



Annual Health Check Information for GPs

Depression

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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.

Depression is the most frequent mental illness in people with Down syndrome (DS). Prevalence rates range from 5% to >10% and may be more common in females. Data suggest that depression is no more prevalent in adults with Down syndrome than people with other aetiologies of intellectual disabilities (ID). People with DS seldom experience bipolar affective disorder.

Presentation

Depression may present differently in people with DS compared to the general population because of difficulties in expressing feelings due to language and communication problems. Common presenting symptoms are:

- An increase in internalising behaviours – shy / insecure, crying, reduced self-confidence, decline in verbal communication, mutism, and decreased motor activity
- Recent onset of behavioural problems - irritability, agitation, oppositional / refusing behaviour
- Biological symptoms - insomnia, decreased appetite, weight changes

Depression should always be considered in those who present with loss of daily living skills or memory problems. Making a diagnosis often relies on gaining a good history from carers paying attention to the person's behavior, mood, and level of functioning.

Management

In people with DS it is important to exclude physical illnesses that could mimic depression. In primary care, the first step in management should always be a health check. Hypothyroidism, diabetes mellitus, hearing, and visual problems are common in DS and should be excluded. Short-term adjustment reactions to life events, or other changes in the person's environment or circumstances, should always be considered before making a diagnosis of depression.

Managing depression in DS is similar to that in the general population. The relevant NICE Guidelines should be followed that include psychosocial interventions.

Anti-depressant Medication

Adults with DS may be more sensitive to medication and develop side effects. When prescribing medication it is better to "start low, and go slow". Start medication at half the standard dose and increase slowly while monitoring changes in behavior, mood, and level of functioning.

Older adults with DS (aged 45 and older), and those with complex presentations, should be referred to the local learning disability team for specialist intellectual disability psychiatric assessment and advice to rule out the presence of other disorders (for example, dementia) that could account for the person's presentation. A referral is also indicated if psychology input or a community care review is required, or if there are concerns about existing care.

Summary

History: behavioral changes; social circumstances; physical illnesses; history of mental illness

Physical Examination: hearing / vision examination; signs of thyroid disease; diabetes mellitus

Differential diagnosis: thyroid disease; adjustment reaction; anxiety; dementia

Management: advice on psychosocial interventions and referral if required; medication; monitor progress

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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