



Annual Health Check Information for GPs

Recurrent Respiratory Tract Infections

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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.

There is very little published information around respiratory infections in Down's syndrome. In paediatrics, respiratory problems are a primary cause of morbidity and/or hospital admissions. There is an increased prevalence of sleep-related upper airway obstruction and lower airway disease.

Common problems which increase risk of infection to consider:

Gastro-oesophageal Reflux Disorder (GORD)

Very important problem in Down's syndrome. GORD can be misdiagnosed as asthma and remains untreated. Common presenting symptoms include vomiting, oesophagitis (could have chest pain), apnoea, coughing, wheezing and aspiration pneumonia.

Acid in the oesophagus may affect respiratory status, not only spilling gastric contents into the lungs.

Vascular compression

The heart can cause vascular compression of the large airways, either due to the heart chamber itself, or to aberrant or distended vessels. The left atrium is particularly important. In the absence of cardiac failure, it is easy to dismiss the heart and abnormalities of the blood vessels as a cause of lower airway symptoms.

Airway size

In Down's syndrome there is good evidence that the lower airway and lungs are smaller than normal. A significant decrease in both the coronal and sagittal diameter of the trachea in adults with Down's syndrome has also been reported.

Tracheobronchomalacia

Can be diagnosed both by bronchoscopy and bronchography which may show dramatic narrowing during expiration. Features; recurrent chest infections, monophonic wheeze, stridor. This is something patients could grow out of during childhood and require no treatment. Oxygen or continuous positive airway pressure (CPAP) may be required.

An approach to investigate with lower respiratory symptoms:

- Review cardiac status
- Assess for upper airway obstruction
- Check immune status
- Upper GI contrast series
- 24 hour pH probe
- Flexible bronchoscopy

There may be a use for prophylactic antibiotics, but there is no evidence based on adults with Down's syndrome. These should therefore be used in guidance with the rest of the population.

An overview of management of these conditions was given at a conference in 2001. Please follow link <http://www.dsmig.org.uk/library/articles/cards-resp-2.pdf>

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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