

# 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.
- < Low calorie, high-fiber diet. Regular exercise. Monitor for obesity.
- < Health, abuse-prevention and sexuality education. Smoking, drug & alcohol ed.
- < 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.
- < Monitor for behavior/emotional/mental health. Psych referral (as needed).
- < Continue speech and language therapy (as indicated).

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