

DOWN'S SYNDROME THYROID DYSFUNCTION

Key points

(Based on DSMIG guidelines for basic essential medical surveillance)

Hypothyroidism affects 10-20% of people with Down's syndrome. It can occur at any age. Clinical diagnosis is difficult. Screening blood tests are essential. It can be successfully treated. If untreated it causes severe preventable handicap.

Neonatal screen followed by either:

Venous blood screen: - T4, TSH, and thyroid antibodies checked at age 1 and thereafter every 2 years for life. If normal T4 but mildly raised TSH or antibodies check more frequently or:

Finger prick capillary blood screen – annual Guthrie TSH check. All with Guthrie TSH > 10mU/l to be referred for venous sampling

Whatever the results of screening tests clinicians to have a low threshold for testing if clinical suspicion at any time.

Clinical pointers as in general population: - lethargy and/or changes in affect, cognition, growth and weight

Differential diagnosis from depression and dementia critically important