

DOWN SYNDROME HEALTH CARE GUIDELINES

(Based on 1999 Down Syndrome Health Care Guidelines)*

Adulthood (More than 18 Years)

- TSH and T4-Thyroid Function Test (annual)
- Auditory testing (every 2 years)
- Cervical spine x-rays (as needed for sports); check for atlanto-axial dislocation
- Ophthalmologic exam, looking especially for keratoconus & cataracts (every 2 yrs)
- Clinical evaluation of the heart to rule out mitral/aortic valve problems. Echocardiogram-ECHO(as indicated)
- Reinforce the need for subacute bacterial endocarditis prophylaxis (SBE) in susceptible adults with cardiac disease
- Baseline Mammography (40 yrs; follow up every other yr until 50, then annual)
- Pap smear and pelvic exam (every 1-3 yrs. after first intercourse). If not sexually active, single finger bimanual exam with finger-directed cytology exam. If unable to perform, screen pelvic ultrasound (every 2-3 years). Breast exam (annually)
- General physical/neurological exam. Routine adult care
- Clinical evaluation for sleep apnea
Note: research shows that many adults with Down syndrome have sleep apnea even in the absence of symptoms
- Low calorie, high-fiber diet. Regular exercise. Monitor for obesity
- Health, abuse-prevention and sexuality education. Smoking, drug & alcohol education
- Clinical evaluation of functional abilities (consider accelerated aging); monitor loss of independent living skills
- Neurological referral for early symptoms of dementia: decline in function, memory loss, ataxia, seizures and incontinence of urine and/or stool
Note: National Down Syndrome Society recommends a neuropsychological baseline exam at age 30
- Monitor for behavior/emotional/mental health. Psych referral (as needed)
- Continue speech and language therapy (as indicated).

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