

# Systems Review in Primary Care for People with DD



## Endo:

- Thyroid: higher incidence in DD
- DM : increased rates in Down Syndrome
- Low testosterone: increased prevalence



**Neuro:** Increased prevalence of seizure activity.

## Vision:

- Check annually in office;
- Optometry q 5 yrs if >45



## Hearing:

- Whisper Test in office;
- Check for/remove cerumen;
- Audiogram q. 5 years if >45



## Dental:

- Check dentition in office
- \*common trigger for behavior change



## Resp:

- Screen aspiration annually  
(Risks: group home; frequent throat clearing; drooling; long meal times; chronic infections; choking)



## Cardiac:

- Screen earlier;
- Prevalence of CVD

## Weight/Height/BMI:

- Treat obesity;
- Use waist circumference if non-ambulatory



## GI:

- Screen for GERD , constipation, PUD – annually and if behaviour;
- H-Pylori if symptomatic or if living in group home; retest H-Pylori 3-5 yrs.

## MSK:

- Higher prevalence of Scoliosis, Contracture, spasticity, Osteoporosis
- Assess risk at all ages.
- Consider BMD at earlier age
- Refer to OT/PT/Physiatry



## Sexuality:



- Assess fertility and genetic risks
- Discuss masturbation, contraception, menses
- Higher likelihood/history of abuse

## Cancer Screening

- Cervical: pap (if sexually active/ remember abuse)
- Breast: annual breast screening
- Testicular: testicular exam
- Colon: rectal exam > 45 years, colon cancer > 50 years

## Immunizations

- Influenza
- Strep pneumonia (if at risk)
- HPV (if at risk)
- Hep A/B



## Common causes for Behaviour Change:

[Pain/discomfort/infection \(dental, GI etc.\)/environmental stressor/change, loss/grief](#)

Adapted from Sullivan et al. (2011) Primary Care of Adults with Developmental Disabilities, *Can Fam Physician* ,57, 541-53.