



# INTERNATIONAL MEDICAL REVIEW ON DOWN'S SYNDROME

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## EDITORIAL

## Down syndrome and autism spectrum disorder

## Síndrome de Down y trastorno del espectro autista

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At the end of the last century, thanks to mainstream schooling, people with Down Syndrome (DS) began to share spaces and experiences with the rest of the population, to work in ordinary companies and some of them even became independent with the necessary support. This situation has now led us to focus on new problems which have been arising and which were concealed by the disability: the detection, early diagnosis and treatment of mental health problems.

Thirty years ago the Fundació Catalana Síndrome de Down which was aware of these social and personal changes, began to create teams of professionals who worked on the health care, diagnosis and treatment of mental health issues of this group.

People with DS are more vulnerable than other people in society and to be aware of and ensure their mental well-being they need to know themselves, have a good support system, good personal and social relations, be involved in the community and receive an education based on responsibility, confidence and respect. Among other educational issues which are difficult to avoid, overprotection may lead to the appearance of psychological problems which would not otherwise arise.

Psychological support to a person with DS and their family is highly necessary, even when there are no mental disorders, because the task of educating a child with a disability is highly complex and because becoming involved in society as a person with DS is no easy task.

Preventative work is essential but knowing how to detect, diagnose and of course treat the mental disorder or the behaviour which may ensue is also basic.

People with DS are susceptible to presenting with mental health problems, as is the rest of the population. These problems are occasionally difficult to diagnose because the clinical manifestations of the majority of disorders for this group are different from those of the general population. As a result, diagnosis cannot nor should not be made from symptoms alone, without an understanding of the significance of this symptom within the general context of the person. It is essential to have a detailed knowledge of the patient.

During infancy, the development of a DS child requires continuous monitoring and specialist supervision since mental health problems at this stage may also be obscured by the syndrome itself and the delay in maturity it entails.

One of the disorders with the highest prevalence in Down syndrome is childhood autism. Autism is now known as Autism Spectrum Disorder (ASD), as common autistic symptoms are recognised to all individuals in a broad spectrum of phenotypes. ASD is a serious neuro-development disorder and its expression varies with the age of the child and their level of development.

This edition of the journal covers the early diagnosis and warning signs of this pathology because in recent years, the number of children presenting with autistic traits in both the general and the DS populations has increased. Studies are therefore needed which will allow us to detect autism spectrum disorders, and particularly during the first 6 years. The Fundació Catalana Síndrome de Down (FCSD) promotes these studies aimed at detecting ASD as early as possible and initiating treatment without delay. Early diagnosis is essential. Children with DS are very social and sociable. Babies smile and fix their gaze and interact in practically the same way as children with no disability and we must therefore not allow the syndrome to mask the symptoms and attribute them to

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the disability because this will hinder and even prevent an early diagnosis.

Since 2010, in FCSD, we have been working with DS children diagnosed with ASD in therapeutic groups led by professionals who work on shared care, relationships, communication, developing a sense of bodily self, interaction

with others and communication. All of these aspects are very much affected in ASD. Evolution has been positive and we aim to continue advancing and continue helping the person with DS to improve their emotional well-being and their quality of life.