



Brief Report

Does Adherence to the Annual Health Check (AHC) Improve Weight Management in People with learning Disabilities?

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Abstract

This report critically appraises the evidence-base surrounding the clinical question:

A literature review was conducted, using the medical databases EBSCO, CINAHL, APA Psych Info, SPORT Discus, Age Line, APA Psyc Articles, AMED – The Allied and Complementary Medicine Database and Medline. The report used a combination of searching techniques, Boolean operators and inclusion/exclusion criteria to narrow the literature field to 7 appropriate studies. The CASP-appraised articles that answered the clinical question.

The literature supported that the Annual Health Check (AHC) is the key method for identifying underlying unmet health needs of people with learning disabilities. It is supportive of screening, referring to specialist services and identifying health concerns early to reduce health inequalities and mortality rates within this population. The evidence states the AHC plays a key role in making every contact count and promoting healthy lifestyle education to improve weight management and obesity in the LD population. However, further research is needed for specific weight management in people with LD.

Keywords: Learning disability; Annual health check; Weight management

Accessible Summary

- This article looked at the relationship between going for an Annual Health Check (AHC) and weight management in people with learning disabilities.
- It looked at the importance of the AHC and being able to identify health concerns early on.
- The findings suggest that AHC's have a positive impact upon weight management in people with learning disabilities.

- There is a need for further research in this area, however, AHC's have a positive impact upon the overall wellbeing in individuals with learning disabilities.

Introduction

As defined by the Department of Health; 'a learning disability is the significantly reduced ability to understand new or complex information or to learn new skills with a reduced ability to cope independently which started before adulthood with a lasting effect on development' [1]. In England, there are approximately 1.3 million people living with a learning disability and in Staffordshire it is estimated that there are 16,400. The Office of National Statistics [2]. People with learning disabilities often have poorer

physical and mental health than the general population which we know as health inequalities and in addition to this 37% of people with learning disabilities fall within the category of ‘obese’ in comparison to 30% of the general population [3].

As a result of these health inequalities, the Annual Health Check (AHC) was introduced in 2008 as part of the Direct Enhanced Service (DES) provided by GP’s. This aims to allow a closer check upon this client group and helps to identify any underlying health issues early on and managing existing ones proactively in order to prevent avoidable deaths, (Learning from Lives and Deaths: People with Learning Disabilities and Autistic People, LeDeR, 2015) [4].

The Annual Health Check has been found to be an effective intervention for the early identification of health issues which includes healthy lifestyles choices. The NHS Long Term Plan (2019) [5] pledges to have a 75% uptake of AHC’s to continue to promote a healthier population.

Aim

This report aims to assiduously review, critically appraise and analyse the most up-to-date evidence to answer the following question;

Methods

Magers [6] found that in order to develop an unbiased and effective question, a framework such a PICO should be followed by a skilful practitioner with a clinical expertise in that area. PICO stands for population, intervention, comparison and outcomes. This supported the formulation of the question by offering a framework to build upon. (Appendix 1) It is stated by Eriksen and Frandsen [7] that by developing a PICO question, it helps to structure a well-built question and therefore enable a specific literature search. This is further supported by Ford and Melnyk [8] who highlight that PICO creates a structured, unbiased and focussed question which is the starting point for a good research question and literature searching for evidence-based research.

Population	People with Learning Disabilities
Intervention	Annual Health Check / Health Assessment
Comparison	None
Outcomes	Weight Management

Appendix 1: PICO Question Breakdown.

An initial scoping search using the question to broaden the search used in google scholar and EBSCO found that the question in itself was sufficient due to high numbers of results found however, due to this only being a scoping exercise further

scoping down was required and completed. Mak and Thomas [9] discuss that completing a scoping exercise will allow the student to understand the scope of the existing studies and what other authors learned about their topic as well as to identify any gaps and their recommendations. However, [10] note that although Google Scholar can be helpful during scoping exercises, it can be unreliable and a poor choice for systematic reviews due to its constant changing content, algorithms and database structure. As a result of this, medical databases such as EBSCO, MedLine and Cumulative Index of Nursing and Allied Health Literature (CINAHL) were using for the literature searching for this report. Lyon, et al. [15] suggests that by using medical databases it can help to guide practice, offers the most up to date publications while filtering through quickly what is appropriate by having a clear and concise inclusion / exclusion criterion.

In order to search accurately and to narrow down the search criteria, a list of search terms (Appendix 2) were devised from the question. The key search terms for this report were taken directly from the PICO question and the advanced search method including thesaurus for additional terminology, scoping down to literature published within the last 5 years, access to linked full text and the Boolean terms ‘AND’ or ‘OR’. By using the advanced search methods, this demonstrated a narrowed search criterion and did somewhat improve the quality of the search by scoping down the most up to date evidence available. The inclusion criteria (Appendix 3) were limited to articles published in English, reviews of the annual health check use, people with learning disabilities and obesity. Exclusions were sole health checks for other health conditions not directly relating to people with learning disabilities, non-English published articles and articles relating to mental health conditions alone.

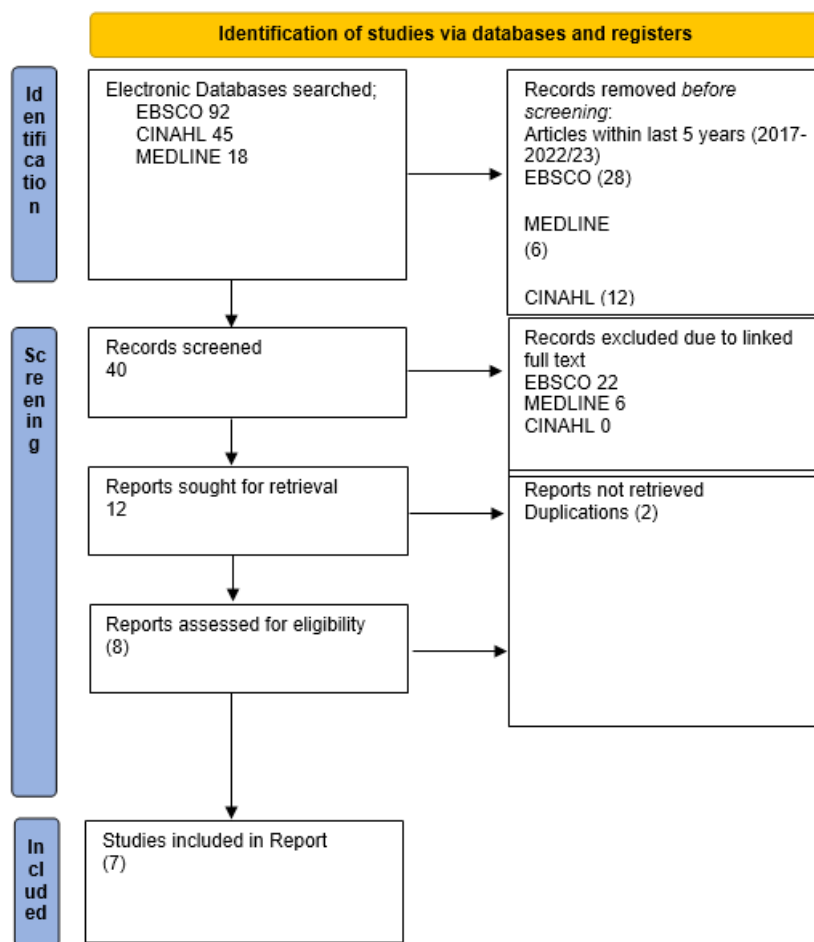
Learning Disabilities	Learning dis* OR intellectual dis*
Intellectual Disabilities	AND
Annual Health Checks	Annual Health Checks OR primary care OR health consultations
Primary Care	AND
Health Consultations	Weight management OR obesity OR high BMI OR overweight
Weight Management	
Obesity	
Overweight	
High BMI	

Appendix 2: Search Terms.

Inclusion	Exclusion
People with learning disabilities and annual health checks	General health checks not relating to people with LD
Published within 5 years 2017-2022/23	Studies specifically focussing on mental health only
Systematic reviews, meta-analysis	Case reviews, reports, opinions or reflections
Full text available	No full text available
English language published	Duplicate articles

Appendix 3: Inclusion and Exclusion Criteria Table.

The full search process is demonstrated within appendix PRISMA flowchart (Appendix 4) seven articles were selected as show in the data extraction table below.



Appendix 4: Prisma 2020.

As highlighted by Levin [12] the outcome of learning how to search using the PICO is that not all evidence is created equal and therefore will gain knowledge regarding how to systematically search for the highest level of evidence first. By understanding the levels of evidence and their reliability can in turn improve patient quality of care as nurses need to be able to identify and evaluate the strengths and weaknesses and what is applicable to them in their clinical environments, [13].

Authors and Date:	Study Type / Design	Aims / Research Questions	Sample Size (Number of Patients)	Participants	Outcomes and Findings
Perera et al., (2020) [16]	Quantitative Data	Mental and Physical Health Conditions in People with Intellectual Disabilities: Comparing Local and National Data.	NHS Digital used to access data over a 12-month period 16/17	People with LD on their GP LD register	Certain physical health conditions more prevalent in people with LD. Uptake of AHC 50%
Panca et al., (2019) [24]	Quantitative Data	Resource Use and Cost of Annual Health Checks in Primary Care for People with Intellectual Disabilities.	208 patients record	People with a diagnosed LD.	People who did not have an up to date AHC had a significant increase in unplanned healthcare use which was not seen in people with an AHC
Chapman et al., (2018) [14]	Quantitative Data Literature review. Critically appraised individual articles	Do Health Consultations for People with Learning Disabilities Meet Expectations? A Narrative Literature Review.	27 papers reviewed: 15 qualitative 12 quantitative	Healthcare and learning disabilities	Continuing health inequalities that are not always addressed within the AHC.
O’Leary et al., (2018) [25]	Quantitative Data Systematic review and Meta-Analysis.	Early Death and Causes of Death of People with Intellectual Disabilities: A Systematic Review.	27 articles	Worldwide: people with LD and early death / mortality rates	Improved healthcare including AHC’s that addressed lifestyle behaviours more most relevant for people with LD.
Chinn, D., (2020) [15]	Qualitative Data and quantitative Data: Conversation analysis	An Empirical Examination of the Use of Easy Read Health Information in Health Consultations Involving Patients with Intellectual Disabilities.	32 Consultations	People with LD, Specialist professionals and mainstream primary care clinicians	Accessible information is seen as promoting positions for people with LD and therefore respectful which builds therapeutic relationships and has an impact upon encouraging health-promoting behaviours.
Robertson et al (2015) [26]	Quantitative Data Systematic Review	Systematic Reviews of the Health or Healthcare of People with Intellectual Disabilities: A Systematic Review to Identify Gaps in the Evidence Base	46 articles reviewed	People with learning disabilities with factors influencing health or health status and concerning contacts to healthcare services	There is a need for greater quantity and quality of research on making reasonable adjustments to make health interventions effective for people with LD across conditions.

Friedman et al., (2017) [17]	Qualitative Data Meta-Analysis	Self-Management of Health by People with Intellectual and Developmental Disabilities.	1341 people	People with diagnosed LD over a 2-year period.	Those supported to manage their own health with reasonable adjustments and accessible information were 2.81 times more likely to have health intervention services, improved health behaviours and therefore health status.
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During the articles selected to be screened, the type of studies being looked at were the ones in the top end of the hierarchy of evidence such as those that were systematic reviews and meta-analysis as they are the best available pieces of quality evidence to use.

The CASP tool was also used to determine the quality of the articles to review the validity of the evidence and to provide Consistency Across Reviewing, the CASP tool was used for each individual article selected. The CASP tool is beneficial for critiquing the literature rapidly while easily being able to identify if the results will help to influence practice for the future, are they reliable sources or is there anything missing. This also supports appraising the best available evidence appropriate to the scope of the specific research. The CASP tool determined that these articles were good quality due to being at the top end of the hierarchy of evidence.

Findings

Of the seven articles selected for this academic report, every paper highlights a correlation between accessible information during health screening appointments such as the AHC and proactive health monitoring such as weight management, managing obesity and education informative of self-help for weight loss. All of the studies examined, recommended the AHC as a means of monitoring health for people with learning disabilities. Despite recent improvements of the AHC, discrimination is still seen as a key barrier along with diagnostic overshadowing, exclusion of collaborative working, failure to identify someone with a LD and failure to make reasonable adjustments. All of which continues to impair access to essential services [14]. One of the seven articles, [15] concluded that their results were not generalizable due to the study sample size, however, in support of this, the remaining six and other studies of a similar size in other locations have supported these findings. For example, [16] study reviewed AHC's within multiple countries and found that these are paramount for the detection of serious and unmet health needs but also improves the knowledge of clinicians within mainstream areas of the needs and health inequalities of people with LD.

Some interesting trends such as the correlation between clinicians understanding and having knowledge of how to make their own clinics and appointments accessible for people with learning disabilities as well as using correct terminology that could be easily understood by a person who is cognitively impaired. Chapman et al [14] review found a correlation between clinicians understanding of additional needs and better health outcomes.

Every paper highlights that people with learning disabilities have poorer health in comparison to the general population and also that people with learning disabilities are more prevalent to obesity and that weight management services are not organised in a way to meet the needs of this particular client group. Interestingly, Friedman et al's [17] study highlight the importance of supporting individuals to self-manage their own health needs. This is particularly relating to supporting individuals to understand in a way that can be easily understood, educating them, improving their choice and empowering them to make decisions about themselves for their healthcare and lifestyle behaviours. Sadly, within this study, significant racial / ethnic disparities were found such as white people were 1.56 times more likely to be supported to manage their own health in comparison to black or African American and 12.50 times more likely than another race / ethnicity. Although more research is needed to determine why there are race / ethnic differences, it indicates overall a need to strengthen our services that is supportive of people with learning disabilities. Perera et al. [16] also found within their study that those on their LD GP register, were given very little to no advice on improving their own health through measures such as nutrition and exercise.

While self-management of health is widely promoted, there are still gaps within practices offering personalised care, Friedman et al. [17] study found that with the right support, tailored to the persons needs and abilities, professionals were more likely to identify the best possible outcomes, address issues or concerns and intervene early. This study also found that services were more effective of those being supported to manage their own health, increased physical and emotional wellbeing for the person in the centre and resulted in fewer unmet needs. [16] supports this as

there is an evident clear correlation between uptake of the AHC and the treatment of health conditions, promoting better health behaviours and lifestyle choices.

One limitation affecting the studies is the lack of studies available that can be generalised across the region. However, despite this, all of the supporting evidence suggests that people with learning disabilities have poorer health, higher prevalence of obesity and poorer health management than the general population. There is a lack of reasonable adjustments being made to facilitate and accommodate their needs and as a result, mortality rates are higher in this population. Chapman et al. [14] study found that poor communication and environmental factors led to poor care.

Further research is needed into the quality of the AHC, developing empathic and trustworthy relationships collaboratively that is based on respect and promotes empowering people while informing them in a way that can be easily understood.

Implications for Practice

The implications for practice can be divided up into five main areas such as early detection and intervention through the AHC process, tailored advice and accessible information, working collaboratively, educating individuals, their families and carers, monitoring and the follow up process and addressing underlying health needs that could relate to obesity.

The first theme identified is the early detection of conditions associated with obesity, weight gain and/or problems with metabolism. Through proactive measures such as AHC, with reasonable adjustments to ensure people with learning disabilities are comfortable attending these, uptake remains well attended and the person in the centred is supported by reducing barriers with reasonable adjustments, clinicians will gain a good insight into the persons baseline health and identify early on if the person is likely to be more prevalent to obesity or poor lifestyles / health behaviours.

Reasonable adjustments are the changes the law says anyone providing a service to the general public must make for disabled people (Equality Act, 2010) These refer to the removal of barriers such as physical to access and making whatever alterations necessary and in proportion to ensure services work equally for people with learning disabilities as they do for people without. Finlayson et al. [18] found that by implementing reasonable adjustments appropriately, people across all levels of LD and with associated conditions such as autism, can successfully undergo assessments, screening and treatment and as a result of this, reduce health inequalities for this population.

A further theme is that clinicians working in mainstream areas that offer the annual health check, such as General Practices, do not have the education and knowledge of supporting people with

learning disabilities and therefore do not know how to make their practices accessible for those with cognitive impairments. [19] found that professionals practising in mainstream environments such as GP's and hospitals, often have their diary's and clinic schedules planned for them and are often being managed tightly with time, therefore leaving them with less time to create accessible information to those who require it, they went on to find that professionals thought this to be a time-consuming exercise. However, in contrast to this, [20] found within their study, that the implementation of an alert system to alert the clinician beforehand, a patient has a learning disability, that professionals having a greater knowledge and awareness of their patients, could in turn offer proactive support such as knowing their patients' needs prior to appointment / consultation, understanding their abilities and what education is going to be discussed during that time, allowing the clinician to have time beforehand to ensure they are prepared.

Working collaboratively is essential for consistency and appropriate support for implementing positive changes and self-management.

It is argued by Giles, et al. [21] that training and education should be implemented for primary care clinicians to have a greater knowledge base and understanding of the needs of people with learning disabilities, the health inequalities this population face and also to improve patient outcomes as well as developing their own professional practice. In addition to this educating individual their families and carers, making every contact count is paramount for the understanding of the importance of health behaviours for people with learning disabilities and the health inequalities. Thus, improving screening, early identification and proactivity.

Furthermore, monitoring and following up on progress, there is clear evidence of the quality of the annual health checks and appropriate, well documented management of health needs and appropriate follow up to encourage self-help and education to those supporting people with LD. In order to facilitate effective weight management for people with learning disabilities, there are a number of potential solutions identified through found within all the studies suggesting personalised support plans for the individual, holistically and incorporating their cognitive abilities, sensory needs, social support structures, creating accessible information and communicating in a way that can be easily understood by the person. Doody, et al's [22] review highlighted that very little evidence exists of adults with intellectual disabilities being involved in their own care planning and there is a need to focus on nursing assessment, diagnosis, planning, implementation and evaluation with a person-centred process. In addition to this, Niven et al's [23] review highlighted that there is a need for professionals to take a person-centred, proactive approach to best support the person within their care.

Annual health checks have been appraised as a preventative measure to mitigate the risk of obesity by promoting healthy lifestyle behaviours and educating those with various ways of healthy eating, [24,26] balanced diet and exercise albeit uptake for these checks and compliance with recommendations due to a lack of follow up and management is concerning.

Summary

This article explores the impact of the Annual Health Check (AHC) adherence on weight management in individuals with learning disabilities [27]. It discusses the importance of regular health checks in monitoring weight and identifying potential health issues early on including lifestyle choices. The literature found that those who consistently attended their AHC were more likely to have better weight management compared to those who did not adhere [28]. The findings suggest that regular health monitoring can play a significant role in promoting healthy weight management in this population. This article emphasises the importance of establishing and maintaining a routine of AHC's for individuals with learning disabilities to support their overall wellbeing and address any potential health concerns promptly [29]. Ultimately, the research highlights the positive impact of adherence to AHC's on weight management in this specific population.

Conclusion

Annual health checks have significant potential as a platform for educating people with learning disabilities, their families and carers for the promotion of better lifestyles choices and behaviours and therefore health monitoring and management, specifically regarding weight and obesity. Challenges exist such as limited access to training for primary care clinicians, communication barriers and difficulties in adherence although in light of this, personalised support plans such as the Health Action Plan (HAP) which is an auto-populated document from the AHC should be an accessible document the person can easily understand and follow for the promotion of self-efficiency and improved health behaviours. By creating a supportive environment and the training for clinicians, these are key areas to focus on to address the current challenges faced. In order of implementing these potential solutions, AHC's play a substantive role in improving not only weight management but the overall health outcomes for people with learning disabilities.

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