Recognising Overshadowing

Anne Hunt & Alison Anderson
Sepsis Nurse Team, ENH NHS Trust
Learning Outcomes

• An overview of Diagnostic Overshadowing in the context of acutely ill patients with learning disabilities
• What a good learning disabilities aware assessment looks like
• An awareness of strategies to challenge overshadowing
DIAGNOSTIC OVERSHADOWING

Mental Health
Learning Disability
Autism

SEE BEYOND THE DIAGNOSIS
Diagnostic Overshadowing

• The tendency of clinicians to overlook symptoms of mental illness attributing them to being part of ‘having an intellectual disability’ (Mason & Scior, 2004)

• The tendency to overlook physical symptoms attributing behaviour associated with illness to the learning disability, and for the illness to be over looked.

• Barrier to accessing equitable health care
What about people with LD?

• More likely to die prematurely (Heslop et al, 2013)
• Five times more likely to be admitted to hospital with a respiratory or urine infection (Hosking et al, 2017)
• Pneumonia and sepsis are the leading causes of premature death in people with LD (LeDeR, Feb 2018)
• Sepsis is more likely to be the cause of death when there have been gaps in a person’s care
He's normally bed bound

She's always got cold hands

Heart rate is up because he's upset

She's always has a low temperature

Lives in a home

We'll accept sats of 90%

This is the only person in the country with this genetic condition: we don't know what effect that has on his blood pressure

That's probably normal for him

She's only little, that blood pressure is probably normal

Blood pressure is probably normal

Heart rate is up because he's upset
Behaviour is communication

• When behaviour changes think...
  • Physical Problems
    • pain/discomfort/toothache
    • Infection/Sepsis
    • reflux/constipation/retention of urine
  • Psychiatric causes
    • depression/anxiety
    • Psychosis
    • dementia
  • Social causes
    • change in carers
    • bereavement/abuse
What is Sepsis?

• Sepsis develops when the body over reacts to infection
• As well as fighting the infection the body attacks its own tissues and organs
• This can cause lasting damage or even death
How do you get Sepsis?

• Always starts with an infection
• Respiratory infection 50%
• Urinary tract infection 20%
• Abdominal infection 15%
• Skin infection 10%
Baseline Information

• How do you know what Sepsis looks like, if you don’t know what normal looks like?

• Health Passports – what do ED professionals need to know
  • Baseline observations

• Drug History
  • Interactions and Allergies
  • Critical Meds – anti epileptic drugs
How do you spot deterioration?

• Know the baseline
• Consider changes significant
• Early signs are ‘soft’ signs
  • Reduced mobility
  • Reduced functional ability – maybe can’t feed themselves
  • Muddled
  • ‘Not herself’
Early signs that something is wrong
Do patients suddenly deteriorate?

Or

Do Health professionals suddenly notice?
Assessment of Patient

• Patient scenario
• 5 minutes discussion
  • How you would approach assessment
  • How you would challenge overshadowing
• Brief feedback from each group
Group Feedback

• ABCDE
• Baseline
• Bespoke triggers
• SBAR
• Never assume
Review of complex patients

• Fresh eyes approach: keep the patient at the heart of everything
• Establish baseline
  • Work with people who know the patient best
  • Identify the extent of deterioration from baseline
• Care plan with carers
  • Pragmatic with Reasonable Adjustments, possibilities in the environment
  • What worse looks like and what to do next
• Case conference
Complications

• Malabsorption of critical medicines
  • Epilepsy
  • Risk of seizures
  • Know your rescue plan & ensure responsible others know it too

• Aspiration
  • Positioning
  • Drainage (PEG)

• Sepsis Mimics
  • Stroke
  • Hyperglycaemia/new onset diabetes
What you can do...

• Challenge Assumptions
  • Keep it factual
  • Keep it polite
  • Use the language of your policies to follow procedure
• Check with people who know the patient best
• Establish clear treatment escalation plan
  • What does worse look like?
• Monitor closely & re-escalate as necessary
What you can do...

• Be aware that presentation may not fit clinical warning signs
  • Warm Sepsis
  • Believe your obs
• Does the patient understand?
  • Can they consent?
  • Do they have Mental Capacity to refuse?
• Try to demonstrate/mime what you intend to do/ info you need
  • show equipment before using it
Make every contact count

• Keep the patient at the heart of everything
• Every contact is a learning opportunity
• Clear, individualised safety netting information
• Involve carers
• Invest in relationships
Questions
Danger signs that need urgent attention

- **S** Slurred speech or confusion
- **E** Extreme shivering or muscle pain
- **P** Passing no urine (in a day)
- **S** Severe breathlessness
- **I** It feels like I am going to die
- **S** Skin mottled or discoloured

**Call 999 #SaySepsis**
What is Sepsis?

Sepsis is when your body reacts badly to an infection. It can make you very ill and you could die.

What are the signs and symptoms of Sepsis?

- Feeling very hot or very cold and shivering.
- Having a very fast heart beat.
- Breathing fast or feeling out of breath even if you are sitting still.
- Feeling confused.
- Feeling sick or vomiting.
- Fainting or collapsing.
- Not able to have a wee or not going for a wee all day.

What should you do if you think you have Sepsis?

Phone NHS 111 and say you are worried about Sepsis

You may need to go to hospital straight away.

For more information about Sepsis you can

Look at this website
www.sepsistrust.org

Or email
info@sepsistrust.org

or call
0800 800 0029


Signs and Symptoms. A treatement of Sepsis. UK. NHS Trust: https://www.nhs.uk/conditions/sepsis/
Adults with Learning Disabilities
January 2019

• 23 New Admissions
  • 22 people; 1 admitted twice
  • Average 6 in-patients at any one time, (most 14)
• 11 with infections requiring IVABs +/- sepsis
• NEWS on arrival below the trigger threshold of 5 in majority of patients
  • Proactively monitoring for soft signs of deterioration
  • Optimising patients eg hydration
**Infection / Sepsis Jan 2019**

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<tr>
<th>Condition</th>
<th>NEWS on arrival</th>
<th>Highest NEWS</th>
<th>Survived</th>
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<tbody>
<tr>
<td>Chest Infection =&gt; Sepsis</td>
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<td>9</td>
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<tr>
<td>Fall =&gt; Sepsis Abdominal source</td>
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<td>9*</td>
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<tr>
<td>Abscess</td>
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<tr>
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<tr>
<td>Pneumonia</td>
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*prior to ICU admission
In hospital

• Monitor the observations of people with LD frequently
• Intervene at early signs of deterioration
  • #ThinkSepsis
• Take extra care when assessing people who cannot give a complete history of their symptoms
  • Pay particular attention to concerns expressed by the person and their family or carers
  • Look for changes from usual behaviour
  • Reasonable adjustments
  • Purple folder