

DOWN SYNDROME

FACT SHEET

Like all children, the child with Down Syndrome has a unique genetic make up and differences in temperament, appearance and interests. While it is useful to understand how this condition can affect children it is far more important to know the child. Observe the child and talk with parents to learn about each child.

A **syndrome** is a condition recognised by having a particular group of symptoms. **Down Syndrome** is a congenital condition caused either when the cells divide to form the egg and sperm, or after fertilisation. Down Syndrome affects children in a wide range of ways. 1 in 600 to 700 children born have Down Syndrome and it occurs in all racial and ethnic groups.

Babies are often smaller and children shorter than average. The head is small compared to children at the same age. Infants may have a large fontanelle which closes later than usual.

Children have some similar facial features; small folds of skin on the inner sides of the eyes, a flattish nose with a low bridge between the eyes and ears that are small. The mouth is relatively small, with a normal sized tongue. Children may have small hands with relatively short fingers and the little finger may curve inwards. Babies may have low muscle tone and seem floppy or loose jointed. Children may have low muscle tone and seem to have very flexible joints because of this.

Children usually have a mild to moderate intellectual impairment. Global delays in development are common but not always present. Delays in language development are common. Congenital heart or other organ problems occur frequently. Low resistance to infection and frequent ear and chest infections are common. Conductive hearing problems are common and can be due to ear infections or other causes.

Misunderstandings about this condition are

common and it is important to discourage stereotypical views about children with Down Syndrome.

The tongue may seem large but this is due to low muscle tone, a small mouth and possibly mouth breathing. The common problem of ear and chest infections is due to small nasal passages and low resistance to infections. Conductive hearing loss due to infections or glue ear is common. Vision problems may require glasses or surgery.

It is a myth that children with Down Syndrome are particularly happy or placid. They are all individuals and come with the same range of moods, needs and energy levels as other children.

The reason why chromosomal abnormality happens is unknown.

'It is known that this happens increasingly as the mother grows older. The risk of a mother in her twenties having a child with Down Syndrome is one in 2,000 but this rises to one in 350 at 35 years, one in 100 at 40 years and one in 30 at 45 years'

Australian Down Syndrome Association 1992

CARING FOR A CHILD WITH DOWN SYNDROME

Children with Down Syndrome benefit from a stimulating and developmentally appropriate programme. Use play experiences that the child enjoys to encourage all areas of development. If the child has physical delays, encourage gross motor development using bright attractive equipment, sensory play and music.

If the child has language delays, encourage the child to listen to stories and participate in conversations at their own level. Some children with delays in verbal language use a sign system called Makaton. Learn the basic signs for toilet,

DOWN SYNDROME

drink, foods and other things that interest the child.

Try to keep the environment calm and consistent. Sudden changes can make the child feel less secure. When the room changes or the child moves to another room provide continuity with familiar toys, people and items from home.

When speaking to a child, get his/her attention first and then give simple instructions, using facial expressions and gesture to help the child understand what is said.

Encourage the child's independence and self help skills. Do not lower your expectations but set reasonable goals for yourself and the child. Skills may take longer to learn and need time to practice, consistent encouragement, the role model of other children and positive guidance. School age children should be encouraged to develop age appropriate social skills and socially acceptable interaction skills. This can be achieved by reinforcing acceptable behaviour and establishing consistent clear limits.

You may like to read the following books for more detailed information about Down Syndrome. They are available from RUCSN.

A Life With Down Syndrome a booklet published by the Down Syndrome Association of NSW www.dsansw.org.au

Down Syndrome: Moving Through Life Burns, Yvonne & Gunn, Pat (editors) 1993

Down Syndrome the Facts Selikowitz, Mark, 1990

Talk with parents and be open to their suggestions for their child.

The **Down Syndrome Association of WA** provides information and family support.

4/1136 Albany Highway Bentley WA 6102

Telephone: 1800 623 544

Website: www.dsawa.asn.au

Email: dsawa@upnaway.com

For further information and advice, contact CHILD Australia.

5 Carson Road, Malaga WA 6090

Telephone: 08 9249 4333 ☎ Facsimile: 08 9249 4366

Email: admin@childaustralia.org.au ☎ Website: <http://www.childaustralia.org.au>

This article may be copied and reproduced in full for family, child care and training purposes provided the copy is made in its entirety and not changed in any way. Last updated January 2004