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INTELLECTUAL
DISABILITY EQUITABLE
RESEARCH

Enhancing the care of people with intellectual disability
through research and service development

working with Plymouth University and Cornwall Partnership Foundation Trust



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Seeing an intellectual disability psychiatrist is good for your health

Reasons to be cheerful and combat therapeutic nihilism

Richard Laugharne
October 2025



Denigration of intellectual disability psychiatry

1. Criticism of institutional care often directed at psychiatrists
 2. Criticism of prescribing medication
 3. Criticism of the use of the mental health act
- Yet when a situation is critical, the psychiatrists are asked to take responsibility for the patient and the situation.
 - Ideology and evidence: not mutually exclusive, but complimentary.
 - To address these criticisms, evidence is needed.
 - Medical research is often not funded or refused because of capacity issues: more interest in inappropriate prescribing rather than appropriate prescribing



Evidence that seeing an ID psychiatrist is good for your health

Key papers

[Home](#) > [Journal of Neurology](#) > [Article](#)

Mortality risk in adults with intellectual disabilities and epilepsy: an England and Wales case–control study

Original Communication | Published: 06 April 2023
Volume 270, pages 3527–3536, (2023) [Cite this article](#)



Journal of Neurology
[Aims and scope](#) →
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- Rohit Shankar, William Henley, Sharlene Allaudin, Lance Watkins, Samuel J Tromans, Richard Laugharne, Brendan McLean, Pauline Heslop. Epilepsy-Related Premature Mortality in Adults with Intellectual Disability in England: A Population-based Analysis. *In review*



First study

Mortality risk in adults with intellectual disabilities and epilepsy: an England and Wales case-control study.

A UK study in secondary care settings

190 individuals with intellectual disability and epilepsy who had died compared with 910 living controls



- 190 deaths of people with intellectual disability and epilepsy taken from LeDER 2017-2021. Known to secondary ID or neurology services.
- 904 living people people with intellectual disability and epilepsy taken from Ep-IDNA case register in 2019-2020.



Those who died were:

- less likely to have received an annual epilepsy review
- higher prevalence of genetic conditions
- older (>50)
- in poorer physical health
- more likely to experience generalised tonic–clonic seizures
- more frequently prescribed multiple medications, including antipsychotics BUT on fewer anti-seizure medications
- **Less likely to receive care from intellectual disability services in addition to neurology services**

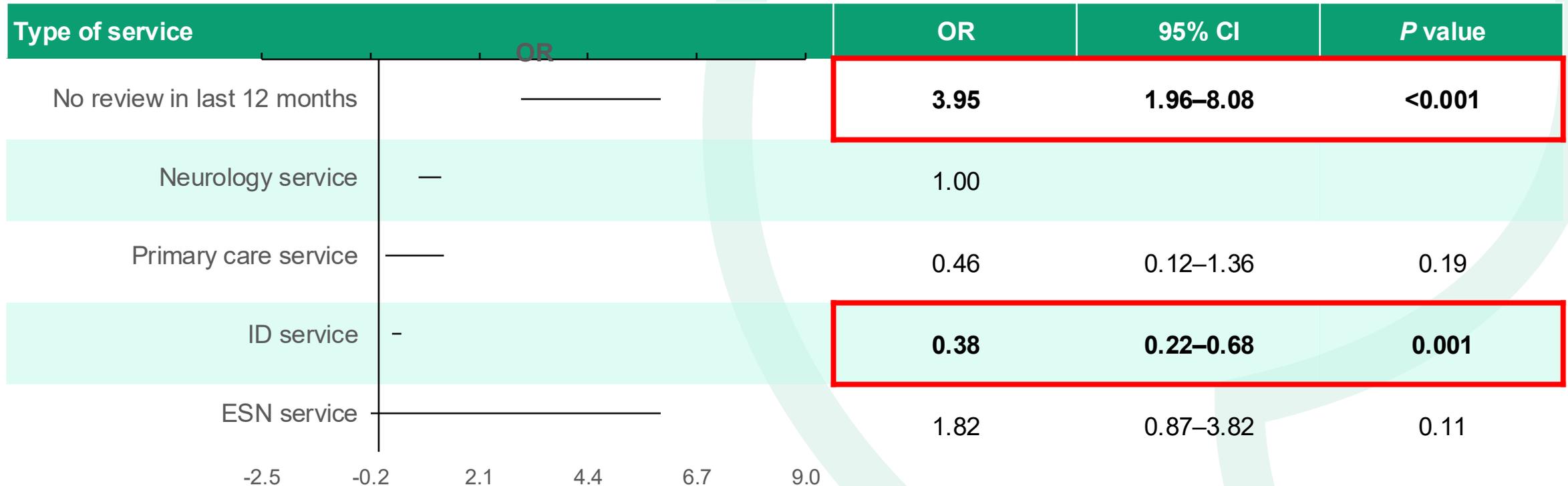


- **Having ID care was associated with a 72% reduction in the odds of death compared to care only by neurology services.**
- **Having any review of their epilepsy in the last 12 months reduced the odds of death by 84% a four-fold reduction in the risk of death.**



Patients should have access to neurology services plus ID services

Effect of type of service reviewing patient's epilepsy in multivariable logistic regression model for risk of death



Second study

Epilepsy-Related Premature Mortality in Adults with Intellectual Disability in England: A Population-based Analysis

Deaths of people with intellectual disabilities and epilepsy in England recorded by LeDER between 2016-2021

Of 9958 deaths of people with intellectual disabilities and epilepsy identified, 9756 (98.0%) were over the age of 18.

1,584: cause of death was epilepsy related (16.2%)

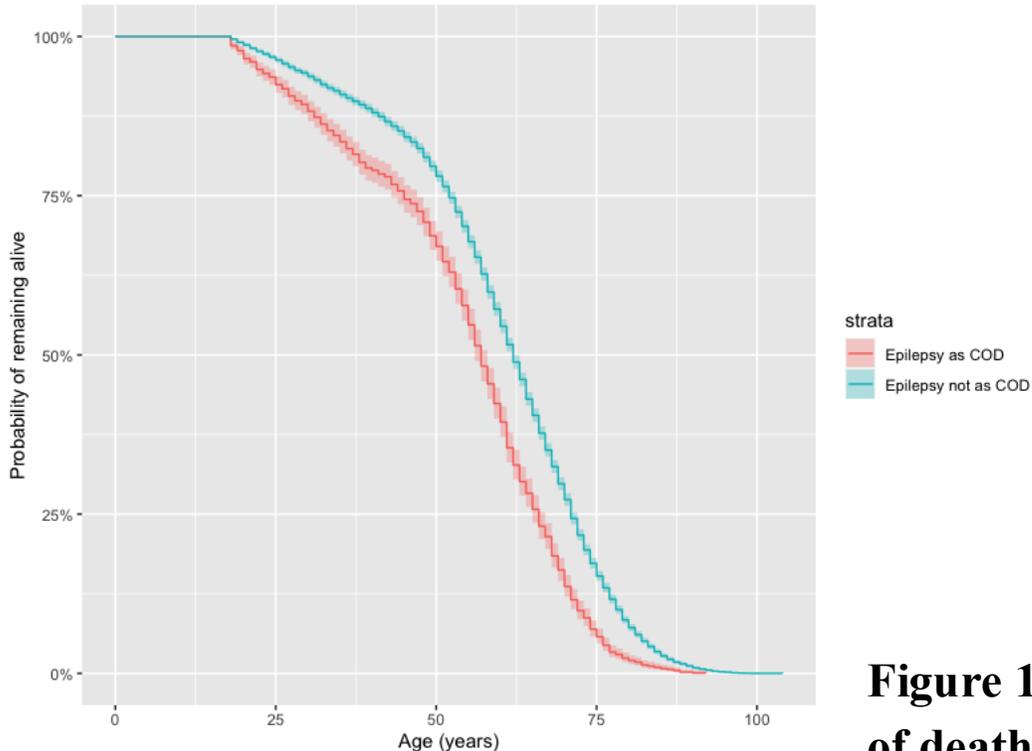
8,172: cause of death not related to epilepsy (83.8%)

We compared these two groups



People whose deaths were epilepsy related

More likely to be:



- Younger (median 57 vs 62)
- Severe-profound ID
- Non-white
- Inadequacies in care
- Be on five or more medications

Figure 1: Kaplan-Meier curves for comparing the timing of death among decedents for the epilepsy as a Cause Of Death (COD) vs epilepsy not as a COD group



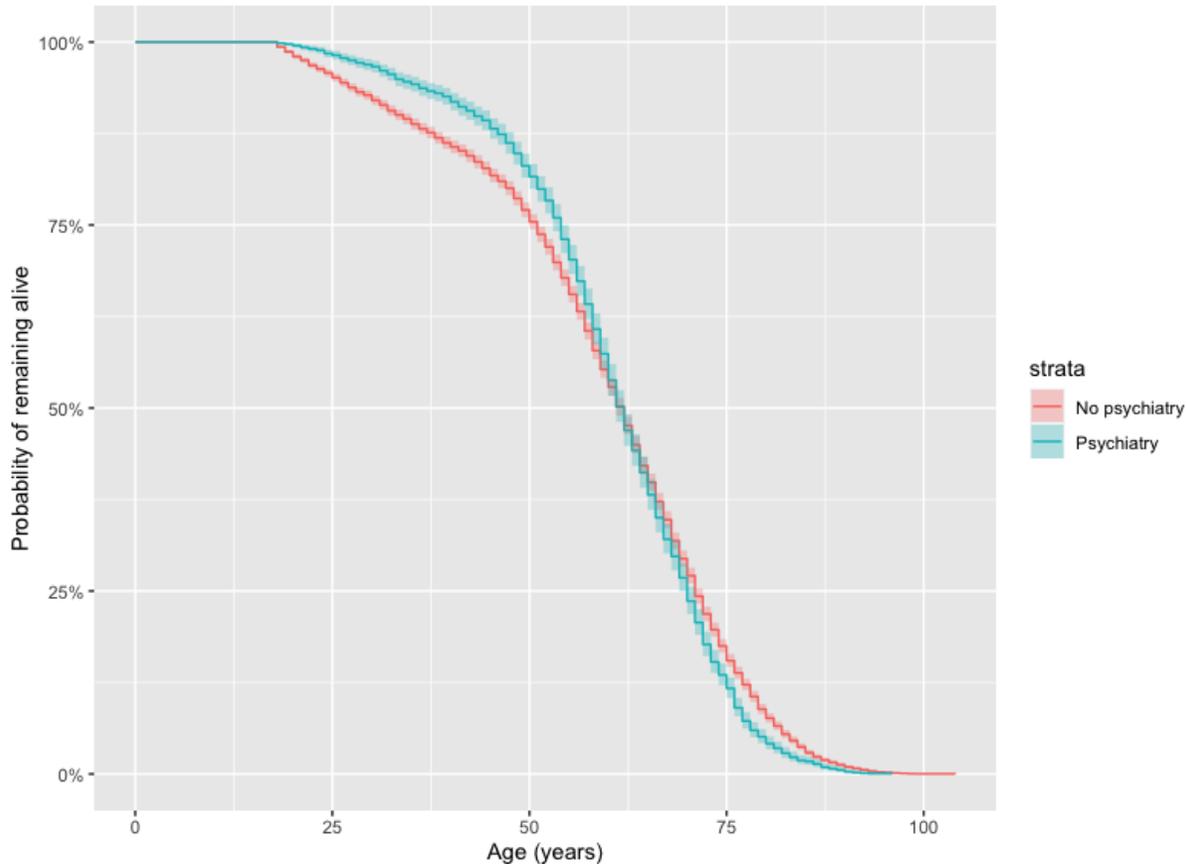


Figure 2: Kaplan-Meier curves for comparing the timing of death among decedents before age 60 with access to psychiatric care and those without access

- For people dying of epilepsy, those under psychiatric services died three years older than those not under psychiatrists.
- Same for being under OT care.
- Those under SALT were seven years older.



The combined effects of the main risk factors have been summarised using multivariable Cox regression models

Patients died younger in both groups if:

- Severe to profound ID
- Non-white
- On fewer than 5 medications
- No annual health check
- Access to SALT
- Access to psychiatrist if under 60 years old, not older cohort



Associations and not causation



Factors that can and cannot be changed associated with earlier death

- Severe ID: no surprise as more multi morbidity
- Non white ethnicity: raises further questions



Factors associated with a later death

- Annual health checks
- Seeing a SALT
- Seeing a psychiatrist (under 60s)
- Being on more than 5 medications!!!! Rational polypharmacy may be good for you? 



› J Appl Res Intellect Disabil. 2022 Mar;35(2):569-576. doi: 10.1111/jar.12967. Epub 2021 Dec 20.

An 8-year study of admissions and discharges to a specialist intellectual disability inpatient unit

Julie Abraham ¹, Kiran Purandare ², Joanne McCabe ¹, Anusha Wijeratne ², Evelina Eggleston ², Katy Oak ³, Richard Laugharne ⁴, Ashok Roy ⁵, Rohit Shankar ^{1 4}

HoNOS-LD scores on admission and at treatment completion

A retrospective cohort study of 169 patients admitted to an NHS inpatient unit in London



Changes in HoNOS-LD scores

- On admission mean score was 29.2
- On discharge mean score was 13.5
- Average change in score was 15.7



CLARION CALL



Laxative use in adults with intellectual disabilities: development of prescribing guidelines

Published online by Cambridge University Press: 18 April 2024

Ruth Bishop, Richard Laugharne , Lisa Burrows, Sandra Ward, Sharon Eustice, David Branford, Mike Wilcock, Kirsten Lamb, Alison Tavare and Charlotte Annesley ...Show all authors ▾

Show author details `

> BJPpsych Open. 2025 Aug 18;11(5):e186. doi: 10.1192/bjo.2025.10814.

Using individualised bowel care plans to improve clinical outcomes in specialist intellectual disability mental health units in England and Wales: quality improvement project

Alexandra Gabrielsson ¹, Richard Laugharne ^{2 3}, Jon Painter ⁴, Harriet Slater ⁵, Catherine Bright ⁵, Andrew Dossett ⁶, Romanie Dekker ⁷, Alex Bordessa-Kelly ¹, Kloe Edwards ⁵, Jarod Newbury ⁶, Salman Azfar ⁷, Paul Bassett ⁸, Samuel Tromans ^{9 10}, Indermeet Sawhney ¹, Phil Elliot ¹¹, Mahesh Odiyoor ¹¹, Kiran Purandare ¹², Rohit Shankar ^{2 3}

Affiliations + expand

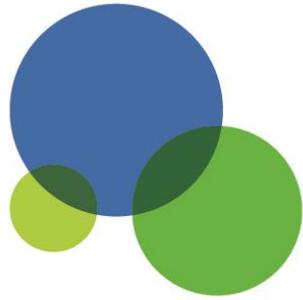
PMID: 40820955 PMCID: PMC12451552 DOI: 10.1192/bjo.2025.10814

> BJPpsych Open. 2024 Mar 1;10(2):e55. doi: 10.1192/bjo.2024.12.

Chronic constipation in people with intellectual disabilities in the community: cross-sectional study

Richard Laugharne ¹, Indermeet Sawhney ², Bhathika Perera ³, Delia Wainwright ⁴, Paul Bassett ⁵, Briony Caffrey ⁶, Maire O'Dwyer ⁷, Kirsten Lamb ⁸, Mike Wilcock ⁹, Ashok Roy ¹⁰, Katy Oak ⁹, Sharon Eustice ⁶, Nick Newton ⁶, James Sterritt ⁶, Ruth Bishop ¹, Rohit Shankar ¹

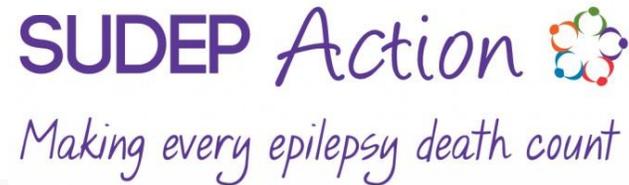
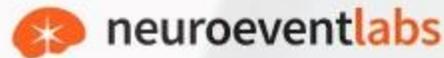




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