

ESSENTIAL CONSIDERATIONS FOR FRIENDSHIPS: *Questions to ask about School Practices*

By Carol Tashie & Zach Rossetti

UNIVERSITY OF NEW HAMPSHIRE INSTITUTE ON DISABILITY REPRINTED FROM INCLUSION NEWS 2002 (WWW.INCLUSION.COM)

To connect best educational practices and the ways in which they affect friendship, a list of questions, entitled "Essential Considerations for Friendships," has been developed. Use these questions to honestly assess the educational practices in your school. All "no" answers should be considered opportunities to improve both the educational and social outcomes for all students in your schools.

Is the student fully included in all aspects of school, and family, and community life? Students must share time, space, and shared activities in order for friendships to develop. Most friendships are born from common experiences and interests. Remember full inclusion is defined as the student attending the general education classroom she would attend if she didn't have disabilities and being supported to be a successful, full time, and valued learner.

Does the student have a way to communicate all day long? Although a system of communication is not a prerequisite for friendship, it is more difficult for two people to become friends without the ability to communicate with one another. All students must be supported to have effective means of communication. Additionally, all forms of the student's communication (body, gestural, behavioral) must be respected and listened to.

Are the materials, expectations, conversations, and modifications used each day age-appropriate for the student's chronological age? Friendships among students tend to be with other students of similar ages. All ways of interacting with the student must be respectful of her age and grade.

Does the student have opportunities to give as well as receive support in the classroom? Friendships are often born from a respect and admiration among students of one another's unique gifts and talents, and involve an equitable relationship.

Are supports brought into the classroom instead of the student being "pulled-out" of the classroom? Friendships tend to occur between students who are viewed as more alike than different. When just one student leaves the room for a part of her day, the message of "this student is different than you..." is clearly sent to the other students.

Is people-first language being used? Saying, "a child with Down syndrome" acknowledges the child as a person first. Saying, "an autistic child," put the greatest emphasis on the label. Children make friends with other children, not labels.

Does everyone who supports the student presume her competence and make decisions based on the highest of expectations? When a student is not able to effectively communicate his complex thoughts or knowledge, teams should assume that the student is understanding all that is said and taught and should treat the student accordingly. The "least dangerous assumption" is always presumed competence.

Do educators know how to modify the regular curriculum so that the student is both an active participant in all activities and learning meaningful skills and knowledge? If one student is always working on separate activities away from the group, it gives the message that she or he is not really "one of us" and all students are denied opportunities for friendships to occur.

Does the classroom environment celebrate diversity? In classrooms where the strengths, abilities, and unique gifts of all students are acknowledged and celebrated, friendships between students with and without disabilities are more likely to develop.

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CDSC Quarterly

Editor: Kathleen Reiss
 CDSC Quarterly is published four times per year by the Connecticut Down Syndrome Congress, Inc. We welcome input from parents and professionals. Please help other families by sharing your experiences. Send submissions to: Newsletter Editor c/o Connecticut Down Syndrome Congress, Inc., P.O. Box 340385, Hartford, CT 06134-0385

STATEMENT OF POLICY AND DISCLAIMER

The Connecticut Down Syndrome Congress is a non profit organization which acts as a resource for families and professionals involved with a person who has Down Syndrome. Its vision is to improve the lives of persons with Down Syndrome, and to encourage the community at large to receive and embrace them. This newsletter reports items of interest relating to Down Syndrome and will provide a forum for others. The Congress does not promote or recommend any therapy, treatment, etc. We will not espouse any particular political or religious view. Individuals or organizations referred to do not necessarily endorse this publication or its editor. The editor reserves the right to make corrections as appropriate, and in accord with established editorial practice in material submitted for publication.

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SAVE THE DATE !!!

18th Annual Convention "Down Syndrome: Celebrate the Differences" Saturday, October 11th, 2003
 Farmington-Marriott Conference Center
 Co-sponsored by the UConn A.J.Pappanikou Center for Excellence in Developmental Disabilities (UCE)

This year's keynote speaker is Dr. Richard Villa, internationally recognized author and lecturer on inclusive practices, co-teaching, and curriculum adaptation. Dr. Villa will be also be hosting two workshops. His website is: ravillabayridge.com

There will be sixteen (16) other workshops that will focus on best practices in medicine, education, family support, advocacy and legal issues. We've many noted presenters such as Dr. Robert Greenstein, Kathy Whitbread PhD, Anne Eason Esq., and Sara Johnson Associates. CEU's are available for many of the workshops.

Musical entertainment will be provided by Mr. Sujeet Desai. Suj, a young man with Down syndrome, is accomplished on piano, violin, and clarinet, and is presently attending the Berkshire Hills Music Academy. His website is: Sujeet.com.

There will also be fun and educational vendors and other informational displays.

Please come join us for a great day of education, inspiration, and fun. Though we subsidize this event to keep it affordable, fee waivers due to financial need are available.

For more info. contact Ken Cholewinski by e-mail at kencholewinski@aol.com or 860-663-2676.
 We're looking forward to seeing you there.

REED MARTIN, J.D. ON IEP GOALS www.reedmartin.com

We have had many questions from parents on goals on an IEP. The goals should be what we expect of regular students. The IEP explains how your child gets from "here" to "there."

1. The direction we want to go
2. The problem we are addressing
3. The present level
4. The amount of change by the end of this school year
5. The methodology needed

For example:

JOHNNY WILL

1. increase
2. in-seat on-task behavior
3. from 0% of the time currently to
4. 50% of the time by the end of this year
5. by training the teacher in positive behavior interventions that give reinforcement to in-seat, on task behavior and do not unintentionally reinforce Johnny by giving attention to out of seat behavior.

SUSIE WILL

1. increase
2. self-control
3. from overreacting emotionally to stimuli that are normal in the classroom
4. to the ability to function with limited supervision in classroom settings
5. through individual counseling and reinforcement of positive behaviors in the classroom.

The IEP would then specify the short-term objectives in terms of the task or performance expected, conditions under which the performance is expected, the standard by which it will be measured, how the performance will be documented, and how the results will be reported to the parents.

President's Message

August 2003

It's hard to believe that my two-year term as President of CDSC is coming to an end. One of the perks of being President is that I get your undivided attention for 1000 words or so. So here goes.

The value of Birth to Three

Eve is my oldest child, and before she came along I had about zero experience with children. So when the Birth to Three therapists came to our house for a visit, I pumped them as much for help with generic parenting concerns (How do I get Eve to eat vegetables? Is it normal for Eve to spit up so much?), as for concerns specific to low muscle tone, nystagmus, etc. I came to rely on the therapists for reassurance that I was up to the job of parenting a child with developmental delays. (Once I sneaked a look at Eve's medical records at the pediatrician's office. The doctor's notes had every other phrase, "Within normal limits—reassure parent.") But I came to wonder whether a visit by the speech/language pathologist twice a month, or the occupational therapist once a month, was enough—wouldn't more sessions mean more progress?

Over time I realized that the therapists weren't telling me, "More isn't necessarily better," because their agency was out of money! "More therapy = more results" is a medical model of service delivery, and Down syndrome is not like a broken leg that can be rehabilitated back to its original self. The value of Birth to Three comes in strengthening the capacity of families to meet their child's needs. Having a child changes your life. Having a child with a disability changes your life even more, as you enter into an unfamiliar parallel universe. Birth to Three introduces you to this new universe, and empowers you to navigate it gracefully.

Preschool, the in-between stage

You finally get the hang of Birth to Three. Then they kick you out and your child's education becomes the responsibility of your local school district. By age three, most kids are enrolled in either a nursery school or day care program, and at these programs kids learn the necessary skill of getting along with others. So where should your child with Down syndrome go to preschool? Most school districts don't operate a preschool program open to children without disabilities. (And what about those parents who require full-day child care?) Instead, many school districts have segregated classrooms, attended only by children with disabilities and staffed by lots and lots of teachers, service providers, and aides. I sometimes think that Eve has gotten so used to the extra adults in her life that she has developed a sort of learned helplessness. In a segregated classroom, where are the role models that motivate children with gross motor delays to keep up? Or to motivate children with language delays to talk? If every child in the classroom has an aide, why would they ever need to learn to share?

School districts that cannot create preschool classrooms that have children with and without disabilities, in meaningful proportions, learning together all day long, should team with local community-based preschools and day care centers. The community nursery school can maintain a certain number of slots for children with IEPs; the special education teachers and related service providers can provide supports at the community nursery school on a scheduled basis. The best place for a child with Down syndrome to get ready for their neighborhood school's kindergarten is alongside neighborhood kids.

Staying on top of things at school

We moved to a school district with a good reputation for inclusion because I didn't think I had the stamina to be a trailblazer. But even in a "good" district, you can't just put your kid on the bus and hope for the best. (This is probably also true for children without disabilities, but since mine are not yet in kindergarten, I can't vouch for it.) The (often elusive) key to a successful program for Eve is ongoing communication: between her classroom teacher and the special education teacher, and between them and Eve's aide; between that core team and the other therapists, and between the school and home. Without the constant collaboration of the school-based team, Eve's daily routine falls apart; she gets frustrated; and her so-called "behavior" kicks into high gear. Although the teachers may say, "Oh, we talk to each other all the time," there is much greater value in setting aside a specific amount of regularly scheduled time for the classroom and special education teachers to collaborate around your child's program. If the work isn't properly modified to meet Eve at her level, she can make a heck of a lot of trouble—and who can blame her? After all, we don't hand a long division worksheet to a typical first grader and expect them to jump into it willingly!

(My proofreading husband thinks I should say, "Don't micro-manage the school staff," but I tend to disagree with him. It seems like whenever I back off, things fall apart. But maybe I'm giving myself too much credit?)

The value of CDSC

I have been involved with CDSC since 1996, when Eve was 6 months old. I attended a popular CDSC-sponsored playgroup that met every month or so. Through the playgroup I met almost a dozen families with kids close to Eve's age, and we still keep tabs on each other. We all make friends through our kids, but the friends we make through our child with Down syndrome are even more like family than other friends—more special, in a way. Beyond the convention, the picnic, the newsletter, and other perks, the families I have met through CDSC are most valuable to me.

continued page on four...

President's Letter Continued...

CDSC is especially important to families in the first years of a child's life, as the diagnosis of Down syndrome brings a commonality of medical and developmental concerns: oral motor issues, heart surgery, reflux, chronic sinusitis, and so forth. The good news is that your child with Down syndrome will grow out of many of these things. As Eve gets older, my concerns for her are no longer tied to her having Down syndrome, but are common with other people with cognitive and communication challenges. The issues of access to the community span all sorts of disabilities. These issues can be summed up in one word: choice. We want our child with Down syndrome to have choices for education, employment, housing, and recreation. Like their siblings, people with Down syndrome should decide for themselves who to learn, work, live and play with. Looking forward, I am grateful to CDSC for providing me with the foundation from which to advocate for all persons with disabilities as they strive to make the most of themselves, and to lead rich and satisfying lives.

–Beth Lurie

Statewide Calendar of Events

for program details please visit www.spednet.org

- Sept 8. CDSC BOARD OF DIRECTORS meeting in New Haven, CT. For more info call Joan Gray at 860-257-8882 or (toll-free) 888-486-8537 or admin@ctdownsyndrome.org
- Sept 13. BUDDY WALK FOR NDSS in Cheshire, CT. For more information, contact Cindy Drost at 203-272-1901 or ctbuddywalk@earthlink.net
- Sept 16. CDSC HARTFORD COUNTY MOM'S NIGHT OUT at Bertucci's in Glastonbury. For more information, to RSVP or for directions please call Debbie Keller at 860-228-4226.
- Sept 20. CDSC PLAYGROUP IN WETHERSFIELD AT MIKEY,S PLACE. For more information please call Patti Silva at 860-529-7766 and cakes01@cox.net or Chris McAuliffe at 860-683-2535 and mack1200@aol.com
- Sept 20. CDSC PLAYGROUP in Colchester at the Cragin Memorial Library from 11am to noon. For more info please call Karen Zbierski at 860-873-8615
- Oct 11. CONNECTICUT DOWN SYNDROME CONGRESS (CDSC) 18TH ANNUAL CONVENTION "Down Syndrome: Celebrate the Differences" Saturday , Farmington-Marriott Conference Center. For more info contact Ken Cholewinski by e-mail at kencholewinski@aol.com or 860-663-2676.
- Oct 13. CDSC BOARD OF DIRECTORS meeting in Shelton, CT. For more info call Joan Gray at 860-257-8882 or (toll-free) 888-486-8537 or admin@ctdownsyndrome.org
- Oct 18. CDSC PLAYGROUP in Wethersfield at Mikey's Place. For more information please call Patti Silva at 860-529-7766 and cakes01@cox.net or Chris McAuliffe at 860-683-2535 and mack1200@aol.com
- Oct 18. CDSC PLAYGROUP in Colchester at the Cragin Memorial Library from 11am to noon. For more info please call Karen Zbierski at 860-873-8615.
- Oct 19. BUDDY WALK FOR NDSS in New York City. For more information, contact Rebecca Henricks at 1-800-221-4602 or rhendricks@ndss.org
- Oct. 25: INCLUSIVE EDUCATION: PROMISING PRACTICES. STATEWIDE CONFERENCE ON INCLUSIVE EDUCATION. Saxe Middle School, 468 South Avenue, New Canaan, CT 06840. A conference focused on inclusive education and best educational practices for students with developmental disabilities. Sponsored by New Canaan Public Schools, Department of Special Education, Dr. Candy Lombardo, Director, and SPED*NET, Special Education Network of New Canaan, Ltd. Keynote speaker will be Professor Mary Falvey. Administrative support provided by STAR, Inc., Lighting the way... For more information, check www.spednet.org or email Beth Lurie, conference chair, at lurie@optonline.net.
- Nov. 4 & 5: ARC'S THIRD ANNUAL PARENT & COMMUNITY CONFERENCE. Featuring Colin Newton & Derek Wilson, International Presenters, Co-founders of Inclusive Solutions. Two Informative Days for Parents & Professionals! Day One: Managing Challenging Behaviors in Inclusive Settings; Day Two: Keys to Inclusion. Held at UCONN Stamford Campus. Childcare to be provided. For more information, call ARC at (203)629 -1880 ext. 100.
- Nov. 10 CDSC BOARD OF DIRECTORS meeting in W. Hartford, CT. For more info call Joan Gray at 860-257-8882 or (toll-free) 888-486-8537 or admin@ctdownsyndrome.org

This newsletter reports items of interest relating to Down syndrome and will provide a forum for others.

The Congress does not promote or recommend any therapy, treatment, etc.

continued from cover

Does the class membership reflect natural proportions of students with and students without disabilities? If several students with disabilities are clustered into one class, it is likely that these students will be viewed as a group, rather than as individuals. This is an obvious barrier to friendship.

Do students with disabilities use the same places, people, and things in the school building as students without disabilities? Special teachers, special places, and special expectations perpetuate separateness, not belonging and true membership. All students should be supported to go to the nurse when sick, the principal when in trouble, the library for a quiet place to work.

Does the student ride the regular school bus?

Friendships often develop in places other than the classroom. The playground, the cafeteria, the bus, walking to and from school is all fertile ground for friendship to grow.

Is friendship considered a priority goal? For some teams, IEPs reflect only paperwork obligations and friendship has no meaningful place. For others, the IEP is the record of the highest priorities for the year and clearly friendship belongs right there!

Is the student supported to participate in typical extracurricular activities of his/her choosing? Friendships are born and grow during and after school hours. Students

should be supported to participate in any and all extracurricular activities (school-sponsored or otherwise) based on their personal interests and desires.

Is there a system of communication established between home and school? Friendships go beyond the school day! Schools can provide families with great information about potential friends, opportunities for students to get together, and typical ways in which students connect. Families can provide schools with information about their children's interests, neighborhood friends, and ways in which their children most easily connect with others their age.

Is someone on the team designated to coordinate intentional facilitation of social relationships? Although some friendships develop without help from anyone, many students require the support of someone to "intentionally" facilitate their connections with others. Intentional facilitation is the art of coordinating information about the student's interests and desires with what's typical for others his/her age, and supporting relationships via naturally occurring opportunities for connections.

Are friendships "allowed" to end? Some friendships last forever; others are more situational. It's important to acknowledge this and not see "former friendships" as failures, but rather as evidence of true inclusion. Teams must be willing to review and refine the process of facilitation of social relationships on a regular basis.

KENNEDY KRIEGER INSTITUTE DOWN SYNDROME CLINIC

Research Announcement

WHO: We are recruiting children with Down syndrome (ages 2 years and older) to participate in a NIH funded study to help further understand the relationship between DS and congenital heart defects (CHDs). Specifically, we are interested in recruiting children who were born with AV canal defects. We are also seeking individuals born without any structural heart defect to serve as controls.

WHY: Congenital heart defects are not specific to Down syndrome, but their causes are poorly understood. Researchers hypothesize that, since an estimated 40-60% of children born with Down syndrome are also born with a heart defect (especially AV canal defects), many important genes responsible for determining heart structure may lie on chromosome 21. The study will examine the presence or absence of genetic markers in several candidate genes on chromosome 21 in order to identify genetic and environmental factors related to congenital heart disease.

WHEN: We anticipate running this study until we have recruited 100 children with Down syndrome with AV canal defects and 100 children with Down syndrome without any structural heart defects.

WHAT: At their convenience, parents will need to complete a telephone questionnaire with the genetic counselor regarding possible exposures during pregnancy, familial risk factors and reproductive history. Additionally, parents and children will need to provide a small blood sample (2-4 teaspoons) for DNA analysis. This can be completed through the mail with a primary care physician.

HOW: If you are interested in participating, please contact us! We look forward to working with you to help find some of the genetic and environmental factors related to congenital heart disease in Down syndrome.

George T. Capone, MD
Director, Down Syndrome Clinic
Principal Investigator
800-873-3377 ext. 9131

Amy Jewell, MS
Genetic Counselor
443-923-9131
Jewell@kennedykrieger.org

Communication Skills Builder:

TALKING DURING DRESSING

By Anthony B. DeFeo, PhD.; Diann D. Grimm, MA, CCC, EdS., and Patricia A. Paige, MS, CCC

What's special about dressing time?

The time you spend helping your child get dressed can easily become a language lesson. One-on-one attention is built into this situation. Dialogue is a natural part of it. You can talk about the here-and-now during dressing. ("Let's get your shirt over your head.") You can also talk about future events.

("We're going to the zoo today.")

Dressing is a series of actions that happen at least once a day, at about the same time and in a predictable order. The repetition involved in this experience is a great aid to language learning. Your child can expect certain language to be used over and over again within this familiar routine. This consistency of experience makes it easier for your child to learn new language.

Language forms such as plurals ("one foot, two feet") and prepositions ("socks on, shoes on") can be learned through daily discussion. Your child can also learn to communicate needs and wants. Then, the ability to express choices and opinions develops ("I want the blue shirt, not the red one").

Your child is also learning how to choose clothing based on weather (long pants versus shorts) and social events (play clothes versus dress-up clothes). Talking about how to make these decisions improves thinking skills.

Dressing Time Concepts

Language is based on ideas and experiences. Through interaction with the world, children learn meaning. Here are some concepts that are a natural part of the dressing routine. You can help your child learn these words and concepts by using them during dressing:

NOUNS: Shirt, socks, shoes, pants, dress, pajamas, etc.

Undershirt, underpants, diaper, slip, belt, button, zipper, sleeve, collar, etc. Hat, raincoat, umbrella, boots, sunsuit, bathing suit, sunglasses, etc.

MAJOR BODY PARTS: Arm, leg, hand, foot, tummy, private parts, eye, ear, etc.

LESS OBVIOUS BODY PARTS: Fingers, cheeks, chin, elbow, wrist, heel, ankle, etc.

ACTIONS: Pull, push, put, raise, stand up, sit down, button, zip, snap, tie, hurry up, etc.

PREPOSITIONS: On, off, in, out, through, around, over, etc.

TIME/SEQUENCE: First, next, last, before, after, now, later, today, morning, afternoon, etc.

ADJECTIVES: Colors, dirty/clean, new/old, same/different, pretty/ugly, light/dark, hot/cold, warm/cool, long/short, right/left, striped, checked, plaid, print, etc.

CATEGORIES: Things to wear on your feet, hands, head. Things that keep you warm or cool. Things with buttons, zippers, snaps, Velcro.

NUMBER: One, two, three, etc., a pair, every, each, same size, etc.

Sample statements to use during dressing

Dressing concepts can be combined in unlimited ways. Here are some examples of statements that are tailored to children in: 1) the early stages, and 2) the later stages of language development. Use statements and questions like these to encourage language development during dressing.

STRATEGIES TO PROMOTE YOUR CHILD'S COMMUNICATION SKILLS

1. Comment on object-action-location

During dressing, toileting, cooking, and play times, talk about what you are doing and about what your child is doing using short simple sentences. Comment on where things are, how they feel, what's going to happen next.

2. General statement

- a) After dinner you place the dessert in view but out of reach and say, "I've got cookies etc. here."
- b) At bedtime, you might say "I've got a book here about X."

3. Indirect model

- a) You observe that your child's shoes are untied so you say, "If you want your shoes ties, let me know."
- b) You see that your child is having trouble opening, reaching, or putting something on so you say, "If you want help, let me know."

4. Expectant waiting cue

- a) You put dessert on the table in view, out of reach. Look at the child but don't say anything.
- b) You start to play with an interesting toy, then stop, look at your child and wait. Your goal is to encourage your child to initiate an interaction with you.

5. Obstacle presentation

- a) You set the table but “forget” to give your child a cup for his juice, or a fork for his food.
- b) You give your child a familiar toy (puzzle) but “forget” to give him the piece that makes it work. Ex. bubbles but no wand; puzzle missing a piece.
- c) You put a preferred food/beverage/toy in view but out of reach so that he needs to “ask” for help or for the specific object/action he needs.
- d) You put favorite snack items in a difficult-to-open container and make the container available to him.

6. Adult coaching to initiate

- a) Older sibling or other adult encourages child to go ask for something: “Tell Mom ‘Want X’.”
- b) At dinner, you “forget” to give a cup. When child realizes he needs one, older sibling or adult says, “Tell Dad ‘need cup’.”
- c) At snack, child can’t open container to get food, so sibling/adult says, “Tell Mom, ‘Open’.”

7. Peer modeling

- a) Ask child a simple question. If he doesn’t respond, ask brother/sister.

- b) At dinner, right before you pour the beverage, ask “What should I do?” If your child does not answer, ask his sibling the same question. Sibling gives the correct answer, so you redirect question to child so that he can respond correctly.

8. Adult coaching to respond

- a) If you ask a question of child, and he isn’t able to respond, have another adult or older sibling tells him what to say. Ex. at playtime, you ask, “What are you doing.” Child does not respond. Another adult says “pushing car.” Child then repeats response.
- b) At dinnertime, you ask, “What want?” If child does not respond, another adult or sibling says “juice” to child, who then repeats the word and gets the juice.

9. Direct model

- a) Your child is standing with a shoe untied, so you say, “Tell me ‘tie shoe’.”
- b) Your child holds out an empty juice cup, so you say, “Tell me ‘want juice’.”

MEDICAL ADVISOR'S COLUMN

Robert M. Greenstein, M.D.

RELATIONSHIP BETWEEN THE CAUSE OF DOWN SYNDROME AND SPINA BIFIDA

In a recent article in the British medical journal, Lancet, Barkai et al (Lancet 361:1331, 2003) report that there is a cause and effect relationship in some families between the occurrence of Down syndrome and spina bifida (neural tube defects). There is some data that relates a defect in folic acid metabolism (a B vitamin) to the cause of Down syndrome. There is also good information that folate metabolism defects cause spina bifida, and women given folate before conception will reduce their recurrence risk by 75%.

The authors found that in 1492 siblings of a child born with spina bifida, 31 also had spina bifida (2.1%) and 15 had hydrocephalus (1.0%). In this same group, 11 sibs had Down syndrome (0.7%). Based on maternal age, only 1.87 would have been expected to have Down syndrome.

In another group of 1847 siblings born to families with a child with Down syndrome, 7 were found to have spina bifida. Only 1.37 cases were expected based on population frequencies.

The authors believe that defects in folic acid metabolism are responsible for a proportion of the cause of Down syndrome and spina bifida. They state that a woman who has a child with spina bifida will have a 0.8 % higher risk of having a child with Down syndrome compared to a similar aged woman in the population. And a woman who has a child with Down syndrome will have a 5-fold increased risk of having a child with spina bifida.

They suggest that taking 5.0 mg per day of Folic acid preconceptionally may decrease a woman’s risk of having a child with Down syndrome. They are studying this theory in a multicenter investigation.

Editor’s Note. This is a potentially very significant study. If correct, the incidence of both spina bifida and Down syndrome may be significantly reduced by taking Folic acid before becoming pregnant. This is because Down syndrome occurs at conception and spina bifida by 19-21 days of gestation. It will also require that the screening formula for the maternal serum screen for birth defects performed at 16-21 weeks gestation (Quad screen or AFP test) will need to be reorganized to improve its accuracy. And the cost of Folic acid would be only a few cents per day.



CONNECTICUT
down syndrome
 CONGRESS

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Child's Name	Date of Birth	Has D.S.?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Do you wish to serve on a committee? Yes No (If "Yes", we may be contacting you.)

Please enclose check payable to the Connecticut Down Syndrome Congress, Inc., PO. Box 340385, Hartford, CT 06134-0385. Membership may be either an individual, family or professional basis. A family membership entitles both parents to hold office and vote. We welcome membership from any and all interested individuals, families, businesses and organizations. Your contribution to CDSC, Inc., is tax deductible.

The above information will be kept confidential unless the following box is checked.

REMEMBER: A subscription to the CDSC Quarterly makes a great gift for teachers and therapists!