

Down Syndrome Survey for Physicians, Health Care Professionals & Residents

Summary Report 2016

2016 Down Syndrome Survey for Physicians & Residents

28 respondents

18 physicians (78% pediatricians, 11% General Practitioners, 11% other) **10** medical residents

56% work in the city

82% interested in clinical guidelines

77% interested in mental health

35% interested in learning more about adolescent care

78% interested in sleep_e

78% interested in psychiatric issues

78% interested in nutrician & obesity

Physicians

94% have some experience working with DS

71% have seen 1-5 patients

Medical Residents

60% have attended lectures or talks about Down syndrome

60% agree that they need more info about Down syndrome.

30% are family members or friends with a person with Down syndrome

Acknowledgements



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Purpose



Creation of a health care website:

- Will include resources, guidelines and community support
- Will address knowledge gap identified by target group

Delivery: online and easily accessible

Content: based on literature reviews and research

Target users: physicians, health care professionals and residents

The Goal: Comprehensive Care in Down syndrome



The website would include information that provides information on the life-time care of an individual with Down syndrome:

- Clinical practices, guidelines, and resources
- Review of body systems and medical conditions
 - Physiology/pathology of DS
 - Mental Health
- Life history
 - Demographics and epidemiology
 - Interactions with healthcare
 - The child with DS
 - The adolescent with DS
 - The adult with DS/transition into adulthood
 - Long-term outcomes
 - Quality of life
- Genetics

Proposed Topics in Down Syndrome



Medical conditions in DS

- Cardiovascular abnormalities
- FNT
- Respiratory issues
- Thyroid disorders
- Infertility & sexual dysfunction
- Oncology
- Gastro-intestinal disorders
- Nutrition & obesity
- Vision and Hearing
- Common infections/diseases
- Immunodeficiency or dysfunction
- Osteoporosis & other structural issues
- Dental Caries
- Sleep & Down syndrome
- Epilepsy & other neurological issues
- Neuro-cognitive decline
- Psychiatric Issues
- Alzheimer's disease in Down syndrome

Other Issues

- Education and programs of learning
- Behavioural management
- Transition into adult care
- Late-onset manifestations
- Social integration and quality of life
- Topics on sexuality and family raising
- Aging
- Health care needs and professional support (i.e. dietician, speech therapist, occupational therapist)

Organization & Look



Format: Timeline, highlighting common conditions or medical issues occurring at a specific age

• Provides an overview of the Life History of DS topics

Delivery: interactive website platform

- Drop down menus for major topics/objectives
- Organized and streamlined presentation of information
- Links to media materials: resources, literature etc.
- Timeline hosted on website

Website: downsyndromecare.ca

Understanding the Knowledge Gap



Problem

- What knowledge about DS is missing in Healthcare?
- What is the best way to present this information?

Suggested Solution

- Ask the target audience directly and collect and analyze their responses
- Ask physicians, residents, and fellows

Survey

- Online survey link was distributed to target group
- Data collection and analysis through a REDCap platform

Survey



The survey results provide information on:

- Physicians and healthcare professionals' background
- Number of patients with Down Syndrome seen, and degree of experience with DS
- Suggestions regarding the knowledge gap
- Down syndrome topics, resources, and medical conditions of interest to physicians
- Physician comments about DS, family concerns, and life-time care challenges

Physician & Resident Survey Results



Physicians: n=18/63 responded Residents: n= 10/59 responded

| Topic Addressed | Survey Results |
|--|--|
| Participants' Background | Physicians: 78% pediatricians, 11% general practitioners, and 11% other (one registered midwife and one naturopathic doctor); 56% work in the city Residents: specializations: 30% neurology, 30 % general peds, 10% each in developmental peds, cardiology, nephrology and neonatology; 80% said they wanted to work in the city |
| Level of experience with Down syndrome | Physicians: most (94%) have some experience with Down syndrome; 71% see 1-5 patients Residents: all actively involved in patient care; 60% attended lectures/talks about Down syndrome and 30% are family members/friends; 50% see more than 10 patients |
| Verifying Knowledge Gap | Physicians: 50% of pediatricians and general practitioners agree and 50% of general practitioners strongly agree that they need more info about Down syndrome Residents: 60% agree they need more info about Down syndrome; 10% disagree |
| Topics of interest | Physicians: top three — clinical guidelines (82%), mental health (77%), and adolescent with Down syndrome (77%) Residents: top three — transition into adulthood (70%), quality of life (50%), and the adolescent with Down dyndrome (50%) |
| Medical Conditions | Physicians: top three — sleep and DS (78%), psychiatric issues (78%), and nutrition and obesity (78%) Residents: top three were: epilepsy (70%), neuro-cognitive issues/decline (50%), and cardiovascular abnormalities (50%) |
| Physician Comments | Questions about Down syndrome: puberty/adolescence, hypothyroidism, transitions and community support, behavioural management, follow-ups/guidelines/screenings Family concerns: sleeping problems, nutrition/obesity, adulthood and behavioural issues, long term care and independence, resources/advising, community support |

Roundtable Discussion: Feedback from Parents & Families in collaboration with the DSRF



| Topic Addressed | Parents' Concerns |
|---|--|
| Guidelines, protocols and healthcare checklists | Ways to keep track of long-term follow-ups; appointment set up for appropriate medical screenings; provide more common guidelines for ailments and conditions; push for increased variety of standardized tools and peer reviewed protocols, supported by research; include more electronic files and notification systems |
| Medical conditions | Acute care, issues such as sleep apnea, thyroid, metabolic syndromes, cardiac follow-ups after surgery, nutrition and addressing obesity; most common concerns: Mental health, Dementia and dieting/nutrition |
| Approach to care | Keep families informed about Down syndrome research results; focus on preventative care in adult population of Down syndrome; help physicians become knowledgeable about health programs/supports and understand how to communicate well with patients with Down syndrome; establish rapport and trust with patient |
| Resources needed | Infant development and other healthcare programs; resources and knowledge from the community; information about sexuality; information about adult care/independence |
| Transitions | What happens between major milestones (pre-school, in school, out of school etc.); ways to keep up with age-appropriate resources (medical and community); continue care in elderly Down syndrome; transition to general practitioners from pediatrics to adult care. |
| Learning about Down syndrome | Families learned most from other families and community support groups; found that knowledge about Down syndrome may be lacking from physicians, especially from general practitioners |