

Body weight status is one of the ten leading health indicators of the nation's progress in reducing health risks and achieving healthier lives.

Body Weight Status of Adults with Intellectual Disabilities¹

Little information is available on obesity rates among adults with intellectual disabilities living in the community. Generally the research on adults with intellectual disabilities has indicated obesity rates similar to that of the general population, if not higher. However, most of these studies only looked at people living in formal residential settings and did not include national samples. In less restrictive settings, there may be a higher risk of unhealthy habits, resulting in greater weight gain. There is some research evidence indicating that adults with intellectual disabilities have a sedentary lifestyle and consume high fat diets, which can lead to obesity and an increased risk of chronic health conditions such as diabetes and cardiovascular disease. Hence, the lack of body weight status information of adults who live in the community may be a fundamental flaw in our understanding of the health status among persons with intellectual disabilities.

National Data Collection

In order to fill this information gap, we analyzed the 1985 to 2000 National Health Interview Survey, an annual cross-sectional household sample survey on the health status of the non-institutionalized American population. Data were collected through a personal interview at each sampled household. All adults with intellectual disabilities who were present at the time of interview could respond for themselves. Other adult household members provided information about adults who were not present or were incapable of responding by themselves due to physical and cognitive limitations. Survey participants who reported mental retardation as a cause of limitation were labeled as persons with intellectual disabilities.

<u>*Body Weight Status</u>	<u>BMI Score</u>
Obesity	30.0 or above
Overweight	25.0 to 29.9
Healthy Weight	18.5 to 24.9
Underweight	18.4 or below

$$\text{BMI} = \frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \times 703$$



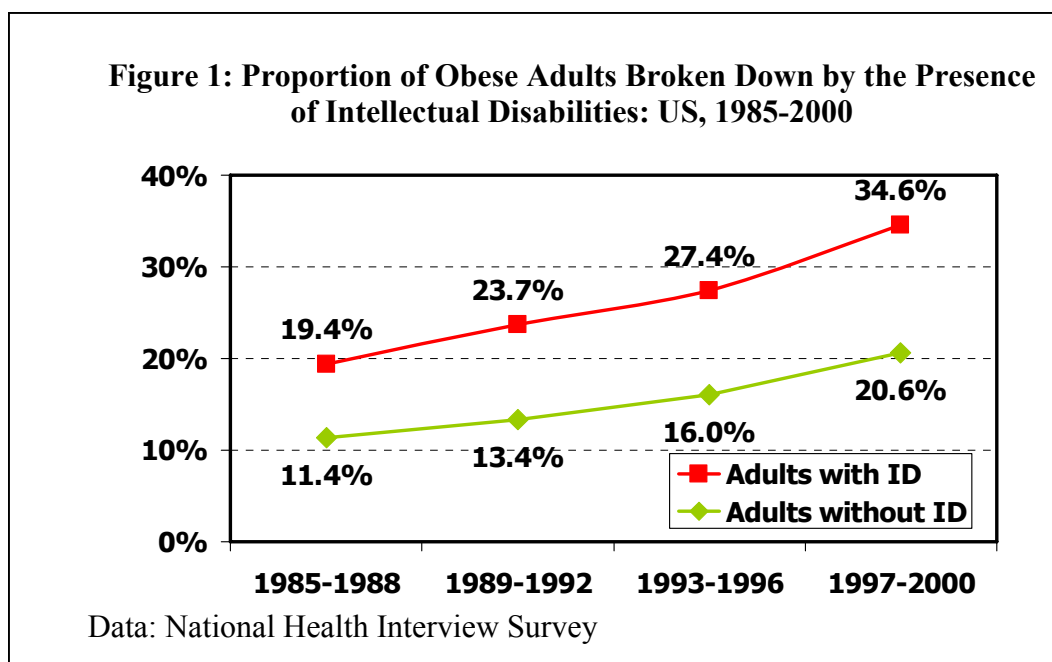
¹Source: Yamaki, K. (2005). Body weight status among adults with intellectual disability in the community. *Mental Retardation*, 43, 1-10.

Individuals with intellectual disabilities living with family members, friends, or on their own may be at risk of developing chronic health conditions such as hypertension, diabetes, heart disease, arthritis, and respiratory diseases.

Rates of Obesity over Time

Figure 1 shows a national level prevalence estimate of obesity among adults from 1985 to 2000 broken down by the presence of intellectual disability.

- The obesity prevalence for adults with intellectual disabilities (red line) increased across the 15 year period—from 19.4% to 34.6%. In the general population, the percentage increased from 11.4% to 20.6%.
- The obesity prevalence for adults with intellectual disability (red square) was higher than that of the general population (green diamond) across all times. For the 1997-2000 period, 34.6% of adults with I/DD were obese compared to only 20.6% of the general population.



With the high rates of obesity, individuals with intellectual disabilities living in the community may be at risk of developing chronic health conditions such as hypertension, diabetes, heart diseases, arthritis, and respiratory diseases. This points to the need for initiating health behavior education and community based health promotion programs for individuals with developmental disabilities.

For more information on health promotion programs for individuals with intellectual disabilities visit the Rehabilitation Research and Training Center on Aging with Developmental Disabilities <http://www.rtcadd.org> and the National Center on Physical Activity and Disability (NCPAD) website www.ncpad.org/

Kiyoshi Yamaki, Ph.D., Tamar Heller, Ph.D., & Jim Rimmer, Ph.D.
 1640 West Roosevelt Road, Room 242
 Department of Disability & Human Development, College of Applied Health Sciences
 University of Illinois at Chicago, Chicago, IL 60608



Funding for this project was provided through the Rehabilitation Research and Training Center on Aging with Developmental Disabilities, National Institute on Disability and Rehabilitation Research (Grant # H133B90046) and Grant #U59/CCU5212317 from the National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention.