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A LOOK AT FUNCTIONAL LOSSES IN THE ELDERLY POPULATION WITH INTELLECTUAL DISABILITIES

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ABSTRACT
Elderly people with intellectual disabilities face unique challenges and need specialized support to ensure their physical, emotional, and social well-being. Institutions that support elderly people with intellectual disabilities deal with the weakening of family relationships when faced with the aging and exhaustion of parents and/or guardians. To understand the reality of adults and elderly people with intellectual disabilities, during the COVID-19 pandemic, institutions in the city of São Paulo that are active in the Forum for the Aging of Elderly People with Intellectual Disabilities (FEPIDI) in the period 2020-2022, an exploratory research of a qualitative and descriptive nature was developed, covering 198 elderly people with intellectual disabilities. The Forum on Aging for Seniors with Intellectual Disabilities was formed in 2009 with representatives from several institutions in the city of São Paulo that serve people with intellectual disabilities in adulthood and the aging process. Its objective is to collect data, prepare and disseminate information on the aging of people with intellectual disabilities, and encourage reflection on public policies and care protocols that can favor the guarantee of rights, autonomy, and quality of life for seniors with intellectual disabilities and their families. The study presented by FEDIPI highlights the cognitive vulnerability of an elderly population with intellectual disabilities, especially aggravated by conditions of panic, stress, and isolation during the COVID-19 pandemic. The analysis addressed different areas, such as language, memory, reasoning, and perception, among others, highlighting the challenges faced by this population.

Keywords: Aging. Seniors with Intellectual Disabilities. Intellectual Disability. Functional Losses. Support Institutions.

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INTRODUCTION

The crisis generated by the coronavirus pandemic has been the subject of study in several areas of science on a global scale, with efforts to reduce its spread, promote non-drug treatments to combat COVID-19, and efforts to create effective vaccines against the virus being evident in many countries (DOODY; KEENAN, 2021).

However, few examples have been found in the literature regarding specific care in institutions and homes to provide support to older people with intellectual disabilities (IPID) and facilitate innovative approaches in the care of these individuals, in a period of instability that makes them more susceptible (LANDES et al., 2021; CASTRO, 2022).

The largest study developed in the USA on the impact of COVID-19 on people with intellectual disabilities included 467,773 patients who received positive diagnoses of COVID-19 between April and August 2020. The study showed that people with intellectual disabilities were three times more likely to die after a diagnosis of COVID-19 (LANDES et al., 2021).

The institutions participating in the Forum on Aging for People with Intellectual Disabilities, founded over 10 years ago in the city of São Paulo, organized themselves to discuss and evaluate the functional losses in the elderly population with intellectual disabilities found by organizations during the pandemic, providing a legacy of knowledge to be disseminated to other organizations and government areas in the implementation of innovative measures to care for elderly people with intellectual disabilities.

INTELLECTUAL DISABILITY AND AGING

Girardi et al. (2012) report that the lack of information is the cause of ongoing social problems, favoring exclusion, inequality, pedagogical isolation, and social relations of Elderly People with Intellectual Disabilities (PICDI). The researchers add that survival becomes a unique struggle, deprived of citizenship, compounded by the fact of longevity in a society that still discriminates against elderly people with intellectual disabilities. The circumstances and expectations of people with intellectual disabilities have evolved in recent decades, largely as a result of changing social and political practices, with approaches centered on people with intellectual disabilities for support, with an emphasis on inclusion and community life (AAIDD, 2010).

The Organization of American States (OAS, 2019) recognizes that people with disabilities are among the groups most disproportionately affected by the COVID-19

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pandemic in terms of health, economic status, education, and social protection, among other areas, aggravating pre-existing barriers to accessibility and adaptability of essential public services, employment and education (MAUCH; LORDELLO, 2025). In addition, public health programs need greater funding, social participation, and efficient management, with real reinforcement of constitutional and ethical principles, to ensure access to health and social inclusion for society (DA SILVA, CANEVARI, 2024)

Bonateli et al. (2022) report that, when understanding the aging process of people with intellectual disabilities, there is a lack of understanding or lack thereof, as well as stereotypes linked to aging, prejudices, and stigmas related to elderly people with intellectual disabilities.

METHODOLOGY

To discuss and evaluate the functional losses in the elderly population with intellectual disabilities found by organizations during the pandemic period, in institutions in the city of São Paulo that are active in the Forum for the Aging of Elderly People with Intellectual Disabilities (FEPIDI) in 2022 (figure 1), exploratory descriptive research was developed.

Figure 1 Active FEPIDI Institutions
ADERE - Association for the Development, Education, and Recovery of the Exceptional
ADID - Association for the Integral Development of Down
APABEX - Banespian Association of Parents of Exceptional People
APOIE - Association for Professionalization, Guidance, and Integration of the Exceptional
Chaverin - Chaverin Group
Dona Paulina de Souza Queiroz Foundation
Nosso Lar Charitable Institution
Juliana Righini
Daniela Karmeli
Source: FEPIDI

After a period of online meetings, the FEPIDI coordination, forwarded to the support institutions described previously in the theoretical review item, an email with a form for quantifying the items that make up the research, accompanied by an authorization form for signature by the institutions, by their compliance.

The form consisted of 05 closed and structured questions (figure 2) and 01 open questions (figure 3) to be answered based on the period 2020-2022

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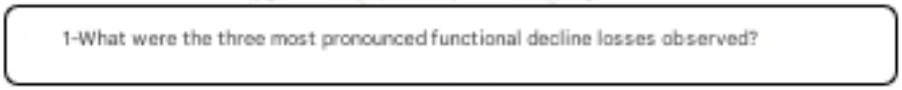
Figure 2 - Schematic of data collection

Source: FEPIDI

Figure 3 - Open Question Diagram



Source: FEPIDI

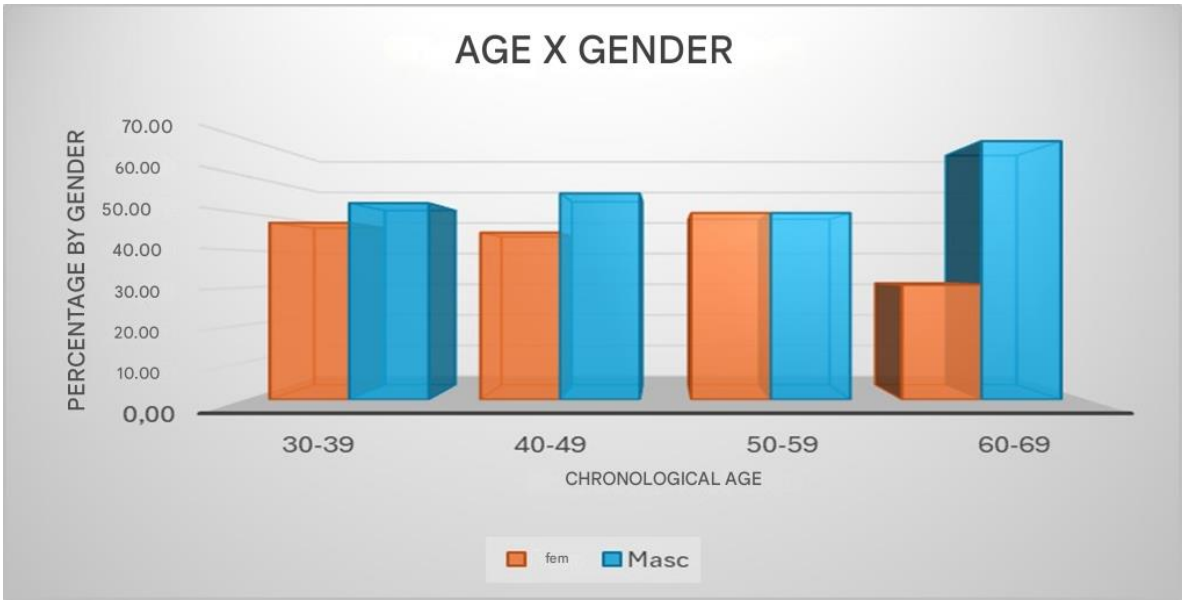
RESULTS

Regarding the total number of adults and elderly people with intellectual disabilities assisted by FEPIDI during the COVID-19 pandemic, there were 198 PCDIs, 161 people with Intellectual Disabilities (ID), and 37 people with Down Syndrome (DS) (Table 1).

Table 1 – PICDI Cases Served by Age Group, Type of Disability, and Biological Sex

Age Group	Nº of PICDI Cases Served	Female	Male
30 - 39	57	27	30
40 - 49	76	34	42
50 - 59	48	24	24
60 - 69	13	4	9
70+	4	1	3
Total	**198**	**90**	**108**

Source: Research Data



The age group of 40–49 years concentrates the highest number of PICDI cases, as well as the highest number of male individuals (42), corroborating the findings of Castro [2022].

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The 40–49 age group showed similarity in the percentages of people with Intellectual Disabilities and Down Syndrome (Graph 1), a finding not aligned with the American Association on Intellectual and Developmental Disabilities, which asserts that Down Syndrome has a higher prevalence among Intellectual Disabilities.

DISCUSSION

Functional Losses in the FEPIDI Beneficiary Population

FUNCTION	CHALLENGES
LANGUAGE	Repetitions, slow responses in active or receptive communication, anomia
MEMORY	Increased difficulty in retaining recent information, hindering learning and requiring more repetitions
REASONING	Slowness, difficulty reaching conclusions or arguing
COMPREHENSION ABILITY	Slowness, requiring multiple repetitions
PERCEPTION	Lowered perception, lack of attention
PLANNING AND EXECUTION OF TASKS OR ACTIVITIES	Difficulty, apathy, drowsiness, introspection, need for readaptation to in-person activities, the necessity for resumption, and intensification of training.
PROBLEM-SOLVING	Difficulty finding solutions for everyday situations
SOCIAL COGNITION	Difficulty in social interaction, more solitary, introversion
ADLs (Activities of Daily Living)	Self-care challenges
BEHAVIOR AND MOOD	Associated with psychiatric disorders, depression, aggression, stereotypies
MOTOR SKILLS (SLOWNESS)	Increased movement and mobility slowness, joint problems, significant overweight, and imbalance

Based on the literature discussed in the theoretical review, it is inferred that the findings reinforce the cognitive impairment of an already vulnerable population.

- **Language:** Challenges in language, which may be linked to various neurological conditions, have led institutions to increase guidance for families.
- **Memory:** Difficulty retaining recent information indicates memory problems, which may be a symptom of various conditions, including cognitive disorders, exacerbated by panic, stress, and isolation.
- **Reasoning:** Slowness and difficulty in reaching conclusions or arguing may indicate cognitive decline in areas related to reasoning.
- **Comprehension Ability:** Slowness and the need for repetitions suggest comprehension challenges, possibly associated with cognitive or neuropsychiatric issues.
- **Perception:** Lowered perception and lack of attention may indicate cognitive and concentration difficulties.
- **Planning and Execution of Tasks or Activities:** Difficulty, apathy, drowsiness, and readaptation may be related to various health problems, including neuropsychiatric conditions.

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- **Problem-Solving:** Difficulty in resolving everyday situations may be a symptom of cognitive impairment.
- **Social Cognition:** Difficulties in social interaction and increased isolation, worsened by social distancing and isolation.
- **ADLs (Activities of Daily Living - Self-Care):** The need for resumption and intensification of training may indicate difficulties in daily activities.
- **Behavior and Mood:** Association with psychiatric disorders, depression, aggression, and stereotypies may indicate emotional or psychological issues.
- **Motor Skills:** Increased movement and mobility slowness, joint problems, overweight, and imbalance may be associated with neurological or general health conditions.

CONCLUSION

The study presented by FEPIDI highlights the cognitive vulnerability of an elderly population with intellectual disabilities, especially exacerbated by panic, stress, and isolation conditions during the COVID-19 pandemic. The analysis covered different areas, such as language, memory, reasoning, and perception, highlighting the challenges faced by this population.

The findings of the review suggest that the pandemic intensified pre-existing cognitive barriers, prompting institutions to reinforce their care strategies. The increased guidance for families indicates a recognition of the importance of involving caregivers in the search for solutions and continuous support.

Occasional in-person care, when necessary, underscores the importance of direct contact, acknowledging that certain situations require a more personalized approach. Referrals to specialized networks indicate an integrated perspective, connecting individuals to specialized services when needed, thereby expanding available support and resources.

Improvements in problem-solving, perception, behavior, and mood suggest an effective response to treatment, demonstrating that appropriate interventions can lead to significant changes.

The research conducted by FEPIDI's training institutions provides a comprehensive view of the complexities faced by the elderly population with intellectual disabilities, contributing to knowledge dissemination for addressing observed losses and highlighting the ongoing need for personalized and adaptive approaches to ensure the best possible support.

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