

Assessments & Health Visits for People Living with Down Syndrome

Guided Checklist

Regular well-care visits

- Continue updating and obtaining family history from past lab requisitions
- Perform physical exam and review past and current health conditions
- List current or past medications
- Assess family and intra-familial relationships status
- Annual visit with family; schedule any necessary follow-ups

Monitor growth

- Obtain BMI, weight and height trends; plot using standard growth charts of the National Center for Health statistics or WHO
- Encourage exercise and diet planning; refer to dietician as needed
- Discuss supplements (i.e. adequate calcium and vitamin D, iron and others)

Immunizations

Heart

Individualize cardiology follow-up based on cardiac defects history

Hearing

Obtain annual ear specific audiologic evaluation

Vision

Obtain ophthalmologic evaluation every 2 years

Thyroid

Measure TSH annually and assess for symptoms of thyroid disorder; risk increases with age

Blood tests

- Obtain annual hemoglobin concentration
- Obtain serum ferritin and CRP annually for child at risk of iron deficiency/decreased iron intake

Stomach or bowel problems

Review symptoms for PNS/CNS dysfunction (constipation) and symptoms related to celiac disease

Cervical spine positioning

Maintain neutral positions during anesthetic, surgical, or radiographic procedure to minimize risk of spinal cord injury

Myopathy

Perform physical examination for myelopathic signs and symptoms; discuss clinical history

Sleep issues

- Discuss with family symptoms related to OSA
- Refer to pediatric sleep specialist; request for sleep study as needed
- Discuss obesity as risk factor for OSA

Skin

- Assess for symptoms of dry skin and other skin problems; may be related to hypothyroidism
- Discuss dermatologic issues with patient and parents as well as practices for hygiene and self-maintenance

Brain and nervous system

Continue to monitor for neurological dysfunction; seizures

Behaviour and mental health

- Monitor behavioural problems interfering with function (home, community, or school)
- Assess for behaviours like ADHD, obsessive compulsive, noncompliance, wandering off; psychiatric disorders may be present
- Evaluate for medical problems that may underlie behaviour changes; thyroid abnormalities, celiac disease, sleep apnea, gastroesophageal reflux, and constipation
- Refer to community txt programs, psychosocial service consultations, and behavioural specialists as necessary

- Discuss use of medications for behaviour management between specialists, primary care physicians, and family

Development

- Discuss socialization, self-help skills, sense of responsibility
- Review appropriateness of school placement and developmental interventions
- Transition from elementary to middle/high school to be discussed with family

Sexuality and puberty - discuss:

- Puberty and development similar to rest of population; requires explanation and better preparation to face changes - appropriate management of sexual behaviours (i.e. masturbation)
- Gynecologic care in pubescent girls and STD prevention methods for both sexes
- Fertility and contraception issues: pregnancy known to happen in women with DS (50% recurrence risk of DS) and some recorded cases for men (no known recurrence risk)