Down's Syndrome Association
A Registered Charity No. 1061474

Annual Health Check Information for GPs

Continence Problems

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Below is Down's syndrome specific information. The information is for GPs and is to be used alongside DSA's Adult Health Book.

Continence problems are more common as we get older however it is important to remember that continence problems are not inevitable for those with Down's syndrome (DS) and that many bladder and/or bowel problems are treatable and if not able to be completely resolved can be improved.

Constipation and soiling

We do know that individuals with DS can have increased gastrointestinal problems, including Hirschsprung's Disease and constipation, and if these are not well managed and treated appropriately in childhood can go on to cause increasing problems in adulthood.

Constipation may also be a particular problem in those with DS for a number of reasons, particularly because the onset of constipation can be quite insidious and difficult to detect and not recognised by those individuals who have reduced ability to perceive and report their symptoms

Often the first sign that constipation may be present is that the individual with DS starts to soil due to underlying faecal impaction. It is important not to presume that the development of faecal soiling is due to the person developing a behavioural issue or 'incontinence' and to ensure that they are fully investigated for the presence of any underlying constipation.

If faecal impaction is present then dietary advice alone will fail to resolve the problem – it is important that a laxative dis-impaction regime is implemented (such as titrated doses of Movicol) prior to establishing the individual on a maintenance laxative dose. Dietary and fluid adjustment should form part of the maintenance programme as well as toileting and lifestyle advice.

Urinary incontinence

Individuals with DS have been shown to have an increased incidence of urinary problems including bladder outlet obstruction and urinary retention. Often these problems develop from underlying dysfunctional voiding, the symptoms of which unfortunately may have been masked or neglected in the past due to assumptions regarding the ability of the individual with DS to be able to be fully toilet trained.

It is important therefore that both a careful history is obtained for anyone with DS presenting with urological symptoms, such as wetting, to help identify any underlying problems as well as a referral made for an ultrasound scan of the bladder and upper tracts. A pre and post micturition ultrasound is useful, to evaluate if there is any post void residual urine, to determine bladder wall thickness and to detect any upper tract dilatation as well as any abnormalities within the kidneys.

This will also help to exclude any underlying pathology, such as previously undiagnosed urethral valves, first before concluding that the individual has a functional rather than an anatomical obstruction causing the problem. Non-neuropathic neuropathic bladder should be suspected in those individuals with DS who present with incontinence and voiding dysfunction, recurrent urinary tract infections and constipation and urological evaluation has failed to identify anatomical obstruction and neurological investigation proves negative.

The incidence of non-neuropathic neuropathic bladder in DS is cited as being the most frequent lower urinary tract disorder and early diagnosis and treatment is essential to reduce the risk of potential associated upper urinary tract deterioration.

The Down's Syndrome Association (DSA) is the only organisation in England, Wales and Northern Ireland which supports people with Down's syndrome at every stage of life.

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