



Depression in Persons with Down Syndrome

Can People with Down Syndrome Have Depression?

Just as persons with Down syndrome are as susceptible to illness as is the general population, so are persons with Down syndrome just as susceptible to depression. Specifically, depression in persons with mental retardation has been estimated at 6 to 7%.

What Are Signs Or Symptoms Of Depression?

It is important that any of the signs and/or symptoms of depression be closely assessed to determine if they are symptoms of a biological/medical condition (e.g. seizures) or a condition in itself (i.e. depression). Depression may present differently in persons with Down syndrome. They would be less likely to verbalize feelings of sadness, guilt or worthlessness because of articulation and conceptual limitations. Never less they would show observable changes in mood and behaviour. Changes in mood include an increase in irritable mood, lethargy or listlessness. Changes in behaviour include withdrawal, loss of interest in activities formerly enjoyed, fatigue and lack of energy, changes in eating or sleeping patterns (either less or more), and there may be a slowdown in movement and activities. Self-talk may also increase or it may occur in more public settings. Caregivers may easily interpret these changes, once they recognize the behaviour as depression. Depression may be missed because the family is told that the signs and /or symptoms are just "the Down syndrome: Signs and /or symptoms might also be misinterpreted as dementia or Alzheimer disease. Parents are primarily the first people to notice these signs/symptoms. It is very important that if any signs/symptoms are present that professional's assistance be sought to avoid more serious problems later, such as placement in a psychiatric facility.

What Can Cause Depression In Someone With Down Syndrome?

Depression can occur as a result of current stress (acute), such as the death of a family member, or develop as a more chronic condition. A recent history of the person's life is necessary in order to define the problem, if possible, and identify available support systems. Assessment must be carried out according to the individual's cognitive/developmental level. In Down syndrome, as the person ages, mental function and social support may decrease creating the opportunity for depression to occur. Adults with Down syndrome may experience isolation, changes in residences, and the lacking of social opportunities and adaptive skills. All of these factors can lead to decreased self-esteem, an inability to care for themselves, and depression. Often it is the case that adults with Down syndrome lack the opportunities to make their own decisions in areas where that are capable (e.g., social



activities, hair style, clothing choice, etc). They may be treated as children and feel little, if any control over their lives. Individuals who care for adults with Down syndrome may overlook support systems, over protect the person, and /or inappropriately take punitive actions toward the person with Down syndrome.

What Can Be Done To Prevent/Alleviate Depression?

Presently, many physicians, psychologists and other medical health professionals have had little training in psychiatric conditions and mental retardation, leaving room for missed or misdiagnosis. The clinical presentation of depression in persons with Down syndrome may be different from someone without a cognitive deficit. A preventive approach to depression in persons with Down syndrome is suggested. Given the opportunity to take some control over their lives, persons with Down syndrome will experience fewer occasions for depression to occur. It is important that families and mental health professionals be informed about and sensitive to the early signs of depression in persons with mental retardation so that diagnosis and treatment may begin promptly. It is known that more behavioural problems occur when persons are bored and little structure is present in their lives. When early diagnosis is made, it is important that the treatment plan be individualized and follow up available. It is also important that treatment involve the best environment and quality of life possible. When anti-depressant medications are necessary, information for the families concerning side effects and the prevention of side effects through periodic blood levels and discontinuation trails are important.

Much more study must go into examining depression in persons with Down syndrome. Understanding why a person feels depressed and alleviating the source (s) is often a challenging endeavour. Successful prevention, intervention and follow up of depression in persons with Down syndrome can best be accomplished through collaboration between the individual, their family and the mental health/medical community.

Major depression in Down syndrome.

Five patients with trisomy 21 (Down syndrome (DS), referred to us for evaluation of dementia, were instead found to have major depression. All had shown cognitive and behavioural deterioration and this led to a mistaken diagnosis of Alzheimer's disease in two. We outline and contrast the features of major depression and Alzheimer's disease in DS, and suggest that electro convulsive therapy is an effective treatment for major depression in DS.