle=The+impact+of+stress+and+social+support+on+the+mental+health+of+individuals+with+intellectual+disabilities&aulast=Lunskey&pid=%3Cauthor%3ELunskey+Y.%3C%2Fauthor%3E%3CAN%3E18470342%3C%2FAN%3E%3CDT%3EJournal%3A+Review%3C%2FDT%3E>

248. Lusk, P. and B.M. Melnyk, *The Brief Cognitive-Behavioral COPE Intervention for Depressed Adolescents: Outcomes and Feasibility of Delivery in 30-Minute Outpatient Visits*. Journal of the American Psychiatric Nurses Association, 2011. **17**(3): p. 226-236. BACKGROUND: Despite a U.S. prevalence of 9%, less than 25% of depressed adolescents receive treatment because of time constraints in clinical practice and lack of mental health providers available to deliver it. OBJECTIVE: To assess the feasibility and effects of a brief manualized seven-session cognitive—behavioral skills building intervention entitled COPE (Creating Opportunities for Personal Empowerment) delivered to 15 depressed adolescents in routine 30-minute mental health medication management outpatient visits. STUDY DESIGN: A preexperimental one group pre- and posttest design was used. RESULTS: Adolescents reported significant decreases in depression, anxiety, anger, and destructive behavior as well as increases in self-concept and personal beliefs about managing negative emotions. Evaluations indicated that COPE was a positive experience for teens and parents. CONCLUSION: COPE is a promising brief cognitive—behavior therapy—based intervention that can be delivered within 30-minute individual outpatient visits. With this intervention, advanced practice nurses can work with practice time limitations and still provide evidence-based treatment for depressed teens.

<http://jap.sagepub.com/cgi/content/abstract/17/3/226>

249. Maaskant, M.A., et al., *Weight Status of Persons with Intellectual Disabilities*. Journal of Applied Research in Intellectual Disabilities, 2009. **22**(5): p. 426-432. Background The aim was to study the weight and weight status of the study group in 2002 and 2007, and to study the differences in weight and weight status between 2002 and 2007 and the risk groups for (becoming) overweight/obese. Materials and Methods The Body Mass Index (BMI) of 336 clients of a Dutch service provider for persons with intellectual disabilities was calculated in 2002 and 2007. Results The mean increase in BMI between 2002 and 2007 was 0.8 (2.2 kg). In 2002, 36% of the study group was overweight/obese; this was higher in 2007: 45%. The expected relationship between increase in BMI and the change in living circumstances could not be confirmed. Conclusions Further research into health-control programmes, weight status, food-intake and physical exercise is recommended. [ABSTRACT FROM AUTHOR]

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250. MacLullich, A.M., et al., *Unravelling the pathophysiology of delirium: a focus on the role of aberrant stress responses*. J Psychosom Res, 2008. **65**(3): p. 229-38. Delirium is a common and serious acute neuropsychiatric syndrome with core features of inattention and cognitive impairment, and associated features including changes in arousal, altered sleep-wake cycle, and other changes in mental status. The main risk factors are old age, cognitive impairment, and other comorbidities. Though delirium has consistent core clinical features, it has a very wide range of precipitating factors, including acute illness, surgery, trauma, and drugs. The molecular mechanisms by which these precipitating factors lead to delirium are largely obscure. In this article, we attempt to narrow down some specific causal pathways. We propose a basic classification for the etiological factors: (a) direct brain insults and (b) aberrant stress responses. Direct brain insults are largely indiscriminate and include general and regional energy deprivation (e.g., hypoxia, hypoglycaemia, stroke), metabolic abnormalities (e.g., hyponatraemia, hypercalcaemia), and the effects of drugs. Aberrant stress responses are conceptually and mechanistically distinct in that they constitute adverse effects of stress-response pathways, which, in health, are adaptive. Ageing and central nervous system disease, two major predisposing factors for delirium, are associated with alterations in the magnitude or duration of stress and sickness behavior responses and increased vulnerability to the effects of these responses. We discuss in detail two stress response systems that are likely to be involved in the pathophysiology of delirium: inflammation and the sickness behavior response, and activity of the limbic-hypothalamic-pituitary-adrenal axis. We conclude by discussing the implications for future research and the development of new therapies for delirium.
251. Mahy, J., et al., *Identifying facilitators and barriers to physical activity for adults with Down syndrome*. Journal of Intellectual Disability Research, 2010. **54**(9): p. 795-805. Background Adults with Down syndrome are typically sedentary, and many do not participate in the recommended levels of physical activity per week. The aim of this study was to identify the facilitators and barriers to physical activity for this group. Method Semi-structured interviews were conducted to elicit the views of adults with Down syndrome and their support people about what factors facilitate physical activity and what factors are barriers to activity. A sample of 18 participants (3 men, 15 women) was recruited through two agencies providing services for adults with disabilities; six

participants were adults with Down syndrome and 12 participants were support people (four were parents of adults with Down syndrome and eight participants were employed by day programmes attended by the adults with Down syndrome). The interviews were recorded, transcribed verbatim and independently coded by two researchers. Results Three themes around facilitators to physical activity were identified: (1) support from others; (2) that the physical activity was fun or had an interesting purpose; and (3) routine and familiarity. Three themes around barriers were also identified: (1) lack of support; (2) not wanting to engage in physical activity; and (3) medical and physiological factors. Conclusions The results suggest that support people play a key role, both as facilitators and barriers, in the participation by adults with Down syndrome in physical activity. Many of the barriers and facilitators of activity for adults with Down syndrome identified are similar to those reported for adults without impairment. Our findings are also consistent with established theories in the field of health behaviour change.

[ABSTRACT FROM AUTHOR]

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252. Mandell, D.S., et al., *Sexually Transmitted Infection Among Adolescents Receiving Special Education Services*. Journal of School Health, 2008. **78**(7): p. 382-388. Background: To estimate the relative risk of sexually transmitted infections (STIs) among children identified as having learning disabilities through the special education system. Methods: This cross-sectional study used special education data and Medicaid data from Philadelphia, Pennsylvania, for calendar year 2002. The sample comprised 51,234 Medicaid-eligible children, aged 12-17 years, 8015 of whom were receiving special education services. Claims associated with diagnoses of STIs were abstracted, and logistic regression was used to estimate the odds of STI among children in different special education categories. Results: There were 3% of males and 5% of females who were treated for an STI through the Medicaid system in 2002. Among females, those in the mental retardation (MR) category were at greatest risk (6.9%) and those in the emotionally disturbed or "no special education" category at lowest risk (4.9% each). Among males, STIs were most prevalent among those classified as mentally gifted (6.7%) and lowest among those in the MR category (3.0%). In adjusted analyses, males with specific learning disabilities and females with MR or who were academically gifted were at excess risk for STIs. Conclusions: The finding that children with learning disabilities are at similar or greater risk for contracting STIs as other youth suggests the need to further understand their risk behaviors and the potential need to develop prevention programs specific to their learning needs. [ABSTRACT FROM AUTHOR]

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253. Manning, M.A. and H.E. Hoyme, *Fetal alcohol spectrum disorders: A practical clinical approach to diagnosis*. Neuroscience and Biobehavioral Reviews, 2007. **31**(2): p. 230-238. In utero exposure to alcohol can have numerous adverse effects on a developing fetus. These effects represent a spectrum of structural anomalies and neurocognitive and behavioral disabilities that have recently been termed fetal alcohol spectrum disorders (FASD). Children at the most severe end of this spectrum and displaying the complete phenotype of characteristic facial anomalies, growth retardation and developmental abnormalities of the central nervous system are defined as having fetal alcohol syndrome (FAS). While FAS is the most readily clinically recognized form of FASD, other categories within the continuum of adverse effects due to prenatal alcohol exposure are becoming better defined. These include partial fetal alcohol syndrome (PFAS), alcohol-related birth defects (ARBD) and alcohol-related neurodevelopmental disorder (ARND). As more is learned regarding the exact manifestations of alcohol on brain development, these classifications may be expanded and/or refined. Because FASD represents a major public health concern, early recognition of at-risk children is important for initiating interventional strategies. Thus, the purpose of this report is to educate practicing physicians about the recognizable phenotypes of FASD in order to accurately identify these children and implement the most appropriate management plans. (c) 2006 Elsevier Ltd. All rights reserved.

<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000244763100009&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&custo>

mersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord

254. Manthorpe, J. and S. Martineau, *Followers or leaders? What is the role for social care practitioners in annual health checks for adults with learning disabilities?* Journal of Intellectual Disabilities, 2010. **14**(1): p. 53-66. The promotion of health checks for adults with learning disabilities in England is government policy based on the need to address lack of access to healthcare services and poor health outcomes for this group of citizens. This article reports the findings of a scoping review of the literature carried out in 2009 to explore the implications of a national system of health checks for the work of practitioners in social care services. The review found little in the research literature relevant to social care practice and concluded that there is a need to consider the possible roles of social care staff in initiating health checks; their possible involvement in decision making around issues of consent; social care practice in recording and implementing the recommendations of such checks; possible roles as escorts, chaperones and supporters with communications; and the presence of regulatory scrutiny of their participation in this activity.

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20630927&id=doi:&issn=1744-6295&isbn=&volume=14&issue=1&spage=53&pages=53-66&date=2010&title=+Journal+of+Intellectual+Disabilities&title=Followers+or+leaders%3F+What+is+the+role+for+social+care+practitioners+in+annual+health+checks+for+adults+with+learning+disabilities%3F.&aulast=Manthorpe&pid=%3Cauthor%3EManthorpe+J%3C%2Fauthor%3E%3CAN%3E20630927%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E

255. Marcus, S.C. and M. Durkin, *Stimulant Adherence and Academic Performance in Urban Youth With Attention-Deficit/Hyperactivity Disorder*. Journal of the American Academy of Child & Adolescent Psychiatry, 2011. **50**(5): p. 480-489. Objective: This analysis assessed whether stimulant adherence was associated with improvement in academic grade point average (GPA) among children diagnosed with and treated for attention-deficit/hyperactivity disorder (ADHD). Method: Medicaid claims were merged with academic records from Philadelphia public schools of Medicaid-eligible children in first through eighth grades who were diagnosed with ADHD and who had filled one or more stimulant prescription. Students diagnosed with mental retardation, autism, or speech, hearing, visual, or language impairments were excluded. Marking periods were scored for GPA (range: 0-4.0) based on English, mathematics, social studies, and science grades and for stimulant adherence (medication possession ratio > 0.70). Random and fixed-effects models estimated the effects of stimulant adherence on GPA, between all adherent and nonadherent marking periods in aggregate and within individual student's marking periods, respectively. Results: A total of 3,543 students contributed 29,992 marking periods, of which 18.6% were adherent. Mean GPA was significantly higher during stimulant-adherent (2.18) than stimulant-nonadherent (1.99) marking periods in aggregate ($p < .0001$). The regression coefficient representing within-student association between stimulant adherence and GPA over time was 0.108 ($p < .0001$), indicating that adherence was associated with a 0.108 increase in GPA. In stratified analyses, analogous coefficients were 0.106 for boys, 0.111 for girls, 0.078 for elementary students, and 0.118 for middle school students (all $p < .0001$). The association was stronger among students with (0.139) than without (0.088) comorbid disruptive behavior disorders (both $p < .0001$). Conclusions: Stimulant adherence, although found to be low among urban elementary and middle school students diagnosed with ADHD, was associated with a marginal improvement in GPA. J. Am. Acad. Child Adolesc. Psychiatry, 2011;50(5):480-489. Key words: stimulant, adherence, academic performance, school, ADHD [ABSTRACT FROM AUTHOR]

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256. Margaritis, V., et al., *The Potential Positive Impact of Supported Employment on the Oral Health Status, Attitudes and Behavior of Adults with Intellectual Disabilities*. Dental Hypotheses, 2012. **3**(1): p. 23.
257. Marks, B., et al., *Evaluation of Community-Based Health Promotion Programs for Special Olympics Athletes*. Journal of Policy and Practice in Intellectual Disabilities, 2010. **7**(2): p. 119-129. Health screenings conducted during Special

Olympics competitions and games have consistently shown that a significant number of athletes with intellectual disabilities (IDs) were overweight or obese, and surveys have indicated that athletes need more fitness training than they receive from their sport practices. In 2002, Special Olympics initiated five community-based health promotion pilot projects for athletes. The projects lasted multiple weeks across the U.S. and were aimed at improving physical fitness and lifestyle behaviors. This study reports on an evaluation of the program and on predictors of program success. The subjects included 56 athletes with ID who participated in these five programs. Data were drawn from interviews with the participants and 54 coaches, residential staff, and parents at baseline and after program completion, along with data from five program directors after program completion. Qualitative and quantitative findings were presented for the following areas: psychosocial and physical health status, physical and nutrition cognitions and supports, and health behaviors among the athletes; program satisfaction among coaches and athletes; and process and structural variables associated with implementation of the programs. Positive psychosocial and health benefits included improved perceived health, reduced body weight, increased fiber intake, improved self-confidence, more positive attitudes toward exercise, and decreased barriers to exercising. Several themes emerged related to implementing health promotion programs, such as obtaining "buy-in" from athletes, coaches, family members, and carers to ensure ongoing support; implementing structured recruitment strategies; formalizing existing relationships; and identifying and incorporating time, money, and transportation constraints and assessment protocols into the program design. Results support the need to broaden health promotion programs to more community-based settings.

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ886930&site=ehost-live&scope=site>
<http://dx.doi.org/10.1111/j.1741-1130.2010.00258.x>

258. Marks, B., J. Sisirak, and K.F. Hsieh, *Health services, health promotion, and health literacy: Report from the State of the Science in Aging with Developmental Disabilities Conference*. Disability and Health Journal, 2008. 1(3): p. 136-142. Background: This article summarizes the proceedings of the Health Services, Health Promotion, and Health Literacy work group that was part of the "State of the Science in Aging with Developmental Disabilities: Charting Lifespan Trajectories and Supportive Environments for Healthy Living." Participants aimed to identify unmet needs related to health and health care and to determine training, research, and policy needs addressing the demands for increasing health care services and resources, end-of-life and palliative care, and health literacy. Methods: Key issues addressed included (1) major health-related disparities for adults with intellectual and developmental disabilities (I/DD); (2) the impact of internal and external factors on health care services and resources, end-of-life and palliative care, and health literacy for adults with I/DD; and (3) frameworks that can be used for understanding and promoting health care services and resources, end-of-life and palliative care, and health literacy. Results: Group participants identified research and practice needs related to primary care, health promotion, disease prevention, illness care, end-of-life issues, and palliative care. Conclusions: Health care services for adults with I/DD may occur in a variety of settings including community-based programs, private practices, and community-based agencies supporting persons with disabilities. Major gaps relate to health disparities due to underdiagnosis, misdiagnosis, less chance of receiving prompt treatment, limited access to providers, lack of research information, transportation barriers, and lack of accessible medical equipment. Models of care including variables related to translation, sustainability, accessibility (e. g., affordability, availability), acceptability (e. g., culturally relevant, satisfaction), and equity need to be developed. (C) 2008 Elsevier Inc. All rights reserved.

<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000208001900004&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord>

259. Marks, S., *Science, Social Science and Pseudo-Science in the HIV/AIDS Debate in Southern Africa*. Journal of Southern African Studies, 2007. 33(4): p. 861-874.

<http://www.jstor.org/stable/25065256>

260. Marmot, M., et al., *WHO European review of social determinants of health and the health divide*. The Lancet, 2012. 380(9846): p. 1011-29. The European region has seen remarkable health gains in those populations that have experienced progressive improvements in the conditions in which people are born, grow, live, and work. However, inequities, both between and within countries, persist. The review reported here, of inequities in health between and within countries across the 53 Member States of the WHO European region, was commissioned to support the development of the new health policy framework for Europe: Health 2020. Much more is understood now about the extent, and social causes, of these inequities, particularly since the publication in 2008 of the report of the Commission on Social Determinants of Health. The European review builds on the global evidence and recommends policies to ensure that progress

can be made in reducing health inequities and the health divide across all countries, including those with low incomes. Action is needed—on the social determinants of health, across the life course, and in wider social and economic spheres—to achieve greater health equity and protect future generations.

<http://search.proquest.com/docview/1080937408?accountid=43164>

261. Marsh, L. and E. Drummond, *Health needs in people with learning disabilities: using the 'OK' Health Check*. Learning Disability Practice, 2008. **11**(4): p. 16-21. There has been a dramatic increase in the life expectancy of people with a learning disability in the past 30 years but evidence suggests that health problems are still not being identified. The case study described here by Lynne Marsh and Elaine Drummond shows how health needs can be assessed and addressed.

<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2009954422&site=ehost-live&scope=site>

262. Marshall, D., R. McConkey, and G. Moore, *Obesity in people with intellectual disabilities: the impact of nurse-led health screenings and health promotion activities*. Journal of Advanced Nursing, 2003. **41**(2): p. 147-153. Background. Obesity appears to be more common among people with intellectual disabilities, with few studies focusing on achieving weight reduction. Aim. Firstly, to follow-up people identified as overweight and obese following special health screening clinics and to determine the actions taken. Secondly, to evaluate the impact of health promotion classes on participants' weight loss. Methods. A clinic led by two learning disability nurses was held for all people aged 10 years and over (n = 464) who attended special services within the area of one Health and Social Services Trust in Northern Ireland. In a second study, the nurses organized health promotion classes for 20 people over a 6- or 8-week period. Findings. The health screen identified 64% of adults and 26% of 10-19-year olds as being overweight or obese. Moreover, those aged 40-49 years who were obese had significantly higher levels of blood pressure. However, information obtained from a follow-up questionnaire sent after 3 months suggested that of the 122 people identified for weight reduction, action had been taken for only 34% of them and only three were reported to have lost weight. The health promotion classes, however, led to a significant reduction in weight and body mass index scores. Conclusions. Health screening per se has limited impact on reducing obesity levels in this client group. Rather, health personnel such as general practitioners, nurses and health promotion staff need to work in partnership with service staff, carers and people with intellectual disabilities to create more active lifestyles.

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263. Martínez-Leal, R., et al., *The impact of living arrangements and deinstitutionalisation in the health status of persons with intellectual disability in Europe*. Journal of Intellectual Disability Research, 2011. **55**(9): p. 858-872. Background Despite progress in the process of deinstitutionalisation, very little is known about the health conditions of people with intellectual disability (PWID) who live in large institutions and PWID living in small residential services, family homes or independent living within the community. Furthermore, there are no international comparison studies at European level of the health status and health risk factors of PWID living in fully staffed residential services with formal support and care compared with those living in unstaffed family homes or independent houses with no formal support. Methods A total of 1269 persons with ID and/or their proxy respondents were recruited and face-to-face interviewed in 14 EU countries with the P15, a multinational assessment battery for collecting data on health indicators relevant to PWID. Participants were grouped according to their living arrangements, availability of formal support and stage of deinstitutionalisation. Results Obesity and sedentary lifestyle along with a number of illnesses such as epilepsy, mental disorders, allergies or constipation were highly prevalent among PWID. A significantly higher presence of myocardial infarctions, chronic bronchitis, osteoporosis and gastric or duodenal ulcers was found among participants in countries considered to be at the early stage of deinstitutionalisation. Regardless of deinstitutionalisation stage, important deficits in variables related to such medical health promotion measures as vaccinations, cancer screenings and medical checks were found in family homes and independent living arrangements. Age, number of people living in the same home or number of places in residential services, presence of affective symptoms and obesity require further attention as they seem to be related to an increase in the number of illnesses suffered by PWID. Discussion Particular illnesses were found to be highly prevalent in PWID. There were important differences between different living arrangements depending on the level of formal support available and the stage of deinstitutionalisation. PWID are in need of tailored primary health programs that guarantee their access to quality health and health promotion and the preventative health actions of vaccination programs, systematic health checks, specific screenings and nutritional controls. Extensive national health surveys and epidemiological studies of PWID in the EC member states are urgently needed in order to reduce increased morbidity rates among this population. [ABSTRACT FROM AUTHOR]

Copyright of Journal of Intellectual Disability Research is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given

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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=64905449&site=ehost-live&scope=site>

264. Masocco, M., et al., *Mortality associated with neurofibromatosis type 1: A study based on Italian death certificates (1995-2006)*. Orphanet Journal of Rare Diseases, 2011. **6**(1): p. 11. BACKGROUND: Persons affected by neurofibromatosis type 1 (NF1) have a decreased survival, yet information on NF1-associated mortality is limited. METHODS/AIM: The National Mortality Database and individual Multiple-Causes-of-Death records were used to estimate NF1-associated mortality in Italy in the period 1995-2006, to compare the distribution of age at death (as a proxy of survival) to that of the general population and to evaluate the relation between NF1 and other medical conditions by determining whether the distribution of underlying causes of NF1-associated deaths differs from that of general population. RESULTS: Of the nearly 6.75 million deaths in the study period, 632 had a diagnosis of NF1, yet for nearly three-fourths of them the underlying cause was not coded as neurofibromatosis. The age distribution showed that NF1-associated deaths also occurred among the elderly, though mortality in early ages was high. The mean age for NF1-associated death was approximately 20 years lower than that for the general population. The gender differential may suggest that women are affected by more severe NF1-related complications, or they may simply reflect a greater tendency for NF1 to be reported on the death certificates of young women. Regarding the relation with other medical conditions, we found an excess, as the underlying cause of death, for malignant neoplasm of connective and other soft tissue and brain, but not for other sites. We also found an excess for obstructive chronic bronchitis and musculoskeletal system diseases among elderly persons. CONCLUSION: This is the first nationally representative population-based study on NF1-associated mortality in Italy. It stresses the importance of the Multiple-Causes-of-Death Database in providing a more complete picture of mortality for conditions that are frequently not recorded as the underlying cause of death, or to study complex chronic diseases or diseases that have no specific International Classification of Diseases code, such as NF1. It also highlights the usefulness of already available data when a surveillance system is not fully operational.

<http://www.ojrd.com/content/6/1/11>

265. Matson, J.L. and S.V. LoVullo, *A Review of Behavioral Treatments for Self-Injurious Behaviors of Persons With Autism Spectrum Disorders*. Behavior Modification, 2008. **32**(1): p. 61-76. Autism spectrum disorders (ASD) are considered to be among the most serious of the mental health conditions. Concomitant with many cases of ASD is intellectual disability. Further compounding the disability is the fact that both conditions are known risk factors for self-injurious behavior (SIB). To date, the most effective intervention methods, based on the available data, appear to be variants of behavior modification. This article provides an overview of the current status of learning-based interventions for SIB in ASD and provides a review of specific studies. Although most studies describe some combination of reinforcement and punishment procedures, efforts are under way to develop more positively oriented strategies, such as functional assessment, to decrease the use of punishment. However, almost all the treatment studies employ single case designs, thus preventing a comparison of treatment efficacy. These issues are discussed along with other strengths, weaknesses, and future directions for clinical practice and treatment.

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266. Matson, J.L. and D. Neal, *Diagnosing high incidence autism spectrum disorders in adults*. Research in Autism Spectrum Disorders, 2009. **3**(3): p. 581-589. Autism spectrum disorders (ASDs), particularly the high incidence conditions of autism, PDD NOS, and Asperger's Syndrome, have become increasingly popular topics of study in the mental health field. Traditionally, the focus has been on young children and early recognition and diagnosis. However, given that these conditions are life long in nature, continued assessment in not only advisable but essential. This review covers diagnostic issues as they pertain to adults with high incidence ASD. The current state of nosology and diagnosis in adults with ASD is reviewed. A discussion of pragmatic diagnostic issues and future research needs are covered. (c) 2009 Elsevier Ltd. All rights reserved.

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267. Matson, J.L. and D. Neal, *Psychotropic medication use for challenging behaviors in persons with intellectual disabilities: An overview*. Research in Developmental Disabilities, 2009. **30**(3): p. 572-586. Challenging behaviors in persons with intellectual disabilities are primary target for treatment in mental health clinics and institutions. Furthermore, an increasing number of people are receiving psychotropic medications for the management of their challenging behaviors. Many people are often treated with high doses of multiple psychotropic medications for extended periods of time with little or no data collected to determine treatment efficacy. Similarly, data demonstrating treatment effectiveness is at best questionable at this time. It is for these reasons that controversy exists regarding the use of psychotropic medication for challenging behaviors. The purpose of this paper was to summarize past and current studies of drug related interventions for challenging behaviors for persons with intellectual disabilities. Based on the results of this review, the effectiveness of psychotropic medications in managing challenging behaviors is best described as minimal and a need exists for controlled studies of higher scientific quality in this area. Considering alternative psychologically based interventions and careful functional assessments appear to be advisable. (C) 2008 Elsevier Ltd. All rights reserved.
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268. Matson, J.L. and M.E. Shoemaker, *Psychopathology and intellectual disability*. Curr Opin Psychiatry, 2011. **24**(5): p. 367-71. PURPOSE OF REVIEW: To provide an update on recent trends and developments in the study of psychopathology in persons with intellectual disability. This topic is of considerable importance to mental health professionals as rates of psychopathology are much higher for persons with intellectual disabilities relative to the general population. RECENT FINDINGS: The number of studies on this topic is growing. The development of several areas is of particular significance. These topics include the impact of the burgeoning study of autism; the development of more specialized measures of psychopathology specific to particular forms of psychopathology, levels of intellectual disability and age; the development of psychologically based treatments, specifically the rise of functional assessment; the recognition that pharmacotherapy treatments are best aimed at core symptoms of classic forms of psychopathology such as psychosis, bipolar disorder, anxiety, and depression versus behavioral equivalents of psychopathology such as aggression, self-injurious behavior, property destruction, and pica; and establishing co-occurring patterns of personal features as they relate to psychopathology and intellectual disability. SUMMARY: A better understanding of psychopathology and how to assess and treat it in persons with intellectual disability is occurring. However, much is yet to be learned in this relatively new field of study.
269. Maulik, P.K. and G.L. Darmstadt, *Childhood disability in low- and middle-income countries: Overview of screening, prevention, services, legislation, and epidemiology*. Pediatrics, 2007. **120**: p. S1-S55. BACKGROUND. Childhood disability affects millions of children around the world, most of whom are in low- and middle-income countries. Despite the large burden on child development, family life, and economics, research in the area of childhood disability is woefully inadequate, especially from low- and middle-income countries. OBJECTIVE. The objective of this review was to generate information about current knowledge on childhood disability in low- and middle-income countries and identify gaps to guide future research. METHODS. Electronic databases (PubMed, Embase, PsycInfo) were searched by using specific search terms related to childhood disability in developing countries. The Cochrane Library was also searched to identify any similar reviews. Whole texts of articles that met study criteria were scrutinized for information regarding research method, screening tools, epidemiology, disability-related services, legislation, and prevention and promotion activities. Quantitative and qualitative information was collated, and frequency distributions of research parameters were generated. RESULTS. Eighty articles were included in the review (41 from low-income countries). Almost 60% of the studies were cross-sectional; case-control, cohort, and randomized, controlled trials accounted for only 15% of the studies. Of the 80 studies, 66 focused on epidemiologic research. Hearing (26%) and intellectual (26%) disabilities were the commonly studied conditions. The Ten Questionnaire was the most commonly used screening tool. Information on specific interventions, service utilization, and legislation was lacking, and study quality generally was inadequate. Data on outcomes of morbidities, including delivery complications and neonatal and early childhood illness, is particularly lacking. CONCLUSIONS. With this review we identified potential gaps in knowledge, especially in the areas of intervention, service utilization, and legislation. Even epidemiologic research was of inadequate quality, and research was lacking on conditions other than hearing and intellectual disabilities. Future researchers should not only address these gaps in current knowledge but also take steps to translate their research into public health policy changes that would affect the lives of children with disabilities in low- and middle-income countries.

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270. Mazzucchelli, T.G. and M.R. Sanders, *Preventing behavioural and emotional problems in children who have a developmental disability: A public health approach*. Research in Developmental Disabilities, 2011. **32**(6): p. 2148-2156. Children with developmental disabilities are at substantially greater risk of developing emotional and behavioural problems compared to their typically developing peers. While the quality of parenting that children receive has a major effect on their development, empirically supported parenting programs reach relatively few parents. A recent trend in parenting intervention research has been the adoption of a public health approach to improve the quality of parenting at a population level. This has involved delivering parenting interventions on a large scale and in a cost-effective manner. Such trials have been demonstrated to reduce negative parenting practices, prevent child maltreatment, and reduce child behavioural and emotional problems. However, these trials have been restricted to parents of children who are developing typically. This paper explores the rationale for the extension of a population health approach to parenting interventions for children with developmental disabilities. It is argued that a population-based implementation and evaluation trial of an empirically supported system of interventions is needed to determine whether this approach is viable and can have a positive impact on parents and their children in a disability context. The Stepping Stones Triple P-Positive Parenting Program is presented as an example of a parenting intervention that satisfies the requirements for such a trial. Tasks and challenges of such a trial are discussed. (C) 2011 Elsevier Ltd. All rights reserved.

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271. McCarron, M. and P. McCallion, *End-of-life care challenges for persons with intellectual disability and dementia: Making decisions about tube feeding*. Intellectual and Developmental Disabilities, 2007. **45**(2): p. 128-131.

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10.1352%2F1934-9556\(2007\)45%5B128:ECCFPW%5D2.0.CO%3B2](http://aaid.allenpress.com/pdfserv/10.1352%2F1934-9556(2007)45%5B128:ECCFPW%5D2.0.CO%3B2)
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272. McCarthy, J. and J. O'Hara, *Ill-health and intellectual disabilities*. Current Opinion in Psychiatry, 2011. **24**(5): p. 382-386. PURPOSE OF REVIEW: Adults with intellectual disabilities are recognized globally as a group of individuals with poorer access to appropriate healthcare and have worse health outcomes than the general population, including significantly reduced life expectancy. This article reviews the evidence base published over the past 12-24 months, highlighting how public health policy is influencing the literature on the health needs of people with intellectual disabilities. RECENT FINDINGS: Recent studies looking at information from death certificates found people with intellectual disabilities died 15 years younger than people without intellectual disabilities. Using standardized mortality rates, the overall mortality for people with intellectual disabilities is three times higher than for the general population. People with intellectual disabilities have higher rates of asthma and oral disease, but similar rates of hypertension. There is limited high-quality evidence on drugs used to treat epilepsy in this population, despite epilepsy being one of the leading causes of premature deaths. SUMMARY: Recent evidence continues to show that people with intellectual disabilities have poorer health outcomes than the general population. However, the quality of evidence available on the wider health needs remains limited, but, with the move to a public health approach through health surveillance, this may increase the quality of evidence available, so influencing health outcomes for people with intellectual disabilities.

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273. McCarthy, M., *Contraception and Women with Intellectual Disabilities*. Journal of Applied Research in Intellectual Disabilities, 2009. **22**(4): p. 363-369.
Background: Contraception is widely prescribed to women with intellectual disabilities, yet little is known about what the women think and feel about this. One of the aims of the study was to explore what women understood and to what extent they were able to exercise choice and control. Method: Twenty-three women with mild and moderate intellectual disabilities in South East England were interviewed about their current and past use of contraception, their knowledge of contraception more broadly, the process of being prescribed contraception and sources of information and support. Results: Knowledge of how contraception works was very limited and approximately half the women also lacked basic knowledge about reproduction. Few women attended medical appointments alone and none had been given any accessible information about contraception. Conclusions: There is a role for increased education, support and advocacy for women with intellectual disabilities when they are prescribed contraception. This would help to ensure women are prescribed methods which are best for them as individuals and to help maximize their participation in the process.
[http://search.ebscohost.com/login.aspx?](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ843511&site=ehost-live&scope=site)
<http://dx.doi.org/10.1111/j.1468-3148.2008.00464.x>

274. McCormick, B.P., et al., *Predicting Transitory Mood From Physical Activity Level Among People With Severe Mental Illness in Two Cultures*. International Journal of Social Psychiatry, 2008. **54**(6): p. 527-538. Background: Previous studies have indicated that physical activity (PA) is positively related to health-related quality of life and well-being among people with severe mental illness (SMI). Physical activity is broadly defined in this research as any skeletal muscle movement resulting in energy expenditure, including common daily activities such as housework and gardening, as well as walking for transportation and formal exercise. Although the physical health benefits of PA are well documented, evidence suggests that PA provides psychological benefits as well. Aims: The purpose of this study was to identify if PA level was associated with transitory mood in the everyday lives of people with SMI across two cultures. Methods: Subjects were drawn through mental health centres in Serbia (n = 12) and the USA (n = 11). Data were collected using both experience sampling methodology and accelerometry. Data were analyzed using hierarchical linear modelling. Results: Subjects demonstrated low levels of PA, which did not differ significantly between groups. Hierarchical analysis indicated that PA remained significantly positively associated with mood after accounting for individual variation, and this was consistent across groups. Conclusions: This study reinforces previous findings that people with SMI demonstrate low PA levels generally. It also supports the consideration of physical activity interventions as a regular part of psychiatric rehabilitation. It appears that increased PA may have the potential to affect both physical health and mood among people with SMI.
<http://isp.sagepub.com/cgi/content/abstract/54/6/527>

275. McDermott, S., et al., *An Efficacy Trial of "Steps to Your Health", a Health Promotion Programme for Adults with Intellectual Disability*. Health Education Journal, 2012. **71**(3): p. 278-290. Objective: Although there are evaluation and effectiveness studies of health promotion interventions for adults with intellectual disabilities (ID), randomized efficacy trials of such interventions are lacking. Design: A randomized active control intervention trial. Setting: The participants attended the health promotion classes in local disability agency service facilities. Method: We enrolled 443 individuals and randomly assigned them to one of two eight-week participatory classes. The "Steps to Your Health" (STYH) classes emphasized moderate to vigorous physical activity (MVPA), healthy eating and body mass index (BMI) reduction. The control intervention focused on hygiene and safety. Results: We did not find a statistically significant difference in mean MVPA or BMI change between completers of the STYH group compared to the control group one year after the intervention was completed. We did find that participation in STYH classes had a non-significant association with odds of reduction in BMI (odds ratio [OR] 2.87, 95% confidence interval [CI] 0.91-9.11) and completers who lived in group homes were more likely than their counterparts who lived with families or in apartments to decrease their BMI (OR 4.61; 95% CI 1.14-18.64). Conclusions: This trial did not demonstrate a significant effect of STYH participation on change in mean minutes of MVPA or mean BMI 12 months after classes ended, although there was a non-significant association with odds of reduction of BMI (p = 0.07). This

study has implications for design of intervention studies in people with intellectual disability (ID). (Contains 2 tables and 1 figure.)

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direct=true&db=eric&AN=EJ966104&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ966104&site=ehost-live&scope=site)
<http://dx.doi.org/10.1177/0017896912441240>

276. McGuire, B.E., P. Daly, and F. Smyth, *Lifestyle and Health Behaviours of Adults with an Intellectual Disability*. Journal of Intellectual Disability Research, 2007. **51**(7): p. 497-510. Background: There is currently no published research in Ireland on the health behaviours of adults with an intellectual disability (ID). With an increasing age profile and similar patterns of morbidity to the general population, the ID population would benefit from baseline data from which to establish risk factors. Methods: A questionnaire survey was carried out with 157 carers of people with an ID in the west of Ireland.

Results: The results of this survey were compared with results of a health survey for the general population in the same region. The present survey found that 68% of the ID sample was overweight or obese. Levels of smoking (2.6%) and regular alcohol consumption (10.3%) were relatively low in comparison with the general population. However, participation in exercise and adherence to a healthy diet were poor. The level of resident choice and decision-making did not have any relationship to health behaviours nor did residential setting. Finally, there were no gender differences in health and lifestyle profiles. Conclusion: The results of this study have important implications for health promotion interventions for people with an ID.

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direct=true&db=eric&AN=EJ764990&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ764990&site=ehost-live&scope=site)
<http://dx.doi.org/10.1111/j.1365-2788.2006.00915.x>

277. McIlfratrick, S., L. Taggart, and M. Truesdale-Kennedy, *Supporting women with intellectual disabilities to access breast cancer screening: a healthcare professional perspective*. European Journal of Cancer Care, 2011. **20**(3): p. 412-420. MCILFRATRICK S., TAGGART L. & TRUESDALE-KENNEDY M. (2011)

European Journal of Cancer Care, 412-420 Cancer prevention has been identified as the most cost-effective strategy for cancer control. This should extend to all groups including women with intellectual disability, seeking to access breast cancer screening. The purpose of this study was to explore the role of healthcare professionals, such as primary healthcare staff (n = 8) and breast care staff (n = 10), on supporting women with intellectual disability to access breast screening in one region in the UK. A qualitative approach using focus groups and telephone interviews was adopted. Healthcare professionals identified that not only was it important that women with intellectual disability undergo regular breast screening but that they should have the same rights as other women to access breast screening services. While many varied risk factors for breast cancer in women with intellectual disability were noted, the level of cognitive functioning was clearly significant. Barriers to accessing breast screening included literacy problems, consent issues and physical health; practical barriers such as transport and timing of appointment; and barriers attributed to healthcare professionals, including staff attitude and lack of awareness and training. The participants identified the need to raise awareness and health promotion education not only for the women with intellectual disability but also for healthcare professionals, alongside developing more interdisciplinary practice. [ABSTRACT FROM AUTHOR]

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278. McKenzie, K., *Providing services in the United Kingdom to people with an intellectual disability who present behaviour which challenges: A review of the literature*. Research in Developmental Disabilities, 2011. **32**(2): p. 395-403.

There is ongoing debate about the best model of service provision for people with an intellectual disability who present severe behavioural challenges. The present paper reviewed research which evaluated a range of UK service provision in terms of impact on challenging behaviour and other quality of life indices. A literature search was carried out for English language papers from 1990 to 2010 using a range of databases. Secondary searches were carried out from references of relevant papers. Very few evaluations were found. The available research indicates that, on the whole, specialist congregate services for individuals with challenging behaviour appear to use more restrictive approaches which have limited effect on reducing challenging behaviour. The evidence for peripatetic teams is somewhat unclear. The two studies reviewed showed positive outcomes, but both had limitations that made it difficult to generalize the results. A similar limitation was found with the sole evaluation of a community based service. It is unlikely that one model of service provision will meet the needs of all individuals, however, more robust evaluations are required of existing service models to allow commissioners, service users, their families and carers to make fully informed choices about effective

services for those who challenge. (C) 2010 Elsevier Ltd. All rights reserved.
<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000287678900002&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord>

279. McNally, R.J., R.A. Bryant, and A. Ehlers, *Does early psychological intervention promote recovery from posttraumatic stress?* *Psychological Science in the Public Interest*, 2003. **4**(2): p. 45-79.

<http://www.ingentaconnect.com/content/bpl/pspi/2003/00000004/00000002/art00001>
<http://dx.doi.org/10.1111/1529-1006.01421>

280. Mehler, M.F., *Epigenetic principles and mechanisms underlying nervous system functions in health and disease*. *Progress in Neurobiology*, 2008. **86**(4): p. 305-341. Epigenetics and epigenomic medicine encompass a new science of brain and behavior that are already providing unique insights into the mechanisms underlying brain development, evolution, neuronal and network plasticity and homeostasis, senescence, the etiology of diverse neurological diseases and neural regenerative processes. Epigenetic mechanisms include DNA methylation, histone modifications, nucleosome repositioning, higher order chromatin remodeling, non-coding RNAs, and RNA and DNA editing. RNA is centrally involved in directing these processes, implying that the transcriptional state of the cell is the primary determinant of epigenetic memory. This transcriptional state can be modified not only by internal and external cues affecting gene expression and post-transcriptional processing, but also by RNA and DNA editing through activity-dependent intracellular transport and modulation of RNAs and RNA regulatory supercomplexes, and through trans-neuronal and systemic trafficking of functional RNA subclasses. These integrated processes promote dynamic reorganization of nuclear architecture and the genomic landscape to modulate functional gene and neural networks with complex temporal and spatial trajectories. Epigenetics represents the long sought after molecular interface mediating gene-environmental interactions during critical periods throughout the lifecycle. The discipline of environmental epigenomics has begun to identify combinatorial profiles of environmental stressors modulating the latency, initiation and progression of specific neurological disorders, and more selective disease biomarkers and graded molecular responses to emerging therapeutic interventions. Pharmacoeconomic therapies will promote accelerated recovery of impaired and seemingly irrevocably lost cognitive, behavioral, sensorimotor functions through epigenetic reprogramming of endogenous regional neural stem cell fate decisions, targeted tissue remodeling and restoration of neural network integrity, plasticity and connectivity.

<http://www.sciencedirect.com/science/article/pii/S0301008208001147>

281. Meillier, L.K., et al., *Abstracts of the 7th World Research Congress of the European Association for Palliative Care (EAPC) / Oral sessions, plenaries, poster discussion, invited speakers / Posters / Author Index*

Socially differentiated cardiac rehabilitation: Can we improve referral, attendance and adherence among patients with first myocardial infarction? *Palliative Medicine*, 2012. **26**(4): p. 384-674. Aim: The comprehensive cardiac rehabilitation (CR) programme after myocardial infarction (MI) improves quality of life and results in reduced cardiac mortality and recurrence of MI. Hospitals worldwide face problems with low participation rates in rehabilitation programmes. Inequality in recruitment and participation among low educated and socially vulnerable patients must be addressed to lower inequality in post-MI health. Our aim was to improve referral, attendance, and adherence rates among socially vulnerable patients by systematic screening and by offering a socially differentiated cardiac rehabilitation programme. Methods: From 1 September 2002 to 31 December 2005, 388 first-incidence MI patients ≤ 75 years were hospitalised. Register check for newly hospitalised MI patients, screening interview, and systematic referral were conducted by a project nurse. Patients were referred to a standard rehabilitation programme (SRP). If patients were identified as socially vulnerable, they were offered an extended version of the rehabilitation programme (ERP). Excluded patients were offered home visits by a cardiac nurse. Concordance principles were used in the individualised programme elements. Adherence was registered until the 1-year follow up. Results: 86% were referred to the CR. A large share of elderly patients and women were excluded. The attendance and adherence rates were 80% and 71%, respectively among all hospitalised patients. Among referred patients, the attendance rate was 93%. Patients were equally distributed to the SRP and the ERP. No inequality was found in attendance and adherence among referred patients. Conclusions: It seems possible to overcome unequal referral, attendance, and adherence in cardiac rehabilitation by organisation of systematic screening and social differentiation.

<http://pmj.sagepub.com/cgi/content/short/26/4/384>

<http://sjp.sagepub.com/cgi/content/abstract/40/3/286>

282. Melville, C.A., et al., *Carer Knowledge and Perceptions of Healthy Lifestyles for*

Adults with Intellectual Disabilities. Journal of Applied Research in Intellectual Disabilities, 2009. 22(3): p. 298-306. Background: Carers can have a significant impact supporting people with intellectual disabilities to make healthy lifestyle choices. This study examines carers' training needs on diet and physical activity. Methods: A cross-sectional survey was undertaken of the knowledge and perceptions of carers supporting adults with intellectual disabilities. An interviewer administered questionnaire was used to examine carer knowledge of public health recommendations on diet and physical activity; perceptions of the benefits of healthy diets and physical activity levels; and the carer views on the barriers to change experienced by individuals with intellectual disabilities. Results: Sixty-three carers took part in the study. They generally had a low level of knowledge around public health recommendations on diet and physical activity. Greater importance was attributed to the health benefits of diet than physical activity. Carers rated intrapersonal barriers to change within the person with intellectual disabilities as more important, than interpersonal or external barriers to change, with significant differences in perceived barriers relevant to diet and physical activity. Conclusions: Carers supporting adults with intellectual disabilities have significant training needs relevant to promoting healthy lifestyles. This highlights the opportunity to promote health improvement via the development, and provision, of effective training initiatives.

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<http://dx.doi.org/10.1111/j.1468-3148.2008.00462.x>

283. Menear, K.S., *Parents' Perceptions of Health and Physical Activity Needs of Children with Down Syndrome*. Down Syndrome Research and Practice, 2007. 12(1): p. 60-68. Individuals with Down syndrome typically have low fitness levels and obesity despite data that indicate physiological gains from physical activity and exercise interventions. Low fitness levels and obesity in individuals with Down syndrome may be related to sedentary lifestyles, social and recreational opportunities, or low motivation to be physically active. These causal influences on the overall health of individuals with Down syndrome may be related to parental or caregiver support. Through this study, parents of children with Down syndrome from preschool to adolescent ages were interviewed about their perceptions of the health and physical activity needs of their children. Data from four focus groups indicated the following most salient themes: (1) all parents believed participation in physical activity has immediate and long-term positive health impacts on their child with Down syndrome, and most of the parents thought their child would benefit from being more physically active, (2) most parents observed that their child participated in physical activities primarily for social reasons, most notably to be with their peers with or without Down syndrome or to be with their sibling(s), and that without such motivation their child would choose sedentary activities, (3) parents of teenagers identified a need for their child to learn an individual sport to have sporting opportunities that do not require ability-matched teammates and opponents, and (4) parents recognised their need for help from physical activity specialists through either parent education regarding home-based physical activity programmes or an increase in appropriate community-based physical activity programmes for their child with Down syndrome. The interview data suggest future research should evaluate the outcomes of long-term individualised home-based physical activity interventions for children with Down syndrome. Additionally, educators, recreation specialists, and therapists should assist children and youth with their acquisition of skills used in individual and dual sports.

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<http://dx.doi.org/10.3104/reports.1996>

284. Merrick, M.T., et al., *15th Congress of the International Headache Society 23-26 June 2011, Berlin, Germany*

No Follow-Up After Positive Newborn Screening: Medical Neglect? Cephalalgia, 2011. 31(1 suppl): p. 1-216. The current study examined medical professionals' behaviors related to reporting medical neglect when a family is noncompliant with follow-up services after a positive newborn screening result. Pediatric medical professionals within an urban medical campus were provided with five case vignettes in relation to different diseases. Medical professionals rated the severity of family noncompliance with follow-up services and indicated whether they would report suspected medical neglect to Child Protective Services (CPS). Physicians were more likely to report medical neglect than the other mandated reporters in the study. Logistic regression analyses found that medical professionals' perceptions of the severity of family noncompliance with services were significantly predictive of decisions to report medical neglect. Respondent gender and the method by which families were notified of screening results also significantly affected reporting behaviors in certain instances. Although all vignettes included information that met legal statutes for reporting neglect, medical professionals indicated that they would only report neglect 40—61% of the time across vignettes. Continued investigation of the rationale behind medical professionals' decision-making process and training protocols designed to improve mandated reporter knowledge and reporting behaviors are needed to further reduce bias and improve objectivity when considering ethical and professional obligations to report medical neglect.

http://cep.sagepub.com/cgi/content/short/31/1_suppl/1

<http://cmx.sagepub.com/cgi/content/abstract/15/4/315>

285. Messerer, B., et al., *[Postoperative pain assessment in special patient groups: part II. Children with cognitive impairment]*. *Schmerz*, 2011. **25**(3): p. 256-65. Postoperative pain assessment in children with cognitive impairment poses major challenges to healthcare professionals. Children with moderate to severe cognitive impairment are generally unable to communicate effectively and to self-report the level of pain. Difficulties assessing pain have led to their exclusion from clinical trials and rendered them vulnerable to insufficient treatment of pain. The realization of pain is a particularly important step forward for a better care of children with cognitive impairment. Scales based on a child's own perception of pain and its severity play a limited role in this vulnerable population and pain assessment tools which rely on observing pain behavior are essential. The r-FLACC, which is reliable and valid, includes specific behavioral descriptors and can be used simply and effectively postoperatively in clinical practice. Our task has to be assessing pain as a routine procedure in cognitively impaired children as a keystone for an improved and successful pain management in this very sensitive patient population.
286. Mills, S., *Down's petition*. *Learning Disability Today*, 2009. **9**(4): p. 14-14.
<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010308596&site=ehost-live&scope=site>
287. Min, S., et al., *Pharmacological management in children and adolescents with pervasive developmental disorder*. *Australian & New Zealand Journal of Psychiatry*, 2010. **44**(5): p. 410-428. Objective: Pervasive developmental disorder (PDD) is associated with emotional and behavioural problems. There is no pharmacological cure for PDD, but some comorbidities and dysfunctional behaviours in PDD can be managed pharmacologically. The aim of the present study was to provide a better understanding of the efficacy and limitations in the currently available agents. Methods: Electronic literature searches were conducted from the following sources: MEDLINE, Cochrane Library, PSYARTICLES and PsycINFO. Search terms included, but were not limited to, 'autism', 'PDD', 'autism spectrum disorder' ('ASD'), and 'pharmacological management'. Results: A range of pharmacological agents are available for the management of various dysfunctional symptoms in PDD. Broadly speaking, these agents help in the management of repetitive stereotyped behaviours, anxiety, aggression/irritability/self-injurious behaviour, hyperactivity/inattention and in sleep. Conclusions: There is a paucity of systemic, well-conducted trials on the use of pharmacological agents in the management of PDD, and more research in this area is warranted. [ABSTRACT FROM AUTHOR]
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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=49160456&site=ehost-live&scope=site>
288. Miodrag, N. and R.M. Hodapp, *Chronic stress and health among parents of children with intellectual and developmental disabilities*. *Curr Opin Psychiatry*, 2010. **23**(5): p. 407-11. PURPOSE OF REVIEW: This article reviews recent studies connecting chronic stress to health outcomes in parents of children with intellectual and developmental disabilities (I/DD). This review is timely owing to the increased rates of certain I/DD conditions and the adverse effects that chronic stressors may have on parental health. RECENT FINDINGS: Although parents raising children with (versus without) I/DD have long reported greater levels of psychological stress, only recently have parental physical health problems been linked to aspects of the child with I/DD. SUMMARY: Chronic stressors can wear down the body, particularly the cardiovascular, immune, and gastrointestinal systems. So far, increased rates of caregiver health problems have been linked to caring for an elderly parent or for a child with recurrent cancer. Parents of children with I/DD also more often encounter severe, chronic stressors, particularly those involving child behavior problems and extreme caregiving need. These child characteristics, especially for older parents or for parents of children with certain conditions (e.g. spina bifida), may adversely affect parental health. More research is needed to explore stress-health connections among parents of children with I/DD, as well as the clinical and policy implications of such findings.
289. Mitchell, J.J., Y.J. Trakadis, and C.R. Scriver, *Phenylalanine hydroxylase deficiency*. *Genetics in Medicine*, 2011. **13**(8): p. 697-707. Phenylalanine hydroxylase deficiency is an autosomal recessive disorder that results in intolerance to the dietary intake of the essential amino acid phenylalanine. It occurs in approximately 1:15,000 individuals. Deficiency of this enzyme produces a spectrum of disorders including classic phenylketonuria, mild phenylketonuria, and mild hyperphenylalaninemia. Classic phenylketonuria is caused by a complete or near-complete deficiency of phenylalanine hydroxylase activity and without dietary restriction of phenylalanine most children will develop profound and irreversible intellectual disability. Mild phenylketonuria

and mild hyperphenylalaninemia are associated with lower risk of impaired cognitive development in the absence of treatment. Phenylalanine hydroxylase deficiency can be diagnosed by newborn screening based on detection of the presence of hyperphenylalaninemia using the Guthrie microbial inhibition assay or other assays on a blood spot obtained from a heel prick. Since the introduction of newborn screening, the major neurologic consequences of hyperphenylalaninemia have been largely eradicated. Affected individuals can lead normal lives. However, recent data suggest that homeostasis is not fully restored with current therapy. Treated individuals have a higher incidence of neuropsychological problems. The mainstay of treatment for hyperphenylalaninemia involves a low-protein diet and use of a phenylalanine-free medical formula. This treatment must commence as soon as possible after birth and should continue for life. Regular monitoring of plasma phenylalanine and tyrosine concentrations is necessary. Targets of plasma phenylalanine of 120-360 $\mu\text{mol/L}$ (2-6 mg/dL) in the first decade of life are essential for optimal outcome. Phenylalanine targets in adolescence and adulthood are less clear. A significant proportion of patients with phenylketonuria may benefit from adjuvant therapy with 6R-tetrahydrobiopterin stereoisomer. Special consideration must be given to adult women with hyperphenylalaninemia because of the teratogenic effects of phenylalanine. Women with phenylalanine hydroxylase deficiency considering pregnancy should follow special guidelines and assure adequate energy intake with the proper proportion of protein, fat, and carbohydrates to minimize risks to the developing fetus. Molecular genetic testing of the phenylalanine hydroxylase gene is available for genetic counseling purposes to determine carrier status of at-risk relatives and for prenatal testing. 2011 Lippincott Williams & Wilkins.

[http://ovidsp.ovid.com/ovidweb.cgi?](http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed10&AN=2011454567)

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290. Mizen, L., et al., *Clinical guidelines contribute to the health inequities experienced by individuals with intellectual disabilities*. Implementation Science, 2012. 7(1): p. 42. BACKGROUND: Clinical practice guidelines are developed to improve the quality of healthcare. However, clinical guidelines may contribute to health inequities experienced by disadvantaged groups. This study uses an equity lens developed by the International Clinical Epidemiology Network (INCLIN) to examine how well clinical guidelines address inequities experienced by individuals with intellectual disabilities. METHODS: Nine health problems relevant to the health inequities experienced by persons with intellectual disabilities were selected. Clinical guidelines on these disorders were identified from across the world. The INCLIN equity lens was used as the basis for a purpose-designed, semistructured data collection tool. Two raters independently examined each guideline and completed the data collection tool. The data extracted by each rater were discussed at a research group consensus conference and agreement was reached on a final equity lens rating for each guideline. RESULTS: Thirty-six guidelines were identified, one of which (2.8%) explicitly excluded persons with intellectual disabilities. Of the remaining 35, six (17.1%) met the first criterion of the equity lens, identifying persons with intellectual disabilities at high risk for the specific health problem. Eight guidelines (22.9%) contained any content on intellectual disabilities. Six guidelines addressed the fourth equity lens criterion, by giving specific consideration to the barriers to implementation of the guideline in disadvantaged populations. There were no guidelines that addressed the second, third, and fifth equity lens criteria. CONCLUSIONS: The equity lens is a useful tool to systematically examine whether clinical guidelines address the health needs and inequities experienced by disadvantaged groups. Clinical guidelines are likely to further widen the health inequities experienced by persons with intellectual disabilities, and other disadvantaged groups, by being preferentially advantageous to the general population. There is a need to systematically incorporate methods to consider disadvantaged population groups into the processes used to develop clinical guidelines.

<http://www.implementationscience.com/content/7/1/42>

291. Monzon, S., et al., *Melancholic versus non-melancholic depression: differences on cognitive function. A longitudinal study protocol*. BMC Psychiatry, 2010. 10(1): p. 48. BACKGROUND: Cognitive dysfunction is common among depressed patients. However, the pattern and magnitude of impairment during episodes of major depressive disorder (MDD) through to clinical remission remains unclear. Heterogeneity of depressive patients and the lack of longitudinal studies may account for contradictory results in previous research. METHODS/DESIGN: This longitudinal study will analyze cognitive differences between CORE-defined melancholic depressed patients (n = 60) and non-melancholic depressed patients (n = 60). A comprehensive clinical and cognitive assessment will be performed at admission and after 6 months. Cognitive dysfunction in

both groups will be longitudinally compared, and the persistence of cognitive impairment after clinical remission will be determined. **DISCUSSION:** The study of neuropsychological dysfunction and the cognitive changes through the different phases of depression arise a wide variety of difficulties. Several confounding variables must be controlled to determine if the presence of depression could be considered the only factor accounting for group differences.

<http://www.biomedcentral.com/1471-244X/10/48>

292. Moran, R., et al., *Obesity among people with and without mental retardation across adulthood*. *Obesity Research*, 2005. **13**(2): p. 342-349. Objective: This study was designed to explore obesity during adulthood and the likelihood of moving out of obesity among 1809 adults without disability and 680 adults with mental retardation who received care at the same primary care practices during the period of 1990 to 2003. Research Method and Procedures: A retrospective observational design using medical records first identified patients with mental retardation (MR) and age-matched controls without disabilities. Data on BMI collected during each primary care visit allowed exploration of obesity at three levels. Moving out of obesity was defined as having a BMI < 25 kg/m². We also abstracted data on age, sex, race, and other medical conditions. Results: For adults 20 to 29 years of age, 33.1% of patients without disability and 21% of patients with MR had a BMI > 30 kg/m². Between the ages of 50 and 59 years, 40.5% of the patients without disability and 35.2% of the patients with MR had a BMI > 30 kg/m². Patients with mild MR had similar prevalence rates of obesity and patients with severe MR had significantly lower prevalence of obesity compared with the patients without disability through 50 years of age. Throughout the period from 20 to 60 years of age, between 15% and 40% of individuals with and without MR, who were previously obese, were not currently obese. Discussion: Throughout the adult years, an increasing proportion of individuals with and without MR are obese. However, obesity is not a chronic state; many people transition back to a normal body weight.

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293. Moroi, S.E., et al., *Progress toward personalized medicine for glaucoma*. *Expert Review of Ophthalmology*, 2009. **4**(2): p. 145-161. How will you respond when a patient asks, "Doctor, what can I do to prevent myself from going blind from glaucoma like mom?". There is optimism that genetic profiling will help target patients to individualized treatments based on validated disease risk alleles, validated pharmacogenetic markers and behavioral modification. Personalized medicine will become a reality through identification of disease and pharmacogenetic markers, followed by careful study of how to employ this information in order to improve treatment outcomes. With advances in genomic technologies, research has shifted from the simple monogenic disease model to a complex multigenic and environmental disease model to answer these questions. Our challenges lie in developing risk models that incorporate gene-gene interactions, gene copy-number variations, environmental interactions, treatment effects and clinical covariates.

<http://search.proquest.com/docview/873533324?accountid=43164>

294. Moss, S.J., *Changes in coronary heart disease risk profile of adults with intellectual disabilities following a physical activity intervention*. *Journal of Intellectual Disability Research*, 2009. **53**(8): p. 735-744. Background Regular physical activity is one of the modifiable risk factors for coronary heart disease (CHD). With an increasing age profile and similar patterns of morbidity to the general population, persons with intellectual disabilities (ID) and their caregivers would benefit from data that indicate CHD risk factors. Knowledge of the CHD risk factors and the changes a physical activity intervention may have on these risk factors will facilitate future intervention programmes. Methods A cohort of 100 men and women between the ages of 21 and 73 years with ID living in a community group home in the North-West Province of South Africa was recruited. A CHD risk profile was compiled by means of a questionnaire and physical assessment that included resting blood pressure, body mass index, non-fasting glucose and cholesterol and cardiorespiratory fitness. A 12-week physical activity intervention was then conducted 3 days/week after which the baseline measurements were repeated. Results The results indicated that 85% of the participants were inactive, while 67% were overweight and obese. Hypertension (6.1%) and smoking (6.1%) were relatively low in this population with ID. Glucose concentrations above the recommended cut-off values were observed in 28% of the participants. Total cholesterol concentrations above normal were measured in 23% of the participants. The physical activity intervention reduced inactivity to 50% and resulted in a significant increase in cardiorespiratory fitness and a decrease in percentage body fat in both men and women. Conclusion Inactivity is a major risk factor in this population with ID living in a community group setting. The implementation of the physical activity intervention significantly reduced the risk factors for CHD. [ABSTRACT FROM AUTHOR]

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295. Muir-Cochrane, E., et al., *The profile of absconding psychiatric inpatients in Australia*. Journal of Clinical Nursing, 2011. **20**(5/6): p. 706-713. The purpose of this study was to examine absconding behaviour (a patient leaving the hospital without permission) in acute and rehabilitation wards of one Australian psychiatric institution to describe the characteristics of the absconding patient and these events. Absconding is a significant issue in psychiatric inpatient settings, with risks that include patient harm, aggression and violence. In spite of this, limited research has been conducted in Australia on patients who abscond while receiving psychiatric care. The study was a retrospective descriptive analysis. Absconding events from three acute and seven rehabilitation wards over a 12-month period were studied. The rate of absconding events by detained patients was 20.82%. Gender was not significantly associated with absconding, although 61.19% of those who absconded were men diagnosed with schizophrenic disorders. Over half of acute care patients who absconded left during their first 21-day detention order. More than half of absconding events were by patients that absconded more than once. There was limited support for the efficacy of locking ward doors. Age and diagnosis emerged as particularly important factors to consider. The study revealed that men are not more likely to abscond than women, that locking ward doors does not deter the determined absconders and that once a person has absconded, they are more likely to do so again. Younger patients and those with a schizophrenic disorder may be particularly likely to abscond. There also appears to be a link between continuing detention orders and an absconding event. Findings provide new data about the profile of absconding patients in Australia. Exploration of the reasons why patients abscond and why many do so repeatedly warrants further investigation. Risk management approaches taking into account factors associated with absconding could be trialled to reduce the incidence of absconding in psychiatric inpatient settings. [ABSTRACT FROM AUTHOR]

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296. Mulle, J.G., et al., *Microdeletions of 3q29 Confer High Risk for Schizophrenia*. American Journal of Human Genetics, 2010. **87**(2): p. 229-236. Schizophrenia (SZ) is a severe psychiatric illness that affects ~1% of the population and has a strong genetic underpinning. Recently, genome-wide analysis of copy-number variation (CNV) has implicated rare and de novo events as important in SZ. Here, we report a genome-wide analysis of 245 SZ cases and 490 controls, all of Ashkenazi Jewish descent. Because many studies have found an excess burden of large, rare deletions in cases, we limited our analysis to deletions over 500 kb in size. We observed seven large, rare deletions in cases, with 57% of these being de novo. We focused on one 836 kb de novo deletion at chromosome 3q29 that falls within a 1.3–1.6 Mb deletion previously identified in children with intellectual disability (ID) and autism, because increasing evidence suggests an overlap of specific rare copy-number variants (CNVs) between autism and SZ. By combining our data with prior CNV studies of SZ and analysis of the data of the Genetic Association Information Network (GAIN), we identified six 3q29 deletions among 7545 schizophrenic subjects and one among 39,748 controls, resulting in a statistically significant association with SZ ($p = 0.02$) and an odds ratio estimate of 17 (95% confidence interval: 1.36–1198.4). Moreover, this 3q29 deletion region contains two linkage peaks from prior SZ family studies, and the minimal deletion interval implicates 20 annotated genes, including PAK2 and DLG1, both paralogous to X-linked ID genes and now strong candidates for SZ susceptibility. [ABSTRACT FROM AUTHOR]

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297. Myrbakk, E., et al., *The Prevalence of Behavior Problems Among People with Intellectual Disability Living in Community Settings*. Journal of Mental Health Research in Intellectual Disabilities 1, no, 2008. **3**: p. 205-222.
298. Nagdee, M., *Dementia in intellectual disability: a review of diagnostic challenges*. African Journal of Psychiatry, 2011. **14**(3): p. 194-199. The evaluation of dementia in individuals with intellectual disability (ID), which will guide subsequent intervention, care and management depends on the systematic review of a number of factors: (1) the individual historical context, obtained from multiple sources, (2) evaluation of the pre-existing cognitive, behavioural, psychiatric, medical and adaptive skill profile,

(3) the constellation, and pattern of evolution, of presenting signs and symptoms, (4) results of focused investigations, and (5) refinement of the differential diagnosis. In patients with ID, standard clinical methods need to be supplemented by careful, longitudinal behavioural observations, and individually tailored assessment techniques. Co-morbidity multiple biological, psychological and socio-environmental factors, and complex interactions among events, are the reality for many ageing people with ID. Determining the various influences is often a formidable clinical task, but should be systematically carried out using medical, cognitive, behavioural, neuropsychiatric and psycho-social frameworks.

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[SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000297896400003&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000297896400003&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

299. Nayak, R.B. and P. Murthy, *Fetal alcohol spectrum disorder*. Indian Pediatr, 2008. **45**(12): p. 977-83. BACKGROUND: Maternal alcohol use during pregnancy leads to fetal alcohol spectrum disorder (FASD) in their children. FASD is characterized by typical facial features, growth retardation, intellectual dysfunction and behavioral problems. JUSTIFICATION: Alcohol is neurotoxic to the brain during the developmental stage. Behavioral problems in children with FASD start at an early age and progress to adulthood. It is an important preventable cause of intellectual dysfunction and behavioral problems. This article reviews current prevalence, clinical features, pathogenesis and differential diagnosis of FASD. It also highlights the need for physicians to be aware of this condition. SEARCH STRATEGY: Articles were searched on the internet using fetal alcohol syndrome, fetal alcohol spectrum disorders, women and alcohol. Following links were used to locate journals; EBSCO, OVID, Science Direct, PubMed and NIAAA. MAIN CONCLUSIONS: Alcohol consumption during pregnancy can lead to a spectrum of deficits. Though physical features are essential to make the diagnosis of FAS, it is important to note that neurocognitive and behavioural deficits can be present in the absence of physical features (alcohol related neurodevelopmental disorder or ARND). Because there is no known safe amount of alcohol consumption during pregnancy, abstinence from alcohol for women who are pregnant or planning a pregnancy must be strongly advised.
300. Nemeth, A.J., et al., *Predictors of BMI Among Adults with Down Syndrome: The Social Context of Health Promotion*. Research in Developmental Disabilities, 1997. **18**(4): p. 261-274.
<http://www.ingentaconnect.com/content/els/08914222/1997/00000018/00000004/art00008>
[http://dx.doi.org/10.1016/S0891-4222\(97\)00008-5](http://dx.doi.org/10.1016/S0891-4222(97)00008-5)
301. Ngwena, J., *HIV/AIDS awareness in those diagnosed with mental illness*. Journal of Psychiatric & Mental Health Nursing, 2011. **18**(3): p. 213-220. The spread of human immunodeficiency virus (HIV) continues to increase among the general population. Previous studies in this field focused mainly on the 'at-risk' groups such as homosexuals, prostitutes, intravenous drug users, bisexual men and women. Mentally ill men and women remain one of the subgroups understudied and yet continue to show disproportionately high levels of seroprevalence. The purpose of this study was to elucidate awareness of the risk factors associated with HIV transmission and development of AIDS in those diagnosed with mental illness. Using questionnaires, information regarding HIV method of transmission, knowledge on HIV/AIDS and at-risk behaviour awareness was obtained from 30 subjects in an acute psychiatric mental health unit (13 women and 17 men). Significant association between different variables was determined at 95.5% confidence level (P = 0.05). Assessment of HIV/ AIDS awareness and at-risk behaviour awareness revealed significant knowledge deficit among this subject group. The outcome of this study underscores the need to introduce intervention programmes tailored to individual needs of the mentally ill. Measures such as 'at-risk sexual' behaviours should be incorporated into the current assessment process or profile so that accurate information and informed judgement can be reached regarding client or patient sexual behaviour. [ABSTRACT FROM AUTHOR]
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[direct=true&db=afh&AN=59268250&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=59268250&site=ehost-live&scope=site)
302. Nicholls, D. and C. Grindrod, *Behavioural eating disorders*. Paediatrics and Child Health, 2009. **19**(2): p. 60-66. Eating disorders are serious mental health disorders characterized by morbid preoccupation with weight and shape, manifest

through distorted or chaotic eating. Determined food avoidance in the absence of these cognitions is of uncertain nosological status. Anorexia nervosa (AN), bulimia nervosa (BN) and partial syndromes are relatively common, and early intervention is advisable. Aetiology is multifactorial, with high heritability. Prognosis overall is good but treatment can be long and intensive, significantly impacting families. Essential aspects of management are an integrated multidisciplinary approach, working collaboratively with families and young people when possible. Psychological interventions focus on the eating disorder, supported by medical monitoring and dietetic guidance. Although working with families is the backbone of treatment for AN, young people also need confidential individual appointments. The role of inpatient treatment is evolving. For BN, family or individual approaches may be equally effective. Paediatric expertise is of particular value in the assessment and management of acute malnutrition and complications secondary to disordered eating behaviours, in the early stages of re-feeding, and in the monitoring and management of long-term complications such as growth retardation, pubertal delay and osteopenia.

<http://www.sciencedirect.com/science/article/pii/S1751722208002564>

303. Nicholson, J.M., et al., *Impact of Music Therapy to Promote Positive Parenting and Child Development*. Journal of Health Psychology, 2008. **13**(2): p. 226-238. The effectiveness of a 10-week group music therapy program for marginalized parents and their children aged 0—5 years was examined. Musical activities were used to promote positive parent—child relationships and children's behavioral, communicative and social development. Participants were 358 parents and children from families facing social disadvantage, young parents or parents of a child with a disability. Significant improvements were found for therapist-observed parent and child behaviors, and parent-reported irritable parenting, educational activities in the home, parent mental health and child communication and social play skills. This study provides evidence of the potential effectiveness of music therapy for early intervention.

<http://hpq.sagepub.com/cgi/content/abstract/13/2/226>

304. Nolan, B.V., et al., *Tanning as an addictive behavior: a literature review*. Photodermatol Photoimmunol Photomed, 2009. **25**(1): p. 12-9. BACKGROUND: Recent studies have identified reinforcing properties associated with tanning and suggest a possible physiologic mechanism and addiction driving tanning behavior. OBJECTIVE: This article attempts to synthesize the existing literature on tanning and addiction to investigate possible associations. METHODS: We investigated a variety of substance dependence models to define what constitutes dependence/addiction and to determine how current studies on tanning meet these criteria. RESULTS: In some individuals, tanning has met Diagnostic and Statistical Manual criteria for a substance-related disorder or tanning-modified Cut Down, Annoyed, Guilt, Eye-opener criteria. Trial studies have demonstrated the induction of withdrawal symptoms in frequent tanners. LIMITATIONS: Additional studies are needed to investigate the associated dependency and addiction more fully and to elucidate its similarities to other better-known addictive syndromes. DISCUSSION: Tanning is a problem behavior, both as a health risk and as a possible dependency. Future studies, especially in the area of cognitive mapping and cue-related stimuli are needed. Imaging studies may be important in elucidating whether the same areas of the brain are involved in tanning addiction as in other addictive syndromes.

305. O'Brien, G. and G. Kumaravelu, *Learning disability*. Medicine, 2008. **36**(9): p. 486-488. Learning disability is the UK term corresponding to the ICD-10 term 'mental retardation', and is based on level of IQ and functioning. The population has high levels of mental health problems and behaviour disorders. Special care is needed to address these disorders, especially for those patients unable to speak for themselves. Due to increased longevity, the prevalence of learning disability is rising, highlighting the complex health needs of this population.

<http://www.sciencedirect.com/science/article/pii/S1357303908001850>

306. O'Brien, S.D., *Capital Defense Lawyers: The Good, the Bad, and the Ugly*. Michigan Law Review, 2007. **105**(6): p. 1067-1086.

<http://www.jstor.org/stable/40041504>

307. Oeseburg, B., et al., *Prevalence of chronic health conditions in children with intellectual disability: a systematic literature review*. Intellectual & Developmental Disabilities, 2011. **49**(2): p. 59-85. A systematic review of the prevalence rates of chronic health conditions in populations of children with intellectual disability was provided. We identified 2,994 relevant studies by searching Medline, Cinahl, and PsycINFO databases from 1996 to 2008. We included the 31 studies that had sufficient methodological quality. The 6 most prevalent chronic health conditions in children with intellectual disability were epilepsy (22.0/100), cerebral palsy (19.8/100), any anxiety disorder (17.1/100), oppositional defiant disorder (12.4/100), Down syndrome (11.0/100), and autistic disorder (10.1/100). The reported prevalence rates of chronic health conditions in this population was much higher than in the general population. However, both the number of studies that were included and the number of chronic health conditions they reported about were limited. There is an urgent need for better evidence

on the prevalence of chronic health conditions among children with intellectual disability.

308. O'Keeffe, N. and J. O'Hara, *Mental health needs of parents with intellectual disabilities*. *Curr Opin Psychiatry*, 2008. **21**(5): p. 463-8. **PURPOSE OF REVIEW:** Parents with intellectual disabilities are more susceptible to psychological distress, isolation and abuse, but little is known about their mental health. A significant proportion risk losing custody of their children and current services are inadequate to meet their needs. It is timely to review this in the light of current reforms and good practice guidance. **RECENT FINDINGS:** Parents with intellectual disabilities have a right to specialist support to enable them to enjoy a normal family life; however, this is not always the case in practice. Access to appropriate services can be challenging owing to a combination of factors including a lack of expertise, funding and different eligibility criteria. Recent studies indicate these parents have an increased risk of psychopathology and mental health problems which impact on their ability to parent. Recent guidelines, however, have failed to address this area of need and services continue to be crisis driven. **SUMMARY:** This review highlights the high prevalence of mental health needs in parents with intellectual disabilities. A 'continuum of prevention' is a key principle of good practice, demonstrating the need for collaborative multi-agency working. This must include mental health services if the social inclusion and human rights agenda of families with an intellectually disabled parent are to be realized.

309. Olmos-Gallo, P.A. and K.K. de Roche, *GUEST EDITORIAL: Monitoring outcomes in mental health recovery: The effect on programs and policies*. *Advances in Mental Health*, 2010. **9**(1): p. 8-16. Mental health recovery is emerging as a central philosophy in every institution providing mental health services across the world. However, in order to implement effective and efficient programs and policies that focus on recovery, it is important to understand how recovery happens. This understanding involves more than outcomes monitoring; it requires that the indicators be used in a way that will increase our understanding and do not lead us in unexpected directions. Therefore, it is important that mental health stakeholders recognize the impact that outcomes monitoring can have on programs and be aware of their unwanted influence. In this paper we describe the measurement tools, methodological techniques (quantitative and qualitative), and outcome reporting systems currently used at the Mental Health Center of Denver in the United States, that are helping us to investigate critical research questions about what drives recovery. The article concludes by discussing how we are using the information we have gathered to develop programs and policies that help people recover, as well as use resources more efficiently. [ABSTRACT FROM AUTHOR]

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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=59622856&site=ehost-live&scope=site>

310. O'Regan, P. and E. Drummond, *Cancer information needs of people with intellectual disability: a review of the literature*. *Eur J Oncol Nurs*, 2008. **12**(2): p. 142-7. The lifespan of people with an intellectual disability has increased significantly in recent years; however, this has resulted in a rising incidence of age-related illnesses including cancer. The World Health Organisation has expressed concern as evidence suggests prevalence rates for cancer are increasing for this group. The needs of people with a cancer diagnosis and an intellectual disability are beginning to be highlighted; however, there appears to be a substantial dearth of services including appropriate cancer information. This presents alarming obstacles and barriers to high-quality cancer care impacting on treatment, management and overall survival rates for this client group. Furthermore, a number of policy and research reports directed at the health needs of people with an intellectual disability have continually highlighted the need for accessible information and effective communication. Having access to cancer information should be considered a crucial part of providing optimum holistic care for this client group. Cancer professionals should assess the unique information needs of people with an intellectual disability as mainstream information does not meet their requirements. Furthermore, health professionals working in intellectual disability settings must also address their knowledge and information deficits in this regard. This paper presents a review of the literature with a specific focus on the cancer information needs of people with an intellectual disability.

311. Oriel, K.N., C.L. George, and P.J. Blatt, *The Impact of a Community Based Exercise Program in Children and Adolescents with Disabilities: A Pilot Study*. *Physical Disabilities: Education and Related Services*, 2008. **27**(1): p. 5-20. This pilot study sought to determine if participation in an after school community-based exercise program would result in improved fitness, self-concept, and social skills in a heterogeneous sample of children and adolescents with disabilities. Eighteen participants with physical and/or cognitive disabilities were recruited for an 8-week exercise program.

Pre/post testing measures included: a modified Presidential Fitness Test (PFT), Energy Expenditure Index (EEI), body mass index (BMI), and the Piers-Harris 2. Social interactions were recorded each week. The results of this pilot study indicated that children and adolescents with disabilities could improve in measures of fitness as a result of participation in a structured group exercise program. More importantly, study results underscore the need for further research to address the limitations and challenges inherent in providing and studying the effects of community-based programs in heterogeneous samples of children and adolescents with disabilities. (Contains 4 tables and 1 figure.)

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ807723&site=ehost-live&scope=site>

312. Ornoy, A. and Z. Ergaz, *Alcohol abuse in pregnant women: Effects on the fetus and newborn, mode of action and maternal treatment*. International Journal of Environmental Research and Public Health, 2010. 7(2): p. 364-379. Offspring of mothers using ethanol during pregnancy are known to suffer from developmental delays and/or a variety of behavioral changes. Ethanol, may affect the developing fetus in a dose dependent manner. With very high repetitive doses there is a 6-10% chance of the fetus developing the fetal alcoholic syndrome manifested by prenatal and postnatal growth deficiency, specific craniofacial dysmorphic features, mental retardation, behavioral changes and a variety of major anomalies. With lower repetitive doses there is a risk of "alcoholic effects" mainly manifested by slight intellectual impairment, growth disturbances and behavioral changes. Binge drinking may impose some danger of slight intellectual deficiency. It is advised to offer maternal abstinence programs prior to pregnancy, but they may also be initiated during pregnancy with accompanying close medical care. The long term intellectual outcome of children born to ethanol dependent mothers is influenced to a large extent by the environment in which the exposed child is raised. 2010 by the authors; licensee Molecular Diversity Preservation International.

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10.3390%2Fijerph7020364&issn=1660-4601&isbn=&volume=7&issue=2&spage=364&pages=364-379&date=2010&title=International+Journal+of+Environmental+Research+and+Public+Health&atitle=Alcohol+abuse+in+pregnant+women%3A+Effects+on+the+fetus+and+newborn%2C+mode+of+action+and+maternal+treatment&aulast=Ornoy&pid=%3Cauthor%3EOrnoy+A.%3C%2Fauthor%3E%3CAN%3E2010182900%3C%2FAN%3E%3CDT%3EJournal%3A+Review%3C%2FDT%3E

313. Osterman, R.L. and J. Dyehouse, *Oral Presentations*

Effects of a Motivational Interviewing Intervention to Decrease Prenatal Alcohol Use.

Australian and New Zealand Journal of Psychiatry, 2008. 42(1 suppl): p. A54-A121. This study determined the effectiveness of motivational interviewing (MI) to decrease prenatal alcohol use, while examining mechanisms of behavior change based on self-determination theory that may have evoked decreases in drinking behaviors. In all, 67 pregnant women who reported previous-year alcohol use were randomly assigned to an MI intervention or comparison group, with 56 women completing all study procedures. Both groups were assessed at baseline and 4- to 6-week follow-up for alcohol use and mechanisms of behavior change (basic psychological needs satisfaction and autonomous motivation). Only the MI group received the intervention after baseline assessments. Although MI was not found effective in decreasing prenatal drinking behaviors in this study, nonspecific factors were identified, such as treatment structures, participant motivation for improvement, and provider qualities, which may have influenced these results. More research is needed to determine theory-based specific and nonspecific factors that drive effective nursing interventions to decrease alcohol use during pregnancy.

http://anp.sagepub.com/cgi/content/short/42/1_suppl/A54

<http://wjn.sagepub.com/cgi/content/abstract/34/4/434>

314. Oswald, A.J., N. Powdthavee, and H. Gintis, *Two Reviews of "The Challenge of Affluence: Self-Control and Well-Being in the United States and Britain since 1950"*. The Economic Journal, 2007. 117(521): p. F441-F459. Is affluence a good thing? The book *The Challenge of Affluence* by Avner Offer (2006) argues that economic prosperity weakens self-control and undermines human well-being. Consistent with a pessimistic view, we show that psychological distress has been rising through time in modern Great Britain. Taking over-eating as an example, our data reveal that half the British population view themselves as overweight, and that happiness and mental health are worse among fatter people in Britain and Germany. Comparisons also matter. We discuss problems of inference and argue that longitudinal data are needed. We suggest a theory of obesity imitation where utility depends on relative weight.

<http://www.jstor.org/stable/4625531>

315. Ouellette-Kuntz, H., *Commentary: Comprehensive health assessments for adults with intellectual disabilities*. *International journal of epidemiology*, 2007. **36**(1): p. 147-148.

<http://www.ingentaconnect.com/content/oup/ije/2007/00000036/00000001/art00025>
<http://dx.doi.org/10.1093/ije/dyl300>

316. Overland, R., et al., *Verifiability of diagnostic categories and work ability in the context of disability pension award: A survey on "gatekeeping" among general practitioners in Norway*. *BMC Public Health*, 2008. **8**(1): p. 137.

BACKGROUND: Disability benefits exist to redeem social and financial consequences of reduced work ability from medical conditions. Physicians are responsible for identifying the medical grounds for benefit claims. The aim of this study was to explore physicians' views on verifiability of medical conditions and related work ability in this context. METHODS: Information on verifiability of diagnostic categories and work ability was obtained from a survey among a representative sample of general practitioners (GPs) in Norway (n = 500, 25.2% response rate). Verifiability was defined as to what extent the assessment is based on objective criteria versus on information from the patient. We enquired about the diagnostic categories used in official statistics on main disability benefit causes in Norway and elsewhere. RESULTS: On a scale from 0 (low verifiability) to 5 (high verifiability), the mean level of verifiability across all diagnostic categories was 3.7 (SD = 0.42). Degree of verifiability varied much between diagnostic categories, and was low in e.g. unspecified rheumatism/myalgia and dorsopathies, and high in neoplasms and congenital malformations, deformation and chromosomal abnormalities. Verifiability of work ability was reported to be more problematic than that of diagnostic categories. The diagnostic categories rated as the least verifiable, are also the most common in disability pension awards. CONCLUSION: Verifiability of both diagnostic categories and work ability in disability assessments are reported to be moderate by GPs. We suggest that the low verifiability of diagnostic categories and related work ability assessments in the majority of disability pension awards is important in explaining why GPs find the gatekeeping-function problematic.

<http://www.biomedcentral.com/1471-2458/8/137>

317. Owens, P.L., et al., *Vision and oral health needs of individuals with intellectual disability*. *Mental Retardation and Developmental Disabilities Research Reviews*, 2006. **12**(1): p. 28-40.

Over the past 20 years, there has been an increased emphasis on health promotion, including prevention activities related to vision and oral health, for the general population, but not for individuals with intellectual disability (ID). This review explores what is known about the prevalence of vision problems and oral health conditions among individuals with ID, presents a rationale for the increased prevalence of these conditions in the context of service utilization, and examines the limitations of the available research. Available data reveal a wide range of prevalence estimates for vision problems and oral health conditions, but all suggest that these conditions are more prevalent among individuals with ID compared with the general population, and disparities exist in the receipt of preventive and early treatment for these conditions for individuals with ID. Recommendations for health improvement in these areas include better health planning and monitoring through standardized population-based data collection and reporting and increased emphasis on health promotion activities and early treatment in the healthcare system. (C) 2006 Wiley-Liss, Inc.dagger

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318. Ozer, D., et al., *Effects of a Special Olympics Unified Sports soccer program on psycho-social attributes of youth with and without intellectual disability*. *Research in Developmental Disabilities*, 2012. **33**(1): p. 229-39.

<http://ovidsp.ovid.com/ovidweb.cgi?>

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319. Pape, K., et al., *Reading and writing difficulties in adolescence and later risk of welfare dependence. A ten year follow-up, the HUNT Study, Norway*. *BMC Public Health*, 2011. **11**(1): p. 718.

BACKGROUND: Welfare dependence and low work participation among young people have raised concern in many European countries. Reading and writing difficulties (RWD) might make young people vulnerable to work integration problems and welfare dependence through negative influences on education and health. Our main objective of this study was to examine if RWD in adolescence affected the risk of welfare dependence in young adulthood. METHODS: Baseline information on self-reported RWD, health and family was

obtained for 8950 school-attending adolescents in Nord-Trøndelag County, Norway, participating in the Young-HUNT1 survey, 1995-97. All individuals were linked to biological parents to identify siblings and parental education from national registers. Welfare dependence was assessed by the reception of social benefits (medical and economic) from the national social insurance database (1998-2007). Only long-term benefits (> 180 days) were included. RESULTS: The adolescents who reported RWD at baseline were more likely to receive medical or social benefits during follow-up compared with those who did not report RWD. In girls with RWD, the adjusted 5-year risk (at age 24 to 28) for receiving medical benefits was 0.20 (95% confidence interval 0.14-0.26), compared with 0.11 (0.09-0.12) in girls without RWD. In boys the corresponding risks were 0.13 (0.09-0.17) and 0.08 (0.07-0.09). CONCLUSIONS: The associations between RWD in adolescence and welfare dependence later in life suggest that increased attention should be paid to these problems when discussing the public health aspects of work integration, since there might be a potential for prevention.

<http://www.biomedcentral.com/1471-2458/11/718>

320. Parkes, N. and M. Jukes, *Professional boundaries in a person-centred paradigm*. Br J Nurs, 2008. 17(21): p. 1358-64. Since Valuing People (Department of Health, 2001), there has been a marked change in landscape for housing support and service provision for people with a learning disability. Care and supported living options are now provided by a myriad of providers across the healthcare, social-care and independent sectors. Due to the complexity of such individualized care arrangements, and the non-traditional roles of such service professionals and providers, examination of professional role boundaries with service users is essential; traditional role boundaries are not easily transferable or considered within such professional supports and services. This article discusses important facets of professional boundaries that impact directly on such contemporary, learning disability, person-centred services.

321. Parry, J.T., *Finding a Right to Be Tortured*. Law and Literature, 2007. 19(2): p. 207-228. This essay explores some of the conflicts at the core of liberal rights by comparing Ian McEwan's recent novel Saturday with Jeffrie Murphy's 1972 article, "Moral Death: A Kantian Essay on Psychopathy." Read together, these texts describe the role of rights in the "war on terror," particularly the way in which the terrorist (or person analogous to a terrorist) is easily defined within a liberal state as the person without rights. At the same time, however, the terrorist can also be described as a person who has different, more intrusive and amorphous rights. In contrast to the more familiar but elusive right "to be let alone," these different rights—which in other contexts might be called welfare rights—include rights to be treated, cared for, and, if necessary, dominated and controlled. They are also rights that generalize beyond the context of terrorism.

<http://www.jstor.org/stable/10.1525/lal.2007.19.2.207>

322. Paton, C., et al., *Nature and quality of antipsychotic prescribing practice in UK psychiatry of intellectual disability services*. Journal of Intellectual Disability Research, 2011. 55(7): p. 665-674. Antipsychotics are perceived to be over-used in the management of behavioural problems in people with an intellectual disability (ID). Published guidelines have set good practice standards for the use of these drugs for behavioural indications. We sought to identify the range of indications for which antipsychotic drugs are prescribed in people with ID and to audit clinical practice against the standards. Data were collected from the clinical records of individuals with ID who were under the care of mental health services in the UK, and prescribed an antipsychotic drug. The sample comprised 2319 patients from 39 clinical services. Twenty-seven per cent of the patients had a diagnosis of a psychotic illness (ICD-10 F20-29) and 27% an affective illness (ICD-10 F30-39). The proportion who did not have a psychiatric diagnosis ranged from 6% of those with borderline/mild ID to 21% of those with severe/profound ID. Overall, the most common indications for prescribing an antipsychotic drug were comorbid psychotic illness, anxiety and agitation, and a range of behavioural disturbances. The prevalence of use of antipsychotic drugs to manage challenging behaviour in the absence of concomitant mental illness increased with the severity of ID and accounted for almost half of prescriptions in those with severe/profound ID. Adherence to the audit standards related to documentation of clinical indications and review of efficacy was high. Side effect monitoring was less assiduous. In clinical practice, most prescriptions for antipsychotic drugs in people with ID are consistent with the evidence base and the overall quality of prescribing practice, as measured against recognised standards, is good, although in some patients potentially remedial side effects may not be detected and treated. [ABSTRACT FROM AUTHOR]

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323. Paz-Fuchs, A., *Welfare to Work: Myth and Fact, Social Inclusion and Labour*

Exclusion. Oxford Journal of Legal Studies, 2008. **28**(4): p. 797-817.
<http://www.jstor.org/stable/20185398>

324. Peate, I. and P. Maloret, *Testicular self-examination: the person with learning difficulties*. British Journal of Nursing, 2007. **16**(15): p. 931-5. People with learning disabilities are at just as much risk as the general population are of contracting cancer. Mainstream men's healthcare needs are often neglected and this is also true for men who have learning disabilities. Testicular self-examination (TSE) is seen as an important activity that men should be taught to detect any early changes that may be signs of physiological significance. While testicular cancer is rare, its incidence is rising. In the majority of cases of testicular cancer, over 90% are curable (Cancer Research UK, 2002). TSE, for the purposes of this article, is seen as an activity that can be carried out independently (by the man himself) or with the assistance of another person (for example, carer or partner). This article discusses the importance of TSE and, in particular, with men who have a learning disability.

<http://ovidsp.ovid.com/ovidweb.cgi?>

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325. Peebles, S.A., et al., *Immersing Practitioners in the Recovery Model: An Educational Program Evaluation*. Community Mental Health Journal, 2009. **45**(4): p. 239-245. The ascendance of the recovery movement in mental health care has led to the development and implementation of educational curricula for mental health providers to assist in mental health care system transformation efforts. The Medical College of Georgia (MCG) partnered with the Georgia State Department of Human Resources (DHR) to develop, implement, and evaluate such an educational curriculum for providers within an academic medical institution. This effort, entitled Project GREAT, led to the creation of a curriculum based on the SAMHSA-defined () critical components of recovery. As an initial evaluation of educational curriculum effectiveness, the authors examined effects of the training program on recovery-based knowledge and recovery-consistent attitudes. We also compared MCG provider knowledge and attitudes to those of a similar group of providers at a neighboring medical institution who did not receive the intervention and training. Findings generally supported the effectiveness of the intervention in increasing providers' knowledge of recovery and a shift in recovery-supporting attitudes. [ABSTRACT FROM AUTHOR]

Copyright of Community Mental Health Journal is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

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[direct=true&db=afh&AN=43467681&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?)

326. Penovic, T., [untitled]. Human Rights Quarterly, 2011. **33**(1): p. 229-243.
<http://www.jstor.org/stable/23015987>

327. Pérez, R.P., et al., *Fragile X Syndrome, Diabetes Mellitus Type 1 and Malabsorption Syndrome Síndrome frágil X, diabetes mellitus tipo 1 y síndrome de malabsorción intestinal*. MediSur, 2011. **9**.

328. Peterson, J.J., et al., *Paths to Leisure Physical Activity Among Adults With Intellectual Disabilities: Self-Efficacy and Social Support*. American Journal of Health Promotion, 2008. **23**(1): p. 35-42. Purpose. This study tested a path model that included perceptions of social support and self-efficacy for leisure physical activity and leisure physical activity participation among adults with intellectual disabilities. Design. A cross-sectional design was used. Data was collected via oral interview. Setting. Community-based group, supported-living settings in one Midwestern state. Sample. A total of 152 adults with mild to moderate intellectual disabilities, which provided a 39% response rate. Measures. Self-efficacy and social support (from family, residential staff and peers with disabilities) for leisure physical activity were assessed using self-reported scales. Leisure physical activity participation was measured with a self-reported checklist of the frequency of leisure physical activity participation. Analysis. Path analysis was conducted for the entire sample and was repeated for younger and older age groups. Results. The hypothesized model fit the data from each group. Social support and self-efficacy predicted physical activity participation, and self-efficacy served as a mediator between social support and physical activity. Significant sources of social support

differed between groups; among younger participants, social support from family predicted physical activity, whereas, for the older group, social support from staff and peers predicted physical activity. Conclusion. Self-efficacy and social support for leisure physical activity are related to leisure physical activity participation among adults with intellectual disabilities who are receiving supported-living services. The results provide information to guide health promotion programs for this group. [ABSTRACT FROM AUTHOR]

Copyright of American Journal of Health Promotion is the property of American Journal of Health Promotion and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=34230552&site=ehost-live&scope=site>

329. Peterson, J.J., et al., *Promoting Leisure Physical Activity Participation among Adults with Intellectual Disabilities: Validation of Self-Efficacy and Social Support Scales*. Journal of Applied Research in Intellectual Disabilities, 2009. **22**(5): p. 487-497. Background: Many individuals with intellectual disabilities are not sufficiently active for availing health benefits. Little is known about correlates of physical activity among this population on which to build health promotion interventions. Materials and Methods: We developed scales for measurement of self-efficacy and social support for leisure physical activity among adults with intellectual disabilities. Study participants were 152 adults with mild to moderate intellectual disabilities. Results: The scales demonstrated good internal consistency and fair to excellent test-re-test reliability. Confirmatory factor analyses revealed good fit for each of the scales, supporting the hypothesized structure of each. Scales also correlated with self-reported leisure physical activity, providing evidence of construct validity. Conclusions: Studies of physical activity correlates are needed to formulate evidence-based programmes to promote physical activity participation. This measure demonstrated good psychometric properties, and will be useful for examining social support and self-efficacy for physical activity by adults with intellectual disabilities.

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ851097&site=ehost-live&scope=site>
<http://dx.doi.org/10.1111/j.1468-3148.2009.00500.x>

330. Phillips, L., L. Wilson, and E. Wilson, *Assessing behaviour support plans for people with intellectual disability before and after the Victorian Disability Act 2006*. Journal of Intellectual and Developmental Disability, 2010. **35**(1): p. 9-13. Background: This study sought to elucidate the extent to which behaviour support plans for people with intellectual disability are inclusive of best practice criteria, with a comparison made prior to and following proclamation of the Disability Act (2006) in Victoria, Australia. Method: This study used a data collection instrument developed by the researchers incorporating best practice criteria as identified in the review of literature and Victorian legislative requirements. The instrument was used to assess a sample of behaviour support plans. Results: Best practice criteria are inadequately included in behaviour support plans with little difference between pre- and post-Act plans. Conclusion: The results of this study indicate that disability support staff are ill equipped to undertake the complex assessments, planning, and implementation associated with behaviour support strategies, despite the legislative framework that guides and directs this intervention. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc6&AN=2010-11978-002>
<http://openurl.bibsys.no/openurl?sid=OVID:psycdb&id=pmid:&id=doi:10.3109%2F13668250903499090&issn=1366-8250&isbn=&volume=35&issue=1&spage=9&pages=9-13&date=2010&title=Journal+of+Intellectual+and+Developmental+Disability&atitle=Assessing+behaviour+support+plans+for+people+with+intellectual+disability+before+and+after+the+Victorian+Disability+Act+2006.&aulast=Phillips&pid=%3Cauthor%3EPhillips%2C+Louise%3C%2Fauthor%3E%3CAN%3E2010-11978-002%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

331. Piachaud, J., J. Rohde, and A. Pasupathy, *Health screening for people with Down's syndrome*. Journal of Intellectual Disability Research, 1998. **42**(5): p. 341-345.

<http://www.ingentaconnect.com/content/bsc/jidr/1998/00000042/00000005/art00142>

332. Poon, K.K., *The activities and participation of adolescents with autism spectrum disorders in Singapore: findings from an ICF-based instrument*. Journal of Intellectual Disability Research, 2011. **55**(8): p. 790-800. The article discusses a study that assessed the activities of adolescents with autism spectrum disorder (ASD) in

Singapore and the suitability of the Activities and Participation Rating Scale (APRS) for achieving the purpose. Results of the study underscores the imperative for researchers and practitioners to develop a focus on strengths, generalisation and the quality of life of adolescents with ASD. The results also showed the potential of the APRS to document outcomes for ASD studies.

[http://search.ebscohost.com/login.aspx?
direct=true&db=afh&AN=62963323&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=62963323&site=ehost-live&scope=site)

333. Pooremamali, P., D. Persson, and M. Eklund, *Occupational therapists' experience of working with immigrant clients in mental health care*. Scandinavian Journal of Occupational Therapy, 2011. **18**(2): p. 109-121. Sweden's cultural diversity generates considerable challenges for occupational therapists. The aim of this study was to explore experiences and perceptions of occupational therapists working with immigrant psychiatric clients from the Middle East region. The study included interviews with eight occupational therapists employed in mental health care and working in a variety of settings. The data collection and analysis were carried out in accordance with the grounded theory approach. One core category, "the challenges of the multicultural therapeutic journey--a journey on a winding road" was identified. The core category included three categories: dilemmas in clinical practice, feelings and thoughts, and building cultural bridges, in turn comprising sub-categories and components. The results showed that the many dilemmas influencing effective multicultural occupational therapy were cultural, societal, and professional in nature. The dilemmas influenced feelings and thoughts, in turn influencing both motivation for seeking cultural knowledge and choice of adequate strategies in which the multicultural therapeutic relationship could develop. The results imply that culturally congruent occupational therapy practice needs to be further developed and more research is needed on how cultural issues can be met in occupational therapy practice. [ABSTRACT FROM AUTHOR]

Copyright of Scandinavian Journal of Occupational Therapy is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

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direct=true&db=afh&AN=60571884&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=60571884&site=ehost-live&scope=site)

334. Prebble, K., et al., *Implementing and Maintaining Nurse-Led Healthy Living Programs in Forensic Inpatient Settings: An Illustrative Case Study*. Journal of the American Psychiatric Nurses Association, 2011. **17**(2): p. 127-138. BACKGROUND: Healthy living programs (HLPs) within the context of mental health units are an applied response to the concerns of metabolic syndrome and the associated physical illnesses to which people with serious mental illness are susceptible. OBJECTIVE: To illustrate how nurses, with other health professionals and service users, have established and maintained HLPs in two locked forensic mental health units in New Zealand. DESIGN: This illustrative case study adopts a multimodal approach to data collection and analysis. Across two programs, interviews were undertaken with service users (n = 15) and staff (n = 17), minutes of meetings were analyzed for major decision points, and clinical notes were reviewed to identify which service-user health status measures (body mass index, glucose tolerance test results, blood pressure, and medication use) were recorded. RESULTS: Similarities were identified in the way the HLPs were implemented and maintained by champions who advocated for change, challenged staff attitudes, secured funding, and established new systems and protocols. Successful implementation depended on involvement of the multidisciplinary team. Each program operated within a different physical environment and adopted its own philosophical approach that shaped the style of the program. The HLPs had an impact on nurses, other staff, and on the culture of the institutions. The programs raised dilemmas about restrictions and risk versus autonomy and self-management. CONCLUSION: Understanding the effects of the clinical and philosophical contexts in which HLPs are established and the way challenges and benefits are affected by context has practical significance for the future development of health programs in forensic settings, prisons, and general mental health units.

<http://jap.sagepub.com/cgi/content/abstract/17/2/127>

335. Prieto, G., et al., *Nutritional status of iodine in pregnant women in Catalonia (Spain): study on hygiene-dietetic habits and iodine in urine*. BMC Pregnancy and Childbirth, 2011. **11**(17). Background: It is a priority to achieve an adequate nutritional status of iodine during pregnancy since iodine deficiency in this population may have repercussions on the mother during both gestation and post partum as well as on the foetus, the neonate and the child at different ages. According to the WHO, iodine deficiency is the most frequent cause of mental retardation and irreversible cerebral lesions around the world. However, few studies have been published on the nutritional status of iodine in the pregnant population within the Primary Care setting, a health care level which plays an essential role in the education and control of pregnant women. Therefore, the aim of the present study is: 1. - To know the hygiene-dietetic habits related

to the intake of foods rich in iodine and smoking during pregnancy. 2. - To determine the prevalence of iodine deficiency and the factors associated with its appearance during pregnancy. Methods/design: We will perform a cluster randomised, controlled, multicentre trial. Randomisation unit: Primary Care Team. Study population: 898 pregnant women over the age of 17 years attending consultation to a midwife during the first trimester of pregnancy in the participating primary care centres. Outcome measures: consumption of iodine-rich foods and iodine deficiency. Points of assessment: each trimester of the gestation. Intervention: group education during the first trimester of gestation on healthy hygiene-dietetic habits and the importance of an adequate iodine nutritional status. Statistical analysis: descriptive analysis of all variables will be performed as well as multilevel logistic regression. All analyses will be done carried out on an intention to treat basis and will be fitted for potential confounding factors and variables of clinical importance. Discussion: Evidence of generalised iodine deficiency during pregnancy could lead to the promotion of interventions of prevention such as how to improve and intensify health care educational programmes for pregnant women.

<http://www.biomedcentral.com/1471-2393/11/17>

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sid=OVID:caghdb&id=pmid:&id=doi:&issn=1471-2393&isbn=&volume=11&issue=17&spage=&pages=%288+March+2011%29&date=2011&title=BMC+Pregnancy+and+Childbirth&atitle=Nutritional+status+of+iodine+in+pregnant+women+in+Catalonia+%28Spain%29%3A+study+on+hygiene-dietetic+habits+and+iodine+in+urine.&aulast=Prieto&pid=%3Cauthor%3EPrieto%2C+G.%3C%2Fauthor%3E%3CAN%3E20113114172%3C%2FAN%3E%3CDT%3EJournal+article%3C%2FDT%3E

336. Prieto-Flores, M.-E., et al., *Identifying Connections Between the Subjective Experience of Health and Quality of Life in Old Age*. Qualitative Health Research, 2010. **20**(11): p. 1491-1499. The importance of qualitative methods in quality of life (QoL) studies is being increasingly recognized. Whereas attention has mainly focused on the exploration of relevant domains, subjective well-being, and representations of health in aging, less consideration has been given to relations among different QoL domains. We aimed in this research to identify connections between subjective health and other relevant domains from the perspective of older adults. We identified four central categories: adaptation to the limits of health in aging; seeking a balance in subjective health and QoL in aging; sense of place in centers for older people; and health and family interrelated dimensions of QoL in old age. According to the participants, the family domain positively impacts health as a consequence of contacts, support, and accomplishments. It might also have a negative impact as a result of a relatives' death or severe disease. The qualitative QoL perspective contributes to capturing the multidimensionality of health, aging, and place.

<http://qhr.sagepub.com/cgi/content/abstract/20/11/1491>

337. Prussing, E., [untitled]. Medical Anthropology Quarterly, 2010. **24**(3): p. 422-424.

<http://www.jstor.org/stable/40958995>

338. Pruss-Ustun, A., et al., *Knowns and unknowns on burden of disease due to chemicals: a systematic review*. Environmental Health, 2011. **10**(1): p. 9. BACKGROUND:Continuous exposure to many chemicals, including through air, water, food, or other media and products results in health impacts which have been well assessed, however little is known about the total disease burden related to chemicals. This is important to know for overall policy actions and priorities. In this article the known burden related to selected chemicals or their mixtures, main data gaps, and the link to public health policy are reviewed.METHODS:A systematic review of the literature for global burden of disease estimates from chemicals was conducted. Global disease due to chemicals was estimated using standard methodology of the Global Burden of Disease.RESULTS:In total, 4.9 million deaths (8.3% of total) and 86 million Disability-Adjusted Life Years (DALYs) (5.7% of total) were attributable to environmental exposure and management of selected chemicals in 2004. The largest contributors include indoor smoke from solid fuel use, outdoor air pollution and second-hand smoke, with 2.0, 1.2 and 0.6 million deaths annually. These are followed by occupational particulates, chemicals involved in acute poisonings, and pesticides involved in self-poisonings, with 375,000, 240,000 and 186,000 annual deaths, respectively.CONCLUSIONS:The known burden due to chemicals is considerable. This information supports decision-making in programmes having a role to play in reducing human exposure to toxic chemicals. These figures present only a number of chemicals for which data are available, therefore, they are more likely an underestimate of the actual burden. Chemicals with known health effects, such as dioxins, cadmium, mercury or chronic exposure to pesticides could not be included in this article due to incomplete data and information. Effective public health interventions are known to manage chemicals and limit their public health impacts and should be implemented at national and international levels.

<http://www.ehjournal.net/content/10/1/9>

339. Pulsifer-Anderson, E., *Helping Families Understand and Manage Pediatric Gastroesophageal Reflux*. Zero to Three, 2009. **29**(3): p. 50-59.
Gastroesophageal reflux is a common medical problem affecting about 5% of otherwise healthy children. It is extremely common among children with special needs and affects more than half of children with cerebral palsy, Down syndrome, premature birth, and several other common conditions. The disease is becoming more widely recognized, but children with atypical symptoms may go undiagnosed for years. The author describes how early childhood professionals can help families in three important ways: first, to understand the disease thoroughly so parents can track the symptoms and work with their medical team; second, to learn homecare techniques that are an essential part of the treatment; and third, how to support families when the daily demands of reflux pose a high emotional and physical burden.
<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ867184&site=ehost-live&scope=site>
http://www.zerotothree.org/site/PageServer?pagename=est_journal_index_archives
340. Quickel, E.J.W. and G.J. Demakis, *The Independent Living Scales in Civil Competency Evaluations: Initial Findings and Prediction of Competency Adjudication*. Law and Human Behavior, 2012: p. No Pagination Specified. We address a gap in the literature on civil competency by examining characteristics of those who undergo civil competency evaluations and how well Managing Money and Health and Safety subscales of the Independent Living Scales (ILS) predict legal competency adjudications. We were also interested whether these subscales are more accurate in making such predictions than the Mini-Mental State Examination and Trail-Making Test, Parts A and B, well-known measures of neuropsychological functioning. Actual legal competency decisions were obtained from public court records on 71 individuals with either mental retardation/borderline intellectual functioning (MR/BIF) or psychiatric, neurological, or combined psychiatric or neurological diagnoses. We found that those with neurological diagnoses performed significantly better on the Trail-Making Test, Part A, than the MR/BIF and combined neurological and psychiatric groups, and they demonstrated trends in the same direction for other measures. Both ILS subscales performed better than the cognitive measures, in terms of both hit rate and predictive value, in predicting ultimate judicial decision-making about competency. These findings are particularly relevant for clinicians who must decide what measures to include in an assessment battery in civil competency evaluations. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
341. Rabia, K. and E. Khoo, *A MENTALLY RETARDED PATIENT WITH SCHIZOPHRENIA*. Malaysian Family Physician, 2008. **3**(3).
342. Ramdoss, S., et al., *Use of computer-based interventions to promote daily living skills in individuals with intellectual disabilities: A systematic review*. Journal of Developmental and Physical Disabilities, 2012. **24**(2): p. 197-215. We provide a systematic analysis of studies investigating the effectiveness of computer-based interventions (CBI) to promote daily living skills (e.g., navigating public transit, shopping, and food preparation) in individuals with intellectual disability. This review synthesizes intervention outcomes and describes software features and system requirements for each CBI. This review has three aims: (a) to evaluate the evidence-base regarding CBI, (b) to inform and guide practitioners interested in using CBI and, (c) to stimulate and guide future research aimed at promoting daily living skills in individuals with intellectual disability. The majority of the participants in the reviewed studies were identified as having moderate intellectual disability. The results of this review suggest that CBI is a promising approach for promoting daily living skills in individuals with intellectual disability. Additional research is needed before CBI could be considered a well-established intervention. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).
<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc7&AN=2012-07123-008>
<http://openurl.bibsys.no/openurl?sid=OVID:psycdb&id=pmid:&id=doi:10.1007%2Fs10882-011-9259-8&issn=1056-263X&isbn=&volume=24&issue=2&spage=197&pages=197-215&date=2012&title=Journal+of+Developmental+and+Physical+Disabilities&atitle=Use+of+computer-based+interventions+to+promote+daily+living+skills+in+individuals+with+intellectual+disabilities%3A+A+systematic+review.&aulast=Ramdoss&pid=%3Cauthor%3ERamdoss%2C+Sathiyaprakash%3C%2Fauthor%3E%3CAN%3E2012-07123-008%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>
343. Reilly, C., R. Agnew, and B.G.R. Neville, *Depression and anxiety in childhood epilepsy: A review*. Seizure-European Journal of Epilepsy, 2011. **20**(8): p. 589-597. Population based studies suggest that symptoms of depression and anxiety are more frequent in children and adolescents with epilepsy compared with the general population. In terms of the manifestations of symptoms of depression and anxiety, there would appear to some symptoms unique to epilepsy in that they are associated with seizures and/or antiepileptic medications but these idiosyncratic symptoms remain under

reported and have not been extensively studied. In terms of correlates of significant symptoms of depression and anxiety in children with epilepsy, some reports indicate that seizure variables (e.g., seizure frequency) and use of polytherapy are associated with increases in symptoms whereas other studies have not found this relationship. Child and family attitude/adaptation to epilepsy may also be risk factors for depression and anxiety but more research is needed in this area. The assessment of symptoms of depression and anxiety in children with epilepsy can be challenging given the possible role of seizures and AEDs, and comprehensive assessment will involve the use of screening measures, diagnostic interviews and a consideration of epilepsy specific factors. There have been few studies carried out with respect to the treatment of symptoms and depression and anxiety in children and adolescents with epilepsy. There is a significant need for a greater understanding of the nature of symptoms of depression and anxiety in children with epilepsy to inform treatment decisions. While treatment of epilepsy specific symptoms of depression and anxiety may involve an evaluation of the current epilepsy treatment protocols, there may also be a need for pharmacological and/or psychotherapeutic interventions in the treatment of symptoms of depression and anxiety which are not epilepsy specific. (C) 2011 British Epilepsy Association. Published by Elsevier Ltd. All rights reserved.

<http://apps.webofknowledge.com/InboundService.do?>

SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000295312700001&SrcApp=EndNote&DestFail=http%3A%2F

%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord

344. Reitty, D.E., et al., *Parental bereavement and the loss of a child with intellectual disabilities: A review of the literature*. *Intellectual and Developmental Disabilities*, 2008. **46**(1): p. 27-43. Inequalities in health care and other risk factors mean that children with intellectual disabilities are more likely to predecease their parents. Research on the effects on family members when a child with intellectual disability dies is sparse. In the present review, the authors describe 5 studies of bereavement in intellectual disability and then turn to general parental bereavement research to inform the field of intellectual disability. Questions for future research and some implications for services and professionals are discussed. In particular, professionals should be aware of dissatisfaction with care pre-loss, disenfranchised grief, and post-loss support needs of family members.

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%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord

345. Reynolds, F. and D. Stanistreet, *Women with learning disabilities and Read coding: Lessons from a cohort study*. *BMC Public Health*, 2008. **8**(1): p. 252. **BACKGROUND:** The aim was to examine any differences in the way that Read codes are applied to the records for female patients with learning disabilities across three PCT areas. To ascertain the most commonly used read codes for learning disability. **METHODS:** This was a retrospective cohort study carried out in Bury, Heywood-and-Middleton and Rochdale PCTs. All women in the eligible age-group (25-64) as of the 1st June, 2005, who were in contact with the Learning Disabilities Teams in the relevant PCT areas were identified from the Teams' lists. The appropriate Read Codes were then used to identify women on GP systems. Patient data is stored on the GP database systems (Vision, EMIS, EMIS PC4 and Torex) and it was possible to search for patients with learning disabilities. **RESULTS:** The use of Read Codes varies across the three areas. The most commonly used Read codes were E3 (Mental Retardation) - 27%, PJO. (Down's Syndrome) - 14% and Eu81z (Learning Disabilities) - 8%. In 24% of the records a Read Code had not been documented. **CONCLUSION:** Read codes application varies between GP surgeries - dependent on PCT policy and the surgery's approach and also as a result of staff time.

<http://www.biomedcentral.com/1471-2458/8/252>

346. Rhoades, R., A. Scarpa, and B. Salley, *The importance of physician knowledge of autism spectrum disorder: results of a parent survey*. *Bmc Pediatrics*, 2007. **7**(1): p. 37. **BACKGROUND:** Early diagnosis and referral to treatment prior to age 3-5 years improves the prognosis of children with Autism Spectrum Disorder (ASD). However, ASD is often not diagnosed until age 3-4 years, and medical providers may lack training to offer caregivers evidence-based treatment recommendations. This study tested hypotheses that 1) children with ASD would be diagnosed between ages 3-4 years (replicating prior work), 2) caregivers would receive little information beyond the diagnosis from their medical providers, and 3) caregivers would turn to other sources, outside of their local health care professionals, to learn more about ASD. **METHODS:** 146 ASD caregivers responded to an online survey that consisted of questions about demographics, the diagnostic process, sources of information/support, and the need and

availability of local services for ASDs. Hypotheses were tested using descriptives, regression analyses, analyses of variance, and chi-squared. RESULTS: The average age of diagnosis was 4 years, 10 months and the mode was 3 years. While approximately 40% of professionals gave additional information about ASD after diagnosis and 15-34% gave advice on medical/educational programs, only 6% referred to an autism specialist and 18% gave no further information. The diagnosis of Autism was made at earlier ages than Asperger's Disorder or PDD-NOS. Developmental pediatricians (relative to psychiatrists/primary care physicians, neurologists, and psychologists) were associated with the lowest age of diagnosis and were most likely to distribute additional information. Caregivers most often reported turning to the media (i.e., internet, books, videos), conferences, and other parents to learn more about ASD. CONCLUSION: The average age of ASD diagnosis (4 years, 10 months) was later than optimal if children are to receive the most benefit from early intervention. Most professionals gave caregivers further information about ASDs, especially developmental pediatricians, but a sizeable minority did not. This may reflect a lack of training in the wide range of behaviors that occur across the autism spectrum. Parents turned to outside sources to learn more about ASD. We recommend that all physicians receive specialized training about ASDs to improve upon early screening and diagnosis, and then advise caregivers about empirically-supported services.

<http://www.biomedcentral.com/1471-2431/7/37>

347. Richard-Devantoy, S., J.P. Olie, and R. Gourevitch, [*Risk of homicide and major mental disorders: a critical review*]. *Encephale*, 2009. **35**(6): p. 521-30.

INTRODUCTION: Tragic and high profile killings by people with mental illness have been used to suggest that the community care model for mental health services has failed. It is also generally thought that schizophrenia predisposes subjects to homicidal behaviour. OBJECTIVE: The aim of the present paper was to estimate the rate of mental disorder in people convicted of homicide and to examine the relationship between definitions. We investigated the links between homicide and major mental disorders. METHODS: This paper reviews studies on the epidemiology of homicide committed by mentally disordered people, taken from recent international academic literature. The studies included were identified as part of a wider systematic review of the epidemiology of offending combined with mental disorder. The main databases searched were Medline. A comprehensive search was made for studies published since 1990. RESULTS: There is an association of homicide with mental disorder, most particularly with certain manifestations of schizophrenia, antisocial personality disorder and drug or alcohol abuse. However, it is not clear why some patients behave violently and others do not. Studies of people convicted of homicide have used different definitions of mental disorder. According to the definition of Hodgins, only 15% of murderers have a major mental disorder (schizophrenia, paranoia, melancholia). Mental disorder increases the risk of homicidal violence by two-fold in men and six-fold in women. Schizophrenia increases the risk of violence by six to 10-fold in men and eight to 10-fold in women. Schizophrenia without alcoholism increased the odds ratio more than seven-fold; schizophrenia with coexisting alcoholism more than 17-fold in men. We wish to emphasize that all patients with schizophrenia should not be considered to be violent, although there are minor subgroups of schizophrenic patients in whom the risk of violence may be remarkably high. According to studies, we estimated that this increase in risk could be associated with a paranoid form of schizophrenia and coexisting substance abuse. The prevalence of schizophrenia in the homicide offenders is around 6%. Despite this, the prevalence of personality disorder or of alcohol abuse/dependence is higher: 10% to 38% respectively. The disorders with the most substantially higher odds ratios were alcohol abuse/dependence and antisocial personality disorder. Antisocial personality disorder increases the risk over 10-fold in men and over 50-fold in women. Affective disorders, anxiety disorders, dysthymia and mental retardation do not elevate the risk. Hence, according to the DMS-IV, 30 to 70% of murderers have a mental disorder of grade I or a personality disorder of grade II. However, many studies have suffered from methodological weaknesses notably since obtaining comprehensive study groups of homicide offenders has been difficult. CONCLUSIONS: There is an association of homicide with mental disorder, particularly with certain manifestations of schizophrenia, antisocial personality disorder and drug or alcohol abuse. Most perpetrators with a history of mental disorder were not acutely ill or under mental healthcare at the time of the offence. Homicidal behaviour in a country with a relatively low crime rate appears to be statistically associated with some specific mental disorders, classified according to the DSM-IV-TR classifications.

348. Rimmer, J.H., et al., *Obesity and Obesity-Related Secondary Conditions in Adolescents with Intellectual/Developmental Disabilities*. *Journal of Intellectual Disability Research*, 2010. **54**(9): p. 787-794. Background: To explore the prevalence of obesity and related secondary conditions associated with obesity in adolescents with intellectual/developmental disabilities (IDD). Methods: In total, 461 parents of adolescents with IDD (M = 14.9 year, SD = 1.9) across 49 US states completed a web-based survey containing questions related to their child's health status, including body weight and existing health conditions. Results were compared with published data for youth without disabilities. Results: Adolescents with autism and Down syndrome were two to three times more likely to be obese than adolescents in the general population. Secondary health conditions were higher in obese adolescents with IDD compared with healthy weight adolescents with IDD including high blood pressure,

high blood cholesterol, diabetes, depression, fatigue, liver or gallbladder problems, low self-esteem, preoccupation with weight, early maturation and pressure sores.
Conclusion: Obesity is as much of a health problem in youth with IDD as it is among youth without disabilities and, in certain disability groups, is a significantly greater health problem. Obese youth with IDD have a high number of obesity-related secondary conditions predisposing them to greater health problems as they transition into adulthood. Federal and local initiatives to reduce obesity among youth in the general population must recognise the need for interventions that are also relevant (i.e. accessible and effective) for youth with IDD. (Contains 3 tables.)

[http://search.ebscohost.com/login.aspx?
direct=true&db=eric&AN=EJ894544&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ894544&site=ehost-live&scope=site)
<http://dx.doi.org/10.1111/j.1365-2788.2010.01305.x>

349. Robertson, J. and E. Emerson, *Participation in Sports by People with Intellectual Disabilities in England: A Brief Report*. Journal of Applied Research in Intellectual Disabilities, 2010. **23**(6): p. 616-622. Background: Participation in sports has been linked to a range of physical, social and mental health benefits. Little is known about the extent to which people with intellectual disabilities take part in sports. This study looks at participation in sports and factors associated with participation by people with intellectual disabilities in England. Method: Data on participation in sports and measures of personal characteristics, living situation, social participation, and socioeconomic status associated with participation were analysed based on a sample of 2784 people with intellectual disabilities in England. Results: Overall, 41% of participants had taken part in sports in the past month, nearly all of whom had enjoyed it. Of those who did not take part, 34% said they would like to. Participation in sport was associated with some personal characteristics but not with support needs, and was also associated with indicators of socioeconomic status. Conclusions: Targeting interventions to increase participation in sports by people with intellectual disabilities may make a significant contribution to improving their health and well-being.

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direct=true&db=eric&AN=EJ902205&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ902205&site=ehost-live&scope=site)
<http://dx.doi.org/10.1111/j.1468-3148.2009.00540.x>

350. Robertson, J., et al., *The impact of health checks for people with intellectual disabilities: A systematic review of evidence*. Journal of Intellectual Disability Research, 2011. **55**(11): p. 1009-1019. Background Health checks for people with intellectual disabilities (ID) have been recommended as one component of health policy responses to the poorer health of people with ID. This review summarises evidence on the impact of health checks on the health and well-being of people with ID. Methods Electronic literature searches and email contacts were used to identify literature relevant to the impact of health checks for people with ID. Results A total of 38 publications were identified. These involved checking the health of over 5000 people with ID from a range of countries including a full range of people with ID. Health checks consistently led to detection of unmet health needs and targeted actions to address health needs. Conclusions Health checks are effective in identifying previously unrecognised health needs, including life-threatening conditions. Future research should consider strategies for optimising the cost-effectiveness or efficiency of health checks. 2011 The Authors. Journal of Intellectual Disability Research 2011 Blackwell Publishing Ltd.

[http://ovidsp.ovid.com/ovidweb.cgi?
T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed10&AN=2011591998](http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed10&AN=2011591998)
<http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:&id=doi:10.1111%2Fj.1365-2788.2011.01436.x&issn=0964-2633&isbn=&volume=55&issue=11&spage=1009&pages=1009-1019&date=2011&title=Journal+of+Intellectual+Disability+Research&atitle=The+impact+of+health+checks+for+people+with+intellectual+disabilities%3A+A+systematic+review+of+evidence&aulast=Robertson&pid=%3Cauthor%3ERobertson+J.%3C%2FAuthor%3E%3CAN%3E2011591998%3C%2FAN%3E%3CDT%3EJournal%3A+Review%3C%2FDT%3E>

351. Robinson, F., *Self-care for people with long-term conditions*. Practice Nurse, 2010. **40**(8): p. 9-10. The article focuses on medical services that community nurses offer to patients with long-term conditions in Great Britain. The Self Care Week reportedly aims to encourage people with long-term conditions to become more responsible for their health through learning the support and available information about self-care. Ann Jones, a community matron employed by Newcastle Primary Care Trust, collaborates with a team that offers specialist community services to patients suffering from chronic obstructive pulmonary disease (COPD).

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direct=true&db=afh&AN=55749187&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=55749187&site=ehost-live&scope=site)

352. Robotham, D., et al., *Social validity of randomised controlled trials in health services research and intellectual disabilities: a qualitative exploration of stakeholder views*. Trials, 2011. **12**: p. 144. BACKGROUND: Randomised controlled

trials (RCTs) are the gold standard of evidence-based practice in medicine but they have had limited influence in the field of intellectual disabilities. Previous literature suggests that participants and professionals have limited tolerance for this type of research methodology. However, it is not known how well service users, carers and other health professionals understand and accept the need for RCTs, and why it is important for individuals with intellectual disabilities to be included in this kind of research. METHODS: We examined individual perceptions of RCTs in 51 participants (18 carers, 6 service users and 27 professionals) using semi-structured interviews. A framework approach was adopted in the analysis of data. RESULTS: We found that participants had concerns about capacity and resource allocation but held positive views towards this type of research methodology. Understanding of the principles behind RCTs was poor amongst service users and a minority of carers, but mediated by previous exposure to research for professionals. CONCLUSIONS: The social validity of RCTs in intellectual disabilities may be compromised by lack of understanding of the design and the on-going concerns about obtaining informed consent especially in incapacitated adults. However, the overall finding that the need for this form of research was seen in a positive light suggests that there is a turning point in the perceptions of stakeholders working in intellectual disabilities services. We recommend that researchers include on-going education on RCT design during trials, tailoring it to all stakeholders with emphasis on strong service user and care involvement. This could be a pivotal element in improving acceptability of, and recruitment to RCTs.

353. Rojas, E.Y. and H.M. Gretton, *Background, Offence Characteristics, and Criminal Outcomes of Aboriginal Youth Who Sexually Offend: A Closer Look at Aboriginal Youth Intervention Needs*. *Sexual Abuse: A Journal of Research and Treatment*, 2007. **19**(3): p. 257-283. Canada's Aboriginal peoples face a number of social and health issues. Research shows that Aboriginal youths are over-represented in the criminal justice system and youth forensic psychiatric programmes. Within the literature on sex offending youth, there appears to be no published data available to inform clinicians working with adjudicated Aboriginal youth. Therefore, the present study examines the background, offence characteristics, and criminal outcomes of Aboriginal (n= 102) and non-Aboriginal (n=257) youths who engaged in sexual offending behaviour and were ordered to attend a sexual offender treatment programme in British Columbia between 1985 and 2004. Overall, Aboriginal youths were more likely than non-Aboriginal youths to have background histories of fetal alcohol spectrum disorders (FASD), substance abuse, childhood victimization, academic difficulties, and instability in the living environment. Both Aboriginal and non-Aboriginal youths had a tendency to target children under 12-years-old, females, and non-strangers. Aboriginal youths were more likely than non-Aboriginal youths to use substances at the time of their sexual index offence. Outcome data revealed that Aboriginal youths were more likely than their non-Aboriginal counterparts to recidivate sexually, violently, and non-violently during the 10-year follow-up period. Furthermore, the time between discharge and commission of all types of re-offences was significantly shorter for Aboriginal youths than for non-Aboriginal youths. Implications of these findings are discussed with regards to the needs of Aboriginal youth and intervention.

<http://sax.sagepub.com/cgi/content/abstract/19/3/257>

354. Romeo, R., et al., *Cost Estimation of a Health-Check Intervention for Adults with Intellectual Disabilities in the UK*. *Journal of Intellectual Disability Research*, 2009. **53**(5): p. 426-439. Background: High rates of health needs among adults with intellectual disabilities flag the need for information about the economic consequences of strategies to identify and address unmet needs. Health-check interventions are one such strategy, and have been demonstrated to effect health gains over the following 12-month period. However, little is known about their effects on service use and costs, and hence how affordable such interventions are. Methods: We examined service use patterns and costs over a 12-month period for 50 adult participants with intellectual disabilities who received a health-check intervention and 50 individually matched control participants who received standard care only. Results: The health-check intervention was cheap, and it did "not" have associated higher costs in terms of service usage. Indeed, mean cost of care for the adults who received standard care only was greater than for the adults who received the health-check intervention. The higher costs were due to differences in unpaid carer support costs. Conclusion: This is the first study to report the associated service use, and costs of a health-check intervention to improve the health of adults with intellectual disabilities and reduce health inequalities. Results suggest this intervention is cheap and affordable compared with standard care, supporting clinical outcome evidence for its introduction into health care policy and implementation. However, further research is needed to confirm this finding with a larger sample.

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<http://dx.doi.org/10.1111/j.1365-2788.2009.01159.x>

355. Rose, A.C., *Mental illness and social health*. *Reviews in American History*, 2009. **37**(3): p. 401-406.

<http://www.jstor.org/stable/40589660>

356. Rose, N., J. Rose, and S. Kent, *Staff training in intellectual disability services: a review of the literature and implications for mental health services provided to individuals with intellectual disability*. International Journal of Developmental Disabilities, 2012. **58**(1): p. 24-39. The Department of Health (2001, 2009) policy shift from specialist intellectual disability (ID) services towards mainstream mental health service provision has implications for staff. Research suggests that mainstream mental health service staff perceive inadequate training and a consequent knowledge deficit in relation to individuals with ID. Consequently, the implementation of appropriate staff training packages seems imperative to ensure high quality mental health care to this population. PsycINFO and OvidMEDLINE (R) were accessed to conduct a systematic literature review. The current evidence base on training approaches for staff who provide services to individuals with ID was identified. A broad review of ID staff training approaches provided an opportunity to extrapolate the most relevant research findings with regard to increasing staff skills, knowledge and attitudes for staff in mental health services. Once exclusion criteria was applied, the literature search produced a total of 29 articles, spanning from January 2004 to March 2009, appropriate for inclusion in the review. The review suggested that training for staff who deliver services to individuals with ID can be effective in increasing skills, knowledge and attitudes. This is discussed within the context of training for staff providing mental health services for adults with ID. Future research is proposed in light of the methodological limitations identified within the studies reviewed.
- <http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIIP&product=WOS&UT=000305406800004&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord>
357. Rowe, H.J., J.R.W. Fisher, and J.A. Quinlivan, *Are pregnant Australian women well informed about prenatal genetic screening? A systematic investigation using the Multidimensional Measure of Informed Choice*. Australian & New Zealand Journal of Obstetrics & Gynaecology, 2006. **46**(5): p. 433-439.
- <http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2009306523&site=ehost-live&scope=site>
358. Roy, S., et al., *Comprehensive motor testing in Fmr1-KO mice exposes temporal defects in oromotor coordination*. Behavioral Neuroscience, 2011. **125**(6): p. 962-969. Fragile X syndrome (FXS; MIM #300624), a well-recognized form of inherited human mental retardation is caused, in most cases, by a CGG trinucleotide repeat expansion in the 5'-untranslated region of FMR1, resulting in reduced expression of the fragile X mental retardation protein (FMRP). Clinical features include macroorchidism, anxiety, mental retardation, motor coordination, and speech articulation deficits. The Fmr1 knockout (Fmr1-KO) mouse, a mouse model for FXS, has been shown to replicate the macroorchidism, cognitive deficits, and neuroanatomical abnormalities found in human FXS. Here we asked whether Fmr1-KO mice also display appendicular and oromotor deficits comparable to the ataxia and dysarthric speech seen in FXS patients. We employed standard motor tests for balance and appendicular motor coordination, and used a novel long-term fluid-licking assay to investigate oromotor function in Fmr1-KO mice and their wild-type (WT) littermates. Fmr1-KO mice performed equally well as their WT littermates on standard motor tests, with the exception of a raised-beam task. However, Fmr1-KO mice had a significantly slower licking rhythm than their WT littermates. Deficits in rhythmic fluid-licking in Fmr1-KO mice have been linked to cerebellar pathologies. It is believed that balance and motor coordination deficits in FXS patients are caused by cerebellar neuropathologies. The neuronal bases of speech articulation deficits in FXS patients are currently unknown. It is yet to be established whether similar neuronal circuits control rhythmic fluid-licking pattern in mice and speech articulation movement in humans. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
359. Salvador-Carulla, L. and C. Garcia-Gutierrez, *The WHO construct of health-related functioning (HrF) and its implications for health policy*. BMC Public Health, 2011. **11**(Suppl 4): p. S9. BACKGROUND:The International Classification of Functioning (ICF) has acquired a central role in the WHO Family of International Classifications and it has been extensively adopted as the reference framework for health-related functioning (HrF). This review aims to provide a description of the ICF/HrF to contextualise ICF/HrF in relation to other approaches to health functioning and to describe its application in policy and legislation with a special focus on Spain.METHODS:Narrative review based on the scientific literature and prior expert knowledge.RESULTS:ICF is both a coding system and a conceptual framework of HrF, which is framed as a unidimensional, bipolar and asymmetric construct with a negative pole (disability) and a positive pole (good functioning) with higher complexity. Other models of HrF include health promotion, quality of life and activities of daily living (ADL). The curtailed taxonomy of ICF and its unclear distinction from other approaches have had significant implications for research, policy and legislation, as illustrated by the case

of the legislation and services for functional dependency in Spain and other examples. CONCLUSIONS: The ICF model of functioning is more comprehensive and usable than previous alternatives, but a full taxonomy of the HrF construct is needed to avoid further confusions in this field. This should also comprise harmonisation with other classifications of the WHO Family of International Classifications and other models of health functioning.

<http://www.biomedcentral.com/1471-2458/11/S4/S9>

360. Samadi, S.A. and R. McConkey, *Parents of children with autism spectrum disorder and children with intellectual disabilities and their stress and general health*. International Journal of Integrated Care, 2009. **9**(5).
361. Samelson-Jones, E., D.M. Mancini, and P.A. Shapiro, *Cardiac transplantation in adult patients with mental retardation: do outcomes support consensus guidelines?* Psychosomatics, 2012. **53**(2): p. 133-8. BACKGROUND: Selection criteria guidelines list mental retardation as a relative contraindication to heart transplantation, but not to kidney transplantation. OBJECTIVE: The authors present a case series of adults with mental retardation or comparable acquired intellectual disability who underwent heart transplantation. They discuss the literature on heart and kidney transplantation in people with mental retardation and the ethical reasoning that guides how recipients of solid organ grafts are chosen. METHOD: Literature review and retrospective review of long-term outcomes for five adult patients with mental retardation or comparable disability who received heart transplants. RESULTS: Among these cases, survival times to date ranged from 4 to 16 years, with a median survival of greater than 12 years. Medical non-adherence was a significant factor in only 1 of the 5 cases. In that case, the patient's medical non-adherence was due to a functional decline in the primary caretaker. CONCLUSION: People with mental retardation can receive long-term benefit from heart transplantation when they have the cognitive and social support necessary to ensure adherence to post-transplant regimens. There is no ethical or medical reason for guidelines to consider mental retardation, in and of itself, a contraindication to heart transplantation. The totality of the individual patient's circumstances should be considered in assessing transplant candidacy.
362. Sanders, R.A., et al., *Transitioning adolescents to adult care and adulthood: is it time yet?... part 1 of 2*. Contemporary Pediatrics, 2009. **26**(11): p. 46. The transition from adolescence to adulthood involve multiple interrelated systems, including healthcare, educational, and social services.
<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010498261&site=ehost-live&scope=site>
363. Sappok, T., et al., *Autism in adults with intellectual disabilities*. Nervenarzt, 2010. **81**(11): p. 1333-+. According to the World Health Organization (WHO) the estimated prevalence of intellectual disabilities (ID) is about 1-3% and 1 out of 4 individuals with ID suffer from an additional autistic spectrum disorder (ASD) (arithmetic mean 24.6%, 19 studies, n=9,675) whereby the prevalence increases with the severity of ID (10-50: 9.9%, IQ<50: 31.7%). Therefore, it is of particular importance for physicians treating individuals with ID who have psychiatric disorders or behavioral problems to take ASD into account as a differential diagnosis so that appropriate treatment can be initiated. Irrespective of the IQ the diagnosis is based on an impairment of social interaction and communication and restricted repetitive interests presenting before the age of 3 (infantile or Kanner autism). ASD can be diagnosed as a separate disorder in adults with ID, however, the social and communicative abilities in respect of the cognitive and developmental level have to be considered. Due to reduced verbal capacity, high prevalence of physical and mental disorders, difficulties in taking the past medical history and presentation of atypical symptoms, the diagnostic assessment for autism in adults with ID is challenging. This article describes the typical symptoms, diagnostic approach, frequent comorbidities, differential diagnoses treatment options and their limitations for adults with ID suspected of having ASD.
http://apps.webofknowledge.com/full_record.do?product=WOS&search_mode=GeneralSearch&qid=68&SID=W1im7dln5anlcK1DIIP&page=1&doc=4
364. Sappok, T., et al., *Psychotherapy in intellectual disability. Theoretical background and implementation*. Nervenarzt, 2010. **81**(7): p. 827-836. Background. Every third person with intellectual disability suffers from additional mental health problems, among others phobic disorders. Yet we do not know whether psychotherapeutic methods that are effective in the normal population are applicable to people with intellectual disabilities. Patients and methods. We give a survey of the development and the present state of the art of psychotherapy, particularly with regard to phobic disorders in intellectual disability. Therapeutic recommendations described in the literature will be evaluated in a case study of one patient. Results. The confrontation with the phobic stimulus is the basis of behavior therapy for people with intellectual disability as well. However, with respect to the special needs of these people, some modifications need to be considered in the treatment strategy. In addition to some general rules like

simple language or the use of visual materials, some techniques of intervention turned out to be particularly effective, e.g., graduated in vivo exposure, involving significant others, contingency management, and coping strategies. Conclusion. Specific phobias in intellectual disability can be treated with behavior therapy as well. However, the special needs of these people need to be considered.

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365. Sarimski, K., *Mental health disorders among handicapped children and youth*. Zeitschrift Fur Kinder-Und Jugendpsychiatrie Und Psychotherapie, 2007. **35**(1): p. 19-29. Data on the prevalence of mental health disorders among children and youth with hearing disorders, blindness, physical handicaps or intellectual disabilities are reviewed. Problems in parent-child relations and issues in the development of social competence and social participation are discussed as risk factors for emotional social maladjustment. The differentiation between developmental problems resulting from the handicap and mental health problems is a challenging task in practice. Some conclusions for psychopathological assessment of handicapped children and youth are presented.

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366. Saunders, R.R., et al., *Evaluation of an Approach to Weight Loss in Adults with Intellectual or Developmental Disabilities*. Intellectual and Developmental Disabilities, 2011. **49**(2): p. 103-112. Of 79 overweight adults with intellectual or developmental disabilities who participated in a weight loss intervention, 73 completed the 6-month diet phase. The emphasis in the intervention was consumption of high volume, low calorie foods and beverages, including meal-replacement shakes. Lower calorie frozen entrees were recommended to control portion size. A walking activity was encouraged. Participants attended monthly meetings in which a small amount of cash was exchanged for self-recorded intake and exercise records completed on picture-based forms. Average weight loss was 13.2 pounds (6.3%) of baseline weight at 6 months, with weight loss shown by 64 of the 73 individuals enrolled. Those completing a 6-month follow-up phase showed weight loss of 9.4% of baseline. Increased choice and control are discussed as possible contributors to individual success.

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<http://dx.doi.org/10.1352/1934-9556-49.2.103>

367. Sauter, F.M., D. Heyne, and P.M. Westenberg, *Cognitive Behavior Therapy for Anxious Adolescents: Developmental Influences on Treatment Design and Delivery*. Clinical Child and Family Psychology Review, 2009. **12**(4): p. 310-335. Anxiety disorders in adolescence are common and disruptive, pointing to a need for effective treatments for this age group. Cognitive behavior therapy (CBT) is one of the most popular interventions for adolescent anxiety, and there is empirical support for its application. However, a significant proportion of adolescent clients continue to report anxiety symptoms post-treatment. This paper underscores the need to attend to the unique developmental characteristics of the adolescent period when designing and delivering treatment, in an effort to enhance treatment effectiveness. Informed by the literature from developmental psychology, developmental psychopathology, and clinical child and adolescent psychology, we review the 'why' and the 'how' of developmentally appropriate CBT for anxious adolescents. 'Why' it is important to consider developmental factors in designing and delivering CBT for anxious adolescents is addressed by examining the age-related findings of treatment outcome studies and exploring the influence of developmental factors, including cognitive capacities, on engagement in CBT. 'How' clinicians can developmentally tailor CBT for anxious adolescents in six key domains of treatment design and delivery is illustrated with suggestions drawn from both clinically and research-oriented literature. Finally, recommendations are made for research into developmentally appropriate CBT for anxious adolescents.

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368. Scheifes, A., et al., *Representation of people with intellectual disabilities in randomised controlled trials on antipsychotic treatment for behavioural problems*. *J Intellect Disabil Res*, 2011. **55**(7): p. 650-64. **BACKGROUND:** Behavioural problems are common in people with intellectual disability (ID) and are often treated with antipsychotics. **AIM:** To establish the frequency and characteristics of people with ID included in randomised controlled trials (RCTs) on antipsychotic treatment for behavioural problems, and to investigate the quality of these RCTs. **METHODS:** A literature search in EMBASE, PubMed and Cochrane was performed and reviewed. **RESULTS:** People with ID participated in 27 of the 100 included RCTs. The RCTs were of good quality but smaller compared with trials in patients with dementia or schizophrenia (average sample sizes = 55, 124 and 374). In 13/27 trials no clear definition of ID was given. Over 25 different outcome measures were used to assess behavioural problems. **CONCLUSIONS:** Studies in which people with ID are included are of a sufficient quality, but of a small size. The heterogeneity in the characteristics of the ID population included as well as in the applied assessment instruments makes performing meta-analyses unfeasible.
369. Schuengel, C., et al., *Supporting affect regulation in children with multiple disabilities during psychotherapy: A multiple case design study of therapeutic attachment*. *Journal of Consulting and Clinical Psychology*, 2009. **77**(2): p. 291-301. In a controlled multiple case design study, the development of a therapeutic relationship and its role in affect regulation were studied in 6 children with visual disabilities, severe intellectual disabilities, severe challenging behavior, and prolonged social deprivation. In the 1st phase, children had sessions with an experimental therapist stimulating therapeutic attachment, alternating with a control therapist providing positive personal attention only. In the 2nd phase, both therapists applied behavior therapy. Clients sought more proximity to the experimental therapist compared with the control therapist. Psychophysiological arousal (respiratory sinus arrhythmia and pre-ejection period) was lower when the experimental therapist applied behavior modification than when the control therapist did. Despite prolonged social deprivation, the attachment behavioral system appeared responsive to stimulation. The effects on affect regulation may explain the synergy between psychotherapy based on interpersonal and behavior modification approaches. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
370. Scior, K., *Public awareness, attitudes and beliefs regarding intellectual disability: A systematic review*. *Research in Developmental Disabilities*, 2011. **32**(6): p. 2164-2182. The general public's responses to people with intellectual disabilities influence the likely success or failure of policies aimed at increasing their social inclusion. The present paper provides a review of general population based research into awareness, attitudes and beliefs regarding intellectual disability published in English between 1990 and mid-2011. An electronic search using PsycINFO and Web of Science plus a hand search of the literature was completed. Most of the 75 studies identified consisted of descriptive surveys of attitudes. They tend to conclude that age, educational attainment and prior contact with someone with an intellectual disability predict attitudes, while the effect of gender is inconsistent. Eight studies examined lay knowledge about intellectual disability and beliefs about its causation in a range of cultural contexts. The impact of interventions designed to improve attitudes or awareness was examined by 12 studies. The evidence is limited by the fact that it is mostly based on relatively small unrepresentative samples and cross-sectional designs. It is concluded that overall, high quality research into general population attitudes to intellectual disability is limited. Public knowledge of intellectual disability and causal beliefs are particularly under-researched areas. There is a notable absence of well designed evaluations of efforts to reduce misconceptions about intellectual disability and tackle negative attitudes. Areas for future research are noted, including the need for well designed studies that consider awareness, attitudes and beliefs in relation to stigma theory. 2011 Elsevier Ltd.
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<http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:&id=doi:10.1016%2Fj.ridd.2011.07.005&issn=0891-4222&isbn=&volume=32&issue=6&spage=2164&pages=2164-2182&date=2011&title=Research+in+Developmental+Disabilities&atitle=Public+awareness%2C+attitudes+and+beliefs+regarding+intellectual+disability%3A+A+systematic+review&aulast=Scior&pid=%3Cauthor%3EScior+K.%3C%2Fauthor%3E%3CAN%3E2011559754%3C%2FAN%3E%3CDT%3EJournal%3A+Review%3C%2FDT%3E>
371. Scorza, C.A. and E.A. Cavalheiro, *Animal models of intellectual disability: towards a translational approach*. *Clinics (Sao Paulo)*, 2011. **66 Suppl 1**: p. 55-63. Intellectual disability is a prevalent form of cognitive impairment, affecting 2-3% of the general population. It is a daunting societal problem characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills. Intellectual disability is a clinically important disorder for which the etiology and pathogenesis are still poorly understood.

Moreover, although tremendous progress has been made, pharmacological intervention is still currently non-existent and therapeutic strategies remain limited. Studies in humans have a very limited capacity to explain basic mechanisms of this condition. In this sense, animal models have been invaluable in intellectual disability investigation. Certainly, a great deal of the knowledge that has improved our understanding of several pathologies has derived from appropriate animal models. Moreover, to improve human health, scientific discoveries must be translated into practical applications. Translational research specifically aims at taking basic scientific discoveries and best practices to benefit the lives of people in our communities. In this context, the challenge that basic science research needs to meet is to make use of a comparative approach to benefit the most from what each animal model can tell us. Intellectual disability results from many different genetic and environmental insults. Taken together, the present review will describe several animal models of potential intellectual disability risk factors.

372. Scott, J., J. Wishart, and C. Currie, *Including Children with Intellectual Disabilities/Special Educational Needs into National Child Health Surveys: A Pilot Study*. *Journal of Applied Research in Intellectual Disabilities*, 2011. **24**(5): p. 437-449. Background The language, format and length of typical national health survey questionnaires may make them inaccessible to many school-aged children with an intellectual disability. Materials and Methods Using the standard delivery protocol, the WHO Health Behaviour in School-aged Children (HBSC) Questionnaire, currently in use in 43 countries, was administered to 46 children (11-17 years) with intellectual disabilities of varying severity who were attending two special (i.e. non-mainstream) schools. Two alternative administration procedures were subsequently piloted with a purposive subsample of 15 of these pupils. Results Using the standard protocol, just over half of the children were able to 'complete' the survey questionnaire, although a high proportion of their responses proved to be uncodable. Using modified procedures, both completion rates and codable response rates were markedly increased. Conclusions With relatively easy-to-achieve (albeit time-consuming) procedural modifications, it is possible to collect data on a wide range of health-related issues from a pupil group otherwise at risk of exclusion from school-based national surveys. Confidentiality issues remain, however, as do concerns about accuracy of reporting in some areas, including perceived well-being. [ABSTRACT FROM AUTHOR]

Copyright of *Journal of Applied Research in Intellectual Disabilities* is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

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373. Sepúlveda, R., et al., *Implementing the Community Mental Health Care Model in a Large Latin-American Urban Area*. *International Journal of Mental Health*, 2012. **41**(1): p. 62-72. This article outlines the development of the Barros Luco General Hospital's Psychiatry Service since its creation in 1968. Initially, some historical and political background is provided followed by a description of how our service has endeavored, over the last 10 years, to put the community mental health care model into practice. Subsequently, we describe the growth of a network of locally based mental health services. Another process running in parallel has been the acquisition, by the local primary care teams, of skills that have enabled them to manage, on an ambulatory basis, patients with severe and enduring mental illness. In this regard, some data are provided in order to illustrate the effect of the changes that are taking place, including a reduction in the proportion of emergency psychiatry consultations at the casualty department. Finally, current and future challenges are discussed, including the need for a mental health law, clinical governance issues, and the provision for people with developmental disorders and those with highly complex mental health needs. [ABSTRACT FROM AUTHOR]

Copyright of *International Journal of Mental Health* is the property of M.E. Sharpe Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

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374. Shannon, P. and D.M. Mertens, *Which Public? Whose Interests? Two Points of View*. *Educational Researcher*, 2008. **37**(2): p. 101-105.

<http://www.jstor.org/stable/30137970>

375. Sharpe, T.T. and M.M. Velasquez, *Risk of Alcohol-Exposed Pregnancies among Low-Income, Illicit Drug-Using Women*. *Journal of Women's Health* (15409996), 2008. **17**(8): p. 1339-1344. Objectives: Poor women of childbearing age who use crack, cocaine, marijuana, and heroin may be at risk for having an alcohol-exposed pregnancy because of concurrent alcohol use. Women who use illicit drugs may not

know the harmful effects of fetal alcohol exposure. Fetal alcohol exposure is a leading cause of developmental disabilities and mental retardation. Methods: We report findings of a survey administered to 2672 women 18–44 years of age in settings serving low-income women, including an urban jail, a drug treatment facility, and healthcare facilities in Florida, Virginia, and Texas. We compared women who reported using more than one illicit drug (drug users) and women who reported never using illicit drugs (nonusers) for frequent alcohol consumption, binge drinking, failure to use contraception, unplanned pregnancies, and drinking during pregnancy. Results: Of women interviewed, 75% (2000) reported using more than one illicit drug. Drug users were more likely to report frequent drinking (33%, relative risk [RR] 12.73, 95% confidence interval [CI] 7.9-20.4, binge drinking (39%, RR 5.7, 95% CI 4.9-7.6), and drinking during pregnancy (37%, RR 2.10, 95% CI 1.75-2.53) compared with nonusers (3%, 7%, 17%, respectively, $p < 0.0001$). Greater proportions of drug users (27%, RR 2.20, 95% CI 1.75-2.53) also failed to use contraception compared with nonusers (19%, $p < 0.05$). Notable proportions of both groups, drug users (91%) and nonusers (82%), reported unplanned pregnancies. Conclusions: The findings suggest that poor women who reported ever using more than one illicit drug were at greater risk for having an alcohol-exposed pregnancy. Unplanned pregnancies in both groups surpassed national averages. Poor women likely require enhanced education about the hazards of drinking during pregnancy and methods to reduce unplanned pregnancies. [ABSTRACT FROM AUTHOR]

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376. Sharts-Hopko, N.C., *Letter to the Editor*, 2012. p. 695-696. <http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=78064022&site=ehost-live&scope=site>

377. Shields, N., K.J. Dodd, and C. Abblitt, *Do Children with Down Syndrome Perform Sufficient Physical Activity to Maintain Good Health? A Pilot Study*. Adapted Physical Activity Quarterly, 2009. **26**(4): p. 307-320. Our pilot study investigated if children with Down syndrome engaged in the recommended 60 min of moderate to vigorous physical activity (MVPA) every day. Twenty-three children with Down syndrome (7 girls, 16 boys; mean age 11.7 years, SD = 3.1) wore a triaxial accelerometer for 7 consecutive days to measure their activity levels. The average daily MVPA undertaken was 104.5 min (SD = 35.3 min). Only 8 of 19 children (42.1%) completed at least 60 min of MVPA each day. Lower amounts of activity were associated with older children ($r = -0.67$, p less than 0.01). Parents, teachers, and health professionals need to encourage children with Down syndrome to take part in more frequent MVPA. (Contains 1 table and 2 figures.)

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<http://hk.humankinetics.com/APAQ/viewarticle.cfm?jid=XFxRURs2XHgXVkvEXRvJYh43XZmQDsx7XGnEZ26wXTmTV623X&aid=17457&site=XFxRURs2XHgXVkvEXRvJYh43XZmQDsx7XGnEZ26wXTmTV623X>

378. Shin, J.K., et al., *Weight Changes and Characteristics of Patients Associated with Weight Gain during Inpatient Psychiatric Treatment*. Issues in Mental Health Nursing, 2012. **33**(8): p. 505-512. This study investigated weight changes and patient characteristics associated with weight gain in a public psychiatric hospital. A retrospective chart review was conducted on a multi-racial population admitted for psychiatric inpatient treatment. Patients gained an average of 5.41 pounds during psychiatric hospitalization. Patients with normal weight at admission were significantly more likely to gain weight compared to overweight or obese patients. Black patients showed the greatest weight gain, while Asian patients showed the smallest weight gain. This study suggests that it may be possible to identify specific demographic characteristics that warrant more intensive clinical evaluation, although additional research is necessary. [ABSTRACT FROM AUTHOR]

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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=78191653&site=ehost-live&scope=site>

379. Shrewsbury, V., et al., *A randomised controlled trial of a community-based healthy lifestyle program for overweight and obese adolescents: the Loozit(R)*

study protocol. BMC Public Health, 2009. **9**(1): p. 119. BACKGROUND: There is a need to develop sustainable and clinically effective weight management interventions that are suitable for delivery in community settings where the vast majority of overweight and obese adolescents should be treated. This study aims to evaluate the effect of additional therapeutic contact as an adjunct to the Loozit(R) group program - a community-based, lifestyle intervention for overweight and lower grade obesity in adolescents. The additional therapeutic contact is provided via telephone coaching and either mobile phone Short Message Service or electronic mail, or both. METHODS AND DESIGN: The study design is a two-arm randomised controlled trial that aims to recruit 168 overweight and obese 13-16 year olds (Body Mass Index z-score 1.0 to 2.5) in Sydney, Australia. Adolescents with secondary causes of obesity or significant medical illness are excluded. Participants are recruited via schools, media coverage, health professionals and several community organisations. Study arm one receives the Loozit(R) group weight management program (G). Study arm two receives the same Loozit(R) group weight management program plus additional therapeutic contact (G+ATC). The 'G' intervention consists of two phases. Phase 1 involves seven weekly group sessions held separately for adolescents and their parents. This is followed by phase 2 that involves a further seven group sessions held regularly, for adolescents only, until two years follow-up. Additional therapeutic contact is provided to adolescents in the 'G+ATC' study arm approximately once per fortnight during phase 2 only. Outcome measurements are assessed at 2, 12 and 24 months post-baseline and include: BMI z-score, waist z-score, metabolic profile indicators, physical activity, sedentary behaviour, eating patterns, and psychosocial well-being. DISCUSSION: The Loozit(R) study is the first randomised controlled trial of a community-based adolescent weight management intervention to incorporate additional therapeutic contact via a combination of telephone coaching, mobile phone Short Message Service, and electronic mail. If shown to be successful, the Loozit(R) group weight management program with additional therapeutic contact has the potential to be readily translatable to a range of health care settings. TRIAL REGISTRATION: The protocol for this study is registered with the Australian Clinical Trials Registry (ACTRNO12606000175572).

<http://www.biomedcentral.com/1471-2458/9/119>

380. Shuhei, N., et al., *Distribution of periodontopathic bacterial species in Japanese children with developmental disabilities*. BMC Oral Health, 2009. **9**.

381. Sidibe el, H., [*Reflections on mental retardation and congenital hypothyroidism: effects of trace mineral deficiencies*]. Sante, 2007. **17**(1): p. 41-50. While deficiencies of trace minerals and vitamins are rare in humans eating a variety of food, they can occur in premature infants and those with disturbances in dietary behavior for physical or psychological reasons and during parenteral or enteral nutrition. Some deficiencies - such as iron and iodine - cause such serious specific disorders that they must be considered separately. Congenital hypothyroidism induced by iodine deficiency is a major problem. Its public health importance comes from the neurological complications that lead to the most severe forms of endemic congenital hypothyroidism (cretinism). In areas without iodine deficiency, the standard incidence of this disease in the West is 1/4,500 live births. In areas with iodine deficiency, however, its incidence varies from 1 to 5%! It is nonetheless underestimated, because the screening methods revolutionized 20 years ago are still not applied systematically. Additional factors include the thiocyanates in cassava, the selenium deficiency resulting in selenium-dependent glutathione peroxidase deficiency, and the natural goitrogens in some foods: milk, millet, walnuts, and bacterial and chemical water pollutants. Adolescents and adults need 100 microg/day, children aged 1-10 years 60-100 microg, and babies under one year, 35-40 microg, but these daily requirements are not necessarily met. This threat weighs on a billion people, 50-100 million in Europe, especially pregnant women, fetuses, newborns, and young children whose cerebral development may be negatively affected in the womb and in early life. According to some authors, subjects with cretinism syndrome should be found in places where goiter prevalence exceeds 20%. Evaluation of diffuse intellectual impairment in the population would require tools too specific for most studies. Generations of children are the victims throughout wide swaths of the African ecosystem in which it is endemic and associated with poor adaptation to the environment. But studies of isolated places cannot be transposed to entire populations. Because pregnancy in women with hypothyroidism is often thought to have a very negative prognosis, the two cases we report merit attention. In one case, despite certainly insufficient thyroid hormone replacement treatment, the child was born alive and healthy. In the second case, where hypothyroidism followed a thyroidectomy in a woman with Graves disease, a hydrocephalic child was liveborn, without any replacement treatment. In her next pregnancy, she received optimal hormonal treatment and delivered a healthy liveborn child. The disorders due to severe iodine deficiency did not affect our two patients. In a series of 166 cases of congenital hypothyroidism in newborns, only two cases had maternal antithyroid antibodies. Elsewhere, 9 women with hypothyroidism had 11 pregnancies, 9 normal children, 1 premature child (mother had eclampsia), and 1 with Down syndrome and an Ostium primum defect (mother aged 41 years). Ontogenesis of the hypothalamo-pituitary-thyroid axis of the fetus still appears today to develop independently of the mother in cases of hypothyroidism. An important role is played by type III deiodinase, which is especially active in the placenta during pregnancy, probably involving the T3 activity on nuclear and also mitochondrial receptors. The maturation of these receptors is not well understood.

382. Siegel, M.S. and W.E. Smith, *Psychiatric features in children with genetic syndromes: toward functional phenotypes*. Child Adolesc Psychiatr Clin N Am, 2010. **19**(2): p. 229-61, viii. Neurodevelopmental disorders with identified genetic etiologies present a unique opportunity to study gene-brain-behavior connections in child psychiatry. Parsing complex human behavior into dissociable components is facilitated by examining a relatively homogenous genetic population. As children with developmental delay carry a greater burden of mental illness than the general population, familiarity with the most common genetic disorders will serve practitioners seeing a general child population. In this article basic genetic testing and 11 of the most common genetic disorders are reviewed, including the evidence base for treatment. Based on their training in child development, family systems, and multimodal treatment, child psychiatrists are well positioned to integrate cognitive, behavioral, social, psychiatric, and physical phenotypes, with a focus on functional impairment.
383. Silvers, A. and M.A. Stein, *Disability and the Social Contract*. The University of Chicago Law Review, 2007. **74**(4): p. 1615-1640.
<http://www.jstor.org/stable/20141872>
384. Simkiss, D.E., et al., *Childhood disability and socio-economic circumstances in low and middle income countries: systematic review*. BMC Pediatrics, 2011. **11**.
Background: The majority of children with disability live in low and middle income (LAMI) countries. Although a number of important reviews of childhood disability in LAMI countries have been published, these have not, to our knowledge, addressed the association between childhood disability and the home socio-economic circumstances (SEC). The objective of this study is to establish the current state of knowledge on the SECs of children with disability and their households in LAMI countries through a systematic review and quality assessment of existing research. Methods: Electronic databases (MEDLINE; EMBASE; PUBMED; Web of Knowledge; PsycInfo; ASSIA; Virtual Health Library; POPLINE; Google scholar) were searched using terms specific to childhood disability and SECs in LAMI countries. Publications from organisations including the World Bank, UNICEF, International Monetary Fund were searched for. Primary studies and reviews from 1990 onwards were included. Studies were assessed for inclusion, categorisation and quality by 2 researchers. Results: 24 primary studies and 13 reviews were identified. Evidence from the available literature on the association between childhood disability and SECs was inconsistent and inconclusive. Potential mechanisms by which poverty and low household SEC may be both a cause and consequence of disability are outlined in the reviews and the qualitative studies. The association of poor SECs with learning disability and behaviour problems was the most consistent finding and these studies had low/medium risk of bias. Where overall disability was the outcome of interest, findings were divergent and many studies had a high/medium risk of bias. Qualitative studies were methodologically weak. Conclusions: This review indicates that, despite socially and biologically plausible mechanisms underlying the association of low household SEC with childhood disability in LAMI countries, the empirical evidence from quantitative studies is inconsistent and contradictory. There is evidence for a bidirectional association of low household SEC and disability and longitudinal data is needed to clarify the nature of this association.
<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DlIP&product=WOS&UT=00029909100001&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord>
385. Sinclair, S.A. and H. Xiang, *Injuries Among US Children With Different Types of Disabilities*. American Journal of Public Health, 2008. **98**(8): p. 1510-1516.
Objectives. We sought to determine whether risk of injury differs among children on the basis of the type of disability, and whether the characteristics of injury episodes differ by disability status. Methods. We used nationally representative data from the 1997-2005 National Health Interview Survey to compare medically attended injuries among children aged 0 to 17 years who had and did not have a disability. Characteristics of injury episodes were compared by disability status. We calculated prevalence and risk of injury by type of disability. Results. Children who had a single disability had a significantly higher prevalence of injury than children without a disability (3.8% vs 2.5%; $P < .01$). Characteristics of injury episodes did not differ significantly by disability status ($P > .05$). After we controlled for sociodemographic variables, we found that only children with emotional or behavioral problems had a significantly higher risk of injury compared with children without a disability (prevalence ratio = 1.50; 95% confidence interval = 1.15, 1.97; $P < .01$). Conclusions. Children with certain types of disabilities are at a significantly higher risk of injuries than are children without disabilities, but the characteristics of injuries are similar. (Am J Public Health. 2008;98:1510-1516. doi:10.2105/AJPH.2006.097097)
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386. Singh, N.N., et al., *A Mindfulness-Based Health Wellness Program for an Adolescent With Prader-Willi Syndrome*. Behavior Modification, 2008. **32**(2): p. 167-181. Individuals with Prader-Willi syndrome have hyperphagia, a characteristic eating disorder defined by a marked delay in the satiety response when compared to controls. This eating disorder has been particularly difficult to control. The authors taught and evaluated effectiveness of regular exercise alone, regular exercise plus healthy eating, and mindfulness-based strategies combined with exercise and healthy eating to an adolescent with this syndrome. Mindfulness-based strategies included mindful eating, visualizing and labeling hunger, and rapidly shifting attention away from hunger by engaging in Meditation on the Soles of the Feet. On average, when compared to baseline levels, there were decreases in weight with regular exercise and exercise plus healthy eating, but the most consistent and sustained changes were evidenced when mindfulness training was added to exercise and healthy eating. The adolescent continued using the mindfulness health wellness program and further reduced his weight during the 3-year follow-up period. [ABSTRACT FROM AUTHOR]

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387. Singh, N.N., et al., *A Mindfulness-Based Health Wellness Program for Individuals with Prader-Willi Syndrome*. Journal of Mental Health Research in Intellectual Disabilities, 2011. **4**(2): p. 90-106. Individuals with Prader-Willi syndrome (PWS) are often overweight or obese because of their delayed satiety response. Three individuals with PWS participated in a long-term, multicomponent mindfulness-based health wellness program to reduce their obesity by changing their lifestyles. The components included (a) physical exercise, (b) food awareness, (c) mindful eating to manage rapid eating, (d) visualizing and labeling hunger, and (e) a mindfulness procedure used as a self-control strategy against temptation to eat between meals. The program was implemented within a changing criterion design. All 3 individuals reached their desired body weights, enhanced their lifestyles, and maintained their desired body weights during the 3-year maintenance period. This study suggests that mindfulness-based health wellness programs may be effective in producing sustained lifestyle changes in individuals who are obese, including those with a biological predilection for excessive eating due to delayed satiety response. (Contains 3 figures and 1 table.)

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[http://www.informaworld.com/openurl?genre=article&id=doi:](http://www.informaworld.com/openurl?genre=article&id=doi:10.1080/19315864.2011.583489)

[10.1080/19315864.2011.583489](http://www.informaworld.com/openurl?genre=article&id=doi:10.1080/19315864.2011.583489)

388. Singh, N.N., et al., *Effects of a Mindfulness-Based Smoking Cessation Program for an Adult with Mild Intellectual Disability*. Research in Developmental Disabilities: A Multidisciplinary Journal, 2011. **32**(3): p. 1180-1185. Smoking is a major risk factor for a number of health conditions and many smokers find it difficult to quit smoking without specific interventions. We developed and used a mindfulness-based smoking cessation program with a 31-year-old man with mild intellectual disabilities who had been a smoker for 17 years. The mindfulness-based smoking cessation program consisted of three components: intention, mindful observation of thoughts, and "Meditation on the Soles of the Feet." A changing-criterion analysis showed that this man was able to fade his cigarette smoking from 12 at baseline to 0 within 3 months, and maintain this for a year. Follow-up data, collected every 3 months following the maintenance period, showed he was able to abstain from smoking for 3 years. Our study suggests that this mindfulness-based smoking cessation program merits further investigation.

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<http://dx.doi.org/10.1016/j.ridd.2011.01.003>

389. Slayter, E.M., *Disparities in Access to Substance Abuse Treatment among People with Intellectual Disabilities and Serious Mental Illness*. Health & Social Work, 2010. **35**(1): p. 49-59. People with intellectual disabilities (ID) have experienced increasing levels of community participation since deinstitutionalization. This freedom has facilitated community inclusion, access to alcohol and drugs, and the potential for developing substance abuse (SA) disorders. People with ID, who are known to have high

rates of co-occurring serious mental illness (SMI), may be especially vulnerable to the consequences of this disease and less likely to use SA treatment. Using standardized performance measures for SA treatment access (initiation, engagement), rates were examined retrospectively for Medicaid beneficiaries with ID/SA/SMI ages 12 to 99 (N = 5,099) and their counterparts with no ID/SA/SMI (N = 221,875). Guided by the sociobehavioral model of health care utilization, age-adjusted odds ratios and logistic regression models were conducted. People with ID/SA/SMI were less likely than their counterparts to access treatment. Factors associated with initiation included being nonwhite, living in a rural area, and not being dually eligible for Medicare; factors associated with engagement included all of the same and having a fee-for-service plan, a chronic SA-related disorder, or both. Social work policy and practice implications for improving the health of people with ID/SA/SMI through policy change, cross-system collaboration, and the use of integrated treatment approaches are discussed.

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<http://puck.naswpressonline.org/vl=4035782/cl=25/nw=1/rpsv/cw/nasw/03607283/v35n1/s6/p49>

390. Slevin, E., et al., *Community learning disability teams: developments, composition and good practice*. Journal of Intellectual Disabilities, 2008. **12**(1): p. 59-79. This article presents the findings from a literature review related to community learning disability teams (CLDTs). Much of the existing literature on CLDTs is inspirational, theoretical or opinion based rather than evidence based. It was considered that current knowledge is insufficient to allow a systematic review; therefore a structured review of factors that impact on CLDTs was undertaken following some of the principles of a systematic review. The review covers historical and philosophical influences on the development of CLDTs; the structure and common composition of CLDTs; the main challenges facing CLDTs; and the barriers that impact on their effective working. Based on the available evidence a number of good practice suggestions are forwarded that have the potential to enhance the work undertaken by CLDTs, but it is acknowledged that there is a need for more research into the effectiveness of these teams.

<http://jid.sagepub.com/cgi/content/abstract/12/1/59>

391. Slifer, K.J., et al., *Distraction, Exposure Therapy, Counterconditioning, and Topical Anesthetic for Acute Pain Management During Needle Sticks in Children With Intellectual and Developmental Disabilities*. Clinical Pediatrics, 2011. **50**(8): p. 688-697. A behavior therapy approach for obtaining cooperation during needle sticks was provided to 8 pediatric patients with intellectual and developmental disabilities. Therapy was provided during mock needle sticks. Hand lotion was applied to simulate topical anesthetic. Distracting activities established relaxation while needle stick materials were gradually introduced. Positive reinforcement was provided for cooperation. Behavioral distress was ignored, blocked, or redirected. After cooperating with mock needle sticks, needle sites were prepared with topical anesthetic (EMLA), then therapists and medical staff implemented the behavioral protocol while completing the actual needle stick(s). Observational measures of cooperation and interfering were obtained. Results were replicated across 8 children and evaluated using paired samples t tests. Initially, all children were uncooperative with needle sticks. With treatment, behavioral distress decreased, and patients cooperated with mock and actual needle sticks. Results support the effectiveness of behavior therapy for promoting cooperation in children with intellectual and developmental disabilities during needle sticks. [ABSTRACT FROM PUBLISHER]

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392. Smallman, S., B. Engel, and J. Nelson, *Obesity services for adults with learning disabilities*. Journal of Human Nutrition & Dietetics, 2011. **24**(3): p. 304-305. Adults with learning disabilities are at high risk of obesity and its subsequent health risks with prevalence as high as 64% (Marshall et al., 2003). The number of adults with learning disabilities and the numbers surviving into old age are increasing as healthcare improves (Cooper et al., 2004) although obesity contributes to reduced life expectancy for this population (Janicki et al., 2002) and life expectancy remains considerably lower than the general population. Adults with learning disabilities experience significant inequalities in health care but few studies have focused on weight loss services specifically. Little is known about how obesity services are organised for adults with learning disabilities by general practitioners (GPs) and dietitians and whether they have access to general or specialist services. This study aimed to determine obesity prevalence and map the existing obesity services available to adults with learning disabilities in Surrey, within the community and primary care. A mapping exercise was undertaken and three questionnaires were designed. As this was a service evaluation

and all data was confidential, ethical approval was not required. One hundred and 58 GPs from primary care practices in Surrey were sent a questionnaire which examined clinician self reported obesity management for this population. A second questionnaire aimed to identify current themes in dietetic management and was sent to five dietetic teams working within NHS health providers in Surrey. A third questionnaire was designed to identify the community obesity services available for this population. This was placed online and sent to 73 Surrey community organisations. Differences in GP service provision between the general population and adults with learning disabilities were investigated using Chi squared tests. Nine percent (n = 14) of GPs completed the questionnaire and five practices provided body mass index (BMI) data. Reported obesity prevalence was high, although comparable to other studies (Marshall et al., 2003) (21 and 42% of adults classified as overweight or obese respectively). Two dietitians and one learning disability team manager completed the dietetic questionnaire. Eleven percent (n = 8) of community organisations completed the online questionnaire. Obesity services were not well communicated or well organised for this population. Having a learning disability was significantly associated with reduced referrals to external dietetic services and exercise on prescription programmes in primary care (P = 0.018 and 0.013 respectively). GPs that did not refer to a specialist dietetic service were unaware of the service or commented on a lack of availability. The majority of GPs (71%) felt that service provision, in terms of nutrition and weight management, was currently inadequate for this population. The organisations providing nutrition and activity schemes for this population, including exercise on referral, were not well known to GPs. Provision of dietetic services for this population appears to be insufficient to meet current demand, although areas of good practice and access to leisure opportunities were identified. Poor response rates limit the findings of this study. Surrey GPs would benefit from a resource highlighting the leisure services and other weight loss services available for this population as a knowledge gap was identified. Wider circulation of appropriate health promotion materials is required and primary care needs to assess what additional support and adjustments are required to allow adults with learning disabilities to benefit equally from obesity services. More extensive mapping research and improved communication networks are required to reduce the health inequalities experienced by this population and the high prevalence of obesity both within Surrey and other areas of the UK. Cooper, S.A., Melville, C. & Morrison, J. (2004) People with intellectual disabilities. *BMJ*, 414-415. Emerson, E. (2005) Underweight, obesity and exercise among adults with intellectual disabilities in supported accommodation in Northern England. *J. Intellect. Disabil. Res.*, 134-143. Janicki, M.P., Davidson P.W. & Henderson, C.M. et al. (2002) Health characteristics and health services utilization in older adults with intellectual disability living in community residences. *J. Intellect. Disabil. Res.*, 287-298. Marshall, D., McConkey, R. & Moore, G. (2003) Obesity in people with intellectual disabilities: the impact of nurse-led health screenings and health promotion activities. *J. Adv. Nurs.*, 147-153. [ABSTRACT FROM AUTHOR]

Copyright of Journal of Human Nutrition & Dietetics is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=60457957&site=ehost-live&scope=site>

393. Swithick, J.S., et al., *Memory functioning in children and adolescents with autism*. *Neuropsychology*, 2011. **25**(6): p. 702-710. Objective: Memory functioning in children and adolescents ages 5–19 with autism (n = 50) and typically developing controls (n = 36) was assessed using a clinical assessment battery, the Test of Memory and Learning (TOMAL). Method: Participant groups were statistically comparable in age, nonverbal IQ, handedness, and head circumference, and were administered the TOMAL. Results: Test performance on the TOMAL demonstrated broad differences in memory functioning in the autism group, across multiple task formats, including verbal and nonverbal, immediate and delayed, attention and concentration, sequential recall, free recall, associative recall, and multiple-trial learning memory. All index and nearly all subtest differences remained significant even after comparing a subset of the autism group (n = 36) and controls that were matched for verbal IQ (p > .05). However, retention of previously remembered information after a delay was similar in autism and controls. Conclusions: These findings indicate that performance on measures of episodic memory is broadly reduced in autism, and support the conclusion that information encoding and organization, possibly due to inefficient cognitive processing strategies, rather than storage and retrieval, are the primary factors that limit memory performance in autism. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
394. Stanish, H.I. and M. Aucoin, *Usefulness of a Perceived Exertion Scale for Monitoring Exercise Intensity in Adults with Intellectual Disabilities*. *Education and Training in Developmental Disabilities*, 2007. **42**(2): p. 230-239. In order to gain physical fitness and health, exercise must be performed at a sufficient level of intensity. Exercise intensity can be monitored with rated perceived exertion (RPE) scales to promote safe and effective programming. The usefulness of the Children's OMNI Scale as a subjective measure of intensity for adults with intellectual disabilities (ID) was examined. Heart rate, workload, and RPE were monitored during a progressive walking

protocol on a motorized treadmill in 18 adults with ID. Statistical analyses on individual data revealed that significant positive relationships among RPE, heart rate, and workload existed in most participants. However, results were highly variable. Results imply that some individuals with ID are able to provide a subjective estimate of exercise intensity while others may not be able to report accurately. The findings have significant practical implications for exercise programming in this population. (Contains 3 tables and 3 figures.)

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direct=true&db=eric&AN=EJ764617&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ764617&site=ehost-live&scope=site)
<http://www.dddcec.org/etmrddv/TOC/tblecontents.htm>

395. Stanish, H.I. and G.C. Frey, *Promotion of physical activity in individuals with intellectual disability. (Special Issue: Intellectual disability).* Salud Publica De Mexico, 2008. **50**(2): p. S178-S184. This paper provides an overview of strategies that have been used to promote physical activity in individuals with intellectual disability. Several different approaches are discussed and the strengths and limitations of each are presented. Some determinants of physical activity for individuals with intellectual disability are also reported in an effort to better understand the factors that influence participation that could be targeted in future interventions. Recommendations for programming are provided.

<http://www.insp.mx/salud>
[http://ovidsp.ovid.com/ovidweb.cgi?
T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=cagh&AN=20083104890](http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=cagh&AN=20083104890)
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e=Suplemento+2&spage=S178&pages=S178-S184&date=2008&title=Salud
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+H.+I.%3C%2Fauthor%3E%3CAN%3E20083104890%3C%2FAN%3E%3CDT
%3EJournal+article%3C%2FDT%3E](http://openurl.bibsys.no/openurl?sid=OVID:caghd&id=pmid:&id=doi:&issn=0036-3634&isbn=&volume=50&issue=Suplemento+2&spage=S178&pages=S178-S184&date=2008&title=Salud+Publica+de+Mexico&atitle=Promotion+of+physical+activity+in+individuals+with+intellectual+disability.&aurl=Stanish&pid=%3Cauthor%3EStanish%2C+H.+I.%3C%2Fauthor%3E%3CAN%3E20083104890%3C%2FAN%3E%3CDT%3EJournal+article%3C%2FDT%3E)

396. Stanish, H.I. and V.A. Temple, *Efficacy of a Peer-Guided Exercise Programme for Adolescents with Intellectual Disability.* Journal of Applied Research in Intellectual Disabilities, 2012. **25**(4): p. 319-328. Background Peer support is strongly associated with physical activity of adolescents. This study examined the efficacy of a YMCA-based, peer-guided exercise training programme for increasing health-related physical fitness among adolescents with intellectual disabilities. Materials and Methods Adolescents with intellectual disabilities and typically developing peer partners provided reciprocal support during 1-h exercise sessions that included aerobic exercise, weight training and stretching activities. The programme was conducted 2 days/week for 15 weeks and pre- and post-test fitness testing was conducted. Results Participants demonstrated significant improvements in curl-ups, 6-min walk and BMI. Exercise session attendance was high and participants typically completed all of the prescribed aerobic and stretching exercises, whereas weight training exercises were completed less consistently. Conclusions This peer-guided model integrates social and instructional support for adolescents with intellectual disabilities and may encourage exercise participation in community settings. [ABSTRACT FROM AUTHOR]

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direct=true&db=afh&AN=76650231&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=76650231&site=ehost-live&scope=site)

397. Stansfield, J., *Parents with learning disabilities and speech and language therapy. A service evaluation of referrals and episodes of care.* British Journal of Learning Disabilities, 2012. **40**(3): p. 169-176. Accessible summary Some people with learning disabilities are parents., Sometimes, it is hard to understand and explain things when you are a parent., Speech and language therapists can help parents to understand and explain things., Summary The speech and language therapy (SLT) service in an area of northern England receives referrals of parents who have learning disabilities. The aim of this study was to identify current referral patterns and quantify the level of demand upon the SLT service from this relatively new referral population to enable to service to meet the needs of these clients. Data covering a 24-month period was collected. The SLT clinical database was interrogated to establish the number of parent referrals, and a case note audit was carried out to identify the reason for referral and number of contacts. Results indicated that over a fifth of referrals during that period were of parents, including a relatively high proportion of young women. The SLT service in the area appears to be seen by referrers as a source of support for people with learning disabilities who are or are about to become parents. Several referrals were related to the imminence of court cases, while others reflected the possibility of supporting parents to increase their communication skills to be good enough parents.

The level of demand on the service suggests an increase in people who are experiencing communication challenges resulting from their opportunities to live an ordinary life as parents. [ABSTRACT FROM AUTHOR]

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398. Staub, A., [German Down's syndrome sports festival]. *Kinderkrankenschwester*, 2008. **27**(4): p. 135-6.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=ovrn&AN=18481463>

<http://openurl.bibsys.no/openurl?sid=OVID:ovrn&id=pmid:&id=doi:&issn=0723-2276&isbn=&volume=27&issue=4&spage=135&pages=135-6&date=2008&title=Kinderkrankenschwester&article=Deutsches+Down-sportlerfestival.&aulast=Staub&pid=%3Cauthor%3EStaub+A%3C%2Fauthor%3E%3CAN%3E18481463%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

399. Stavrou, V., S. Stavrou, and A. Samouilidou, *Evaluation of flexibility of the ankle in elementary students with mental retardation*. *Interscientific Health Care*, 2011. **3**(1): p. 24-29.

<http://www.inhealthcare.gr/article/en/aksiologisi-eulugias-tis-podoknimikis-arthrosis-se-mathites-dimotikou-me-noitiki-usterisi>

400. Stein, D.S., N.J. Blum, and W.J. Barbaresi, *Developmental and behavioral disorders through the life span*. *Pediatrics*, 2011. **128**(2): p. 364-73.

Developmental and behavioral disorders including intellectual disability, learning disabilities, and attention-deficit/hyperactivity disorder are highly prevalent, chronic health conditions. Despite being versed in caring for children with these conditions, pediatricians might be less prepared for challenging questions from families about the long-term course of these conditions and what can be done to improve outcomes. Through this state-of-the-art review, we provide clinicians with an understanding of the course of these conditions and adult outcomes in several areas including vocational, social, and health domains. We also provide a review of the most current research examining factors that predict or mediate adult outcomes for people with intellectual disability, learning disabilities, and attention-deficit/hyperactivity disorder. On the basis of the current literature, we offer practice recommendations aimed at optimizing adult outcomes for those with these disorders.

401. Steinberg, M.L., L. Heimlich, and J.M. Williams, *Tobacco Use among Individuals with Intellectual or Developmental Disabilities: A Brief Review*. *Intellectual and Developmental Disabilities*, 2009. **47**(3): p. 197-207. Tobacco use is the leading preventable cause of death in the United States. Although few tobacco control efforts target individuals with intellectual and/or developmental disabilities, this population may be especially vulnerable to the deleterious effects of tobacco use and dependence. Individuals with intellectual and developmental disabilities suffer from the health, financial, and stigmatizing effects of tobacco use. The present review examined the current literature with respect to the prevalence and patterns of tobacco use in individuals with intellectual and developmental disabilities, the importance of addressing tobacco use in these smokers, and policies surrounding tobacco use in this population. Suggestions for additional avenues of inquiry as well as modifications to current cessation treatments are proposed.

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ844068&site=ehost-live&scope=site>
<http://dx.doi.org/10.1352%2F1934-9556-47.3.197>

402. Steingass, K.J., et al., *Developmental Disabilities Grown Up: Down Syndrome*. *Journal of Developmental and Behavioral Pediatrics*, 2011. **32**(7): p. 548-558.

<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000294421200011&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord>

403. Struthers, P., *The use of sport by a Health Promoting School to address*

community conflict. Sport in Society, 2011. **14**(9): p. 1251-1264. Sport has been utilized as a tool to address situations of conflict globally. This article describes one South African primary school that has identified itself as a Health Promoting School and its use of sport to strengthen the role of the school as a safe place in the community and thus facilitate the learning taking place in the school. The school is situated in a socio-economically deprived community, with a culture of gangsterism and drug abuse, in a densely populated area in Cape Town. Within the school there are very few students with physical disabilities, however, intellectual disability is common and emotional instability, closely associated with violence in the community, is a major disabling factor. The concept of who is considered 'other' in this community is explored. A netball tournament organized by the school enabled all students, boys and girls, regardless of ability or gang alliance, to participate, and brought different factions of the community together.

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404. Sullivan, W.F., et al., *Primary care of adults with developmental disabilities Canadian consensus guidelines*. Canadian Family Physician, 2011. **57**(5): p. 541-553. Objective To update the 2006 Canadian guidelines for primary care of adults with developmental disabilities (DD) and to make practical recommendations based on current knowledge to address the particular health issues of adults with DD. Quality of evidence Knowledgeable health care providers participating in a colloquium and a subsequent working group discussed and agreed on revisions to the 2006 guidelines based on a comprehensive review of publications, feedback gained from users of the guidelines, and personal clinical experiences. Most of the available evidence in this area of care is from expert opinion or published consensus statements (level III). Main message Adults with DD have complex health issues, many of them differing from those of the general population. Good primary care identifies the particular health issues faced by adults with DD to improve their quality of life, to improve their access to health care, and to prevent suffering, morbidity, and premature death. These guidelines synthesize general, physical, behavioural, and mental health issues of adults with DD that primary care providers should be aware of, and they present recommendations for screening and management based on current knowledge that practitioners can apply. Because of interacting biologic, psychoaffective, and social factors that contribute to the health and well-being of adults with DD, these guidelines emphasize involving caregivers, adapting procedures when appropriate, and seeking input from a range of health professionals when available. Ethical care is also emphasized. The guidelines are formulated within an ethical framework that pays attention to issues such as informed consent and the assessment of health benefits in relation to risks of harm. Conclusion Implementation of the guidelines proposed here would improve the health of adults with DD and would minimize disparities in health and health care between adults with DD and those in the general population.

<http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000290518100018&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord>

405. Sung, H. and M.R. Schleiss, *Update on the current status of cytomegalovirus vaccines*. Expert Review of Vaccines, 2010. **9**(11): p. 1303-14. Human cytomegalovirus (HCMV) is ubiquitous in all populations, and is the most commonly recognized cause of congenital viral infection in developed countries. On the basis of the economic costs saved and the improvement in quality of life that could potentially be conferred by a successful vaccine for prevention of congenital HCMV infection, the Institute of Medicine has identified HCMV vaccine development as a major public health priority. An effective vaccine could potentially also be beneficial in preventing or ameliorating HCMV disease in immunocompromised individuals. Although there are no licensed HCMV vaccines currently available, enormous progress has been made in the last decade, as evidenced by the recently reported results of a Phase II trial of a glycoprotein B vaccine for the prevention of HCMV infection in seronegative women of childbearing age. HCMV vaccines currently in clinical trials include: glycoprotein B subunit vaccines; alphavirus replicon particle vaccines; DNA vaccines; and live-attenuated vaccines. A variety of vaccine strategies are also being examined in preclinical systems and animal models of infection. These include: recombinant vesicular stomatitis virus vaccines; recombinant modified vaccinia virus Ankara; replication-deficient adenovirus-vectored vaccines; and recombinant live-attenuated virus vaccines generated by mutagenesis of cloned rodent CMV genomes maintained as bacterial artificial chromosomes in *Escherichia coli*. In this article, we provide an overview of the current state of clinical trials and preclinical development of vaccines against HCMV, with an emphasis on studies that have been conducted in the past 5 years. We also summarize a number of recent advances in the study of the biology of HCMV, particularly with respect to epithelial and endothelial cell entry of the virus, which have implications for future vaccine design.

<http://search.proquest.com/docview/815326565?accountid=43164>

406. Sung, M., et al., *Pharmacological Management in Children and Adolescents with Pervasive Developmental Disorder*. Australian and New Zealand Journal of Psychiatry, 2010. **44**(5): p. 410-428. Objective: Pervasive developmental disorder (PDD) is associated with emotional and behavioural problems. There is no pharmacological cure for PDD, but some comorbidities and dysfunctional behaviours in PDD can be managed pharmacologically. The aim of the present study was to provide a better understanding of the efficacy and limitations in the currently available agents. Methods: Electronic literature searches were conducted from the following sources: MEDLINE, Cochrane Library, PSYARTICLES and PsycINFO. Search terms included, but were not limited to, 'autism', 'PDD', 'autism spectrum disorder' ('ASD'), and 'pharmacological management'. Results: A range of pharmacological agents are available for the management of various dysfunctional symptoms in PDD. Broadly speaking, these agents help in the management of repetitive stereotyped behaviours, anxiety, aggression/irritability/self-injurious behaviour, hyperactivity/inattention and in sleep. Conclusions: There is a paucity of systemic, well-conducted trials on the use of pharmacological agents in the management of PDD, and more research in this area is warranted.

<http://anp.sagepub.com/cgi/content/abstract/44/5/410>

407. Svraka, E., et al., *Health promotion in families who have children with intellectual and developmental disabilities*. Journal of Health Sciences, 2011. **1**(1): p. 56-60. Intellectual disability is the state of stopped or incomplete mental development which is featured by the impairment of abilities occurring at the development age and contributes to general level of intelligence, such as speech, cognitive, motor and social abilities. Disability can occur together or separately from other mental or physical disorders. 290 million people worldwide are estimated to have disabilities. Health is a core element in quality of life, but poverty, marginalization, limited access to primary health care, and lack of health promotion knowledge compromise health. Based on a research results in all nine areas of the family life quality (health, financial status, family relations, support of other, support of services, influence of values, career, leisure and recreation, and community interaction) community could influence with the permanent preventive measures on 6 concepts of family life quality: importance, possibility, initiative, achievement, stability and satisfaction. The research could be of great help for the development of comprehensive strategies for improvement of quality of life for families that have one or more members with intellectual disability. From inclusion we expect approach to individual and his/her family by the society, to take into account all their diversities, preservation and improvement of their personal physical and mental health, for optimal possible functioning, at all personal and social levels.

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[sid=OVID:caghdb&id=pmid:&id=doi:&issn=2232-7576&isbn=&volume=1&issue=1&spage=56&pages=56-60&date=2011&title=Journal+of+Health+Sciences&atitle=Health+promotion+in+families+who+have+children+with+intellectual+and+developmental+disabilities.&aulast=Svraka&pid=%3Cauthor%3ESvraka%2C+E.%3C%2Fauthor%3E%3CAN%3E20113251133%3C%2FAN%3E%3CDT%3EJournal+article%3C%2FDT%3E](http://openurl.bibsys.no/openurl?sid=OVID:caghdb&id=pmid:&id=doi:&issn=2232-7576&isbn=&volume=1&issue=1&spage=56&pages=56-60&date=2011&title=Journal+of+Health+Sciences&atitle=Health+promotion+in+families+who+have+children+with+intellectual+and+developmental+disabilities.&aulast=Svraka&pid=%3Cauthor%3ESvraka%2C+E.%3C%2Fauthor%3E%3CAN%3E20113251133%3C%2FAN%3E%3CDT%3EJournal+article%3C%2FDT%3E)

408. Swaine, J., et al., *Recruitment and consent of women with intellectual disabilities in a randomised control trial of a health promotion intervention*. Journal of Intellectual Disability Research, 2011. **55**(5): p. 474-483. The need for evidence-based health promotion interventions for women with intellectual and developmental disabilities is critical. However, significant barriers impede them from participating in research, including those related to recruitment and obtaining informed consent. This study describes a procedure for the recruitment and consent of women with intellectual disabilities into a community-based, multi-site randomised controlled trial. Of 269 women who participated in information sessions, 203 (75%) enrolled in the study. While women with and without legal guardians consented at the same approximate rates (83% and 85%, respectively), those with legal guardians enrolled at significantly lower rates (61%) because of lower rates (74%) of guardian consent. It is possible to recruit community-dwelling women with intellectual disabilities into randomised controlled trials at relatively high participation rates. Recruiting women who have guardians poses additional challenges for researchers. [ABSTRACT FROM AUTHOR]

Copyright of Journal of Intellectual Disability Research is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

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[direct=true&db=afh&AN=59445325&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=59445325&site=ehost-live&scope=site)

409. Szostak, J. and P. Laurant, *The forgotten face of regular physical exercise: a*

'natural' anti-atherogenic activity. *Clin Sci (Lond)*, 2011. **121**(3): p. 91-106. Humans are not programmed to be inactive. The combination of both accelerated sedentary lifestyle and constant food availability disturbs ancient metabolic processes leading to excessive storage of energy in tissue, dyslipidaemia and insulin resistance. As a consequence, the prevalence of Type 2 diabetes, obesity and the metabolic syndrome has increased significantly over the last 30 years. A low level of physical activity and decreased daily energy expenditure contribute to the increased risk of cardiovascular morbidity and mortality following atherosclerotic vascular damage. Physical inactivity leads to the accumulation of visceral fat and consequently the activation of the oxidative stress/inflammation cascade, which promotes the development of atherosclerosis. Considering physical activity as a 'natural' programmed state, it is assumed that it possesses atheroprotective properties. Exercise prevents plaque development and induces the regression of coronary stenosis. Furthermore, experimental studies have revealed that exercise prevents the conversion of plaques into a vulnerable phenotype, thus preventing the appearance of fatal lesions. Exercise promotes atheroprotection possibly by reducing or preventing oxidative stress and inflammation through at least two distinct pathways. Exercise, through laminar shear stress activation, down-regulates endothelial AT1R (angiotensin II type 1 receptor) expression, leading to decreases in NADPH oxidase activity and superoxide anion production, which in turn decreases ROS (reactive oxygen species) generation, and preserves endothelial NO bioavailability and its protective anti-atherogenic effects. Contracting skeletal muscle now emerges as a new organ that releases anti-inflammatory cytokines, such as IL-6 (interleukin-6). IL-6 inhibits TNF-alpha (tumour necrosis factor-alpha) production in adipose tissue and macrophages. The down-regulation of TNF-alpha induced by skeletal-muscle-derived IL-6 may also participate in mediating the atheroprotective effect of physical activity.

410. Søndena, E., T. Palmstierna, and V. Cabral Iversen, *A stepwise approach to identify intellectual disabilities in the criminal justice system*. The European journal of psychology applied to legal context, 2010. **2**(2): p. 183-198.
411. Taggart, L., R. McMillan, and A. Lawson, *Listening to women with intellectual disabilities and mental health problems*. *Journal of Intellectual Disabilities*, 2009. **13**(4): p. 321-340. Women without intellectual disabilities are more likely to develop mental health problems as a result of physiological functioning and psychosocial risk factors. However, little is known about the mental health of women with intellectual disabilities. The aim of this study was to explore a small group of women's perceptions of the risk and protective factors pertaining to their mental health conditions. Twelve semi-structured interviews were conducted in 2007 in Northern Ireland. Thematic content analysis identified three risk factors and four protective/resilient factors. None of the women identified physiological functioning as a risk factor. Results suggest that women with intellectual disabilities experience psychosocial risk factors similar to those reported by women without intellectual disability. Additional risk factors place them at higher risk of developing mental health problems. However, more research is required.
<http://jid.sagepub.com/cgi/content/abstract/13/4/321>
412. Taggart, L., R. McMillan, and A. Lawson, *Women with and without intellectual disability and psychiatric disorders*. *Journal of Intellectual Disabilities*, 2008. **12**(3): p. 191-211. This article examines the literature on women with and without intellectual disability and psychiatric disorders, using a gender social model of health. Relevant empirical studies, international literature reviews and policies between 1980 and 2007 were identified from electronic databases, journals and secondary sources. Three areas were examined: psychiatric disorders, their contextual background, and their clinical presentation. There are minimal levels of research into women with intellectual disability and psychiatric disorders. However, this article hypothesizes that women with intellectual disability have higher rates of psychiatric disorders than women without. This may result from greater vulnerability related both to internal factors ('intra': cognitive deficits, poorer communication skills, limited social skills) and to the external world ('inter': lack of opportunities, stigma, poor social support networks). The article argues that such women require gender-sensitive mental health services. However, more empirical evidence is required to support this claim and to inform development and delivery of services.
<http://jid.sagepub.com/cgi/content/abstract/12/3/191>
413. Taggart, L., M. Truesdale-Kennedy, and S. McIlfratrick, *The Role of Community Nurses and Residential Staff in Supporting Women with Intellectual Disability to Access Breast Screening Services*. *Journal of Intellectual Disability Research*, 2011. **55**(1): p. 41-52. Background: Women with intellectual disability (ID) are surviving to the age group at greatest risk of developing breast cancer (50-69 years). These women are more likely to experience a greater number of risk factors placing them at an advanced threat of developing breast cancer. However, as a result of cognitive deficits and communication difficulties these women are dependent upon staff to support them to attend the breast screening clinics. Aim: The aim of this paper was to examine how community nurses and residential staff support women with ID to access breast screening services. Methodology: Six focus groups were held with community nurses and residential staff who work in the field of ID in one region of the UK. The focus groups

were tape recorded and the transcriptions were subjected to a thematic content analysis. Findings: Although many of the participants recognised the risk factors and signs/symptoms of breast cancer, there was still a deficit of knowledge. Both positive and negative experiences of women with ID attending for breast screening were reported; however, greater discussion focused on the latter. The participants identified "a lack of health educational material" and also negative "emotions, attitudes and physical barriers" as inhibiting factors for attendance. Discussion: This paper highlights the need for developing a health promotion programme for women with ID focusing on breast awareness and information on screening, and also healthier lifestyles. Breast awareness via visual checks was identified for women with ID who refused to attend the breast clinics; however, issues of informed "consent" and "vulnerability" were raised for staff and also family carers having to undertake these checks. Development of user-friendly health educational literature using "pictures, symbols, signs" and simplified words should be accessible to all ID staff, healthcare staff, and also women with ID. (Contains 2 boxes.)

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direct=true&db=eric&AN=EJ927602&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ927602&site=ehost-live&scope=site)
<http://dx.doi.org/10.1111/j.1365-2788.2010.01345.x>

414. Taua, C., J. Hepworth, and C. Neville, *Nurses' role in caring for people with a comorbidity of mental illness and intellectual disability: A literature review*. International Journal of Mental Health Nursing, 2012. **21**(2): p. 163-174. ABSTRACT This article examines literature on the role of the nurse caring for people with a dual disability (DD) of intellectual disability and mental illness. A search of the literature between 2000 and 2010 resulted in a total of 21 articles that met the inclusion criteria. Seven key categories of the role of the nurse were identified: (i) advocacy/health promotion (including working with family); (ii) assessment/case management; (iii) behavioural interventions; (iv) communication; (v) leadership and the nurse's role within the multidisciplinary team; (vi) functions regarding medication administration; and (vii) safety/risk management. There is a paucity of research about the role of nurses working with people with DD, although a number of opinion-based articles exist. This article identifies a need for the role of the nurse working in DD to be more clearly articulated and for the development of evidence to guide best practice.

[http://search.ebscohost.com/login.aspx?
direct=true&db=rzh&AN=2011472807&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2011472807&site=ehost-live&scope=site)

415. Telles-Correia, D., et al., *Adherence in transplanted patients. [Portuguese] Adesao nos doentes transplantados*. Acta Medica Portuguesa, 2007. **20**(1): p. 73-85. There is a lot of evidence about the importance adherence in the transplanted patients. Many theoretical models that can be used to predict adherence, the more important are: the communication model of compliance (Ley), the health belief model (Rosenstock, Becker), and the autoregulation model (Leventhal). The authors explore these models and suggest the one which is more useful in transplanted patients. It is not possible to classify adherence in a monodimensional way, therefore it is useful to consider several characteristics like timing (early, late, continuous), frequency (occasional, intermittent, persistent, complete), origin (accidental, invulnerable, decisive) and diagnostic certainty (definite, probable, possible, unlikely). There are many ways to measure adherence. These can be classified in direct methods (assays of drug concentrations, use of markers incorporated into pills, direct observation of pill taking) and indirect methods (patient self-reports, compliance ratings by doctors). The authors describe the various methods and suggest the ones that best suit transplanted patients. The non-adherence in transplanted patients is very common, its medium prevalence is 25,28%, and can be influenced by many factors: demographic (age, civil state, sex, race, social/economic status), psychiatric and psychological (depression, personality disorders, mental retardation, alcoholism, health/disease beliefs, locus control), and others (medication costs, previous transplant).

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T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed10&AN=2007392746](http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed10&AN=2007392746)
[http://openurl.bibsys.no/openurl?
sid=OVID:embase&id=pmid:&id=doi:&issn=1646-0758&isbn=&volume=20&iss
ue=1&spage=73&pages=73-85&date=2007&title=Acta+Medica
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%3E2007392746%3C%2FAN%3E%3CDT%3EJournal%3A+Review%3C
%2FDT%3E](http://openurl.bibsys.no/openurl?sid=OVID:embase&id=pmid:&id=doi:&issn=1646-0758&isbn=&volume=20&issue=1&spage=73&pages=73-85&date=2007&title=Acta+Medica+Portuguesa&atitle=Adesao+nos+doentes+transplantados&aulast=Telles-Correia&pid=%3Cauthor%3ETelles-Correia+D.%3C%2Fauthor%3E%3CAN%3E2007392746%3C%2FAN%3E%3CDT%3EJournal%3A+Review%3C%2FDT%3E)

416. Temple, V.A., *Factors associated with high levels of physical activity among adults with intellectual disability*. International Journal of Rehabilitation Research, 2009. **32**(1): p. 89-92. The aim was to identify factors associated with physical activity participation among active (i.e. more than or equal to 10,000 steps per day) individuals with intellectual disability. Staff at day program and supported employment organizations were asked to identify individuals they believed were physically active. To verify participants were active, 7-day pedometer data were collected. Using these data, 13 participants met the inclusion criterion of 10,000 steps per

day from 37 individuals identified by staff. Participants (n=13) ranged in age from 18 to 46 years (mean=34, SD= 8) and seven were male. In-depth semistructured interviews were conducted to explore the environmental and social supports for these high levels of physical activity. Three major themes were identified from content and thematic analyses. Key individuals and organizations were important in fostering initial interests and the development of skills. Coaches, staff and parents were important in 'showing them how.' For example, how to vacuum or stack produce, how to bowl, how to use weight training equipment or helping to plan a safe walking route. Motivation for initial and ongoing participation was associated with friendship and social connection. Practical support was needed for continued participation. In particular, transportation and affordable activities were very important. Fostering practical skills, supporting the social aspects of physical activity and keeping activities low cost are important enabling and reinforcing factors for physical activity among active persons with intellectual disability.

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417. Temple, V.A., *Objectively measured physical activity of people with intellectual disability: participation and contextual influences*. Physical Therapy Reviews, 2010. **15**(3): p. 183-196. Background: Physical activity behavior is influenced by a complex set of interrelated variables. Objective: To describe the literature of objectively measured (accelerometer and pedometer) physical activity involving individuals with intellectual disability using the International Classification of Functioning, Disability and Health (ICF) model of Functioning and Disability as a framework. Major findings: Overall, studies were small in scale; included individuals with higher intellectual functioning; and tended to exclude individuals with co-morbid, associated, or secondary conditions. Study results indicate that less than one-third of adults are meeting health guidelines for physical activity; however, children and youth may be more active. Whether the population is less active than the general community is uncertain; but there appears to be syndrome-specific differences in participation. The breadth of factors investigated as potential correlates of physical activity is not as wide-ranging as the general population. Factors positively associated with physical activity were social connectedness and weekday; and among children and youth, physical activity was higher among boys and younger age groups. Conclusions: The inclusion and exclusion criterion applied to studies to date suggests that estimates of physical activity are upwardly biased. Accordingly, research that represents the diversity of individuals with intellectual disability is needed. It is obvious from this review that there is a great scope to examine a broad range of factors that may influence participation in physical activity. Research would benefit from incorporating disability-specific or generic models of health or physical activity participation to help select, organize, and interpret factors of importance. [ABSTRACT FROM AUTHOR]

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418. Temple, V.A. and H.I. Stanish, *Physical activity and persons with intellectual disability: some considerations for Latin America*. (Special Issue: Intellectual disability.). Salud Publica De Mexico, 2008. **50**(2): p. S185-S193. Physical activity is a personal and societal investment in health. In Latin America, rates of non-communicable diseases are growing and there is burgeoning interest in physical activity as a preventive health measure. This paper describes physical activity among adults with intellectual disability from a public health perspective, and provides recommendations related to the need for, and measurement of, physical activity among persons with intellectual disability in Latin America.

<http://www.insp.mx/salud>

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sid=OVID:cagh&id=pmid:&id=doi:&issn=0036-3634&isbn=&volume=50&issue=Suplemento+2&spage=S185&pages=S185-S193&date=2008&title=Salud+Publica+de+Mexico&atitle=Physical+activity+and+persons+with+intellectual+disability%3A+some+considerations+for+Latin

+America.&aulast=Temple&pid=%3Cauthor%3ETemple%2C+V.+A.%3C
%2Fauthor%3E%3CAN%3E20083104891%3C%2FAN%3E%3CDT
%3EJournal+article%3C%2FDT%3E

419. Temple, V.A. and J.W. Walkley, *Perspectives of Constraining and Enabling Factors for Health-Promoting Physical Activity by Adults with Intellectual Disability*. Journal of Intellectual & Developmental Disability, 2007. **32**(1): p. 28-38. Background: Physical activity influences health in individuals and within populations. This study explored factors perceived as enabling or inhibiting participation in physical activity by adults with intellectual disability from a health promotion perspective. Method: Six focus group interviews were conducted: adults with intellectual disability (1 group, n = 9), direct care workers (1 group, n = 5), group home supervisors (2 groups, n = 9 and n = 6), managers (1 group, n = 4), and parents (1 group, n = 7). Results: Three major themes were identified from the focus group interviews: motivation for participation, social support, and political and financial support. Conclusions: The most critical issue was the lack of clear policies. Both day training centres and accommodation services would benefit from development of policies related to health-promoting physical activity. Flowing on logically from the development of policy would be much needed training and support of staff. (Contains 1 figure and 1 table.)
<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ763711&site=ehost-live&scope=site>
<http://www.informaworld.com/openurl?genre=article&id=doi:10.1080/13668250701194034>
420. Tenneij, N., et al., *Reliability and Validity of the HoNOS-LD and HoNOS in a Sample of Individuals with Mild to Borderline Intellectual Disability and Severe Emotional and Behavior Disorders*. Journal of Mental Health Research in Intellectual Disabilities 2, no, 2009. **3**: p. 188-200.
421. Thomas, G.R. and M.P. Kerr, *Longitudinal Follow-Up of Weight Change in the Context of a Community-Based Health Promotion Programme for Adults with an Intellectual Disability*. Journal of Applied Research in Intellectual Disabilities, 2011. **24**(4): p. 381-387. Background: Obesity has been identified as a major health concern in adults with intellectual disabilities. This study evaluates a health promotion programme delivered by a NHS department for adults with intellectual disabilities. Method: Routine NHS data were collated and analysed descriptively. One hundred and ninety one adults with intellectual disabilities were screened and monitored over a 2-year period, with a sequence of health and fitness tests. Attendance rates and body mass index (BMI) were the principal outcome measures for this evaluation. Results: 69% of the samples were overweight/obese/morbidly obese at the beginning of the programme. Despite attendance at intermediate follow-up clinics, 21% of the sample failed to attend at year 1 and 34% failed to attend at year 2 clinics. In terms of BMI changes at year one, 52% of the "at risk" BMI category remained static, 26.7% showed a worsening weight status and 20.7% showed an improving weight status. At year 2, 52.1% of the "at risk" BMI category remained static, while 22% got worse and 25% showed an improvement in weight status. Conclusions: This study illustrates the possibilities and difficulties of devising an effective health promotion model within the NHS framework. For long-term obesity-specific interventions to be successful, further research is needed into multi-disciplinary programmes which incorporate the primary carers and are responsive to NICE guidelines.
<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ927705&site=ehost-live&scope=site>
<http://dx.doi.org/10.1111/j.1468-3148.2010.00611.x>
422. Tidemalm, D., et al., *Excess mortality in persons with severe mental disorder in Sweden: a cohort study of 12 103 individuals with and without contact with psychiatric services*. Clinical Practice and Epidemiology in Mental Health, 2008. **4**(1): p. 23.
423. Timms, D. and W.A. Campbell, *Modifying risk for aneuploidy with second-trimester ultrasound after a positive serum screen*. Clin Lab Med, 2010. **30**(3): p. 677-92. Prenatal diagnosis for aneuploidy (primarily Down syndrome) has evolved over the past 4 decades. It started as a screening process using maternal age of 35 years or older as a risk factor to offer patients the option for prenatal diagnosis. The actual diagnosis used an invasive procedure (amniocentesis) to obtain fetal cells for processing to determine fetal karyotype. This had a potential risk for miscarriage. The development of noninvasive prenatal screening to better identify pregnant patients at high risk for Down syndrome improved the ability to detect cases of aneuploidy and limit amniocentesis to only patients considered at high risk. This approach has a higher detection rate and a lower procedure-related rate of fetal loss than use of maternal age of 35 years or older alone. This article presents an overview of how prenatal diagnosis has evolved and then focuses on the current status of using ultrasound to evaluate patients considered to be screen-positive for Down syndrome based on first-trimester screening

(10-14 weeks) or second-trimester (15-22 weeks) maternal serum analyte screening.

424. Travers, J. and M. Tincani, *Sexuality Education for Individuals with Autism Spectrum Disorders: Critical Issues and Decision Making Guidelines*. Education and Training in Autism and Developmental Disabilities, 2010. **45**(2): p. 284-293. Individuals with autism spectrum disorders (ASD) present unique needs regarding sexuality education. While the topic of sexuality has received increased attention in the fields of intellectual and developmental disabilities generally, less consideration has focused on the unique needs of individuals with ASD specifically. This paper presents one position in support of sexuality education for children and adolescents with ASD. The nature of human sexuality is discussed to provide a context for the rights of individuals with ASD to learn about their sexuality. Further justification for providing sexuality education in terms of the unique characteristics of this population is offered in conjunction with potential consequences of failing to provide sexuality education. Lastly, information regarding a decision-making process for sexuality education curriculum is presented, including the responsibilities of families and professionals providing sexuality education.

[http://search.ebscohost.com/login.aspx?](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ884378&site=ehost-live&scope=site)

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<http://www.dddcec.org/>

425. Trosko, J.E., *Epigenetic toxicology as toxicant-induced changes in intracellular signalling leading to altered gap junctional communication*. Toxicology Letters, 1998. **95**(3): p. 4-5.

<http://www.ingentaconnect.com/content/els/03784274/1998/00000095/90000001/art80019>

[http://dx.doi.org/10.1016/S0378-4274\(98\)80019-2](http://dx.doi.org/10.1016/S0378-4274(98)80019-2)

426. Truesdale-Kennedy, M., L. Taggart, and S. McIlfratrick, *Breast cancer knowledge among women with intellectual disabilities and their experiences of receiving breast mammography*. Journal of Advanced Nursing, 2011. **67**(6): p.

1294-1304. Aim. This paper is a report of a descriptive study of understanding of breast cancer and experiences of breast mammography among women with an intellectual disability. Background. Despite the efforts of government policies and documents to ensure equal access to improve health screening for people with intellectual disability, the uptake for breast mammography in this population still remains lower than that of the general population. Method. A qualitative approach using four focus groups was undertaken with 19 women identified as having a borderline to moderate intellectual disability all of whom had received a breast mammography. Data collection took place in 2009. Analysis of the data was undertaken using thematic content analysis. Results. The women's knowledge of breast cancer including associated risks, preventative factors and signs and symptoms were extremely limited with their sources of knowledge primarily coming from carers or nursing staff on receipt of an invitation for mammography. Although these women expressed a positive attitude towards their experiences of breast mammography, they also described negative feelings of fear and anxiety, attributed to a lack of understanding about the screening process. A lack of information and embarrassment were identified as the main barriers to screening for this group. Conclusion. This study highlights the need for accessible multi-format information in order to facilitate health promotion and education in women with intellectual disability, their family carers and healthcare staff working with this target group in order to enhance the knowledge and awareness of breast cancer and screening. [ABSTRACT FROM AUTHOR]

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[direct=true&db=afh&AN=60468161&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=60468161&site=ehost-live&scope=site)

427. Tsiouris, J.A., *Pharmacotherapy for aggressive behaviours in persons with intellectual disabilities: treatment or mistreatment?* Journal of Intellectual Disability Research, 2010. **54**: p. 1-16. Background Antipsychotic medications have been used extensively to treat aggressive behaviours in persons with intellectual disabilities (ID) when the main psychiatric diagnoses given to them in the past were schizophrenia, childhood psychoses and ID with behaviour problems. Today, antipsychotics are still estimated to comprise 30-50% of all the psychotropics prescribed for persons with ID, although the prevalence of psychotic disorders is only 3% in this population. The overuse of antipsychotics in persons with ID could be justified if their aggressive behaviours were associated with mostly psychotic disorders and not other psychiatric disorders or factors and if the anti-aggressive properties of the antipsychotics have been supported by basic research or reviews of clinical studies. Is that so? This article explores these questions. Methods The literature on aggressive behaviours, their associations with psychiatric disorders and other contributing factors and the past and

current treatment options for aggressive behaviours in persons with and without ID was reviewed. Also, the literature on basic research regarding the brain receptors implicated in aggressive behaviours and the basic research and clinical studies on the anti-aggressive properties of antipsychotics was reviewed. Results Aggressive behaviours in persons with ID serve different functions and many factors contribute to their initiation, maintenance and exacerbations or attenuation including most of the psychiatric and personality disorders. Genetic disorders, early victimisation, non-enriched and restrictive environments during childhood or later on and traumatic brain injury, which are common in persons with ID, have been associated with aggressive behaviours and with mostly non-psychotic disorders in persons with and without ID. If the factors above and the knowledge derived from studies of domestic violence and premeditated aggression in persons without ID are considered and applied during the evaluation of the most severe aggressive behaviours in persons with ID, more appropriate and effective treatment than antipsychotics can be implemented. Basic research implicates mostly the GABA and the serotonin pre-post synaptic brain receptors influence the initiation, modulation or inhibition of aggression in animals. The anti-aggressive properties of the antipsychotics have not been supported by reviews of clinical studies and basic research is absent.

Antipsychotics are the indicated treatment only for psychiatric disorders and for aggressive behaviours associated with psychotic disorders and psychotic features as activation of dopamine receptor leads to defensive aggression. Conclusions Most of the persons with ID and aggressive behaviours do not have a diagnosis of psychotic disorder and there is lack of strong evidence supporting the anti-aggressive properties of the antipsychotics. The overuse of antipsychotics in this population may be explained by the old, faulty notion that aggressive behaviour in persons with ID is mostly associated with psychotic disorders. Given the discrediting of this notion, the use of antipsychotics in persons with ID may, in some cases, be considered mistreatment rather than proper treatment. In order to reverse the practice of over-prescribing antipsychotics for aggressive behaviours in persons with ID, basic research information on aggression must be disseminated, the search for the 'quick fix' must be abandoned and the promotion of antipsychotics as anti-aggressive drugs must be discouraged. Matching the treatment with the variables contributing to the aggressive behaviours, seeking a long-term rather than a short-term solution and avoiding the promotion of only one type of treatment for all types of aggression might change the current practice and improve the quality of life for many persons with ID.

[http://apps.webofknowledge.com/InboundService.do?](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anicK1DIIP&product=WOS&UT=00027257960001&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

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[%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anicK1DIIP&product=WOS&UT=00027257960001&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

428. Tucker, M., et al., *Parental Concerns about the Health of Adolescents with Intellectual Disability: A Brief Report*. International journal of family medicine, 2011. **2011**.
429. Tunde-Ayinmode, M., et al., *Psychiatric disorders in children attending a nigerian primary care unit: functional impairment and risk factors*. Child and Adolescent Psychiatry and Mental Health, 2012. **6**(1): p. 28.
- BACKGROUND: There is dearth of data on the level of functional impairment and risk factors for psychiatric morbidity in children attending primary care services in developing countries like Nigeria. The risk factors for psychiatric morbidity and functional impairment in children attending the primary care unit of a teaching hospital in Ilorin, Nigeria was therefore investigated to obtain data that could be used in improving service provision by primary care physicians. METHODS: A cross-sectional two-stage design was employed for the study. The first stage involved administration of the Child Behavior Questionnaire (CBQ) to 350 children while the children's version of the schedule for affective disorders and schizophrenia was used for the second stage involving 157 children, all high scorers on CBQ (score of [greater than or equal to] 7) and 30 % of low scorers (score < 7). Diagnosis of psychiatric disorders was based on DSM-IV criteria. In addition, the Children Global Assessment Scale was used to assess the functional status of the children (score of [less than or equal to] 70 indicates functional impairment) while the mothers' mental health status was assessed with the 12-item version of the General Health Questionnaire, a score of 3 or more on this instrument indicate presence of mental morbidity. RESULTS: It was observed that 11.4 % of the children had diagnosable psychiatric disorders and 7.1 % were functionally impaired; and those with psychiatric disorders were more functionally impaired than those without. Thus, significant negative correlation was noted between CBQ scores and CGAS ($r = 0.53$; $p < 0.001$). Following logistic regression, younger age of children, frequent hospital attendance and maternal parenting distress independently predicted psychiatric morbidity while child psychopathology and maternal parenting distress predicted functional impairment. CONCLUSIONS: Child psychiatric disorders are prevalent in the primary care unit studied. Many of the risk factors identified in the study population are modifiable. Collaborative efforts between psychiatrists and primary care physicians could therefore help to reduce level of risk and functional impairment and psychiatric morbidity among children attending the primary care unit studied. It could also help improve referral rates of difficult cases to the child and adolescent psychiatric unit of the hospital.

430. Turk, V., et al., *Reporting of Health Problems and Pain by Adults with an Intellectual Disability and by Their Carers*. *Journal of Applied Research in Intellectual Disabilities*, 2012. **25**(2): p. 155-165. Background: Information about the health of people with ID is usually obtained from professionals and carers. Little is known about what health problems people with ID report they experience, and whether this differs from their carers' reports. Method: A secondary analysis of health information provided by participants with ID and/or their matched carers as part of a health intervention RCT using inclusive methodology. Results: Health information from 98 participants with ID is presented. Less than three quarters of participants said they had someone to talk to about their health (68/93). Pain was reported by 67% (66/98) with 18% (17/95) saying they did not tell anyone when in pain, and 27% (26/97) they did not take pain relief medication. Matched carer data for 59 participants indicated similar numbers of health problems reported by participants as by their carers when prompted with specific problems. Participants reported more headaches and allergies, but fewer weight problems than their carers. Concordance was poor for many problems. Conclusion: Participants reported experiencing a lot of health and mental health problems including pain. This information from adults with ID is rarely collected, either in research or in routine clinical practice.

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ956080&site=ehost-live&scope=site>
<http://dx.doi.org/10.1111/j.1468-3148.2011.00642.x>

431. Tyrer, F. and C. McGrother, *Cause-Specific Mortality and Death Certificate Reporting in Adults with Moderate to Profound Intellectual Disability*. *Journal of Intellectual Disability Research*, 2009. **53**(11): p. 898-904. Background: The study of premature deaths in people with intellectual disability (ID) has become the focus of recent policy initiatives in England. This is the first UK population-based study to explore cause-specific mortality in adults with ID compared with the general population. Methods: Cause-specific standardised mortality ratios (SMRs) and exact 95% confidence intervals were calculated by age and sex for adults with moderate to profound ID living in the unitary authorities of Leicester, Leicestershire and Rutland, UK, between 1993 and 2006. Causes of death were also studied to determine how often ID and associated conditions, such as Down syndrome, were mentioned. Results: A total of 503 (17% of population) adults with ID died during the 14-year study period (30 144 person-years). Relatively high cause-specific mortality was seen for deaths caused by congenital abnormalities (SMR = 8560), diseases of the nervous system and sense organs (SMR = 1630), mental disorders (other than dementia) (SMR = 1141) and bronchopneumonia (SMR = 647). Excess deaths were also seen for diseases of the genitourinary system or digestive system, cerebrovascular disease, other respiratory infections, dementia (in men only), other circulatory system diseases (in women only) and accidental deaths (in women only). Two-fifths (n = 204; 41%) of deaths recorded in adults with ID or an associated condition as a contributing cause of death. Conclusions: Strategies to reduce inequalities in people with ID need to focus on decreasing mortality from potentially preventable causes, such as respiratory infections, circulatory system diseases and accidental deaths. The lack of mention of ID on death certificates highlights the importance of effective record linkage and ID reporting in health and social care settings to facilitate the government's confidential inquiry into causes of death in this population.

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ858892&site=ehost-live&scope=site>
<http://dx.doi.org/10.1111/j.1365-2788.2009.01201.x>

432. Ulzen, T.P. and R.E. Powers, *A review of empirical evidence of somatic treatment options for the MI/DD population*. *Psychiatr Q*, 2008. **79**(3): p. 265-73. This article reviews recent evidence in the literature for the use of psychotropic and other somatic treatments in the management of patients with mental retardation (MR). The search methodology included peer-reviewed English language publications in PubMed and PsychINFO with the words Mental Retardation, Intellectual Disability, Developmental Disability and Mental Disorders/Drug Therapy or Antipsychotic medications, Psychiatric Somatic therapies, Neuroleptic Drugs, Antidepressants and Electroconvulsive Therapy from 1998 to 2008. The review revealed few randomized controlled trials on the medications frequently prescribed for patients with MR. Three RCTs of Risperidone in children, one combining adults and children and one with adults only are discussed. There was one RCT involving Quetiapine and one on Citalopram. There is little evidence to support the scope of psychotropic medication use in the MR population though the field is advancing. The contribution of psychiatric illness to challenging behaviors is not systematically addressed in the literature.

433. Underwood, L., et al., *Health and social functioning of adults with intellectual disability and autism*. *Journal of Policy and Practice in Intellectual Disabilities*, 2012. **9**(2): p. 147-150. There is little information on the mental health needs of adults with intellectual disability (ID) and autism spectrum disorders (ASDs). Such evidence is much needed for the development of more effective mental health services for this group. The aim of this study is to compare adults with ID and ASD receiving specialist mental

health services with participants without ASD. Data were collected from the anonymized case records of a clinic-based population in South East London. Health and social functioning were measured using the Health of the Nation Outcome Scale for people with Learning Disability (HoNOS-LD). A review of case records identified 371 service users in receipt of specialist mental health care who were eligible for the study. There were 117 people (32% of the sample) with a clinical diagnosis of ID and ASD. Participants with ASD were younger, more likely to be male, less likely to live independently and had more severe ID than those without ASD. Furthermore, those with ID and ASD were less likely to be diagnosed with a psychiatric disorder but had significantly higher scores on the HoNOS-LD (indicating lower health and social functioning) than those without ASD. A significant proportion of adults with ID who are in receipt of specialist mental health services also have a clinical diagnosis of ASD. This group has different mental health needs compared with those without ASD. The authors note the need for a more personalized approach to service delivery with a focus on improving social functioning and behavioral impairments. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

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434. Unwin, G., S.A.S.o.P.U.o.B.U.K. Deb, and U.o.B.U.K. Neuroscience, *Family Caregiver Uplift and Burden: Associations With Aggressive Behavior in Adults With Intellectual Disability*. *Journal of Mental Health Research in Intellectual Disabilities* 4, no. 2011. 3: p. 186-205.
435. Van de Wouw, E., H.M. Evenhuis, and M.A. Echteld, *Prevalence, associated factors and treatment of sleep problems in adults with intellectual disability: A systematic review*. *Research in Developmental Disabilities*, 2012. 33(4): p. 1310-1332. In people with intellectual disability (ID), impaired sleep is common. Life expectancy has increased in this group, and it is known that in general population sleep deteriorates with aging. Therefore the aims of this systematic review were to examine how sleep problems are defined in research among adults and older people with ID, and to collect information on the prevalence, associated factors and treatment of sleep problems in this population. PubMed, EMBase, PsycINFO and Web of Science were searched for studies published between January 1990 and August 2011. All empirical studies covering sleep problems in adults with ID were included, and assessed on quality (level of evidence), using a slightly modified version of the SIGN-50 methodology checklist for cohort studies. Of 50 studies that were included for systematic review, one was of high quality, 14 were well conducted, 14 were well conducted but with a high risk of bias, and 21 were non-analytical. The reported estimated prevalence rates of sleep problems in adults with ID ranged from 8.5% to 34.1%. A prevalence of 9.2% was reported for significant sleep problems. Sleep problems were associated with the following factors: challenging behavior; respiratory disease; visual impairment; psychiatric conditions; and using psychotropic, antiepileptic and/or antidepressant medication. Little information was found on older people specifically. Two studies reported treatment effects on sleep problems in larger populations; their findings suggest that non-pharmaceutical interventions are beneficial. Research on the prevalence, associated factors and treatment of sleep problems in adults and older people with ID has mainly focused on subjectively derived data. The definitions used to describe a sleep problem are not uniform, and associations are mainly described as correlations. In order to give recommendations for clinical practice further research is needed, involving objective measurements and multivariate analysis. 2012 Elsevier Ltd.
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436. Van der Burg, J.J., et al., *A descriptive analysis of studies on behavioural treatment of drooling (1970-2005)*. *Developmental Medicine & Child Neurology*,

2007. **49**(5): p. 390-4. A descriptive analysis was conducted on studies on the behavioural treatment of drooling (published between 1970 and 2005). The 17 articles that met the inclusion criteria described 53 participants (mean age 14y 7mo, [SD 4y 9mo]; range 6-28y). Sex of 87% of the participants was reported: 28 male, 18 female. For 60% of the participants the degree of learning disability was reported, varying from severe/profound (n=24, 75%), moderate (n=4, 13%), to mild (n=2, 6%), while two participants (6%) had no learning disabilities. Forty-two participants (79%) were diagnosed with cerebral palsy. Behavioural procedures included instruction, positive and negative reinforcement, overcorrection and restitution, verbal and automatic cueing, and/or self-management. Effective behavioural procedures are reported in children with and without learning disability and/or motor impairment. Even participants with profound learning disability may benefit from behavioural intervention. However, the evidence base in terms of number of studies in this area is limited. Fifteen studies used a single participant design; two studies implemented an experimental-comparison group design. Some of these studies were poorly designed and methodological flaws were identified. Therefore, conclusions about efficacy of behaviour therapy for drooling and/or best practice cannot be drawn, although our analysis suggests that this approach is promising. However, future research on this topic is needed. After years of research focused on medical treatment, the option of behavioural treatment to reduce drooling should be reconsidered in relation to the medical management of this problem.

437. van Oorsouw, W.M., et al., *Training staff serving clients with intellectual disabilities: a meta-analysis of aspects determining effectiveness*. *Res Dev Disabil*, 2009. **30**(3): p. 503-11. The last decades have seen increased emphasis on the quality of training for direct-care staff serving people with intellectual disabilities. Nevertheless, it is unclear what the key aspects of effective training are. Therefore, the aim of the present meta-analysis was to establish the ingredients (i.e., goals, format, and techniques) for staff training that are related to improvements of staff behaviour. Our literature search concentrated on studies that were published in a period of 20 years. Fifty-five studies met the criteria, resulting in 502 single-subject designs and 13 n>1 designs. Results revealed important information relevant to further improvement of clinical practice: (a) the combination of in-service with coaching-on-the-job is the most powerful format, (b) in in-service formats, one should use multiple techniques, and verbal feedback is particularly recommended, and (c) in coaching-on-the-job formats, verbal feedback should be part of the program, as well as praise and correction. To maximize effectiveness, program developers should carefully prepare training goals, training format, and training techniques, which will yield a profit for clinical practice.

438. Van Rensbergen, G. and T. Nawrot, *Medical Conditions of Nursing Home Admissions*. *BMC Geriatrics*, 2010. **10**(1): p. 46. **BACKGROUND:**As long-term nursing home care is likely to increase with the aging of the population, identifying chronic medical conditions is of particular interest. Although need factors have a strong impact on nursing home (NH) admission, the diseases causing these functional disabilities are lacking or unclear in the residents' file. We investigated the medical reason (primary diagnosis) of a nursing home admission with respect to the underlying disease.**METHODS:**This study is based on two independent, descriptive and comparative studies in Belgium and was conducted at two time points (1993 and 2005) to explore the evolution over twelve years. Data from the subjects were extracted from the resident's file; additional information was requested from the general practitioner, nursing home physician or the head nurse in a face-to-face interview. In 1993 we examined 1332 residents from 19 institutions, and in 2005 691 residents from 7 institutions. The diseases at the time of admission were mapped by means of the International Classification of Diseases - 9th edition (ICD-9). Longitudinal changes were assessed and compared by a chi-square test.**RESULTS:**The main chronic medical conditions associated with NH admission were dementia and stroke. Mental disorders represent 48% of all admissions, somatic disorders 43% and social/emotional problems 8%. Of the somatic disorders most frequently are mentioned diseases of the circulatory system (35%) [2/3 sequels of stroke and 1/5 heart failure], followed by diseases of the nervous system (15%) [mainly Parkinson's disease] and the musculoskeletal system (14%) [mainly osteoarthritis]. The most striking evolution from 1993 to 2005 consisted in complicated diabetes mellitus (from 4.3 to 11.4%; $p < 0.0001$) especially with amputations and blindness. Symptoms (functional limitations without specific disease) like dizziness, impaired vision and frailty are of relevance as an indicator of admission.**CONCLUSION:**Diseases like stroke, diabetes and mobility problems are only important for institutionalisation if they cause functional disability. Diabetes related complications as cause of admission increased almost three-fold between 1993 and 2005.

<http://www.biomedcentral.com/1471-2318/10/46>

439. van Schroyen Lantman-de Valk, H., et al., *Developing Health Indicators for People with Intellectual Disabilities. The Method of the Pomona Project*. *Journal of Intellectual Disability Research*, 2007. **51**(6): p. 427-434. Aim: Recently, attention has focused on the health inequalities experienced by people with intellectual disabilities (ID) when compared with the general population. To inform policies aimed at equalizing health opportunities, comparable evidence is needed about the aspects of their health that may be amenable to intervention. Method: Applying the framework of the European Community Health Indicators (ECHI) for the general population, the Pomona

group developed a set of health indicators reflecting aspects of the health of people with ID: socio-demographic data, health status, health determinants and health systems. Results: This paper documents the procedures that partners carried out in 13 European countries. The process comprised a search for evidence in published literature; consultation with advocates, family members and health professionals; and analyses of national and international databases. Indicators were selected if they were appraised as important, useful, measurable and if resulting data would enable comparisons between the health of people with ID and that of the general population. Conclusion: The thus developed indicator set that is aligned with ECHI will permit investigators to compare key aspects of health of people with ID with those of people in the general population within Europe. The final set of 18 indicators will be applied in the Pomona 2 project (2005-08) to gather information about the health of samples of adults in 14 participating European countries.

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direct=true&db=eric&AN=EJ762146&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ762146&site=ehost-live&scope=site)
<http://dx.doi.org/10.1111/j.1365-2788.2006.00890.x>

440. van Schroyen Lantman-de Valk, H.M.J., F. Rook, and M.A. Maaskant, *The Use of Contraception by Women with Intellectual Disabilities*. *Journal of Intellectual Disability Research*, 2011. **55**(4): p. 434-440. Background: Worldwide, contraception is frequently used by women for the prevention of conception, to regulate or postpone menstrual bleeding. The study aims to determine the use (number and method) of contraception by women with intellectual disabilities (ID), the indications, sources of referrals and relations with level of ID and age of the women concerned. Methods: The study group consisted of 234 women aged between 15 and 59 years and residing at a Dutch service provider for persons with ID. Data were obtained via the pharmacy database, attending physicians and individual medical files. Results: Nearly one half (48%, n = 112) of the 234 residential women used some method of contraception: 87 (78%) took pharmacological contraceptive methods, 23 (20%) underwent surgical contraception and 2 (2%) both. Main reasons for contraception were problems with menstruation, behaviour and/or prevention of pregnancy. Requests for contraception were initiated mainly by physicians and parents. Differences between users of different contraceptives with regard to age and level of ID were not statistically significant. Conclusions: Further studies should focus on the development and implementation of adequate health promotion materials on this subject.

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direct=true&db=eric&AN=EJ929054&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ929054&site=ehost-live&scope=site)
<http://dx.doi.org/10.1111/j.1365-2788.2011.01395.x>

441. van Schroyen Lantman-de Valk, H.M.J. and P.N. Walsh, *Managing health problems in people with intellectual disabilities*. *BMJ*, 2008. **337**: p. a2507.

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442. van Wieringen, H., et al., *[Diagnosis of fetal alcohol spectrum disorders]. [Dutch] Diagnostiek van foetale alcohol spectrum stoornissen*. *Nederlands tijdschrift voor geneeskunde*, 2010. **154**(34): p. A331. Prenatal alcohol exposure may cause decreased growth of the child, congenital abnormalities, specific facial characteristics, and, most importantly, mental retardation and behavioural disorders, all known as fetal alcohol spectrum disorders (FASD). A significant number of pregnant women in the Netherlands drink alcohol, but the prevalence of FASD in our country is unknown. Repeated and high peak blood alcohol concentrations, for example in the case of binge drinking by the mother, result in more severe abnormalities; a safe limit for alcohol consumption in pregnancy cannot be defined. In 2007 and 2008, Dutch paediatricians reported a total of 56 diagnosed cases of FASD, mostly adopted and foster children. Possibly the condition has not always been diagnosed. Use of international guidelines for diagnosis by the medical profession may improve detection. The guidelines of the Canadian Public Health Agency provide a useful and generally accepted classification, with strict cut-off points to avoid overdiagnosis; attention should always be paid to the broad differential diagnosis.

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443. Vanwesenbeeck, I., *High roads and low roads in HIV/AIDS programming: plea for a diversification of itinerary*. Critical Public Health, 2011. **21**(3): p. 289-296. <http://www.ingentaconnect.com/content/routledg/ccph/2011/00000021/00000003/art00004>

<http://dx.doi.org/10.1080/09581596.2010.539594>

444. Varol Taş, F., T. GÜVENİR, and A. ÖZBEK, *Çocuk ve Ergenlerin Yatarak Tedavisinde İyileşme Ne Kadar Kalıcı Oluyor? (Turkish)*. How Long Does the Recovery Last with Inpatient Treatment of Child and Adolescents? (English), 2010. **47**(4): p. 319-323. Objective: Although it is widely accepted that inpatient psychiatric treatment of children and adolescents is effective, it is also essential to evaluate its effectiveness by assessing the treatment compliance following discharge and the persistence of treatment effects in the long run. The aim of this study is to assess the effectiveness of inpatient treatment provided in one of the rare units in our country via evaluation of the achievement of treatment goals, changes in risk assessment scores, treatment compliance following discharge, and psychological functioning as reflected in the current relationships with the family, peers and school. Methods: This study was conducted in patients who had received at least 2 weeks of inpatient treatment in Dokuz Eylül University Hospital, the Child and Adolescent Mental Health Inpatient Unit between February 2008 and January 2009. Achievement of treatment goals, changes in risk assessment scores, treatment compliance following discharge, and the level of general functioning were assessed 1 year after the discharge. Socio-demographic variables, psychiatric diagnosis, and duration of hospital stay were recorded for each patient. Treatment goals questionnaire, risk assessment procedure, assessment of treatment compliance following discharge, relations with peers, family and school, and general functioning were assessed with the The Children's Global Assessment Scale (CGAS). Results: Forty-six patients with a mean (Standard Deviation, SD) age of 16.2 (1.6) years were included in the study. It was observed that 84.7% of patients had good compliance with the outpatient treatment plans. The mean (SD) CGAS scores calculated at admission, discharge and 1 year following the inpatient treatment were 40.6 (8.8), 60.7 (9.0) and 65.1 (1.7), respectively. The change in CGAS scores was found to be statistically significant ($p=0.000$). Additionally, the risk assessment scores were significantly lower 1 year following the discharge ($p=0.000$). Conclusion: Data obtained from the study display that the inpatient treatment of children and adolescents showed marked improvements in their psychiatric morbidities, peer, family and school functioning and outpatient treatment compliance. These findings could indicate the necessity of establishing and improving child and adolescent inpatient units in our country. (English) [ABSTRACT FROM AUTHOR]

Amaç: Çocuk ve ergenlerde yatarak ruhsal sağaltım görmenin önemli düzeltilmeler sağladığı bilinmekle birlikte, uzun dönem etkinliğinin değerlendirilmesinde düzeltilmenin ve taburculuğun ardından ayaktan sağaltım sürecine uyuma etkilerinin bilinmesi önemlidir. Bu çalışmanın amacı, ülkemizde az sayıda bulunan çocuk ve ergen ruh sağlığı yataklı birimlerinden birinde verilen sağaltımın etkinliğini, tedavi hedeflerine ulaşılma düzeyleri, bireysel riskler ve işlevsellik değerlendirmeleri ile belirlemek, işlevsellikteki düzeltilmelerin kalıcılığını ve hastaların taburculuktan sonra tedaviye uyumunu saptamaktır. Yöntemler: Çalışma, DEÜTF Çocuk ve Ergen Ruh Sağlığı Servisi'nde en az iki hafta yatarak tedavi gören ve taburculuğunun üzerinden 1 yıl geçmiş olan hastalarla, Şubat 2008-Ocak 2009 tarihleri arasında yapılmıştır. Her hasta için sosyodemografik değişkenler, psikiyatrik tanımlar, hastanede kalış süreleri kaydedilerek, tedavi hedeflerine ulaşılma düzeyleri, hastanın taburculuk sonrası ayaktan sağaltımına uyumu, risklerindeki değişimleri, akrana, aile ve okul alanlarındaki ilişkileri ve işlevsellik değerlendirilmiş, tedavi hedefleri anketi, bireysel risk değerlendirmesi ve Çocuklar için Genel Değerlendirme Ölçeği (ÇGDÖ) uygulanmıştır. Bulgular: Çalışmada ortalama (Standart Sapma, SS) yaşları 16.2 (1.6) yıl olan toplam 46 hasta değerlendirilmiştir. Olguların taburculuktan sonra ayaktan sağaltımlarına %84.7 oranında devam ettikleri görülmüştür. Yatarak sağaltımın başlangıcında, sonunda ve taburculuktan 1 yıl sonra uygulanan ÇGDÖ ortalama (sS) puanları sırasıyla 40.6 (8.8), 60.7 (9.0) ve 65.1 (1.7) olarak bulunmuş, puanlardaki değişimin istatistiksel olarak yüksek anlamlılık taşıdığı belirlenmiştir ($p=0.000$). Hastaların yatış sırasında hesaplanan bireysel risk puanlarının, taburculuktan 1 yıl sonraki ayaktan izlem sırasında yapılan değerlendirmede belirgin olarak düştüğü, farkın istatistiksel olarak anlamlı olduğu görülmüştür ($p=0.000$). Sonuç: Çalışmadan elde edilen veriler yatarak psikiyatrik sağaltım gören çocuk ve ergenlerin taburculuklarından 1 yıl sonra psikiyatrik morbiditeleri, akrana, aile ve okul işlevsellik düzeyleri ve taburculuk sonrası ayaktan sağaltımına uyum oranlarında belirgin düzeltilmeler gösterdiğine işaret etmektedir. Değerlendirmenin sonuçları ülkemizde çocuk ve ergenlere yönelik yataklı sağaltım hizmetinin yaygınlaştırılması ve geliştirilmesinin gerekliliğine ışık tutabilir. (Turkish) [ABSTRACT FROM AUTHOR]

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direct=true&db=afh&AN=76485384&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=76485384&site=ehost-live&scope=site)

445. Vashdi, E., Y. Hutzler, and D. Roth, *Compliance of children with moderate to severe intellectual disability to treadmill walking: a pilot study*. Journal of Intellectual Disability Research, 2008. **52**(5): p. 371-379. Background Individuals with Intellectual Disability (ID) exhibit reduced levels of compliance to exercise, including treadmill walking. The purpose of this study was to measure the effects of several training conditions on compliance to participation in treadmill walking of children with moderate to severe ID. Method Criteria for compliance were the averaged number of times participants attempted to discontinue walking during two 5-min exercise sessions of treadmill walking at an intensity of 65–75% of predicted maximal HR. Fifteen children aged 5–11 with moderate to severe ID participated in the study. Training conditions were (a) close supervisor's position, (b) distant supervisor's position, (c) positive reinforcement, and (d) paired modeling. Results General linear mixed model statistics revealed significant differences in favor of the paired modeling and positive reinforcement compared to the other conditions. Leaning forward was the most frequent type of participants' attempt to stop exercising. Conclusions Paired modeling and positive reinforcement should be considered within treadmill training programs for children with moderate to severe ID. [ABSTRACT FROM AUTHOR]

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direct=true&db=afh&AN=31642139&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=31642139&site=ehost-live&scope=site)

446. Vederhus, B., et al., *Health related quality of life after extremely preterm birth: a matched controlled cohort study*. Health and Quality of Life Outcomes, 2010. **8**(1): p. 53. BACKGROUND: The majority of infants born before the last trimester now grow up. However, knowledge on subsequent health related quality of life (HRQoL) is scarce. We therefore aimed to compare HRQoL in children born extremely preterm with control children born at term. Furthermore, we assessed HRQoL in relation to perinatal and neonatal morbidity and to current clinical and sociodemographic characteristics. METHOD: The Child Health Questionnaire (CHQ-PF50) and a general questionnaire were applied in a population based cohort of 10 year old children born at gestational age [less than or equal to] 28 weeks or with birth weight [less than or equal to] 1000 grams in Western Norway in 1991-92 and in term-born controls, individually matched for gender and time of birth. The McNemar test and paired t-tests were used to explore group differences between preterms and matched controls. Paired regression models and analyses of interaction (SPSS mixed linear model) were used to explore potential effects of sociodemographic and clinical characteristics on HRQoL in the two groups. RESULTS: All 35 eligible preterm children participated. None had major impairments. Learning and/or attention problems were present in 71% of preterms and 20% of controls (odds ratio (OR): 7.0; 95% confidence interval (CI): 2.2 to 27.6). Insufficient professional support was described by 36% of preterm vs. 3% of control parents (OR: infinite; CI: 2.7 to infinite). Preterms scored lower on eight CHQ-PF50 subscales and the two summary scores, boys accounting for most of the deficits in areas of behavior, psychosocial functioning and parental burden. HRQoL was associated with learning and/or attention problems in both preterm and control children, significantly more so in preterms in areas related to health and parental burden. Within the preterm group, HRQoL was mostly unrelated to perinatal and neonatal morbidity. CONCLUSIONS: HRQoL for children born extremely preterm, and particularly for boys, was described by parents to be inferior to that of children born at term, and sufficiently poor to affect the daily life of the children and their families. Learning and/or attention problems were reported for a majority of preterms, strongly influencing their HRQoL.

<http://www.hqlo.com/content/8/1/53>

447. Vedi, K. and S. Bernard, *The mental health needs of children and adolescents with learning disabilities*. Current Opinion in Psychiatry, 2012. **25**(5): p. 353-358. Purpose of review To provide an update on the mental health needs of children and adolescents with learning disabilities, by examining salient studies published predominantly in the last 12-18 months. Recent findings There have been further articles published supporting the findings of earlier landmark studies demonstrating an increased prevalence of mental health disorders in young people with learning disabilities. These articles suggest higher rates of comorbidity than were previously recognized. There are few published studies pertaining to the effectiveness of psychological and pharmacological treatments, although there is a recognition that the latter are more routinely and perhaps inappropriately administered. Antipsychotics are the most commonly prescribed group of medications and, despite a lack of evidence, continue to

be prescribed more to address challenging behaviours rather than in the treatment of an identified psychiatric disorder. Reviews examining services and policies in other countries further highlight that the health and social care needs of individuals with learning disabilities are receiving more attention, with a shared vision that services should be inclusive and preferably community based. Summary Although there is improved knowledge of the rates of mental health disorders in young people with learning disabilities, in clinical practice these mental health needs continue to be underrecognized and untreated.

[http://apps.webofknowledge.com/InboundService.do?](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000307380800004&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

[SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000307380800004&SrcApp=EndNote&DestFail=http%3A%2F](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000307380800004&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

[%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000307380800004&SrcApp=EndNote&DestFail=http%3A%2F%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

448. Verdonschot, M.M., et al., *Impact of environmental factors on community participation of persons with an intellectual disability: a systematic review*. J Intellect Disabil Res, 2009. **53**(1): p. 54-64. STUDY DESIGN: A systematic review of the literature. OBJECTIVES: To describe which environmental factors have an impact on community participation of persons with an intellectual disability. METHODS: A systematic literature search was conducted for the period of 1996-2006 in Pubmed, CINAHL and PSYCINFO. Search terms were derived from the International Classification of Functioning, Disability and Health. Three investigators assessed the relevance of the studies identified using predefined selection criteria. Aspects of community participation included were: domestic life; interpersonal interactions and relationships; major life areas; community, civic and social life. Environmental factors included were: products and technology; natural environment and human-made changes to environment; support and relationships; attitudes; services, systems and policies. RESULTS: Out of 236 initial hits, 9 quantitative studies and 2 qualitative studies met the predefined selection criteria and were included in the study. Various research instruments were used in the studies and only one study used a conceptual framework. The review allowed the identification of a number of environmental factors positively affecting participation: opportunities to make choices; variety and stimulation of the environment of facilities; opportunities for resident involvement in policy making; small residential facilities; opportunities for autonomy; vocational services; social support; family involvement; assistive technology; and positive staff attitudes. A number of identified environmental factors negatively affecting participation are: lack of transport and not feeling accepted. DISCUSSION: It can be concluded that little has been published about the impact of environmental factors on community participation. Many studies do not clearly define the concept of community participation. Research on the impact of environmental factors on community participation so far seems not to be based on a theoretical framework. Most studies focused on the impact of services on community participation in general.
449. Wada, T., [*X-linked alpha-thalassemia/mental retardation syndrome*]. Rinsho Byori, 2009. **57**(4): p. 382-90. X-linked alpha-thalassemia/mental retardation syndrome (ATR-X syndrome, OMIM #301040) is one of the syndromes associated with abnormal epigenetic gene regulation, including ICF(DNMT3B), Rett (MECP2), Rubinstein-Taybi (CBP), Coffin-Lowry (RSK2), and Sotos (NSD1) syndromes. It is a syndromic form of X-linked mental retardation, which affects males and is characterized by profound mental retardation, mild HbH disease (alpha-thalassemia), facial dysmorphism, skeletal abnormalities, and autistic behavior. ATR-X syndrome is caused by a mutation in the ATRX gene on the X chromosome (Xq13), which encodes ATRX protein, belonging to the SNF2 family of chromatin-remodeling proteins. The protein has two functionally important domains: an ADD (ATRX-DNMT3-DNMT3L) domain at the N-terminus, and chromatin-remodeling domain in the C-terminal half, where the ATRX gene mutations of most ATR-X patients reside. Perturbation in DNA methylation in the rDNA genes was reported in ATR-X patients, and ATRX protein is presumed to be involved in the establishment and maintenance of DNA methylation. Based on its various clinical phenotypes, the expressions of many genes, including alpha globin genes, seem to be abnormally regulated in ATR-X patients. However, the precise mechanism involving ATRX protein remains to be elucidated. Epigenetics can link environmental and genetic causes of many pathological conditions. The genes, which are abnormally regulated by a perturbed epigenetic mechanism, are, in themselves, structurally normal, and the elucidation of their mechanism may lead to the development of appropriate therapy.
450. Walker, M., et al., *The epidemiology of alcohol utilization during pregnancy: an analysis of the Canadian Maternity Experiences Survey (MES)*. BMC Pregnancy and Childbirth, 2011. **11**(1): p. 52. BACKGROUND: Maternal alcohol consumption during pregnancy may potentially constitute a major public health concern in Canada but despite this, the available epidemiological data on both rates and predictors of alcohol consumption during pregnancy is limited. The present study assessed the prevalence and predictors of maternal alcohol consumption during pregnancy of women living in Canada from 2005-2006 who had a singleton live birth and whose child remained in their care 5-9 months following birth. Prevalence of maternal alcohol consumption was examined across the Canadian provinces. METHODS: The analysis was based on the

Maternity Experience Survey (MES), a population-based survey that assessed pregnancy, delivery and postnatal experiences of mothers and their children between November 2005 and May 2006. The main outcome variable assessed was ever drinking alcohol during pregnancy. The sample of mothers who drank during pregnancy consisted mainly of low to moderate level-alcohol drinkers (95.8%), while only 1.7% of the sample were heavy drinkers (>1 drink per day). Socio-economic factors, demographic factors, maternal characteristics, and pregnancy related factors that proved to be significant at the bivariate level were considered for a logistic regression analysis. Bootstrapping was performed to account for the complex sampling design. RESULTS: Analysis of 5882 mothers, weighted to represent 72,767 Canadian women, found that 10.8% of women drank alcohol at some point during their pregnancies. This mainly reflects prevalence of low to moderate maternal alcohol consumption. Prevalence of drinking alcohol during pregnancy was 13.8% in Eastern-Central provinces, 7.8% in Western Provinces-British Columbia, 4.1% in Eastern-Atlantic provinces and 4.0% in Western-Prairie Provinces. Utilizing alcohol during gestation was significantly associated with several important factors including marital status, smoking status, reaction to the pregnancy and immigrant status. While being an immigrant to Canada appeared to confer a protective effect, women who have partners (odds ratio (OR) = 2.00; 95% confidence interval (CI): 1.20, 3.31) and smoked during pregnancy (OR = 1.54; 95% CI: 1.12, 1.87) were significantly more likely to drink alcohol during their pregnancies. Perhaps most importantly, pregnant women who reported indifference or being unhappy/very unhappy in regards to their pregnancies exhibited 1.89- and 2.5-fold increased risk of drinking alcohol during their pregnancies, respectively. CONCLUSION: A number of important factors associated with maternal alcohol utilization during pregnancy have been identified, indicating areas where increased focus may serve to reduce maternal and pediatric morbidity and mortality.

<http://www.biomedcentral.com/1471-2393/11/52>

451. Wallace, R., *Physical health problems among adults with intellectual disabilities and the difficulty in accessing health care in tasmania*. Internal Medicine Journal, 2012. **Conference:** p. RACP Future Directions in Health Congress 2012 Brisbane. Background: Adults with intellectual disabilities have high numbers of medical problems, many needing sub-specialty input, compared to their age-matched peers. These patients often suffer adverse outcomes because of difficulty in accessing healthcare. A new specialist service was recently commenced in Hobart in the private sector. Aims/objectives: To describe the biopsychosocial profile of adults with intellectual disabilities who were referred to a new specialist clinic, and the response for assistance from other specialists in the public sector. Methods: Retrospective chart audit from January to September 2011 on patients who had undergone complete biopsychosocial review at the clinic. Findings: By September 2011, 63 patients had been referred and 39 had undergone complete physical health reviews, seven were half way through and 17 were on the waiting list. The group was middle aged (range 18-69), equal numbers of males and females and had a constellation of negative health determinants. Nine (23%) had Down syndrome, nine (23%) had other defined causes of intellectual disabilities and 21 (54%) had unknown causes; 14 (36%) had substantial motor disabilities. All except one required substantial help to provide a history, and in about 70% of cases behavioural issues impaired ability to obtain history, examination, investigations for diagnoses and managements. In a minority of cases, no examination or testing was possible. On average patients had five medical problems each, 2.2 being already diagnosed and 2.8 either being new or old problems with substantially new management plans. Nearly all patients had unmet health promotion concerns. Seventy per cent of the problems were of the type requiring further sub-specialist input or the patient would be at high risk of needing hospitalisation. Gastrointestinal, musculoskeletal, central nervous and polypharmacy were among the common systems. Patients referred to subspecialist colleagues at the local hospital as outpatients (epilepsy, clinical genetics, congenital cardiology, endocrinology, gastroenterology) were seen after usual times with appropriate plans. Hospital colleagues were obstructive in helping patients who needed tests and examination under sedation. Conclusions: Patients with intellectual disabilities in Tasmania have similar biopsychosocial results as elsewhere showing high undiagnosed medical problems requiring specialist support. Outpatient support at the local hospital was good but patients requiring day case or short inpatient stay investigation faced many barriers.

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[T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed10&AN=70870102](http://openurl.bidsys.no/openurl?sid=OVID:embase&id=pmid:&id=doi:10.1111%2Fj.1445-5994.2012.02779.x&issn=1444-0903&isbn=&volume=42&issue=&spage=12&pages=12&date=2012&title=Internal+Medicine+Journal&atitle=Physical+health+problems+among+adults+with+intellectual+disabilities+and+the+difficulty+in+accessing+health+care+in+tasmania&aulast=Wallace&pid=%3Cauthor%3EWallace+R.%3C%2Fauthor%3E%3CAN%3E70870102%3C%2FAN%3E%3CDT%3EJournal%3A+Conference+Abstract%3C%2FDT%3E)

<http://openurl.bidsys.no/openurl?sid=OVID:embase&id=pmid:&id=doi:10.1111%2Fj.1445-5994.2012.02779.x&issn=1444-0903&isbn=&volume=42&issue=&spage=12&pages=12&date=2012&title=Internal+Medicine+Journal&atitle=Physical+health+problems+among+adults+with+intellectual+disabilities+and+the+difficulty+in+accessing+health+care+in+tasmania&aulast=Wallace&pid=%3Cauthor%3EWallace+R.%3C%2Fauthor%3E%3CAN%3E70870102%3C%2FAN%3E%3CDT%3EJournal%3A+Conference+Abstract%3C%2FDT%3E>

452. Wallace, R.A. and P. Schluter, *Audit of Cardiovascular Disease Risk Factors among Supported Adults with Intellectual Disability Attending an Ageing Clinic*. Journal of Intellectual & Developmental Disability, 2008. **33**(1): p. 48-58. Background: Little is known about the cardiovascular disease (CVD) risk factor profile for

older adults with intellectual disability (ID). As many CVD risk factors are treatable by lifestyle changes, confirmation of the risk factor profile for older adults with ID could substantially impact upon preventive health practices for this group. Method: Medical charts of all adults aged 40 years or over attending a specialised ageing clinic for adults with ID between January 2002 and June 2005 were reviewed. Results: Overall, 155 adults' charts were reviewed and 8 (5%) had diagnosed CVD. Risk factor assessments found 18% with hypertension (of 73% checked), 8% with elevated glucose (of 97% checked), 27% with elevated total cholesterol (of 94% checked), 70% overweight or obese (of 55% checked), 11% current or ex-smokers (100% checked), and 96% with inadequate daily exercise (100% checked). Only the prevalence of hypertension and smoking increased significantly with age. Conclusion: Apart from lack of exercise (which was much more prevalent than for the general population) and overweight or obesity, the overall CVD risk factor profile of supported older adults with ID appears generally more favourable compared to the age-matched general population, although the occurrence of all risk factors is still common. Healthy lifestyle programs for this population should focus on implementation of exercise and nutrition strategies. (Contains 4 tables and 1 figure.)

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ787072&site=ehost-live&scope=site>
<http://www.informaworld.com/openurl?genre=article&id=doi:10.1080/13668250701858463>

453. Walmsley, J., *An investigation into the implementation of Annual Health Checks for people with intellectual disabilities*. Journal of Intellectual Disabilities, 2011. **15**(3): p. 157-166. This project, conducted during 2010 by a researcher working with a self-advocacy group, investigated the implementation of Annual Health Checks (AHCs) for people with intellectual disabilities in Oxfordshire, where only 26.1 percent of AHCs were completed in 2009–10 (national average 41 percent). AHCs were introduced in England in 2008 as a response to findings that people with intellectual disabilities have significantly worse health care than other groups. GP practices are financially incentivized to offer AHCs. This study found that slow progress in implementing AHCs was attributable to: uncertainty over who was eligible; limited awareness in general practices about the legal duty to make 'reasonable adjustments' to facilitate access; limited awareness of AHCs and their potential benefits amongst carers and adults with intellectual disabilities; and in some cases scepticism that AHCs were either necessary or beneficial. The article also explores the benefits of undertaking this project in partnership with a self-advocacy group.

<http://jid.sagepub.com/cgi/content/abstract/15/3/157>

454. Walsh, P.N. and R. McConkey, *INCLUSIVE HEALTH AND PEOPLE WITH INTELLECTUAL DISABILITIES*, in *International Review of Research in Mental Retardation*, Vol 38, R.M. Hodapp, Editor 2009. p. 33-67.
455. Walsh, P.N., G. Weber, and M. Nadal, *Health indicators for persons with intellectual disabilities in Europe*. International Journal of Integrated Care, 2009. **9**(5).

456. Waninge, A., et al., *Feasibility and Reliability of Two Different Walking Tests in People With Severe Intellectual and Sensory Disabilities*. Journal of Applied Research in Intellectual Disabilities, 2011. **24**(6): p. 518-527. Background The purpose of this study is to describe feasibility and test-retest reliability of the six-minute walking distance test (6MWD) and an adapted shuttle run test (aSRT) in persons with severe intellectual and sensory (multiple) disabilities. Materials and Methods Forty-seven persons with severe multiple disabilities, with Gross Motor Function Classification System (GMFCS) grade I and II and wearing a heart rate monitor, performed the 6MWD and the aSRT twice. Results Ninety-six per cent of the participants completed both tests successfully. Wilcoxon signed-rank test revealed no significant differences between test and retest ($P < 0.05$). Intraclass correlation coefficients for all variables were ≥ 0.90 . Limits of agreement for aSRT in GMFCS II subjects were insufficient. Conclusion Six-minute walking distance test is feasible and reliable for measuring functional exercise capacity in GMFCS I and II participants with severe multiple disabilities. aSRT is feasible and reliable for measuring aerobic capacity in GMFCS I participants. Compared with others, participants with severe multiple disabilities achieved poor results in 6MWD. [ABSTRACT FROM AUTHOR]

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<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=66355772&site=ehost-live&scope=site>

457. Warner, L., *The Summer Solstice Largactyl Shuffle: From Madhouse to Modern Psychiatric Hospital*. Mental Health Practice, 2009. **13**(1): p. 14-14. The article offers information on The Summer Solstice Largactyl Shuffle: From Madhouse to Modern

Psychiatric Hospital, a guided walking event held on June 20, 2009. This event started from Tate Modern at Bankside to The Maudsley Hospital in London, England. The walk was participated by healthcare staff, volunteers, service users and those people who enjoy stretching their legs. The purpose of the activity was to promote mental and physical health. Schedules of other walks organized are also provided.

<http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=44172412&site=ehost-live&scope=site>

458. Warren, K.R., et al., *Exercise Program Adherence Using a 5-Kilometer (5K) Event as an Achievable Goal in People With Schizophrenia*. *Biological Research for Nursing*, 2011. **13**(4): p. 383-390. People with schizophrenia have a higher prevalence of obesity than the general population. Many people with this illness struggle with weight gain, due, in part, to medications and other factors that act as obstacles to exercise and healthy eating. Several studies have shown the benefits of behavioral weight loss programs targeting eating and/or exercise in people with schizophrenia. Fewer studies have used competitive events as a goal for an exercise program. The current study tested the feasibility of preparing, using an exercise program, for a 5-kilometer (5K) event in people with schizophrenia. The exercise program was a 10-week training program consisting of three supervised walking/jogging sessions per week and a weekly educational meeting on healthy behaviors. Almost 65% (11/17) of the subjects participated in all of the training sessions, and 82% (14/17) participated in the 5K event. Participants did not gain a significant amount of weight during the exercise program (median weight change = 0.7 kg; 25th percentile 0.5, 75th percentile 3.9, $p = .10$). This study suggests that using an achievable goal, such as a 5K event, promotes adherence to an exercise program and is feasible in a population of people with chronic schizophrenia. [ABSTRACT FROM PUBLISHER]

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459. Weiser, P., et al., *European network for promoting the physical health of residents in psychiatric and social care facilities (HELPS): background, aims and methods*. *BMC Public Health*, 2009. **9**(1): p. 315. **BACKGROUND:** People with mental disorders have a higher prevalence of physical illnesses and reduced life expectancy as compared with the general population. However, there is a lack of knowledge across Europe concerning interventions that aim at reducing somatic morbidity and excess mortality by promoting behaviour-based and/or environment-based interventions. **METHODS AND DESIGN:** HELPS is an interdisciplinary European network that aims at (i) gathering relevant knowledge on physical illness in people with mental illness, (ii) identifying health promotion initiatives in European countries that meet country-specific needs, and (iii) at identifying best practice across Europe. Criteria for best practice will include evidence on the efficacy of physical health interventions and of their effectiveness in routine care, cost implications and feasibility for adaptation and implementation of interventions across different settings in Europe. HELPS will develop and implement a "physical health promotion toolkit". The toolkit will provide information to empower residents and staff to identify the most relevant risk factors in their specific context and to select the most appropriate action out of a range of defined health promoting interventions. The key methods are (a) stakeholder analysis, (b) international literature reviews, (c) Delphi rounds with experts from participating centres, and (d) focus groups with staff and residents of mental health care facilities. Meanwhile a multi-disciplinary network consisting of 15 European countries has been established and took up the work. As one main result of the project they expect that a widespread use of the HELPS toolkit could have a significant positive effect on the physical health status of residents of mental health and social care facilities, as well as to hold resonance for community dwelling people with mental health problems. **DISCUSSION:** A general strategy on health promotion for people with mental disorders must take into account behavioural, environmental and iatrogenic health risks. A European health promotion toolkit needs to consider heterogeneity of mental disorders, the multitude of physical health problems, health-relevant behaviour, health-related attitudes, health-relevant living conditions, and resource levels in mental health and social care facilities.

<http://www.biomedcentral.com/1471-2458/9/315>

460. Wells, J., K.D. Clark, and K. Sarno, *A Computer-Based Interactive Multimedia Program to Reduce HIV Transmission for Women with Intellectual Disability*. *Journal of Intellectual Disability Research*, 2012. **56**(4): p. 371-381. **Background:** Despite recent recognition of the need for preventive sexual health materials for people with intellectual disability (ID), there have been remarkably few health-based interventions designed for people with mild to moderate ID. The purpose of this study was to evaluate the effects of a computer-based interactive multimedia (CBIM) program to teach HIV/AIDS knowledge, skills and decision making. **Methods:** Twenty-five women with mild to

moderate ID evaluated the program. The study used a quasi-experimental within-subjects design to assess the efficacy of the CBIM program. Research participants completed five qualitative and quantitative instruments that assessed HIV knowledge, and decision-making skills regarding HIV prevention practices and condom application skills (i.e. demonstration of skills opening a condom and putting it on a model penis). In addition, 18 service providers who work with women with ID reviewed the program and completed a demographics questionnaire and a professional customer satisfaction survey. Results: Women with ID showed statistically significant increases from pre-test to post-test in all knowledge and skill domains. Furthermore, the statistical gains were accompanied by medium to large effect sizes. Overall, service providers rated the program highly on several outcome measures (stimulation, relevance and usability). Conclusions: The results of this study indicate the CBIM program was effective in increasing HIV/AIDS knowledge and skills among women with ID, who live both semi-independently and independently, in a single-session intervention. As the CBIM program is not dependent on staff for instructional delivery, it is a highly efficient teaching tool; and CBIM is an efficacious means to provide behavioural health content, compensating for the dearth of available health promotion materials for people with ID. As such, it has a potential for broad distribution and implementation by medical practitioners, and public health offices. People with ID are part of our society, yet continue to be overlooked, particularly in the area of health promotion. Special tools need to be developed in order to address the health disparities experienced by people with ID.

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ959035&site=ehost-live&scope=site>
<http://dx.doi.org/10.1111/j.1365-2788.2011.01482.x>

461. Wells, J., K.D. Clark, and K. Sarno, *A computer-based interactive multimedia program to reduce HIV transmission for women with intellectual disability*. *Journal of Intellectual Disability Research*, 2012. **56**(4): p. 371-381.
<http://www.ingentaconnect.com/content/bsc/jidr/2012/00000056/00000004/art00005>
<http://dx.doi.org/10.1111/j.1365-2788.2011.01482.x>

462. Wen, L., et al., *Early intervention of multiple home visits to prevent childhood obesity in a disadvantaged population: a home-based randomised controlled trial (Healthy Beginnings Trial)*. *BMC Public Health*, 2007. **7**(1): p. 76.
BACKGROUND: Studies have shown that a proportion of children as young as two years are already overweight. This indicates that obesity prevention programs that commence as early as possible and are family-focused are needed. This Healthy Beginnings Trial aims to determine the efficacy of a community-based randomized controlled trial (RCT) of a home visiting intervention in preventing the early onset of childhood overweight and obesity. The intervention will be conducted over the first two years of life to increase healthy feeding behaviours and physical activity, decrease physical inactivity, enhance parent-child interaction, and hence reduce overweight and obesity among children at 2 and 5 years of age in the most socially and economically disadvantaged areas of Sydney, Australia. METHODS/DESIGN: This RCT will be conducted with a consecutive sample of 782 first time mothers with their newborn children. Pregnant women who are expecting their first child, and who are between weeks 24 and 34 of their pregnancy, will be invited to participate in the trial at the antenatal clinic. Informed consent will be obtained and participants will then be randomly allocated to the intervention or the control group. The allocation will be concealed by sequentially numbered, sealed opaque envelopes containing a computer generated random number. The intervention comprises eight home visits from a specially trained community nurse over two years and pro-active telephone support between the visits. Main outcomes include a) duration of breastfeeding measured at 6 and 12 months, b) introduction of solids measured at 4 and 6 months, c) nutrition, physical activity and television viewing measured at 24 months, and d) overweight/obesity status at age 2 and 5 years. DISCUSSION: The results of this trial will ascertain whether the home based early intervention is effective in preventing the early onset of childhood overweight and obesity. If proved to be effective, it will result in a series of recommendations for policy and practical methods for promoting healthy feeding and physical activity of children in the first two years of life with particular application to families who are socially and economically disadvantaged.
<http://www.biomedcentral.com/1471-2458/7/76>

463. White, G.W., et al., *Secondary analysis of a scoping review of health promotion interventions for persons with disabilities: Do health promotion interventions for people with mobility impairments address secondary condition reduction and increased community participation?* *Disability and Health Journal*, 2011. **4**(2): p. 129-139. Background: Secondary conditions can have very serious outcomes for people with physical disabilities. Such consequences can range from immobility due to pressure sores to withdrawal and isolation due to depression, decreasing participation in the community. Objective/Hypothesis: To further investigate these assumptions, we conducted a review Of the literature on health promotion interventions that include physical activity for adults with disabilities to determine whether they have a positive effect on the reduction of secondary conditions and increased community participation. Methods: We conducted a secondary analysis of the results of a seeping review of health promotion programs containing physical activity for people with mobility impairments (N =

5). This secondary analysis examined the relationship between health promotion containing physical activity and prevention of secondary conditions among people with various physical disabilities. We further examined evidence and effects of independent variables on the outcome of increased community participation for study participants. Results: The outcomes from this investigation are varied, with 2 studies providing evidence of reducing secondary conditions while another shared anecdotal statements referencing a decrease in secondary conditions. Of the remaining 2 studies in this paper, 1 showed no intervention effect on reducing secondary conditions while the remaining study reported an increase in secondary conditions. Regarding increased participation in the community, 2 of 5 studies directly reported on these outcomes, while increased community participation was referenced in another 2 articles, but without any data presented. The final study did not report on any post intervention in the community. Conclusions: This review demonstrates that research on health promotion interventions containing physical activity lack description about whether such interventions help reduce or prevent secondary conditions. Additionally, the review shows that further work is needed in terms of sustaining health programs effects beyond the initial proximal activity gains, with attention given toward more distal outcomes of increased participant participation in the community. (C) 2011 Published by Elsevier Inc.

<http://apps.webofknowledge.com/InboundService.do?>

[SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000288921000008&SrcApp=EndNote&DestFail=http%3A%2F](http://apps.webofknowledge.com/InboundService.do?SID=W1im7dln5anlcK1DIIP&product=WOS&UT=000288921000008&SrcApp=EndNote&DestFail=http%3A%2F)

[%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord](http://apps.webofknowledge.com/InboundService.do?%2Fwww.webofknowledge.com&Init=Yes&action=retrieve&Func=Frame&customersID=ResearchSoft&SrcAuth=ResearchSoft&IsProductCode=Yes&mode=FullRecord)

464. Williams, R.W., et al., *Exploring decision making in intellectual disability nursing practice: a qualitative study*. Journal of Intellectual Disabilities, 2010. **14**(3): p. 197-220. Due to the dearth of relevant research, intellectual disability nurses may have difficulty identifying sources of evidence on which they can base their clinical decisions. The aim of the present research was to explore how intellectual disability nurses make decisions and how their decisions are influenced by evidence. The method was guided by interpretative phenomenology and the analysis adopted an idiographic approach. Twelve National Health Service intellectual disability nurses in Wales participated in semi-structured interviews. Four key themes were identified: getting to know the person; working as a team; evidence to support decision making; and understanding of evidence-based practice. In the context of the myriad of other professionals involved in caregiving, the nurses conveyed a commitment towards ensuring that the person with intellectual disability is at the centre of decision making. Although using empirical evidence to support practice was acknowledged, these nurses considered person centred decision making to be paramount.

<http://jid.sagepub.com/cgi/content/abstract/14/3/197>

465. Willis, D.S., J.G. Wishart, and W.J. Muir, *Carer Knowledge and Experiences with Menopause in Women with Intellectual Disabilities*. Journal of Policy and Practice in Intellectual Disabilities, 2010. **7**(1): p. 42-48. Overall life expectancy for women with intellectual disabilities (ID) is now significantly extended, and many will live long enough to experience menopause. Little is known about how carers support women with ID through this important stage in their lives. This study investigated carer knowledge of how menopause affects women with ID under their care and how they may help them to cope with it. One-to-one interviews were undertaken with 69 carers (7 male/62 female) from a range of backgrounds, all with current responsibility for the care of one or more pre-, peri-, and/or postmenopausal women with ID. Carers reported difficulty in disentangling the psychological and physical consequences of the menopause from behaviors and symptoms arising from other causes. There was general recognition of the transitional importance of menopause and a widespread acknowledgment of the resilience that many women with ID show in coping with it. However, carers emphasized the need for health resources to be better tailored to the women's needs and for more relevant health education training for staff. The authors conclude that additional and new demands are placed on service provision as women with ID live longer. An increased awareness of health issues relating to menopause is needed, as are more appropriate and readily available relevant health education materials for women with ID in middle age. (Contains 1 table.)

<http://search.ebscohost.com/login.aspx?>

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<http://dx.doi.org/10.1111/j.1741-1130.2010.00246.x>

466. Willis, D.S., J.G. Wishart, and W.J. Muir, *Menopausal Experiences of Women with Intellectual Disabilities*. Journal of Applied Research in Intellectual Disabilities, 2011. **24**(1): p. 74-85.

<http://www.ingentaconnect.com/content/bsc/jar/2011/00000024/00000001/art00007>

<http://dx.doi.org/10.1111/j.1468-3148.2010.00566.x>

467. Wilson, N.J., et al., *Penile Hygiene: Puberty, Paraphimosis and Personal Care for Men and Boys with an Intellectual Disability*. Journal of Intellectual Disability

Research, 2009. **53**(2): p. 106-114. Background: Supporting men and boys with an intellectual disability (ID) to meet their penile hygiene needs is perhaps one of the least acknowledged but most confronting issues facing care staff. The delivery of intimate hygiene can be a challenging topic particularly as it has been drawn into the emerging sexuality discourse and the ongoing abuse narrative. Compounding this challenge is the lack of guidance in intimate care for support staff. In addition, whereas the male with an ID outnumber the female, female care staff greatly outnumber male staff. Whether this situation affects outcomes for men and boys with an ID is unknown but it is an issue which should be examined. Method: This paper reports data from two separate studies, one quantitative the other qualitative, which sought to explore penile hygiene as a male health issue. Results: Results show the practice of care staff to be inconsistent, the views and values of care staff to be divergent. Some patterns and contextual differences were identified depending upon the gender of care staff. An emerging dialogue described some of the positive contributions that male staff make to men and boys with an ID. Conclusions: The penile health needs of men and boys with an ID are being compromised by a lack of guidance, training, knowledge and limited gender-sensitive care.

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ824862&site=ehost-live&scope=site>
<http://dx.doi.org/10.1111/j.1365-2788.2008.01133.x>

468. Wilson, N.J., et al., *A masculine perspective of gendered topics in the research literature on males and females with intellectual disability*. Journal of Intellectual & Developmental Disability, 2010. **35**(1): p. 1-8. Background A focus on male social pathologies may have evolved within parts of the intellectual disability research literature. This article explores this notion and makes some connections between mainstream gender theory about hegemonic masculinity and the current gendered discourse in intellectual disability research. Method We conducted a thematic analysis of all journal article titles from four prominent intellectual disability journals where "man," "woman," "men," "women," "male," "female," "girl," and "boy" were mentioned in the title. Results Thematic differences were identified between articles that focused on males or females, with less research attention on male health compared with female health. A strong focus was evident on problematised male sexual behaviour. Conclusions There is a distinct difference evident between articles that problematise males and articles for females encouraging health promotion that suggests a disparate focus on male social pathologies. A deeper contextual analysis of unique sex differences in research is proposed.

<http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010551644&site=ehost-live&scope=site>

469. Wisdom, J.P., et al., *Health disparities between women with and without disabilities: a review of the research*. Social Work in Public Health, 2010. **25**(3): p. 368-386. As part of a women's health center project, we reviewed 16 years of research to examine health disparities between women with and without disabilities. We reviewed MEDLINE-indexed articles between 1990 and 2005 with data on women with and without physical, sensory, intellectual, developmental, or psychiatric disabilities. Our review found few articles examining health disparities in chronic disease, cancer, mental health and substance abuse, preventive screening, health-promoting behaviors, and health services utilization. Results reflect apparent health disparities between women with and without disabilities. Challenges for the field exist in standardizing disability definitions and determining a future course for health disparity research and policy.

<http://www.tandf.co.uk/journals/titles/19371918.asp>
<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=cagh&AN=20103196396>
<http://openurl.bibsys.no/openurl?sid=OVID:cagbdb&id=pmid:&id=doi:10.1080%2F19371910903240969&issn=1937-1918&isbn=&volume=25&issue=3%2F4&spage=368&pages=368-386&date=2010&title=Social+Work+in+Public+Health&atitle=Health+disparities+between+women+with+and+without+disabilities%3A+a+review+of+the+research.&aurlast=Wisdom&pid=%3Cauthor%3EWisdom%2C+J.+P.%3C%2Fauthor%3E%3CAN%3E20103196396%3C%2FAN%3E%3CDT%3EJournal+article%3C%2FDT%3E>

470. Woolfenden, S., et al., *"A systematic review of two outcomes in autism spectrum disorder-Epilepsy and mortality": Erratum*. Developmental Medicine & Child Neurology, 2012. **54**(7): p. 672. Reports an error in "A systematic review of two outcomes in autism spectrum disorder - epilepsy and mortality" by Sue Woolfenden, Vanessa Sarkozy, Greta Ridley, Michael Coory and Katrina Williams (Developmental Medicine & Child Neurology, 2012[Apr], Vol 54[4], 306-312). In the original article, there was an error in Table II. The last row of the 'Subgroup' column should read >70% with IQ <70; mean age 12+y. (The following abstract of the original article appeared in record 2012-06625-010). Aim It has been reported that rates of epilepsy and mortality are higher among the population with autism spectrum disorder (ASD) than in the general population. The aim of this systematic review is to provide comprehensive evidence for clinicians,

carers, and people with ASD regarding these outcomes. Method Studies were eligible for inclusion if the main focus of the study involved observation over a period of 12 months or more of an initially defined population (with appropriate diagnostic label). Studies were also required to have at least 30 participants in order to differentiate case series from cohort studies. The Cochrane Database of Systematic Reviews, the Database of Reviews of Effectiveness, MEDLINE, PsycINFO, EMBASE, and CINAHL were searched. The date of the last search was September 2010. The risk of bias of included studies was assessed and a meta analysis was undertaken. Results Twenty one studies were identified, 16 measuring the percentage of participants with epilepsy and five measuring mortality using a standardized mortality ratio. The pooled estimate for the percentage of participants with epilepsy was 1.8% (95% CI 0.4 9.4%) in studies in which the majority did not have an intellectual disability and the mean age was <12 years at follow up, and 23.7% (95% CI 17.5 30.5%) in studies in which the majority did have an intellectual disability and the mean age at follow up was more than 12 years. The pooled estimate for the standardized mortality ratio was 2.8 (95% CI 1.8 4.2). Interpretation The prevalence of epilepsy is higher among the population with ASD than in the general population. People with ASD have a higher risk of mortality than the general population. This has important health promotion implications. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

<http://ovidsp.ovid.com/ovidweb.cgi?>

[T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc7&AN=2012-16145-024](http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc7&AN=2012-16145-024)

<http://openurl.bibsys.no/openurl?sid=OVID:psycdb&id=pmid:&id=doi:10.1111%2Fj.1469-8749.2012.04333.x&issn=0012-1622&isbn=&volume=54&issue=7&spage=672&pages=672&date=2012&title=Developmental+Medicine+%26+Child+Neurology&atitle=%22A+systematic+review+of+two+outcomes+in+autism+spectrum+disorder-Epilepsy+and+mortality%22%3A+Erratum.&aurl=Woolfenden&pid=%3Cauthor%3E%3C%2Fauthor%3E%3CAN%3E2012-16145-024%3C%2FAN%3E%3CDT%3E%3C%2FCDT%3E%3C%2FDT%3E>

471. Wullink, M., et al., *Autonomy in Relation to Health among People with Intellectual Disability: A Literature Review*. Journal of Intellectual Disability Research, 2009. **53**(9): p. 816-826. Background: Since the 1990s, individualisation, participation, normalisation and inclusion have been the main principles of care for people with intellectual disability (ID). Autonomy has become an important issue for these people. This review of the literature tried to answer the question: how do people with ID exercise autonomy in relation to health? Method: Searches in Cochrane, Medline and PsycINFO were based on the following aspects of autonomy: self-determination, independence, self-regulation and self-realisation. Results: Thirty-nine of 791 articles met our criteria, including 14 on self-determination, seven on independence, 15 on self-regulation and three on self-realisation. Conclusions: In spite of decades of promoting autonomy, the exercise of autonomy in relation to health has so far rarely been an issue in the literature.

<http://search.ebscohost.com/login.aspx?>

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<http://dx.doi.org/10.1111/j.1365-2788.2009.01196.x>

472. Yamada, A., et al., *Quality of life of parents raising children with pervasive developmental disorders*. BMC Psychiatry, 2012. **12**(1): p. 119. BACKGROUND: It has been reported that parents of children with pervasive developmental disorders (PDDs) face higher levels of stress. The aims of the present study were; (i) to evaluate the quality of life (QOL) of parents caring for their children with PDDs, and (ii) to explore the correlates of their QOL. METHODS: A consecutive sample of parents of children with PDDs aged 6 to 15 were approached. The MOS 36-item Short-Form Health Survey (SF-36) was used to measure the QOL of the parents by eight subscales and two summary measures. Parents' personality and marital relationships were assessed with the NEO Five Factor Inventory and the Intimate Bond Measure, respectively. We characterized the parents' SF-36 profiles in comparison with the national normative scores and explored variables which correlated with their summary measures. RESULTS: Participants were 147 mothers and 122 fathers of 158 children with PDDs. Mothers had significantly lower scores in the areas of Role Physical (RP) Social functioning (SF), General health perceptions (GH), Vitality (VT), Role emotional (RE) and Mental Health (MH) than those among the general female population. The maternal mental component summary (MCS) was also significantly lower, but maternal physical component summary (PCS) and paternal PCS and MCS scores were not lower. Maternal PCS and MCS scores were both significantly associated with the high Care and the low Control scores, but regarding fathers only the paternal PCS scores were significantly associated with the low Control scores. Maternal PCS and MCS and paternal MCS scores were significantly associated with the high Agreeableness scores and the low Neuroticism scores. Multiple regressions have shown that Neuroticism was significantly related to the low MCS scores of mothers and fathers. Next, Care was related to maternal high PCS, and Control was related to maternal low MCS and paternal low PCS. CONCLUSIONS: The mothers of children with PDDs had lower QOL scores than those of the Japanese general population especially in mental domains. Impairment of the maternal QOL is significantly associated with the personality tendency of the parents and relationships with their partners.

473. Yang, S.-Y., X.-Y. He, and D. Miller, *Hydroxysteroid (17 β) dehydrogenase X in human health and disease*. Molecular and Cellular Endocrinology, 2011. **343**(1–2): p. 1-6. Hydroxysteroid (17 β) dehydrogenase 10 (HSD10), the HSD17B10 gene product, is a mitochondrial NAD⁺-dependent dehydrogenase. There are two outstanding features of this vital enzyme: (a) the versatility of its catalytic endowment is attributed to the flexibility of its active site to accommodate diverse substrates such as steroids, fatty acids, bile acid, and xenobiotics; (b) its capacity to bind other proteins and peptides. For example, it tightly binds with three identical subunits to compose a homotetramer. The homotetramer then binds with two other proteins, namely, RNA (guanine-9-)methyl-transferase domain containing-1 and KIAA0391, to form mitochondrial RNase P. Furthermore, various HSD10 functions are inhibited when the enzyme is bound by amyloid- β peptide or estrogen receptor alpha. Missense mutations of HSD10 may cause neurodegeneration related to HSD10 deficiency, whereas a silent mutation of HSD10 results in mental retardation, choreoathetosis and abnormal behavior (MRXS10). The clinical condition of some HSD10 patients mimics mitochondrial disorders. Since normal HSD10 function is essential for brain cognitive activity, elevated levels of HSD10 found in brains of Alzheimer disease (AD) patients and mouse AD model might counterbalance the inhibition of HSD10 by amyloid- β peptide. The investigation of HSD10 may lead to a better understanding of AD pathogenesis.

<http://www.sciencedirect.com/science/article/pii/S0303720711003194>

474. Yen, C.-F., et al., *Analysis of Seasonal Influenza Vaccine Uptake among Children and Adolescents with an Intellectual Disability*. Research in Developmental Disabilities: A Multidisciplinary Journal, 2012. **33**(2): p. 704-710. The aim of the present study was to describe the seasonal influenza vaccination rate and to examine its determinants for children and adolescents with intellectual disabilities (ID) living in the community. A cross-sectional survey was conducted to analyze the data on seasonal influenza vaccination rate among 1055 ID individuals between the ages of 12-18 years. The results found that 22.9% of the study participants used the vaccine during the past three years, and the vaccination rate among different age groups varied from 18.1 to 26.5%. There was no gender difference of seasonal influenza vaccination rate among age groups. Multilevel logistic regression analysis revealed that ID individuals with moderate (OR = 1.59, 95% CI = 1.08-2.34) or severe (OR = 2.31, 95% CI = 1.20-4.45) disability, with an illness (OR = 1.64, 95% CI = 1.02-2.63), who have general health exams (ever used, OR = 1.57, 95% CI = 1.03-2.40; regularly used, OR = 1.89, 95% CI = 1.05-3.41) were more likely to have seasonal influenza vaccination than their counterparts. The present study highlights that the substantial disparity in receipt of seasonal influenza vaccine in children and adolescents with ID reflects the effects of disability level, disease condition, and general health exam experience and suggests the need for greater attention to factors affecting ID individuals to improve their preventive health care. (Contains 6 tables.)

[http://search.ebscohost.com/login.aspx?](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ956633&site=ehost-live&scope=site)

[direct=true&db=eric&AN=EJ956633&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ956633&site=ehost-live&scope=site)

<http://dx.doi.org/10.1016/j.ridd.2011.11.011>

475. Yen, C.-F. and J.-D. Lin, *Factors for Healthy Food or Less-Healthy Food Intake among Taiwanese Adolescents with Intellectual Disabilities*. Research in Developmental Disabilities: A Multidisciplinary Journal, 2010. **31**(1): p. 203-211. Little information is available on the prevalence and risk factors for less-healthy food intake among people with intellectual disabilities (ID). This study aimed to provide the information of healthy or less-healthy food intake among Taiwanese adolescents with ID and to examine the risk factors to their food intake. A cross-sectional data on 1419 adolescents 12-17 years of age were analyzed in the study. There were 1.4% of adolescents with ID who regularly smoke, 0.6% were regular alcohol drinkers and 0.5% currently chewed betel nut. Less than 40% of respondents expressed the ID individuals had regular exercise lifestyle and 41.0% were reported to have less-healthy food intake behaviors. A logistic regression analysis found that the factors of female caregiver's gender, perceived excellent health status and was not accompanied by specific diseases such as asthma or allergic rhinitis which were correlated with healthy food intake behaviors among adolescents with ID. This study suggests improving the ways of healthy food intake toward reducing the potential risks for less-healthy food intake in the lives of adolescents with ID. (Contains 3 figures and 7 tables.)

[http://search.ebscohost.com/login.aspx?](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ863828&site=ehost-live&scope=site)

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<http://dx.doi.org/10.1016/j.ridd.2009.09.003>

476. Yen, C.-F. and J.-D. Lin, *Factors Influencing Administration of Hepatitis B Vaccine to Community-Dwelling Teenagers Aged 12-18 with an Intellectual Disability*. Research in Developmental Disabilities: A Multidisciplinary Journal, 2011. **32**(6-): p. 2943-2949. The study aims to determine hepatitis B vaccination coverage rates among community-dwelling teenagers with an intellectual disability in Taiwan and to identify the possible influencing factors of their vaccination. The present

paper was part of the results of the "2007 National Survey on Healthy Behaviors and Preventive Health Utilizations of People with Intellectual Disabilities in Taiwan," which was a cross-sectional survey of 1111 intellectually disabled (ID) teenagers ranging from 12 to 18 years of age. The results showed that the completed hepatitis B vaccination rate was 72.9%, a rate lower than that in the general population of Taiwan considering the same age group. There was no gender difference between each age group in the vaccination rate in this population. Multilevel logistic regression analyses revealed that those ID individuals whose primary caregivers were parents or siblings (OR = 2.45, 95% CI = 1.29-4.64), whose household monthly income was 20,000-59,999 NTD vs. less than 20,000 NTD (OR = 2.47, 95% CI = 1.00-6.12), and who had ever undergone an oral health exam (OR = 2.29, 95% CI = 1.24-4.01) were more likely to receive a complete hepatitis B vaccination than their counterparts. The study highlighted that most teenagers had received complete hepatitis B vaccination. Nonetheless, better public health strategies may be needed to deliver the hepatitis B vaccine to those who do not comply with the vaccination schedule in the community. (Contains 6 tables.)

[http://search.ebscohost.com/login.aspx?](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ942763&site=ehost-live&scope=site)

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<http://dx.doi.org/10.1016/j.ridd.2011.05.008>

477. Yen, C.-F., et al., *Determinants of Prescription Drug Use by Adolescents with Intellectual Disabilities in Taiwan*. Research in Developmental Disabilities: A Multidisciplinary Journal, 2009. **30**(6-): p. 1354-1366. Direct family caregivers of population-based adolescents with intellectual disabilities in Taiwan were surveyed regarding their perceptions of the use of prescribed medication and its relationship with health-related behaviors, medical care and preventive health utilization of people with intellectual disabilities. Cross-sectional data on 1419 adolescents 12-17 years of age was collected from the "2007 National Survey on Healthy Behaviors and Preventive Health Utilizations of People with Intellectual Disabilities in Taiwan." Multiple logistic regression models were used to examine risk profiles in relation to the use of prescribed medication and other relevant variables: participant characteristics, health-related behaviors, medical care and preventive health utilization. The results indicate that 47.1% of subjects were accompanied by other impairments, the morbidity prevalence was 16.5% and 23.8% of subjects were reported to have used prescribed medication regularly in the past 6 months. The main reasons for medication use were epilepsy (36.9%), psychiatric problems (24.2%) and gastrointestinal problems (6.3%). A large majority of caregivers reported that the subject's health status was excellent (15.4%), good (38%) or fair (38%), and only 6.5% were reported to be in bad health. Finally, data were analyzed using a logistic regression model to identify possible reasons for drug use. The following factors correlate with the regular use of prescribed medication by adolescents with intellectual disabilities: Down syndrome, possession of a Major Illness Card, a history of smoking, an additional impairment, reported health status, outpatient care and acceptance of other specific medical examinations. Our principal conclusion was that these data indicate a need for more education on a variety of issues, including predisposition, healthy behavior, medical care and preventive health utilization issues as they relate to prescribed medication use, and assessment of the long-term effects of drug use on people with intellectual disabilities. (Contains 6 tables.)

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<http://dx.doi.org/10.1016/j.ridd.2009.06.002>

478. Young, A.F. and R.A. Chesson, *Determining Research Questions on Health Risks by People with Learning Disabilities, Carers and Care-Workers*. British Journal of Learning Disabilities, 2008. **36**(1): p. 22-31. Here we describe the process by which research questions were developed for reducing health risks for people with learning disabilities. A participatory approach was used to give service users and carers a clear voice in "deciding" questions, thereby setting the research agenda. Audio-taped interviews and focus groups were used. Forty people (20 service users, 10 carers, 10 care-workers) were recruited and gave consent for interview. Interviews incorporated scenarios and these were used to describe two different types of health risks (i) those relating to lifestyle, and (ii) those associated with unrecognized illness. Participants were invited to specify a research question for each scenario. A total of 78 questions were identified, and from these, six key themes emerged. The themes were validated using three separate focus groups (service users, carers, care-workers). From this process six final questions encompassing participants' key research concerns were produced. Questions were resubmitted to participants for prioritizing, using a postal voting system (75% response rate). The research clearly demonstrates that people with learning disabilities and carers can identify and prioritize research questions they consider significant for improving health.

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<http://dx.doi.org/10.1111/j.1468-3156.2007.00444.x>

479. Yueh-Ching, C., et al., *Meanings and Experiences of Menstruation: Perceptions of Institutionalized Women with an Intellectual Disability*. Journal of Applied Research in Intellectual Disabilities, 2008. **21**(6): p. 575-584. Background: No

studies have ever been conducted concerning menstrual experiences among women with an intellectual disability in Taiwan. Materials and Methods: An in-depth interview was conducted at three public institutions and perceptions and experiences regarding menstruation were elicited from 55 women aged 21–65 years. Results: The participants knew about menstrual blood and could recognize the experiences of period pain and its link to femininity. The women's management of menstruation played a big part in their institutionalized life, where they had relatively limited choice and autonomy. Positive feelings towards the menstrual cycle were experienced by some participants; however, many had negative attitudes towards sexual activities or parenting, even though they knew the association between menstruation and pregnancy. Conclusions: Although these women's experiences of perimenstrual symptoms are quite similar to those of women without intellectual disability, their menstrual management, interpretations and attitudes to menses are influenced by their institutional life and by the society at large. [ABSTRACT FROM AUTHOR]

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480. Zeidan-Chulia, F., et al., *A dental look at the autistic patient through orofacial pain*. Acta Odontol Scand, 2011. **69**(4): p. 193-200. Abstract Autism is a neurodevelopmental disorder characterized by impaired social interaction and restricted interests, compromised communication skills, and repetitive patterns of behavior. Both social and behavioral problems, which may include hyperactivity and quick frustration, may hinder the detection of other important pathologies such as orofacial pain. This is aggravated by the invasive nature of oral exploration, which may trigger violent and self-injurious responses, such as temper tantrums and/or head banging, which make the work of professionals extremely difficult during diagnoses, follow-up examinations, and dental treatments. In addition, mercury-containing amalgams used to treat dental caries (the most common form of acute orofacial pain) have been associated with higher rates of severe autism in children. The purpose of this review is to describe the current state of the art regarding the co-occurrence of orofacial pain and autism spectrum disorder, and how these conditions may interrelate clinically and neurobiologically.