Scottish Learning Disabilities Observatory

# Behaviours that Challenge as Indicators of Onset of Physical Health Conditions

Adults with intellectual disabilities frequently present to health services with behaviours that challenge, such as aggression, self-injury, and property destruction. These behaviours are often interpreted as psychiatric or behavioural in origin.

Evidence from a UK longitudinal study shows that **changes in behaviour are very often temporally linked to the onset of physical health conditions or sensory impairments**. This means that **behavioural change may be an early or primary presentation of physical illness**, rather than a co-existing or secondary issue.

## Key Findings

- Over 21% of adults with intellectual disabilities had at least one record of a behaviour that challenged in primary care records over an 11-year period.
- Over 2 in 5 of new records of behaviours that challenge occurred within 12 months before or after a diagnosis of a physical health problem or sensory impairment.
- The strongest associations were found for bowel incontinence (2.2 times higher risk), urinary incontinence (1.9 times), constipation (1.9 times), and sleep problems (1.7 times).
- Epilepsy, pain, visual and hearing impairments were also significantly associated with increased risk of behaviours that challenge.

## How we conducted the study

We examined information routinely collected in GP records across England to understand how physical health problems, sensory impairments, and behaviours that challenging are linked over time. We followed almost 167,00 people with intellectual disabilities for up to 11 years between 2009 and 2019, allowing us to see when new health problems were first recorded and how this related to behaviours that challenge.

The study looked at eight commonly reported physical or sensory conditions: constipation, epilepsy, pain, visual impairment, hearing impairment, bowel incontinence, urinary incontinence, and sleep problems.

Episodes were considered linked if they occurred within 12 months before or after a new clinical record of one of these conditions.

## Recommendations

- **Prioritise physical health assessment.** When a patient with intellectual disabilities presents with new or worsening behaviour, do not attribute changes solely to their intellectual disability and conduct a physical and sensory screening alongside behavioural assessment. Key conditions to consider are constipation, bowel and urinary incontinence, epilepsy, sleep issues, and painful conditions, as well as vision and hearing impairments.
- **Effective management requires shared responsibility across services.** Communicate findings clearly with primary care, psychiatry, learning disability teams, and carers. Behavioural changes and suspected health links should be explicitly documented, and physical health investigations should be followed up in primary care.

For more information about this research, please contact: SLDO-info@glasgow.ac.uk

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