

POINTS TO REMEMBER FOR CLINICAL PRACTICE

Depression

- **Depression is common in Trisomy 21 but is often under-recognized and undertreated.**
- **The prevalence of depression in individuals with T21 ranges from 6 to 18%**, is higher in adults than in children, and is higher than in the general population.
- **Individuals with T21 have specific vulnerability factors for developing depression:** smaller hippocampal volumes, changes in neurotransmitter systems, high frequency of hypothyroidism, obstructive sleep apnea syndrome, as well as adverse psychosocial experiences, such as social rejection, loss, and failure.
- **Though rare, the risk of suicide should be considered in individuals with T21.**
- **The diagnosis of depression mainly relies on observable behavioral symptoms and a precise medical history.** The use of criteria adapted for individuals with ID, such as the DC-LD and DM-ID2 criteria, is recommended.
- **Selective serotonin reuptake inhibitors are effective and well-tolerated in individuals with T21.**
- **There are also positive reports of electroconvulsive therapy** in treatment-resistant depression among individuals with T21.
- Systematic evaluations of psychotherapeutic approaches for depression in individuals with T21 have not been reported to date. Cognitive behavioral therapy, tailored to the individual's cognitive abilities, may be an effective treatment option for individuals with T21 with mild ID.