

# SECTION 8

## CASE STUDIES

### ADULTS WITH A DISABILITY

#### **List of Case Studies: Adults with a Disability**

**Number One:** Woman, 21 years, Severe Weight Loss, Cerebral Palsy, Referred by Mother

**Number Two:** Woman, 28 years, Overweight, Mild Intellectual Disability, Referred by Husband

**Number Three:** Man, 33 years, Down syndrome, Referred by Doctor

## 8.1 CASE STUDY NUMBER ONE: WOMAN, 21 YEARS, SEVERE WEIGHT LOSS, CEREBRAL PALSY, REFERRED BY MOTHER

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A woman, 21 years of age, lives at home with her mother and two younger siblings.

She has been referred with severe weight loss and is obviously underweight (weight is 32 kg).

She has shown recent frailty, requiring increased need for assistance from her mother, who is feeling taxed by this.

She is non-ambulant and non-verbal and has a day placement at a special school.

She has cerebral palsy, epilepsy (anti-convulsant medication) and microcephaly and is prone to bronchitis and constipation.

She has poor appetite, all fluids are thickened and food is vitamised.

She does not aspirate and is given naturopathic nutrition supplements.

Her height is 1.6 metres after 7% deduction for curvature of the spine.

<p><b>Nutritional Risk Screening and Monitoring Study Form</b>                  Nutritional risk increases when the person is affected by an increasing number of general needs assessment factors.                  Deterioration in health and loss of independence can result from undernutrition and perhaps malnutrition.</p>		<p><b>NAME:</b> Case study number one: woman, 21 years</p> <hr/> <p><b>ADDRESS:</b></p> <hr/>																					
<p><b>NUTRITIONAL RISK SCREENING</b>                  YES to one or more of these questions means that nutritional risk exists</p>	<p><b>GENERAL NEEDS ASSESSMENT</b>                  The factors which are relevant to nutritional risk for this client</p>	<p><b>INTERVENTION</b>                  Briefly consider what, if any, action you can take (including referral)</p>	<p><b>MONITORING*</b>                  Repeat nutritional risk screening                  Who can monitor these risks?                  How often should this be done?</p>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td>Obvious underweight-frailty?</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Unintentional weight loss?</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Reduced appetite or reduced food or fluid intake?</td> </tr> <tr> <td style="text-align: center;">?? <input type="checkbox"/></td> <td>Mouth or teeth or swallowing problem?</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Follows a special diet?</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Unable to shop for food?</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Unable to prepare food?</td> </tr> <tr> <td style="text-align: center;">?? <input type="checkbox"/></td> <td>Unable to feed self?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Obvious overweight affecting life quality?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Unintentional weight gain?</td> </tr> </table>	<input checked="" type="checkbox"/>	Obvious underweight-frailty?	<input checked="" type="checkbox"/>	Unintentional weight loss?	<input checked="" type="checkbox"/>	Reduced appetite or reduced food or fluid intake?	?? <input type="checkbox"/>	Mouth or teeth or swallowing problem?	<input checked="" type="checkbox"/>	Follows a special diet?	<input checked="" type="checkbox"/>	Unable to shop for food?	<input checked="" type="checkbox"/>	Unable to prepare food?	?? <input type="checkbox"/>	Unable to feed self?	<input type="checkbox"/>	Obvious overweight affecting life quality?	<input type="checkbox"/>	Unintentional weight gain?	<p>Sick (bronchitis)?</p> <p>Fibre, fluid intake?                  Quality of vitamised food and thickened fluids</p> <p>Reliant on mother</p> <p>Anti-convulsant medication?</p>	<p>Refer to doctor</p> <p>Consult schoolteacher</p> <p>Take dietary history                  Refer to speech pathologist and dietitian?</p> <p>Support for mother</p> <p>Seek more information on drugs                  Add in sugar and fat                  High energy thickened drinks</p>	<p>1-2 weeks</p> <p>Refer to dietitian, especially if no improvement in weight</p>
<input checked="" type="checkbox"/>	Obvious underweight-frailty?																						
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<p>* Try TWO weeks of simple intervention strategies (less time if severe weight loss); if no response refer to a specialist. Monitoring at monthly intervals (or more frequently) by a team member is recommended to ensure that nutritional risk has been decreased through the most effective intervention.</p>																							
<p><b>Signature:</b> _____</p>		<p><b>Position:</b> _____</p>																					
<p style="text-align: right;"><b>Date:</b> _____</p>																							

## 8.2 CASE STUDY NUMBER TWO: WOMAN, 28 YEARS, OVERWEIGHT, MILD INTELLECTUAL DISABILITY, REFERRED BY HUSBAND

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A woman, 28 years of age, lives with her husband in a house and works part-time. Husband works full-time.

Both have mild intellectual disability.

Her husband is worried about her overweight (70 kg). Weight has increased 12 kg in the past five years.

Medication: Oroxin 50 mg daily.

Reasonably active with walking 2-3 times weekly and tenpin bowling once weekly.

Husband and wife shop together (husband has most understanding).

Dietary history:

- Three meals and three snacks
- Low intake of dairy foods and cereals
- Enjoys butter, biscuits, wants fried foods
- Limited cooking skills, home help assists two hours weekly when she prepares meals in advance and freezes them
- Poor nutrition knowledge

<b>Nutritional Risk Screening and Monitoring Study Form</b> Nutritional risk increases when the person is affected by an increasing number of general needs assessment factors. Deterioration in health and loss of independence can result from undernutrition and perhaps malnutrition.		<b>NAME:</b> Case study number two: woman, 28 years <hr/> <b>ADDRESS:</b> <hr/>		
<b>NUTRITIONAL RISK SCREENING</b> YES to one or more of these questions means that nutritional risk exists		<b>GENERAL NEEDS ASSESSMENT</b> The factors which are relevant to nutritional risk for this client	<b>INTERVENTION</b> Briefly consider what, if any, action you can take (including referral)	<b>MONITORING*</b> Repeat nutritional risk screening Who can monitor these risks? How often should this be done?
<input type="checkbox"/>	Obvious underweight-frailty?	5 years	Review doctor re medication/ thyroid?	
<input type="checkbox"/>	Unintentional weight loss?			
<input type="checkbox"/>	Reduced appetite or reduced food or fluid intake?	Medication and regularity of dose?	Check medication	One month If no weight control, refer to dietitian
<input type="checkbox"/>	Mouth or teeth or swallowing problem?	Dependent on home care for main meals	Increase home care Educate home carer and husband re shopping/cooking	
<input type="checkbox"/>	Follows a special diet?			
<input type="checkbox"/>	Unable to shop for food?			
<input checked="" type="checkbox"/>	Unable to prepare food?			
<input type="checkbox"/>	Unable to feed self?	Frequency of eating	Seek advice from dietitian about control of weight gain	
<input checked="" type="checkbox"/>	Obvious overweight affecting life quality?	Poor knowledge and skills	Simple interventions	
<input checked="" type="checkbox"/>	Unintentional weight gain?	Use of fried foods		
* Try TWO weeks of simple intervention strategies (less time if severe weight loss); if no response refer to a specialist. Monitoring at monthly intervals (or more frequently) by a team member is recommended to ensure that nutritional risk has decreased through the most effective intervention.				
<b>Signature:</b> _____		<b>Position:</b> _____		<b>Date:</b> _____

## 8.3 CASE STUDY NUMBER THREE: MAN, 33 YEARS, OVERWEIGHT, DOWN SYNDROME, REFERRED BY DOCTOR

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A man, 33 years of age with Down syndrome lives with his parents at home.

He is overweight, as is his father.

He attends an Adult Training Centre on weekdays and has easy access to a Milk Bar on the way to and from the centre.

His mother is a good cook and bakes his favourite cakes for him. His loving siblings provide him with chocolates and sweets.

Diet history:

- Three meals daily
- Takes cut lunch from home to the centre, which he helps to prepare

The local doctor has expressed concern about his overweight, which is affecting his ability to care for himself.

Consideration is being given as to whether the family need assistance with his personal care, or respite care, or whether he requires admission to a Community Residential Unit.

<p><b>Nutritional Risk Screening and Monitoring Case Study Form</b>                  Nutritional risk increases when the person is affected by an increasing number of general needs assessment factors.                  Deterioration in health and loss of independence can result from undernutrition and perhaps malnutrition.</p>		<p><b>NAME:</b> Case study number three: man, 33 years</p> <hr/> <p><b>ADDRESS:</b></p> <hr/>	
<p><b>NUTRITIONAL RISK SCREENING</b>                  YES to one or more of these questions means that nutritional risk exists</p>	<p><b>GENERAL NEEDS ASSESSMENT</b>                  The factors relevant to nutritional risk for this client</p>	<p><b>INTERVENTION</b>                  Briefly consider what, if any, action you can take (including referral)</p>	<p><b>MONITORING*</b>                  Repeat nutritional risk screening                  Who can monitor these risks? How often should this be done?</p>
<p><input type="checkbox"/> Obvious underweight-frailty?</p> <p><input type="checkbox"/> Unintentional weight loss?</p>	<p>5 years</p> <p>Medication and regularity of dose?</p> <p>Dependent on home care for main meals</p> <p>Frequency of eating</p> <p>Poor knowledge and skills</p> <p>Use of fried foods</p>	<p>Review doctor re medication/ thyroid?</p> <p>Check medication</p> <p>Increase home care</p> <p>Educate home carer and husband re shopping/cooking</p> <p>Seek advice from dietitian about control of weight gain</p> <p>Simple interventions</p>	<p>One month</p> <p>If no weight control, refer to dietitian</p>
<p><input type="checkbox"/> Reduced appetite or reduced food or fluid intake?</p>			
<p><input type="checkbox"/> Mouth or teeth or swallowing problem?</p>			
<p><input type="checkbox"/> Follows a special diet?</p>			
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<p>* Try TWO weeks of simple intervention strategies (less time if severe weight loss); if no response refer to a specialist. Monitoring at monthly intervals (or more frequently) by a team member to ensure that nutritional risk has decreased through the most effective intervention.</p>			
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