

Reading List

1. Health issues for Adults with Down's Syndrome
 2. People with Down's Syndrome and their eyes
 3. Postcataract surgery outcome in a series of infants and children with Downs Syndrome
 4. The Groove
 5. Basic medical surveillance essentials for people with down syndrome
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1.

Title:

Health Issues for Adults with Down Syndrome

Authors:

Chicoine, B

McGuire, D

Young, C

Year:

Abstract:

Health is more than the absence of disease. It also involves a lifestyle that promotes physical, mental and spiritual well-being. This is as true for adults with Down syndrome as it is in the general population. This paper focuses on the physical and mental health and then discusses the interaction of these two aspects in of adults with

Source:

Advocate Lutheran General Hospital Medical Services, USA

Link:

http://www.advocatehealth.com/luth/documents/downsyndrome/promoting_health.pdf

2.

Title:

People with Down's Syndrome and their eyes

Authors:

Waite L

Woodhouse M

Year:

2008

Source:

Look up – information on eye care and vision for people with learning disabilities. (2008)

Abstract:

- Lots of people with Down's syndrome have eye problems.
- Most of these problems can be treated.
- Everyone should have regular eye tests.
- Many people with Down's syndrome need glasses.
- Some people need eye operations to help them see better.

Link:

<http://www.lookupinfo.org/index.php?id=398>

3.

Title:

Postcataract surgery outcome in a series of infants and children with Downs Syndrome

Authors:

Gardiner, C.
Lanigan, B.
O Keeffe, M

Source:

British Journal Ophthalmol 2008 92: 1112-1116

Abstract:

The case notes of 18 infants and children with lens opacities and Down syndrome who underwent cataract extraction between January 1981 and August 2006 were reviewed. Over the 25-year study period, 7% (33 eyes) of paediatric eyes undergoing cataract extraction had Down syndrome. The average follow-up time was 11.2 (SD 7.5) years with a range of 2.5 months to 25 years. 25 were congenital, and eight were developmental lens opacities. 40% of patients attained a postoperative BCVA between 6/9 and 6/18. There was a large myopic shift of -7.96 (4.7) D for aphakes and -8.06 (7.4) D for pseudophakes with an average increase in axial length of 3.58 (3.14) mm. There was a 30% incidence of posterior capsular opacification (PCO) overall, 38% in eyes without a primary posterior capsulotomy. Five eyes developed aphakic glaucoma, one eventually necessitating an enucleation. Two patients had retinal detachments on follow-up.

Conclusion:

Cataract extraction in our population of children with Down syndrome is a safe and effective procedure with a very encouraging visual outcome.

Link:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2569213/>

4.

Title:

The Groove

Authors:

McGuire, D.

Source:

National Association for Down Syndrome (NADS), U.S.A.

Abstract:

One of the most interesting and consistent findings from the Adult Down Syndrome Center is the discovery that people with DS need sameness, repetition and order in their lives. We call this tendency the “groove” because thoughts and actions of people tend to follow fairly well worn paths, or grooves.

Link:

http://www.nads.org/pages_new/teenadults_pages/mcquire_articles.html

5.

Title:

Basic medical surveillance essentials for people with down’s syndrome – ophthalmic problems.

Authors:

Dennis, Dr. J
Hoey, Prof H.
Murphy, Dr. J

Source:

Down’s Syndrome Medical Interest Group (UK)

Abstract:

There is a high prevalence of ocular disorder among people with Down's syndrome. Refractive errors and/or squint may be present from an early age and persist into childhood. The majority of children with Down's syndrome have reduced accommodation at near. Compared to the general population there is a tenfold increase in congenital cataract and infantile glaucoma may also occur. Nystagmus is present in at least 10%. Cataracts and keratoconus may develop in teenage years or later and studies suggest that these are approximately 4 times more common than in the adult general population (9). If untreated most of these disorders are a significant cause of preventable secondary handicap at all ages. Therefore there should be extra vigilance at all ages.

Link:

<http://www.dsmiq.org.uk/library/articles/guideline-vision-5.pdf>

Title:

Authors:

Source:

Keywords:

Abstract:

Link: