

Background

Aging is a general phenomenon in Western countries and in recent years has affected even people with intellectual disabilities (ID), suffering from some genetic syndromes that present conditions of premature aging (eg, Down syndrome [SD]) or other health or other psychiatric syndrome-specific (eg, metabolic syndrome in Prader Willi syndrome) problems.

People with DS may experience age-related health conditions, including dementia, which expose them to a high risk of polypharmacy. No current studies have been conducted in the Italian context on these issues.

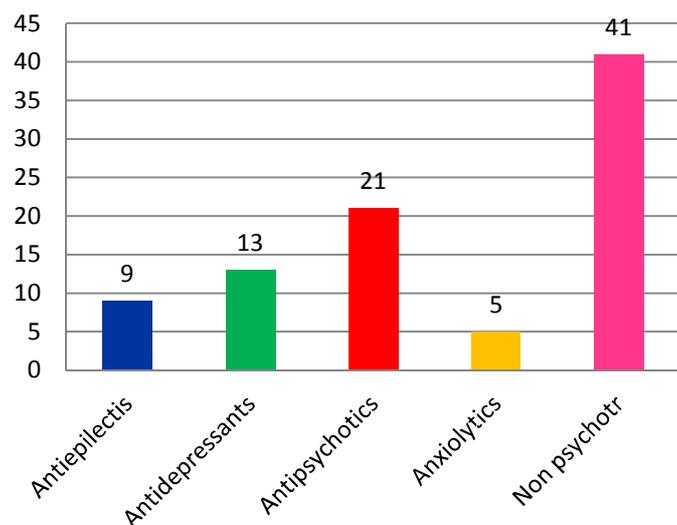
Aims

This analysis was focused on a subsample of 85 adults with Down syndrome (40-66 years; 50.7% females). Pharmacological data were collected by means of the ATC Classification of drugs.

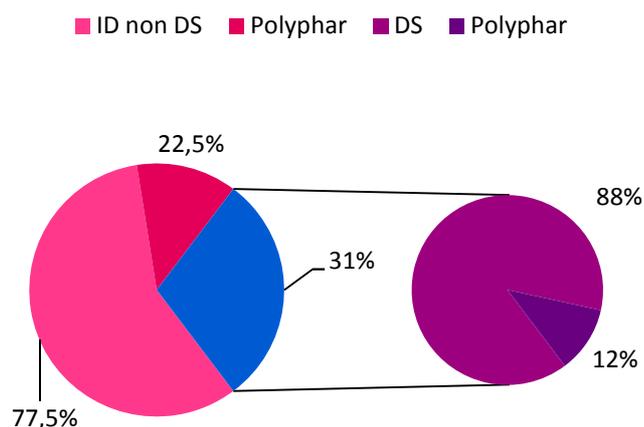
Aim of the study were to compare drug medications with a non-DS subsample both in terms of psychotropic vs non-psychotropic drug use and of polypharmacy in function of the presence or absence of cognitive deterioration.

This project was coordinated by the Project DAD ANFFAS Trentino Onlus (www.validazione.eu/dad).

Different drug class distribution (%) Adults and elderly people with DS



Different percentage of polypharmacy by type of ID



Results: The DS subsample takes a mean (\pm DS) of 1,46 (\pm 2.63) of drugs (range: 1-12), only 11.8% DS subjects ($n=11$) were under treatment with polypharmacy. Consumption of psychotropic drugs in particular regarding the classes of anxiolytics and antiepileptics, was significantly lower compared to non-DS people independently of age, gender, ID severity and presence/absence of cognitive deterioration, and care setting (data non demonstrated) (MANCOVA; $F_{(5,8.39)}=4.44$; $P=0.001$). Although 15 SD people manifested some chronic painful conditions, only two benefitted from analgesics. Only 11 SD subjects (12%) received antidepressants.

Conclusions

In this multi-centre sample, DS aging subjects have a lower drug consumption compared to the non-DS subsample, in particular anxiolytics and antiepileptics. In contrast with the epidemiological data from the international literature on depression in aging people with DS with or without dementia, prescription of antidepressants is very limited. As for the non-DS population, there is an *undertreatment of pain, the effective management of which can play an important role in avoiding disruptive/challenging behavior, especially in those with dementia.*