

POINTS TO REMEMBER FOR CLINICAL PRACTICE

Psychiatric
manifestations

Autistic Spectrum Disorder

- **The incidence of Autism Spectrum Disorders (ASD) is higher in individuals with Trisomy 21 than in the neurotypical population, ranging from 16 to 42%.**
- The increased prevalence of syndromic ASD in individuals with T21 may result from a combination of triplication of candidate genes for ASD located on Hsa21 and a genetic predisposition.
- Detection of ASD in young children with Trisomy 21 through direct observation by a clinician specialized in intellectual disabilities and using specialized questionnaires is essential for intensive early intervention.
- **The diagnosis of ASD in individuals with Trisomy 21 is complex and requires a specific autism assessment protocol.**
- **The dual diagnosis of ASD and Trisomy 21 should be made as early as possible** to allow these children to benefit from intensive early intervention, which has been shown to lead to better developmental outcomes in individuals with iASD.

Psychiatric manifestations

- From the perspective of parents who struggle to understand why their child exhibits atypical behavior or reduced social and language learning potential, **it is extremely important to have a specific diagnosis of ASD**. This is also true for psychologists and school staff who need to develop realistic programs, functional communication programs, and behavior management strategies.
- **Identifying ASD associated with Trisomy 21 in a child might open the door to additional services and parental support networks** that could be more beneficial for the child and their family and lead to better outcomes.