



# AADDM

Australian  
Association of  
Developmental  
Disability  
Medicine Inc.

Issue 1

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**President**

A/Prof Robert Davis

**Secretary:**

Dr Donna Henderson

**Newsletter Editor:**

Dr Helen Beange

## Editorial

This newsletter is intended to keep all our members up to date with the activities of AADDM and relevant news about health services for people with developmental disabilities.

Your President, Associate Professor Robert Davis, and I have recently attended the 2<sup>nd</sup> European Conference of the International Association for the Scientific Study of Intellectual Disability (IASSID) held at Maastricht in the Netherlands and the health information and research were highlights of this Conference.

The Health Special Interest Research Group (SIRG) of IASSID had two main activities, the first of which was a Roundtable on medical education and the second was the Annual General Meeting. The Roundtable was jointly organised by (MAMH), the European Association of Doctors in Disability Medicine and by the Health SIRG. Unfortunately Dr Frans Scholte, the President of MAMH, was unable to be present but Dr Mike Kerr, Chairman of the Health SIRG, was there. I had the pleasure of chairing the Roundtable. We had three presentations, the first was by Dr Peter Martin, a German Neurologist and Psychiatrist. He

runs a clinic for people with severe intellectual disabilities, within an Epilepsy Centre. He spoke with some passion about the vital need for improved education of doctors in this field and suggested a general model for undergraduate and postgraduate



**Bob Davis & Helen Beange beside the Maas River with Mark Scheepers UK, Tom Cheetham Canada and David O'Hara USA**

education.

Bob Davis then described the Australian model as represented by the Victorian program for education of medical undergraduates. Dr Marijke Meijer, who is in charge of the Dutch postgraduate program for education of specialists in developmental disability in medicine, described their

curriculum. The Dutch program has now produced many specialists who are in keen demand. These young specialists made presentations later on during the Conference and they were an inspiration. They are informed with all the latest research and are producing interesting research themselves.

We should be extremely proud of the Victorian model of undergraduate education. It was seized upon by the participants as an outstanding model of best practice, as indeed it is and it seems there is nothing like it anywhere else in the world. A lively conversation followed the three presentations and it was made very clear that the Victorian model would be used as an example.

A Steering Committee was formed and Bob Davis was named as the convenor.

In future issues of the newsletter we hope to include an overview of health services in each state on the same lines as the Tasmanian overview contributed by Nick Cooling in this issue. AADDM members will thus be able to detect and expose the disparities that exist between states.





## President's Report

AADDM continues to provide a national focus for doctors with an interest in the health issues of people with developmental disabilities.

We have had 3 major activities over the last year. Our members have been active as part of the Curriculum Advisory Group for Disability in drawing up recommendations for the new curriculum of the Royal Australian College of General Practitioners. This means that disability, and in particular developmental disability, will be a learning requirement for trainee general practitioners with the expectation that medical students moving into the training programs will already have some knowledge in the

area.

Our organisation continues to lobby the Commonwealth Government for a Medi-



care item for annual health assessments of people with intellectual disability. We have done this in collaboration with Jim Simpson from the New South Wales National Council on Intellectual Disability (NCID) and have

gained the support of the Royal Australian College of General Practitioners (RACGP), the Australian Medical Association (AMA) and the GP Advisory Group on Medicare. While this work continues the progress thus far is promising.

Seeta Durvasula and Lyn Lee have been working on this year's conference in Sydney, which promises to build on the work of previous years.

AADDM is building momentum as an organisation and this year's achievements clearly demonstrate the benefits of a national organisation of medical practitioners.

## Secretary's Report

AADDM is growing in size and influence. We currently have 48 financial members across Australia. All States are represented except the Northern Territory and Australian Capital Territory.

The Annual AADDM Health Conference was held last year in Melbourne and hosted by the Centre for Developmental Disability Health Victoria. There were 240 registrants (with a fair representation from across Australia and also overseas) and 105 presentations. Feedback was very positive and augurs well for this year's conference to be hosted by the Centre for

Developmental Disability Studies in Sydney (see page 4 for further details). Plans are progressing well for the 2007 conference in Adelaide.

AADDM members have been active in promoting the development of an interest in the health issues of people with developmental disabilities through various learned Colleges, especially the Royal Australian College of General Practitioners (RACGP) and the Royal Australian College of Physicians (RACP), including its Faculty of Public Health Medicine and Faculty of Rehabilitation Medicine.

AADDM held its second Annual Strategic Planning Day in September last year. Here the Strategic Plan was ratified. It was agreed an important aim was to develop Clinical Guidelines in collaboration with other medical organisations such as the Health Special Interest Research Group (SIRG) of the International Association for the Scientific Study of Intellectual Disability (IASSID). Committee members are taking specific responsibility to research and document their nominated guideline.

### Interesting recent articles

1. *S.-A. Cooper, J Morrison, C Melville, J. Finlayson, L. Allan, G. Martin & N. Robinson* Improving the health of people with intellectual disabilities: outcomes of a health screening programme after 1 year. *Journal of Intellectual Disability Research* 50, 667.
2. *Balogh R S, Hunter D, Quелlette-Kunta, H.* (2005). Hospital Utilization among Persons with an Intellectual Disability, Ontario, Canada, 1995-2001. *Journal of Applied Research in Intellectual Disabilities*, 18, 181-190.



## True tales about Tasmanian Health Services

In 1999 de-institutionalisation of people with developmental disability (DD) was completed. Since then clinical services for this population have been mainly provided by GPs in their individual practices. There is no academic unit or specialist health clinic, which deals specifically with this population. In Tasmania paediatricians, rehabilitation specialists, general physicians, psychiatrists and geriatricians all have a case load of patients with developmental disabilities. None of these specialists would claim to have a special interest in this population, except perhaps the rehabilitation specialists, and maybe one paediatrician.

There is a visiting psychiatrist, Dr Peter Wurth, from NSW, with special expertise in psychiatry in developmental disability, who visits Hobart every 6-8 weeks for 2 days providing a clinical service. This is a most important

and helpful service, which provides much needed diagnostic and management support to GPs for patients with a 'dual diagnosis'.

The relatively recent addition of Dr Peter Flett, a paediatric rehabilitation specialist and developmental paediatrician from Adelaide has been an outstanding bonus to Tasmania. Peter is the state wide director of paediatric rehabilitation and is based in Hobart.

GPs in specific suburbs, where group homes are clustered, carry the burden of primary health care for people with developmental disabilities. They are supported by the state run Disability Services Resource Team, which consists of psychologists, occupational therapists and speech therapists. The Resource Team is usually overburdened with referrals and there is considerable delay in receiving their services. Private allied health care pro-

fessionals and those accessed through public hospitals and community health centres also provide health care services to this population now it is decentralised.

Dental services to people with DD have been inadequate until recently. Waiting lists for public dental services at the Royal Hobart Hospital and outpatient clinics have improved but the situation varies with the availability of dentists.

Those Divisions of General Practice which have a dedicated project officer give support to GPs who have a significant case load of people with DD. In addition, The Victorian and Queensland Centres for Developmental Disability in Health have been extremely supportive of GPs in Tasmania and have provided high quality educational events to assist in empowering GPs to care for this population.

### STOP PRESS!

AADDM member, Margaret Kyrkou, and her collaborators were awarded the ASSID Australasian Research Price 2006 for their work on intranasal midazolam at the recent national ASSID Conference in Canberra.

## New Academic unit opened in SA

By Michael Nugent

In June 2005 the Centre for Intellectual Disability Health (CIDH) opened its doors in Adelaide to provide clinical support and to encourage research and educational opportunities for students and health professionals involved in caring for people with intellectual disabilities (ID).

CIDH was conceived to coincide with the devolution of 150 people from Strathmont Centre, a large institution for people with intellectual disabilities in the Northern Adelaide suburbs, which is scheduled to occur over the next couple of years or so.

We are now over 12 months down the

track and are staffed by a service manager, administration support, 4 part-time general practitioners, a visiting neurologist and psychiatrist, 4 psychologists, a nurse specialising in epilepsy and another clinical nurse and a social worker, while a dietician, podiatrist and physiotherapist are on hand should their input be required.

There has been much demand for clinical support with an assessment usually conducted over 3-4 visits and recommendations made to the individual's GP and family/carers. The research committee has received fantastic support from the major universities in the state with three PhD projects

being donated in partnership with Adelaide University. CIDH has had increasing involvement in undergraduate curriculae, has welcomed students at many stages of their education and continues to work with the Divisions of General Practice to inform GPs and other health professionals about the specific health needs of people with ID.

See next issue for details of 2007  
AADDM Conference in Adelaide

**Sex, Drugs & Rock n Roll**



## Sydney Conference this year





### The Right to the Right Health Care: Evidence, ethics and health in people with developmental disability

An Annual National Health Conference jointly organised by the Centre for Developmental Disability Studies (CDDDS) and the Australian Association of Developmental Disability Medicine (AADDMM)

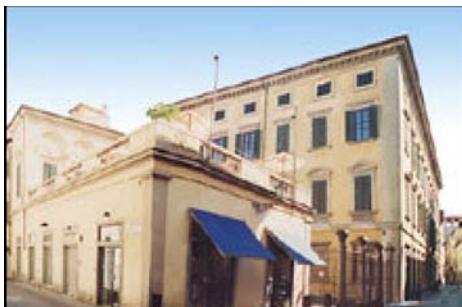
15th-17th November, 2006  
SMC Conference Centre (Sydney Masonic Centre)  
66 Goulburn Street, Sydney  
**Early Bird Registration closes 1<sup>st</sup> September 2006**

For registration brochure and further information:

- Ph: 02-8878 0500
- Email: [tonyharman@med.usyd.edu.au](mailto:tonyharman@med.usyd.edu.au)
- <http://www.cdds.med.usyd.edu.au/html/Conferences.html>

## Advance notice of Conference In Tuscany 2007

The 2007 Roundtable for the Health SIRG of IASSID will be titled "Chronic Disease Management in People with Intellectual Disability" and will look at best practice in the management of chronic medical problems we see in this population. It will cover the broad range of medical pathology we encounter in this group and will include themes around



Palazzo Vaj

epilepsy, nutrition and swallowing, complex disease, psychiatric disorders, ageing and cerebral palsy. There will be a mix of plenary sessions, free papers around the themes and workshops to develop guidelines and recommendations on how we can best manage chronic disease. The Roundtable will be held from May 21<sup>st</sup> to May 23<sup>rd</sup> at the Monash University Conference Centre in Prato, a medieval city in the beautiful Tuscany region of Italy, so it won't clash with our AADDMM conference later in the year. The centre occupies the first floor of a beautiful 18<sup>th</sup> Century Palace, the Palazzo Vaj, within the walled city of Prato just a €1.70 train ride from Florence. Monash's Department of General Practice has used the venue for several conferences and reports it is as good as it looks. The pictures show both an internal and external perspective of the

site. You can get further information about the centre at the website <http://www.ita.monash.edu/>



Inside the Conference Venue

Put this date in your diaries now  
(21 – 23 May, 2007)

