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Metabolic control in patients with type 2 diabetes and intellectual disability

Individuals with intellectual disability (ID) present a greater degree of vulnerability and less protection against various pathological conditions, such as diabetes mellitus.

The Pomona-Spain study analyzed the health status of 953 individuals with intellectual disability in Spain and their use of health care services. Diseases such as diabetes, hypertension, hypercholesterolemia, epilepsy, COPD, and heart disease remain underdiagnosed in this population with such extensive needs. People with disabilities attend prevention and health promotion programs less frequently than the general population. The lack of specific supports and adaptations in professional interventions to tailor information to different diversities increases the difficulties in understanding and expressing symptoms, leading to a poorer disease prognosis and progressive deterioration of general health compared with other patients.

WHAT DO WE MEAN BY "INTELLECTUAL DISABILITY"?

ID is a disorder characterized by significant limitations in both intellectual functioning (reasoning, learning, problem-solving) and adaptive behavior (communication, self-care, social skills). These limitations must appear before age 22.

Therapeutic education is one of the main tools to address health problems, promote well-being and quality of life, and is essential to achieving optimal control of risk factors, »

» thereby preventing or delaying the onset of complications.

At this point, every health professional can and should play a key role in promoting the health of the entire population, regardless of the difficulties patients may present.

Cognitive accessibility plays a fundamental role in ensuring effective therapeutic education.

Without cognitive accessibility, equal access to knowledge cannot be guaranteed. Cognitive accessibility enables people to understand information, use, and enjoy their environment (places, products, and services) in ways that allow them to achieve greater autonomy. It is not only intended for patients with ID, but also for individuals with any type of difficulty in understanding or assimilating information.

In the management of diabetes, health professionals serve as advisors and collaborators, but success depends primarily on the patients themselves and their caregivers.

Without adaptations and appropriate supports, patients with diabetes may go unnoticed by the health care system. This highlights the importance of designing accessible health programs.

Health professionals should implement simple but inclusive educational measures tailored to the needs of diverse populations. These can also be applied to other patients requiring specific supports, such as individuals with limited reading ability or those who do not speak the same language.

Supports are defined as "resources and strategies designed to promote development, education, interests, and personal well-being, and enhance individual functioning."

A clear example of such supports is the easy-to-read guides developed by Plena Inclusión (a network of organizations that defends the rights of people with intellectual and developmental disabilities in Spain). Examples include Learn More About Diabetes, the first publication on diabetes specifically designed in both form and content to be accessible to individuals with disabilities and other groups with reading difficulties. It explains what diabetes is, teaches people with diabetes how to care for themselves, and offers practical advice. Other guides include When I Am Sick, Listen to Me and Eating Habits. Another support that facilitates cognitive accessibility is the use of infographics (visual representations of information and data), which make it easier to understand and assimilate concepts. With these supports, patients with ID and diabetes can achieve greater self-management in their daily lives.

Health professionals must ensure that patients understand information about the long-term risks of diabetes and the benefits of good control through physical activity, a healthy diet, and proper medication adherence, regardless of their difficulties. Work must also be carried out with families and caregivers to help patients with ID follow recommendations. D

CONCLUSIONS

- The difficulty lies not only in the disability per se but also in the lack of adaptation of information and training in functional diversity among health professionals.
- Intellectual disability is not merely difficulty in learning or understanding; it is a different way of processing the world, communicating, and adapting to daily life.
- It is essential to recognize capacities, respect individual pace, and provide necessary supports so that patients can actively participate in diabetes management.

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