November 2025

DBHDS
Virginia Department of Behavioral Health and Developmental Services

Health Trends

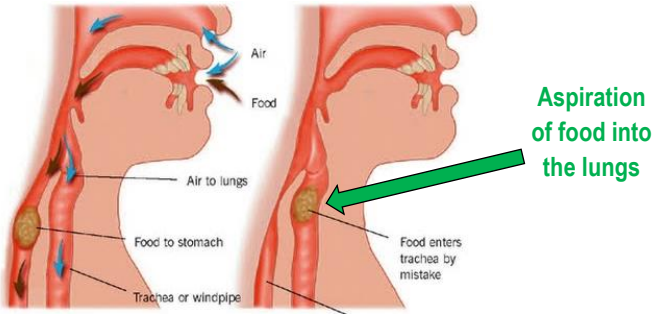
Aspiration Pneumonia

Pneumonia is an infection of the lungs that causes inflammation of the air sacs (alveoli). This inflammation leads to the accumulation of fluid or pus in the lungs, making it difficult to breathe and can cause fever along with a cough which can produce yellowish, green or bloody mucus.

Pneumonia can be caused by several different infectious agents such as a virus, bacteria, fungi, or a combination of both. A bacterial infection is the most common cause of pneumonia (1).

Aspiration Pneumonia occurs when a substance takes the wrong route when swallowed and is inhaled into the windpipe (trachea), which is then deposited into the lungs causing an infection to grow (2).

This typically occurs among individuals who have conditions which affect their ability to swallow normally and/or without difficulty (2).



Aspiration Pneumonia and Individuals with Intellectual and Developmental Disabilities (IDD)

All individuals diagnosed with intellectual, or developmental disabilities have some form of neurological dysfunction, brain damage, or abnormal functioning within their brain, which increases their risk for aspiration pneumonia due impart to an impaired gag, swallowing and cough reflex (3).

Adults with intellectual disabilities are 20 times more likely to die from aspiration pneumonia than their peers in the general population (3).

Individual's with IDD are at increased risk of both difficulty swallowing (dysphagia) and aspiration pneumonia because they lack the muscle strength and neurological coordination to be able to cough well enough to clear their airway (2).

To learn more about Aspiration Pneumonia you can find the Office of Integrated Health Supports Network Health & Safety Alerts on our website at https://dbhds.virginia.gov/office-of-integrated-health/

Please direct questions or concerns regarding the "Health Trends" newsletter to the Office of Integrated Health Supports Network (OIHSN) at communitynursing@dbhds.virginia.gov

Signs and Symptoms of Aspiration Pneumonia

- Fever (body temperature greater than 100.4 degrees Fahrenheit).
- Lower than normal oxygen saturation levels in the blood (Hypoxia).
- Fast heart rate - 90 beats per minute or greater (Tachycardia).
- Fast breathing rate - 21 breaths per minute or greater (Tachypnea).
- Noisy breathing (raspy, gurgling, wheezing, etc.).
- Pale, ashen, blue or grayish coloring around eyes, mouth or under nail beds (Cyanosis).
- Overall, not feeling well (Malaise).
- Refusing to eat.
- Chest pain.
- Cough producing yellowish, green or bloody mucus.
- Nausea and vomiting (1).

Conditions which Increase Risk for Aspiration Pneumonia

- Dysphagia is difficulty or abnormal swallowing. 30% of adults with IDD and dysphagia experience recurrent respiratory infections most likely due to chronic aspiration (3).
- Gastrostomy Feeding Tubes. Lowering risk of aspiration for any type of g-tube starts with having protocols in place to ensure support staff have written guidelines on positioning during and after feedings (4).
- NPO means "nothing by mouth". Many individuals with g-tubes are "NPO". Aspiration is the main danger of giving individuals even a small bite or taste of their favorite food, if they are ordered to be NPO by their primary care provider (PCP) (5).
- Silent aspiration occurs when there is no obvious choking event and no obvious symptoms of something aspirating into the lungs. It can occur if food has been left in the mouth when the individual is lying in a recumbent position (6).
- Rumination refers to voluntarily bringing up of gastric contents from the stomach into the throat (pharynx) or mouth so the individual can then re-swallow it which increases the risk of aspiration (7).
- Epilepsy and seizure disorder increases the risk for developing respiratory infections. Aspiration can happen while eating or drinking if a seizure occurs during swallowing (3).

Reference

1. Cleveland Clinic. (2022, November). Pneumonia. [Internet]
2. Ficke, B., Rajasurya, V., & Cascella, M. (2021, January). Chronic aspiration. *Stat Pearls Publishing.*
3. Landes, S. D., Stevens, J. D., & Turk, M. A. (2020, October). Cause of death in adults with intellectual disability in the United States. *Journal of Intellectual Disability Research,* 65(1), 47-59. doi:10.1111/jir.12790
4. Pih, G., Na, H., Ahn, J., Jung, K., Kim, D., Lee, J., Choi, K., Song, H., Lee, G., & Jung, H. (2018, February). Risk factors for complications and mortality of percutaneous endoscopic gastrostomy insertion. BMC Gastroenterology 18(101). DOI: 10.1186/s12876-018-0825-8.
5. UVA Health. (2022, June). NPO, or nothing by mouth: 3 things you need to know. *InsideView. [Internet].*
6. Almirall, J., Boixeda, R., De la Torre, M.C. & Torres, A. (2021, May). Aspiration pneumonia: A renewed perspective and practical approach. *Respiratory Medicine,* 185(106485), 1-4.
7. Johns Hopkins Medicine. (2021). Rumination syndrome.

Health Trends

ABA SNIPPETS …

Working with Adults with Intellectual or Developmental Disabilities and Substance Use Disorders

Substance use impacted over 48 million people in 2024 (SAMHSA, 2024). While it is unfortunate that so many people struggle with substance use, the good news is there are many ways for people to get help and support. The bad news is that many of the current pathways of support are not set up to help people with intellectual or developmental disabilities. Even when help is available, it needs to be adapted.

When it comes to people with intellectual or developmental disabilities (IDD), the signs of substance use disorder (SUD) can be easily missed, or mistaken, or ignored. In many cases, signs of substance use, like disorganization, forgetfulness and confusion, are similar to behaviors that may be stereotyped for some people with IDD. When this happens, people do not get the help they need.

We here at DBHDS noticed this and saw a growing need for substance use education. We partnered with the Center for Implementation and Evaluation of Education Systems (CIEES) at Old Dominion University (ODU) to develop an 11-module training program designed to educate anyone who loves or supports someone with intellectual or developmental disabilities on substance use disorders.

The training is available now and can be accessed by clicking this link Working with Adults with Intellectual or Developmental Disabilities and Substance Use Disorders - CIEES

You may contact DBHDS about these efforts via the following: brian.phelps@dbhds.virginia.gov

References:

1. Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). Highlights for the 2024 National Survey on Drug Use and Health. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2024#highlights

Curious about the new substance use disorder (SUD) and intellectual and developmental disabilities (IDD) training modules?

They're designed for caregivers, supporters, and professionals to learn how to better respond to the unique challenges at the intersection of SUD and IDD.
Gain knowledge, build skills, and support better care for individuals with substance use disorders (SUD) and intellectual & developmental disabilities (IDD). Learn at your own pace, anytime.

Meet Hugo. He's 23, has IDD, lives in a group home, and struggles with alcohol use.

Through his story in the training modules, you'll see how compassion, resources, and the right support can make recovery possible.