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.


< 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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