

**RECENT HEALTH INDICATOR DATA FROM PARTICIPATING MEMBER STATES: DETERMINANTS OF HEALTH**

**3.1 PHYSICAL ACTIVITY FOR PEOPLE WITH INTELLECTUAL DISABILITY**

<b>MEMBER STATE</b>	<b>EVIDENCE OF PHYSICAL ACTIVITY</b>	<b>SOURCE</b>
<b>AUSTRIA</b>	A study of 129 older adults with intellectual disability aged between 50 and 69 years (71 male and 58 female) X=55,04 (SD 6.72) reported that over one third of the sample (N=46; 35.7%) engaged in regular physical exercise.	Mühlberger, Peter (1998): Elderly with ID in Residential Centres of “Jugend am Werk” and “Caritas” in Vienna and Surrounding Areas. (Ältere Menschen mit geistiger Behinderung in den Wohneinrichtungen von Jugend am Werk und Caritas im Raum Wien-Umgebung.) Diplomarbeit an der Universität Wien
<b>BELGIUM</b>	No data available.	
<b>DENMARK</b>	A small-scale health project with 32 participants with intellectual disability identified 17 (53%) people as engaging in physical activity. The group however was not representative of people with intellectual disability as participants were defined (by them selves) as experiencing weight problems.	Andersen D. et.al.: Sundt er sjovt – et forsøgsprojekt I Frederiksborg amt for udviklingshæmmede med vægtproblemer.
<b>FINLAND</b>	No data available.	

**3.1 PHYSICAL ACTIVITY: Recent Data from Member States**

<p><b>FRANCE</b></p>	<p>The relationship between levels of physical activity and levels of health and quality of life of people with intellectual disabilities was examined among a sample of 133 adults with intellectual disability (54 women &amp; 79 men) aged 20 to 60 years who were attending nine sheltered workshops (CAT = Centre d'Aide par le Travail) in 4 regional areas in France. The findings were compared with a sample from the general population (1,165 individuals aged 20 to 74 years). A low level of activity in sports was recorded for those with intellectual disability, a figure comparable to those in the control population aged 60 to 74 years. The average age of the sample with intellectual disability was 36 years.</p> <p>The de-institutionalisation movement for people with intellectual disability has emphasised the need for and benefits of physical activity. This paper proposes new physical activity thresholds in energy expenditure (around 1000 kcal per week) to assure benefits for health. These benefits include not only a physically more active lifestyle but also increased social well-being.</p>	<p>Bui-Xuan G., Brunet F. &amp; Dejean O (2000) <i>Activité physique, santé et qualité de vie. Enquête sur l'activité physique, la santé et la qualité de vie des personnes déficientes Intellectuelles de CAT.</i> Handicap-Revue des Sciences Humaines et Sociales, CTNERHI diffusion, n° 85, 47-66</p> <p>Eberhard Y. (2000) <i>Condition physique, santé et adolescents déficients intellectuels.</i> In Ninot G. &amp; C. Maïano C. (2000) <i>Éléments pour la construction d'un projet d'Education Physique en Institut Médico-Éducatif.</i> Sport Sciences Diffusion, Villeneuve-Loubet.</p>												
<p><b>GERMANY</b></p>	<p>No data available.</p>													
<p><b>IRELAND</b></p>	<p>From study of 125 adults with intellectual disability in long term residential care:</p> <table border="1" data-bbox="557 1015 1449 1182"> <thead> <tr> <th colspan="3">Physical Activity</th> </tr> <tr> <th></th> <th>Group Home</th> <th>Village Campus</th> </tr> </thead> <tbody> <tr> <td>% of residents defined as inactive</td> <td>76.2%</td> <td>69.4%</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Physical Activity				Group Home	Village Campus	% of residents defined as inactive	76.2%	69.4%				<p>Walsh, P.N., Linehan, C., Hillery, J., Durkan, J., Emerson, E., Roberston, J., Gregory, N., Hatton, C., Kessissoglou, S., Hallam, A., Knapp, M., Järbrink, Netten, A., (2000). <i>Quality and Costs of Residential Settings Provided for Irish Adults with Intellectual Disability.</i> Centre for Disability Studies, University College Dublin.</p>
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**3.1 PHYSICAL ACTIVITY: Recent Data from Member States**

<b>ITALY</b>	To date 47% of people with Intellectual Disability are registered members of FISD (Federazione Italiana Sport Disabili).	Gecchele A. (201) in <a href="http://www.pro.di.gio.it/ASP">www.pro.di.gio.it/ASP</a>
<b>LUXEMBOURG</b>	No data available.	
<b>NETHERLANDS</b>	No data available.	
<b>SPAIN</b>	No data available.	
<b>SWEDEN</b>	No data available.	
<b>UNITED KINGDOM</b>	No data available.	

**RECENT HEALTH INDICATOR DATA FROM PARTICIPATING MEMBER STATES**

**3.2. CHALLENGING BEHAVIOUR FOR PEOPLE WITH INTELLECTUAL DISABILITY**

MEMBER STATE	EVIDENCE OF CHALLENGING BEHAVIOUR	SOURCE																								
<b>AUSTRIA</b>	<p>A study examining mental health among older adults (50-69 years) with intellectual disabilities measured both the prevalence and intensity of participants' mental health and challenging behaviours. Data for challenging behaviours are presented here.</p> <table border="1" data-bbox="535 687 1471 1013"> <thead> <tr> <th></th> <th>Prevalence</th> <th>Intensity</th> </tr> </thead> <tbody> <tr> <td>Uncooperative behaviour, not accepting rules</td> <td>48.8%</td> <td>25.4</td> </tr> <tr> <td>Aggression (external)</td> <td>43.4%</td> <td>5.5</td> </tr> <tr> <td>Socially unadjusted behaviour</td> <td>42.6%</td> <td>16.4</td> </tr> <tr> <td>Disturbing activities from others</td> <td>39.5%</td> <td>11.7</td> </tr> <tr> <td>Auto-aggression</td> <td>31.0%</td> <td>10.0</td> </tr> <tr> <td>Other mental health problems and challenging behaviour</td> <td>1.6%</td> <td>1.0</td> </tr> <tr> <td>No mental health problem and no challenging behaviour</td> <td>5.4%</td> <td>0</td> </tr> </tbody> </table>		Prevalence	Intensity	Uncooperative behaviour, not accepting rules	48.8%	25.4	Aggression (external)	43.4%	5.5	Socially unadjusted behaviour	42.6%	16.4	Disturbing activities from others	39.5%	11.7	Auto-aggression	31.0%	10.0	Other mental health problems and challenging behaviour	1.6%	1.0	No mental health problem and no challenging behaviour	5.4%	0	<p>Klicpera &amp; Bensch (2001): The Needs of Elderly People with Intellectual Disability in Living Quarters. Senior Flat Sharing Communities or getting old in familiar Environment. (Die Bedürfnisse älterer Menschen mit geistiger Behinderung im Wohnbereich. Altenwohngemeinschaft oder alt werden in gewohnter Umgebung?) Heilpädagogik 4/2001, 1-8 4/2001, 1-8</p>
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<b>DENMARK</b>	No data available.																									

**3.3. PSYCHOTROPIC MEDICATION: Recent Data from Member States**

<p><b>FINLAND</b></p>	<p>A report outlining the use of restrictive measures in response to challenging behaviours Pääjärvi Rehabilitation Centre presents the distribution and frequency of restrictive measures as well as characteristics of patients with whom they were used. Restrictive measures were used with 10% of patients of inpatient services. The most frequent restriction was locking the patient into his/her room, especially at night. Service users who experienced restrictions were younger and had poorer communication and social skills than the comparison group. They showed a tendency for aggression, anxiety, low mood and functional behaviour problems. The authors state that improvement of care and rehabilitation methods for finding other solutions for behavioural problems is needed. There also is a need for updating legislation and clearer instructions for the care staff.</p>	<p>Terhi Koskentausta, Heikki Seppälä, Heimo Valkama. Restrictive Measures in the Care of People with Intellectual Disability. Suomen Lääkärilehti 2003;58(5):499-504</p>
<p><b>FRANCE</b></p>	<p>A study of 767 residents with dual diagnosis of both intellectual disability and mental health difficulties identified 198 people presenting with self-injuries (25.1 %). Of those identified 10 % are severely disabled: poor motor skill and autonomy, severe intellectual disability. The self-injuries are inflicted to the head in 47.2 %, the hands in 28.4 % and other parts of the body in 25.4 %.</p> <p>It is mainly the hands that are used to injure the body by people with severe intellectual disability. People with better level of functioning can use an external medium to injure themselves.</p>	<p>Fischer A. &amp; Gabbai Ph. (1995) A propos des conduites auto-offensives dans la déficience mentale et le polyhandicap in Ponsot G, (dir.) “Le Polyhandicap” CTNERHI- APHP, pp. 265-271.</p>
<p><b>GERMANY</b></p>	<p>Aggressive behaviour for a sample of 692 residents with intellectual disability was examined. 15.8% of the residents showed aggressive behaviour against other people or objects. These behaviours were more prevalent in younger persons with those in the 19-40 year age bracket presenting with rates of aggressive behaviour almost eight times higher than people aged over 60 years. No gender differences were found. Psycho-pharmaceuticals were given to about 50% of the persons with aggressive behaviour.</p> <p>Challenging behaviour was studied in a sample of 798 adults with intellectual disability in various residential settings in Germany. The prevalence rate of self-injurious behaviour (SIB) was 5% among residents of small group homes, 4% in bigger residential facilities but rose substantially to 36% among residents in a long-stay hospital facility.</p>	<p>Wolfgang Meins (1989): Aggressives Verhalten bei geistig behinderten Personen: Prävalenz und Zusammenhang mit sozialer Kompetenz und sozialer Unterstützung. In: Heilpädagogische Forschung, Bd. XV, S.98f.</p> <p>Wolfgang Meins (3/1995): Depression und geistige Behinderung, Ausgewählte Ergebnisse einer Studie. In: Geistige Behinderung, S.201-210.</p>

**3.3. PSYCHOTROPIC MEDICATION: Recent Data from Member States**

<p><b>IRELAND</b></p>	<p>From study of 125 adults with intellectual disability in long term residential care:</p> <table border="1" data-bbox="577 341 1431 497"> <tr> <td colspan="3">Proportion of residents reaching caseness for challenging behaviour as measured by the Aberrant Behaviour Checklist:</td> </tr> <tr> <td></td> <td>Group Home</td> <td>Village Campus</td> </tr> <tr> <td>% of sample reaching caseness</td> <td>27.1%</td> <td>63.1%</td> </tr> </table>	Proportion of residents reaching caseness for challenging behaviour as measured by the Aberrant Behaviour Checklist:				Group Home	Village Campus	% of sample reaching caseness	27.1%	63.1%	<p>Walsh, P.N., Linehan, C., Hillery, J., Durkan, J., Emerson, E., Roberston, J., Gregory, N., Hatton, C., Kessissoglou, S., Hallam, A., Knapp, M., Järbrink, Netten, A., (2000). Quality and Costs of Residential Settings Provided for Irish Adults with Intellectual Disability. Centre for Disability Studies, University College Dublin</p>
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<p><b>ITALY</b></p>	<p>From a study of 209 subjects with Intellectual Disabilities (150 in residential care)</p> <table border="1" data-bbox="696 659 1310 743"> <tr> <td>Behavioural disorders</td> <td>Male</td> <td>Female</td> </tr> <tr> <td></td> <td>17.8 %</td> <td>31.8 %</td> </tr> </table>	Behavioural disorders	Male	Female		17.8 %	31.8 %	<p>Oasi Institute (preliminary data)</p>			
Behavioural disorders	Male	Female									
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<p><b>LUXEMBOURG</b></p>	<p>No data available.</p>										
<p><b>NETHERLANDS</b></p>	<p>In a sample of 1,265 people with intellectual disability living in group homes or institutions, 57% had one (24%) or more (33%) medications prescribed. A total of 43 % had no prescriptions. Within the group of medication users, 37% had psychotropic medication, 9% had gastrointestinal medication (mostly laxatives and dyspepsia drugs) and 10% had cardiovascular medication.</p>	<p>Van Schroyen Lantman-de Valk HMJ; Kessels AGH; Haveman MJ; Maaskant MA; Uurlings HFJ; Sturmans F. Wat krijgen ze te slikken? Medicijngebruik door verstandelijk gehandicapten in residentiele voorzieningen. Nederlands Tijdschrift voor Geneeskunde 1995;139: 1083-8.</p>									
<p><b>SPAIN</b></p>	<p>A study of 129 individuals with intellectual disability attending a Vocational Centre in Jerez audited the following challenging behaviours:</p>	<p>Almenara Barrios J, García González-Gordon R, Novaldos Ruíz JP, Merello Martel B, Abellán Hervás MJ, García</p>									

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<b>SWEDEN</b>	No data available.																																																					
<b>UNITED KINGDOM</b>	An audit of 318 adults and 79 children with intellectual disability attending British Primary Care	Baxter et al –primary care evaluation audit and research in learning disabilities. 2002																																																				

**3.3. PSYCHOTROPIC MEDICATION: Recent Data from Member States**

system services revealed approximately one in every two individuals experiencing psychiatric difficulties.

WCLD Meridian Court North Road  
Cardiff UK.

Proportion of adults reaching threshold for:		
	Yes	No
Behavioural Disorder (ABC)	15%	85%

Proportion of children reaching threshold for:		
	Yes	No
Behavioural Disorder (ABC)	39%	61%

**3.3 PSYCHOTROPIC MEDICATION FOR PEOPLE WITH INTELLECTUAL DISABILITY**

MEMBER STATE	EVIDENCE OF PSYCHOTROPIC MEDICATION	SOURCE						
<b>AUSTRIA</b>	No data available.							
<b>BELGIUM</b>	No collective database exists regarding the medication usage of people with intellectual disability. People's individual files, especially those in residential services, will however contain information regarding their medication. The use of neuroleptics and psychopharmacology are thought to have decreased over the previous 10-20 years however no systematic data exists to examine this claim.	Prof. Fryns						
<b>DENMARK</b>	No data available.							
<b>FINLAND</b>	No data available.							
<b>FRANCE</b>	No data available.							
<b>GERMANY</b>	<p>Meins (1991) examined the rate of intake of psycho-pharmaceutics and anti-epileptics in a sample of (N=495) school children with intellectual disability in the city Hamburg. The following prevalence rates were reported:</p> <table border="1" data-bbox="808 1177 1245 1305"> <thead> <tr> <th>Medication Type</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Psycho-pharmaceutics</td> <td>2.8%</td> </tr> <tr> <td>Anti-epileptic medication</td> <td>16.3%</td> </tr> </tbody> </table>	Medication Type	%	Psycho-pharmaceutics	2.8%	Anti-epileptic medication	16.3%	<p>Meins, W.(1991): Psychopharmaka- und Antiepileptikaprävalenz bei geistig behinderten Schülern. In: Kinder und Jugendpsychiatrie, Bd. 19, S. 15-18.</p>
Medication Type	%							
Psycho-pharmaceutics	2.8%							
Anti-epileptic medication	16.3%							

**3.3. PSYCHOTROPIC MEDICATION: Recent Data from Member States**

No differences were found with regard to age and gender. Teachers were also asked to indicate the reason why school children were in receipt of psycho-pharmaceutic medication:

Reason for administration of psycho-pharmaceutic medication	% of cases
Aggressive behaviour	46%
Attention problems	31%
Hyperactivity, self injurious behaviour, stereotypic behaviour	23%
Psychosis	15%
Other behaviour or psychiatric problems	31%

798 adults with intellectual disability in different types of residential care were studied with regard to psychotropic drug treatment and associated behaviour problems.

Residential Type	% on psychotropic medication
Community based supported living and group homes	11%
Large residential facilities	31%
Long-stay psychiatric clinic	75%

Neuroleptics were the most often prescribed drugs. After controlling for the degree of intellectual disability, people with challenging behaviour were three times more likely than those without such problems to receive psychotropic medication if they resided in group homes, and 5.7 times more likely if they resided in large residential facilities.

In a publication of Gaedt (1995) the rate of long-lasting medication of people with intellectual disability was assessed from 30% to 60%.

Meins, W., Auwetter, J., Krausz, M., & Turnier, Y., (1993). Treatment with psychotropic drugs in various facilities for mentally handicapped patients. *Nervenarzt*, Jul, 64, (7), 451-5

C. Gaedt (1995): *Gesundheitsdienste für Menschen mit geistiger Behinderung*.

**3.3. PSYCHOTROPIC MEDICATION: Recent Data from Member States**

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<b>IRELAND</b>	<p>The administration of medication as requested (PRN) and by regular administration was recorded for a sample of 125 adults with intellectual disability in community group home settings and in large village style residential campus settings:</p> <table border="1" data-bbox="600 564 1451 922"> <thead> <tr> <th colspan="3">PRN Medication</th> </tr> <tr> <th>% of residents receiving PRN medication</th> <th>Group Home</th> <th>Village Campus</th> </tr> </thead> <tbody> <tr> <td>Anxiolytics</td> <td>3.4%</td> <td>10.8%</td> </tr> <tr> <td>Anti psychotics</td> <td>1.7%</td> <td>10.8%</td> </tr> <tr> <td>Hypnotics</td> <td>1.7%</td> <td>7.7%</td> </tr> <tr> <td>Anti-parkinsonism</td> <td>1.7%</td> <td>3.1%</td> </tr> <tr> <td>Anti-epileptics</td> <td>0</td> <td>1.5%</td> </tr> <tr> <td>Anti-depressants</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <table border="1" data-bbox="600 959 1451 1316"> <thead> <tr> <th colspan="3">Regular Medication</th> </tr> <tr> <th>% of residents receiving regular medication</th> <th>Group Home</th> <th>Village Campus</th> </tr> </thead> <tbody> <tr> <td>Anti-psychotics</td> <td>16.9%</td> <td>36.9%</td> </tr> <tr> <td>Anti-epileptics</td> <td>16.9%</td> <td>36.9%</td> </tr> <tr> <td>Anti-depressants</td> <td>10.2%</td> <td>6.2%</td> </tr> <tr> <td>Anti-parkinsonism</td> <td>5.1%</td> <td>15.4%</td> </tr> <tr> <td>Anxiolytics</td> <td>3.4%</td> <td>6.2%</td> </tr> <tr> <td>Hypnotics</td> <td>0</td> <td>4.6%</td> </tr> </tbody> </table>	PRN Medication			% of residents receiving PRN medication	Group Home	Village Campus	Anxiolytics	3.4%	10.8%	Anti psychotics	1.7%	10.8%	Hypnotics	1.7%	7.7%	Anti-parkinsonism	1.7%	3.1%	Anti-epileptics	0	1.5%	Anti-depressants	0	0	Regular Medication			% of residents receiving regular medication	Group Home	Village Campus	Anti-psychotics	16.9%	36.9%	Anti-epileptics	16.9%	36.9%	Anti-depressants	10.2%	6.2%	Anti-parkinsonism	5.1%	15.4%	Anxiolytics	3.4%	6.2%	Hypnotics	0	4.6%	Walsh, P.N., Linehan, C., Hillery, J., Durkan, J., Emerson, E., Roberston, J., Gregory, N., Hatton, C., Kessissoglou, S., Hallam, A., Knapp, M., Järbrink, Netten, A., (2000). Quality and Costs of Residential Settings Provided for Irish Adults with Intellectual Disability. Centre for Disability Studies, University College Dublin
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**3.3. PSYCHOTROPIC MEDICATION: Recent Data from Member States**

<p><b>ITALY</b></p>	<p>An audit among service users attending the OASI institute, Troina revealed the following usage of medication:</p> <table border="1" data-bbox="779 403 1272 568"> <thead> <tr> <th>Type of medication</th> <th>% of cases</th> </tr> </thead> <tbody> <tr> <td>Anti-epileptics</td> <td>54%</td> </tr> <tr> <td>Psycholeptics</td> <td>43%</td> </tr> <tr> <td>Psychoanaleptics</td> <td>3%</td> </tr> </tbody> </table>	Type of medication	% of cases	Anti-epileptics	54%	Psycholeptics	43%	Psychoanaleptics	3%	<p>Oasi Institute</p>						
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<p><b>LUXEMBOURG</b></p>	<p>A study of 56 adults with intellectual disability in long term residential care (Centre Nossbierg) recorded the following usage of medication:</p> <table border="1" data-bbox="779 767 1272 1054"> <thead> <tr> <th>Medication Type</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Anti-psychotics</td> <td>39.2%</td> </tr> <tr> <td>Anti-epileptics</td> <td>24.9%</td> </tr> <tr> <td>Anti-depressants</td> <td>19.6%</td> </tr> <tr> <td>Anti-parkinsonism</td> <td>1.8%</td> </tr> <tr> <td>Anxiolytics</td> <td>19.0%</td> </tr> <tr> <td>Sedative / sleeping medication</td> <td>24.9%</td> </tr> </tbody> </table>	Medication Type	%	Anti-psychotics	39.2%	Anti-epileptics	24.9%	Anti-depressants	19.6%	Anti-parkinsonism	1.8%	Anxiolytics	19.0%	Sedative / sleeping medication	24.9%	<p>Fondation A.P.E.M.H. Centre Nossbierg B.P. 331 L-4004 Esch-sur-Alzette</p>
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<p><b>NETHERLANDS</b></p>	<p>A sample survey of 1,265 adults with intellectual disability revealed the following medication use:</p>	<p>Health problems of people with Intellectual Disability, Aspects of morbidity in residential settings and in primary health care, H.M.J. van Schroyenstein Lantman-de Valk</p>														

**3.3. PSYCHOTROPIC MEDICATION: Recent Data from Member States**

	<table border="1"> <thead> <tr> <th>Medication</th> <th>0-18 years</th> <th>19-29 years</th> <th>30-39 years</th> <th>40-49 years</th> <th>50-59 years</th> <th>60+ years</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>All psychoactive</td> <td>31.6%</td> <td>33.0%</td> <td>34.2%</td> <td>41.8%</td> <td>40.9%</td> <td>35.5%</td> <td>36.8%</td> </tr> <tr> <td>Antipsychotics</td> <td>7.4%</td> <td>12.5%</td> <td>16.4%</td> <td>23.4%</td> <td>22.6%</td> <td>16.4%</td> <td>17.5%</td> </tr> <tr> <td>Anxiolytics</td> <td>3.2%</td> <td>7.2%</td> <td>7.5%</td> <td>4.4%</td> <td>10.0%</td> <td>4.6%</td> <td>6.8%</td> </tr> <tr> <td>Psycho-analeptics</td> <td>1.1%</td> <td>2.7%</td> <td>2.7%</td> <td>5.7%</td> <td>4.1%</td> <td>4.2%</td> <td>3.6%</td> </tr> <tr> <td>Anti-convulsants</td> <td>27.4%</td> <td>23.9%</td> <td>19.9%</td> <td>16.5%</td> <td>16.2%</td> <td>13.0%</td> <td>18.4%</td> </tr> </tbody> </table>	Medication	0-18 years	19-29 years	30-39 years	40-49 years	50-59 years	60+ years	Total	All psychoactive	31.6%	33.0%	34.2%	41.8%	40.9%	35.5%	36.8%	Antipsychotics	7.4%	12.5%	16.4%	23.4%	22.6%	16.4%	17.5%	Anxiolytics	3.2%	7.2%	7.5%	4.4%	10.0%	4.6%	6.8%	Psycho-analeptics	1.1%	2.7%	2.7%	5.7%	4.1%	4.2%	3.6%	Anti-convulsants	27.4%	23.9%	19.9%	16.5%	16.2%	13.0%	18.4%	
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<b>SWEDEN</b>	<p>One study, conducted in 1991, indicates that among adults with intellectual disability 45 % took sleeping, nerve soothing or pain relieving medication on prescription. In 1995 the proportion had diminished to 40 %. This figure can be compared to the general population where the statistic is 8 %.</p>																																																	

3.3. PSYCHOTROPIC MEDICATION: Recent Data from Member States

<b>UNITED KINGDOM</b>	No data available.	
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