

## Prevalence Trends in Learning Disability

Health authorities, local education authorities and social service departments, with a responsibility for the provision of services for people with severe learning disability, need to have available estimates of the size of the undertaking over the next decade. Good planning relies on reliable estimates and it is the purpose of a recent booklet to provide the best estimates available.

The epidemiology of severe learning disability, subsequently referred to as SLD, is changing. There are two main opposing trends. The birth prevalences of Down's syndrome and other antenatally detectable disorders are declining through antenatal diagnosis which gives parents the option to terminate affected pregnancies. This will contribute to an overall reduction in the care required for people with this diagnosis. On the other hand increased survival of very low birth weight infants is leading to a higher birth prevalence of cerebral palsy and increases in maternal age are leading to a rise in the birth prevalence of Down's syndrome. An increased expectation of life for infants with all forms of SLD is also leading to a higher prevalence of SLD beyond childhood.

The absolute numbers of individuals with SLD over the next decade will depend on a number of changes.

*The number of all births* in England and Wales (including SLD births) will vary from year to year but is expected to have declined by the year 2000. In 1990 there were approximately 726,000 births and by 2000 this is expected to fall to 695,000.

*The trend towards births in women late in their reproductive life*, increasing maternal age, combined with a current 'bulge' in this age group, is predicted to continue and this will increase the number of Down's syndrome pregnancies as this is an associated factor.

*The development of genetic and screening services* is likely to result in fewer babies with learning disabilities being born and so reduce the birth prevalence of SLD. The degree to which this will occur depends on the adoption of screening services by health authorities, the access to and the uptake of these services by parents and the parental decision to request termination of an affected pregnancy.

*The increasing early survival of births* at high risk of SLD disorders, in particular the increasing survival of very low birth weight babies, which is

associated with CP, will increase the birth prevalence of SLD.

*The increasing later life expectancy* of children with SLD will increase the prevalence of SLD throughout life.

By the year 2000 the birth prevalence of congenital SLD is estimated to be 3.6 per 1000 births. Even with the national adoption of screening policies the prevalence of SLD is unlikely to fall below 2.8 per 1000 births. As Down's syndrome declines due to screening, cerebral palsy may increasingly take its place as a major cause of SLD. Consequently care requirements will increase, given that cerebral palsy has more associated complications than Down's syndrome. Problems likely to be associated with SLD include defects of hearing and vision, incontinence, lack of mobility, seizures and behaviour and social problems. Children with cerebral palsy and central nervous system malformations are more likely to have these associated problems than children with other forms of SLD, although those with Down's syndrome are likely to have hearing and visual problems.

Changes in prevalence of different conditions will nearly cancel each other out but there will probably be a small decline in the overall birth prevalence of SLD over the next decade. The absolute numbers will fluctuate with the annual births. While the overall scale of the need for provision of care for children with SLD is unlikely to change to any significant extent the nature of that provision, primarily due to the greater range of impairments associated with cerebral palsy, is likely to change. Those with SLD, regarded as a single group, will need increased care.

### Reference

These notes are adapted from:

Alberman, E, Nicholson, A, and Wald, K, 1992  
*Severe Learning Disability in Young Children:  
Likely future trends* Wolfson Institute of  
Preventive Medicine

3 March 1995

NWTDT Briefings are published by the North West Training & Development Team, Calderstones, Whalley, Clitheroe, Lancs BB7 9PE. ☎ 01254 821334.

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