Activity limitations among young adults with developmental disabilities: A population-based follow-up study

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ABSTRACT

Developmental disabilities are a heterogeneous group of chronic conditions that may result in substantial activity limitations. The type and number of limitations may vary by impairment characteristics. Economic and social constraints may impact activity limitations beyond those attributable to their impairment. Using the International Classification of Functioning (ICF), Disability, and Health conceptual framework, this study tests the hypothesis that activity limitations in young adulthood are not inevitable consequences of childhood impairment. The Metropolitan Atlanta Developmental Disabilities Follow-up Study of Young Adults, a cohort of young adults ages 21–25, is used to examine the relationship between childhood impairment and activity limitations in young adulthood. For young adults with isolated impairment, activity limitations are not probable outcomes. This situation is not the case for those with severe intellectual disability and/or multiple impairments. The type and extent of activity limitations vary by impairment characteristics. With the goal of improving and preventing activity limitations in young adults with various types and severities of childhood impairment, additional research is needed.
As children with developmental disabilities reach young adulthood, supportive services such as rehabilitation, special educational, and specialized pediatric care often cease (Bottos, Feliciangeli, Scuito, Gericke, & Vianello, 2001). Without these services, young adults with developmental disabilities may experience new problems with daily activities or exacerbations of existing problems. As children make the transition into young adulthood, prevention of activity limitations may have implications for success in normative adult social roles of employment and post-secondary education as well as attainment of independent living and achieving economic self-sufficiency. The new social roles of young adulthood, coupled with the vulnerabilities created as a result of declining support systems, underscore the need to examine activity limitations among young adults with developmental disabilities identified in childhood.

The International Classification of Functioning (ICF), Disability, and Health, adopted by the World Health Organization (WHO) in 2001, provides a conceptual framework and specific terminology that facilitates investigation of the consequences of developmental disabilities in young adulthood (World Health Organization, 2001). Developmental disabilities, defined as a group of chronic conditions, are attributable to a cognitive, physical (e.g., motor, sensory), speech, language, or psychological impairment manifested during the developmental period (birth to 22 years). These conditions, likely to be lifelong, may result in substantial activity limitations and restrictions in societal participation (Crocker, 1989). According to the ICF terminology, the dimension of impairment is defined distinctly from that of activity limitations as the loss of bodily structure or function ranging from an insult to brain structure to loss of intellectual or sensory function (Susser & Watson, 1971). Activity limitations are defined as an inability to carry out daily tasks independently and can range from difficulties in personal care such as bathing, dressing to more complex activities, such as fixing meals and paying bills. By applying the ICF and measuring activity limitations as a dimension separate from that of impairment, we are able to test the general assumption that activity limitations in young adulthood do not inevitably arise from childhood impairment.

Impairment is often differentiated by two main characteristics: type and severity. Since different abilities are required for different activities of daily living (ADLs) and instrumental activities of daily living (IADLs) individuals with different types of impairment may experience different types and degrees of activity limitations. Impairment severity may operate in a dose-response manner with activity limitations. There is a wide spectrum of severity in the loss of bodily structure and function among individuals with different types of impairment. For example, individuals with profound hearing loss (>90 dB) may be more likely to experience greater activity limitations than individuals with mild hearing loss (26–30 dB). In addition to severity that is specific to impairment type, comorbidity is also a measure of impairment severity that may be associated with activity limitations. For example, individuals with hearing loss and severe intellectual disability may experience more activity limitations than individuals with hearing loss only. Examination of impairment type and severity may capture potential variations in the associations between impairments and activity limitations.

Although impairment characteristics are hypothesized to influence activity limitations, activity limitations may not arise from impairment alone. Economic and social constraints (environmental factors in the ICF framework) may impose limitations for individuals with disability beyond those attributable to specific physical, sensory, psychological, or intellectual impairments (Groce, 1999). The influence of low socioeconomic status is of particular concern since individuals with impairment are more likely to experience poverty than those without impairment (Kaye, 1997). Similarly, women and minority groups may experience less support in carrying out daily activities as a result of societal prejudice and discrimination (Levy et al., 1994).
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