Audit of Health Supervision Services for Children with Down Syndrome

Community Paediatrics SWRHA

Dr. P. Bahadursingh

Dr. A. Jagoo

Dr. N. Ramnarine

Dr. D. Rock

"When you focus on someone's disability you'll overlook their abilities, beauty and uniqueness. Once you learn to accept and love them for who they are, you subconsciously learn to love yourself unconditionally."

Yvonne Pierre, The Day My Soul Cried: A Memoir

AlM of Audit

To appraise health supervision services available

within SWRHA for the long term

management of children with Down Syndrome (DS)

AAP GUIDELINES FOR DS

• The following outline is designed to help the paediatrician provide care for children with Down syndrome & their families

• It is organized by the issues that need to be addressed in various age groups & throughout childhood

AAP GUIDELINES FOR DS

Several areas require ongoing assessment throughout

childhood and should be reviewed periodically at

developmentally appropriate ages

AAP GUIDELINES 2011: Health Supervision

- Birth 1 Month
- 1 Month 1 Year
- 1 Year 5 Years
- 5 Years 13 Years
- 13 Years 21 Years or Older

Assessment through childhood

- Personal support available to family
- Financial & medical support programs
- Supplemental Income benefits
- Injury & abuse prevention with special consideration of developmental skills
- Diet & exercise to maintain appropriate weight

BIRTH - 1 MONTH

Confirm diagnosis with a karyotype

• Discuss & review : hypotonia, facial features

BIRTH - 1 MONTH

Feeding

Squint & cataracts

Hearing loss

Heart defects

Duodenal atresia

Leukemia

Constipation

Respiratory
Tract infection

Hypothyroidism

BIRTH - 1 MONTH

Heart defects - Perform ECHO

Feeding issues -Radiographic assessment

Eyes – check for red reflex & squint

Hearing loss – perform hearing tests (OAE, BAE)

Duodenal atresia/ anorectal atresia- history & clinical exam

AAP GUIDELINES FOR DS: BIRTH - 1 MONTH

- Constipation evaluate for restricted diet, limited fluid intake or Gl malformations & Hirschsprung disease
- Gastroesophageal reflux- diagnosed & managed clinically

Congenital hypothyroidism- Obtain TSH & T4

AAP GUIDELINES FOR DS: 1 month – 1year

- Physical exam & lab studies
- Review risk of otitis media
- Administer pneumococcal vaccine
- TFTs screen: rpt at 6, 12 months then annually

AAP GUIDELINES FOR DS: 1 month – 1year

- Within the 1st 6 mths discuss symptoms of obstructive sleep apnoea
- At each visit- discuss the importance of maintaining the Cspine during certain procedures
- Monitor weight & follow weight- for- height trends

AAP GUIDELINES FOR DS: 1 month – 1year

- Within the first 6 mths of life evaluate for squint & cataracts
- Monitor infants with cardiac defects

- Monitor CBC for signs of iron deficiency anemia
- Monitor for signs of neurologic dysfunction- seizures

AAP GUIDELINES FOR DS: 1 - 5 years

- Obtain History & Physical exam
- Monitor risk of OM & hearing Loss
- Check audiogram every 6 months until 3 years if tympanic membranes are not visible

AAP GUIDELINES FOR DS: 1-5 years

- Obtain x-rays between 3-5 years of age to evaluate atlanto-axial instability if symptomatic
- Annual Thyroid & ophthalmological screening
- Discuss symptoms of sleep apnea

AAP GUIDELINES FOR DS: 1-5 years

- Review early intervention : OT , ST, PT, Preschool, school placement & performance
- Discuss: behavioural issues, discipline, sibling adjustment, socialization, recreation, diet & physical activity

AAP GUIDELINES FOR DS: 5 -13 years

- History & physical exam
- Annual audiology and ophthalmology screening
- Annual TFTs

AAP GUIDELINES FOR DS: 5-13 years

- Discuss dermatologic complications- especially dry skin
- Discuss sleep apnea
- Monitor growth patterns

AAP GUIDELINES FOR DS: 5-13 years

- For children on a diet that contains gluten, review for symptoms potentially related to celiac disease
- Counsel parents that some sports place children at increased risk of spinal cord injury
- Discuss the need for gynaecologic care in the pubescent girl

AAP GUIDELINES FOR DS: 5-13 years

- Discuss school placement & developmental intervention
- Discuss socialization, family status, financial & guardian relationships
- Discuss sense of responsibility
- Counsel families regarding the transition from elementary to middle school

AAP GUIDELINES FOR DS: 13 to 21 years

- History & physical exam
- Annual audiology screening
- Annual TFTs & CBC
- Annual cardiac evaluation for mitral & aortic valvular disease

AAP GUIDELINES FOR DS: 13 to 21 years

Discuss dermatologic complications

Discuss sleep apnea

 Obtain ophthalmologic evaluation every 3 years

AAP GUIDELINES FOR DS: 13 to 21 yrs:

- Transition of Care
- Vocational Training
- Sexuality & Socialization

AAP GUIDELINES FOR DS: 13 to 21 yrs

- Contraception
- Group Homes & Independent Living
- Financial & Guardian Relationships

AAP GUIDELINES FOR DS: 13 to 21 yrs

- Psychosexual Development
- Menstrual Hygiene
- Recurrence risk of DS in female pts



Methodology of audit

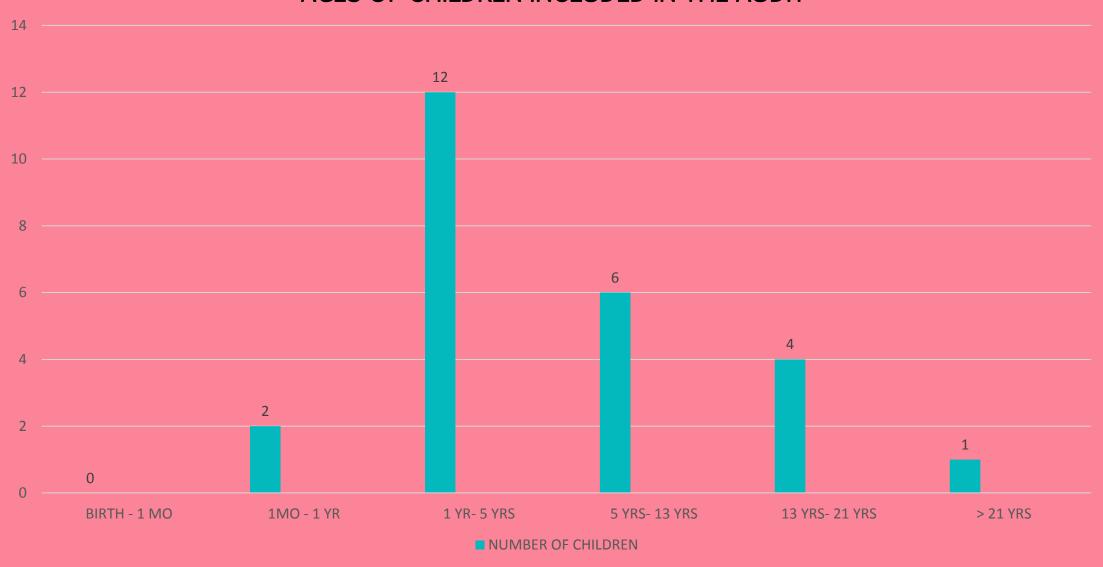
 Children diagnosed with DS were selected from the SFGH cardiac clinic database & telephone contact information was obtained

 A Performa was designed to obtain specific information through telephone interviews with parents based on AAP 2011 guidelines highlighting health supervision services for children with DS

Data Collection

- 37 patient names & numbers were obtained
- From those, 2 were deceased
- 10 patients were unreachable
- 25 parents agreed to participate in the survey

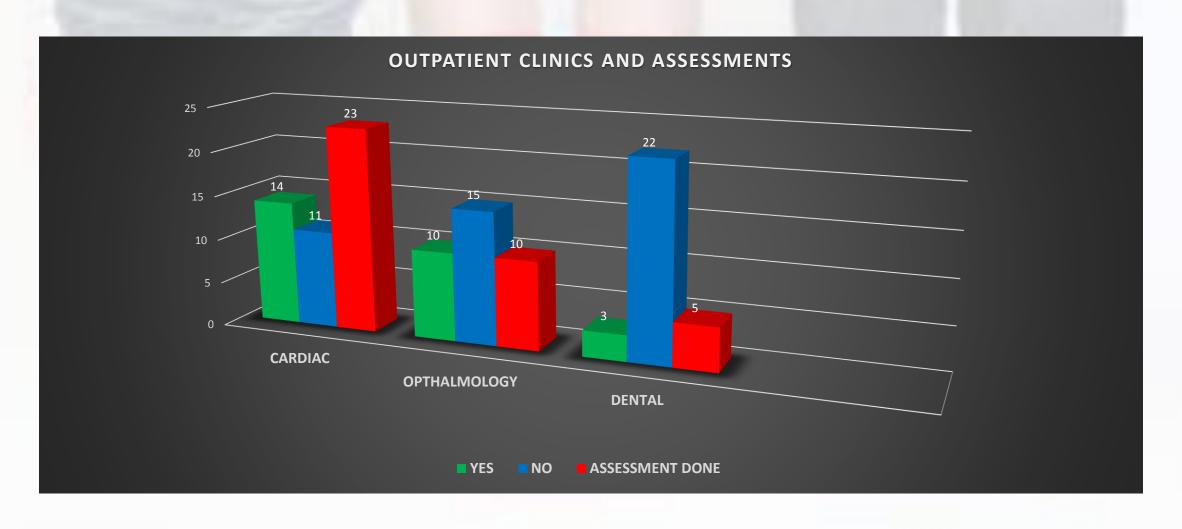
AGES OF CHILDREN INCLUDED IN THE AUDIT



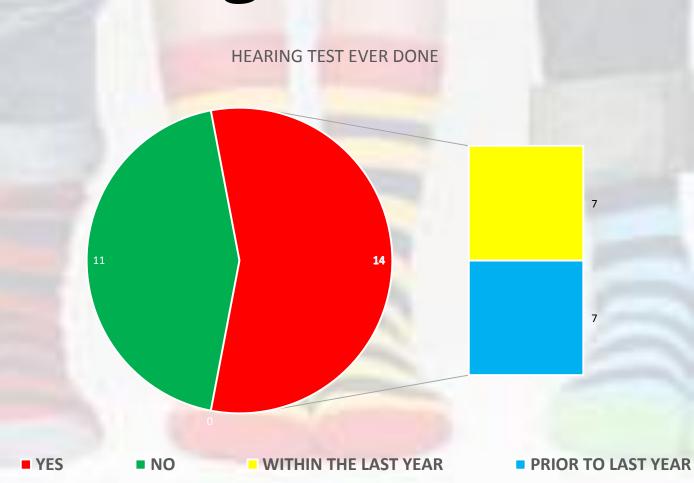
Evaluation of data



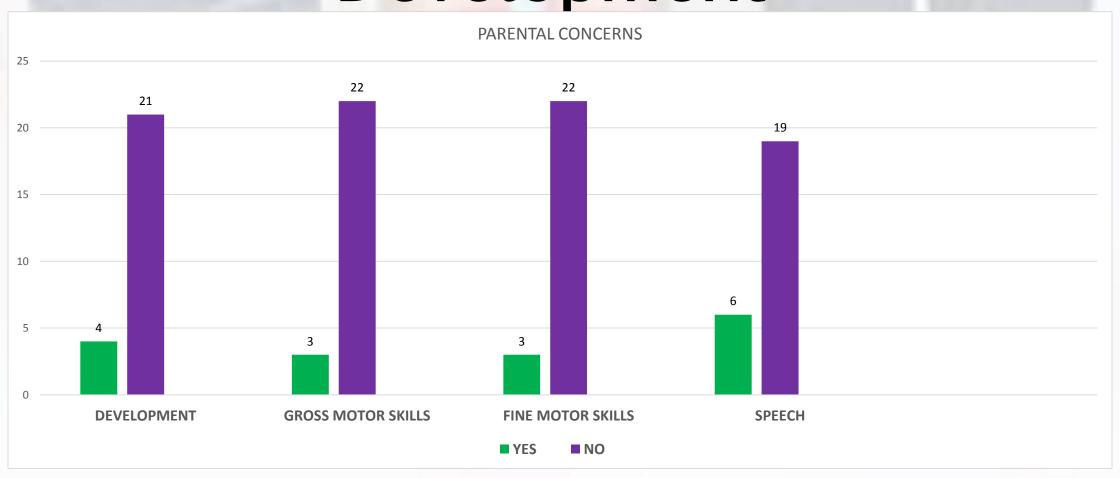
Outpatient Clinics & Assessments



Hearing Assessment



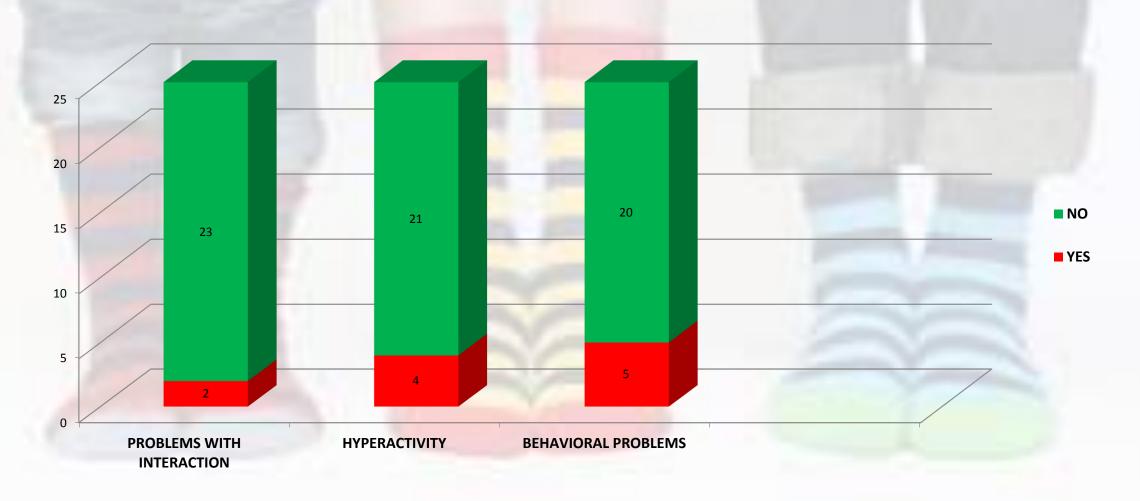
Parental Concern regarding Development



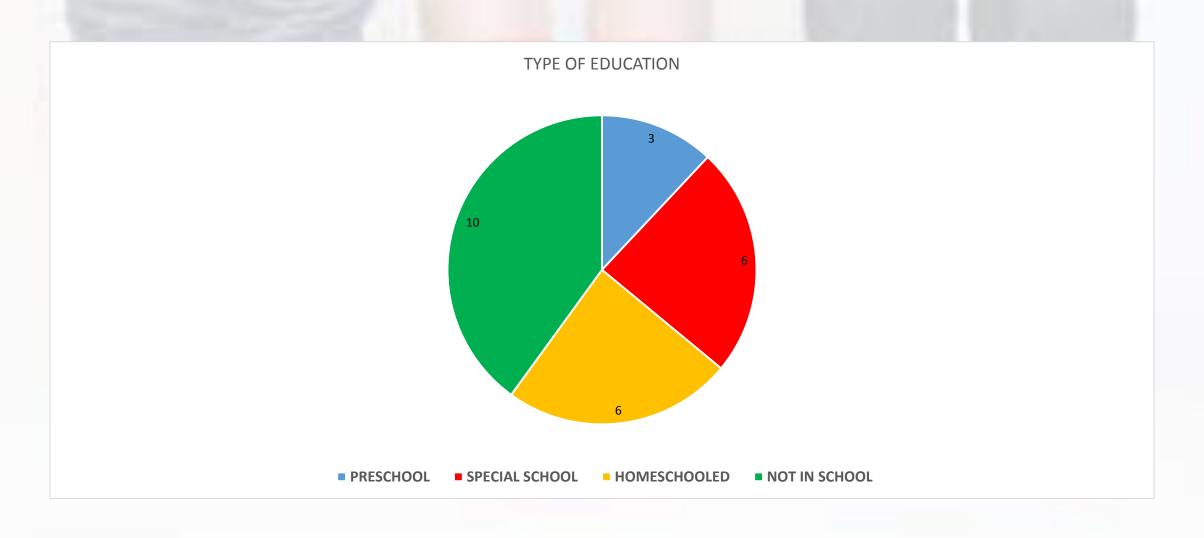
Therapies Accessed



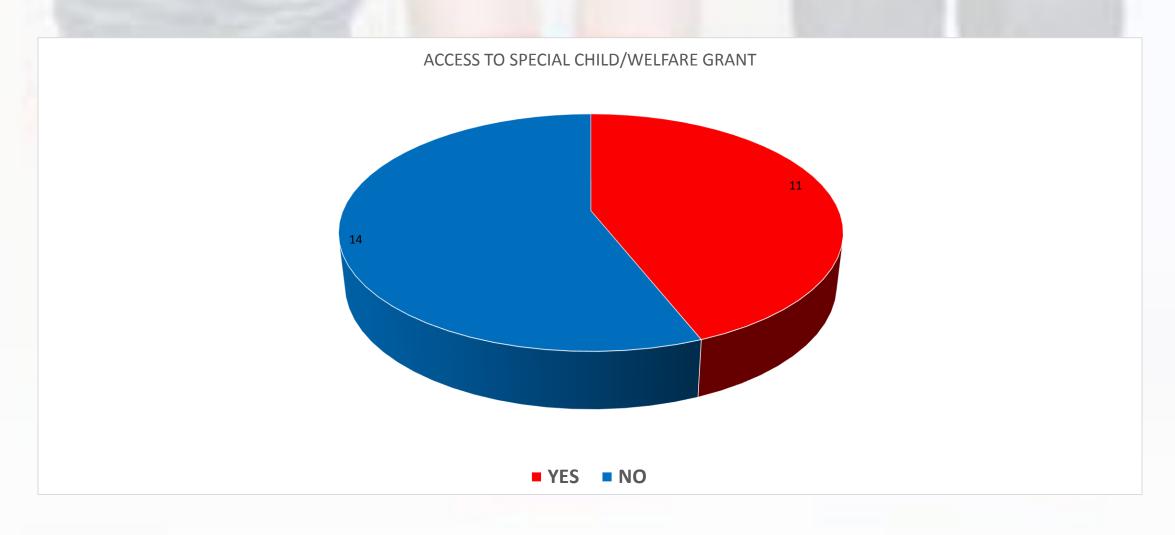
Behavioural & Social Problems



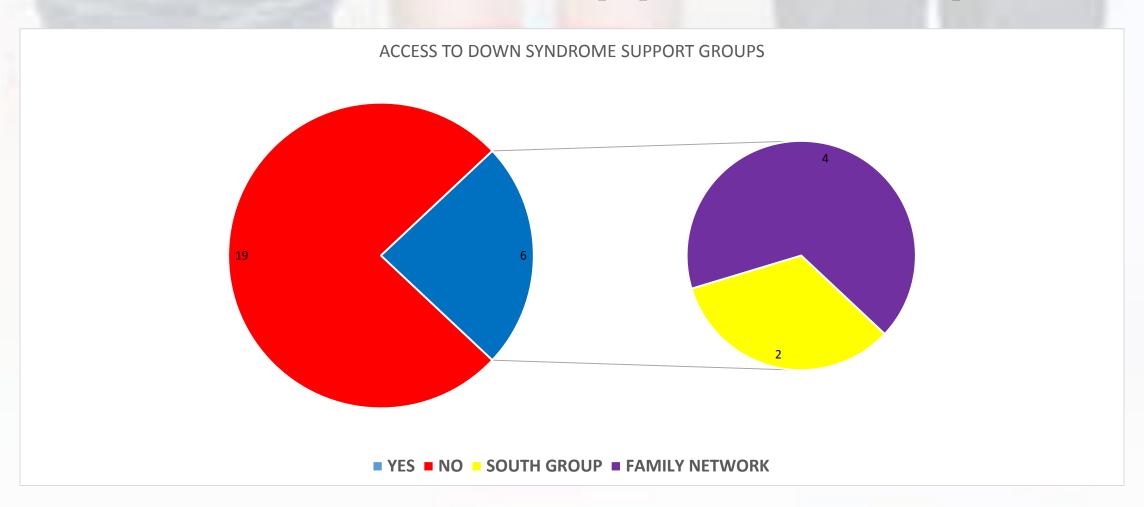
Type of Education



Access to Grants



Access to Support Groups



Discussion Points

- Availability of Laboratory Investigations
- Consistency regarding long term follow up for Ophthalmology, ENT, Dental.
- Availability of range of developmentally appropriate hearing tests

Discussion Points

- Parental perception of their child's developmental skills
- Access to basic therapies like Speech and OT
- Availability of specialised training and counselling with respect to transitional care, sexuality, choice of vocation and behavioural issues

Discussion Points

- Access to Inclusive Main Stream Education
- Access to Psych-Educational assessments
- Access to Social Welfare supports
- Access to Family Support Groups

- Implement revised standardised checklist in Clinics for long term and holistic health supervision for children with DS.
- Advocate that priority be given for TFTs & other investigations.
- Liaise with other specialties such as ENT, Ophthalmology and Dental regarding guidelines for long term follow up

- Continue Advocacy for developmentally appropriate hearing tests within the public service
- Further studies should be done to assess parents' perception of DS and Quality of Life achievable.
- Continue Advocacy for support services such as Speech,
 Occupational & Early Intervention Therapy in the public system

- Explore options for further training on counselling as pertains to transitional care, sexuality, choice of vocation & behavioural issues
- Continue to Liaise with Student Support Services regarding Mainstream Inclusion with appropriate supports.
- Continue to advocate for improved accessibility for Psychological Education Assessments

Continuing advocacy regarding access to social welfare provisions

Advocate for a revised Special Child Grant assessment form.

Continue to encourage families to join family support groups.

References

• http://pediatrics.aappublications.org/content/107/2/442



