



DOWN SYNDROME HEALTH CARE GUIDELINES

(Based on 1999 Down Syndrome Health Care Guidelines)

Adulthood

- 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 years).
- 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 years; follow up every other year 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 and 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.
- Monitor for behavior/emotional/mental health. Psych referral (as needed).
- Continue speech and language therapy (as indicated).