Clinical assessment and management of pneumonia risk factors for people with learning disabilities – a guide for health care professionals

Make every contact count

- Pneumonia has been the leading cause of mortality for people with learning disabilities since the Learning from Lives and deaths (LeDeR) began in 2017.
- Community acquired pneumonia for people with learning disabilities causes an increased risk of hospitalisation, a risk of longer stays and a higher rate of readmission than the wider population (BTS 2023)
- There are modifiable risk factors that, if optimised can reduce risk of developing pneumonia for people with learning disabilities (BTS 2023)
- Its everyone's business to be aware of these and refer for help.

Adapted from the BTS Clinical Statement on Prevention and Management of Community Acquired Pneumonia for People with LD (2023)

Impaired Airway Clearance Full Physiotherapy Assessment of Airway Clearance Suggestive history of difficulty clearing secretion, poor cough; Medical management of secretions and physiotherapy airway clearance technique palpable secretions, audible crackles and wheeze PCF <270 L/min **Lung Function Testing** Neuromuscular weakness and spinal deformity Spirometry (in those with NMD), peak cough flow (PCF) or clinical impression NMD with FVD <60% Sleep Disordered Breathing Suggestive history including excess daytime sleepiness, **Overnight Monitoring of Breathing & Long-term Assisted Ventilation** habitual loud snoring, morning headaches Consider for patients with evidence of hypoventilation, OSA and those with poor secretion management and frequent respiratory exacerbations **Past Respiratory History** Including previous pneumonia, past hospital admissions, **Consideration of Prophylactic Antibiotics** respiratory specimen microbiology Consider in patients with frequent pneumonia following assessment/ management Easting, Drinking, and Swallowing Difficulties of modifiable risk factors for CAP and appraisal of individual circumstances Including history of choking, coughing when eating, food Early Involvement of Speech and Language Therapy Services 'getting stuck' **Optimise Contributory Factors Excessive Oral Secretions** Reflux, oral health and medications. Consider antimuscarinic medications and if Drooling, gagging, choking, chest congestion, or 'wet' or unsuccessful consider referral for Botox/ surgery gurgling sounds Consideration of measures to control GORD Symptoms of gastro-oesophageal reflux disease (GORD) PPI first line with review. Consider referral to a specialist service if a potential Heartburn, waterbrash, vomiting cause of recurrent AP Poorly controlled seizures Optimise management of seizures according to national guidance **Ensure Good Proactive Oral Care/ Hygiene Oral Health** Regular dental reviews. Develop oral health care plan, ideally in consultation with Oral hygiene regimen; evidence of tooth decay, erosion the person's dentist Assess Height and Weight (and BMI as appropriate) **Optimise Nutritional Status** Identify those with underweight or obesity Assessment and management according to national guidance **Smoking History** Smoking cessation advice and referral onto smoking cessation services Including exposure to smoke from family members and carers **Vaccine History** Ensure vaccines are up to date **Medication Review** Review ongoing requirements for medication and dosage Including anti-epileptics, psychotropics and antibiotics Encourage as much physical activity as possible **Physical Activity** Consider community physiotherapist referral (exercise programmes) **Review of Long Term Conditions** Ensure optimal management of long-term conditions Such as epilepsy, diabetes or renal disease