Menstrual cycle
❖ Periods usually begin around the same age in girls with DS as they do in the general population, but some girls can get their period earlier; as early as 8 years old.
❖ However, it might be harder with for girls with Down syndrome to express their discomfort when they are on their period
❖ Dysmenorrhea, or painful periods, is just as common in the Down syndrome population and may be manifested by behavioral change
  ❖ Remedies include:
    ❖ Starting ibuprofen several days before the start of the cycle
    ❖ regular exercise
    ❖ 100 mg of Vitamin B12 daily
    ❖ Fish oil- 1 g of omega 3 fatty acids/day
    ❖ A low fat, vegetarian diet
❖ PMS symptoms start about a week before the period and interfere with daily activities, they include:
  ❖ Mood changes such as mood swings, anxiety, depression
  ❖ Bloating
  ❖ Food cravings
  ❖ Swelling in legs and hands
  ❖ Headaches
  ❖ Breast swelling and tenderness
❖ There is a more severe form of PMS called premenstrual dysphoric syndrome which includes:
  ❖ Stronger recurrent episodes of anxiety and depression that also start a week before the period
❖ Remedies for PMS include:
  ❖ Also increasing daily exercise
  ❖ Eating frequent smaller meals that are low in fat and caffeine
  ❖ Regular sleep
  ❖ Supplementation with Vitamin B6 and Omega 3 fatty acids
  ❖ Oral contraceptive pills
  ❖ Antidepressants called SSRIs
  ❖ Ibuprofen

Healthy Relationships
❖ It is important that girls with Down syndrome are educated about sexuality, healthy relationships, and birth control. Many resources are available for this purpose:
  ❖ Teaching Children with Down Syndrome about Their Bodies, Boundaries, and Sexuality: A Guide for Parents and Professionals, a book by Terri Couwenhoven
  ❖ Your general practitioner or family physician may be able to provide information or direct you to other resources
  ❖ Local disability organizations like ARC and the Down syndrome support group
  ❖ Planned Parenthood clinics
  ❖ AASECT professionals, a list can be found at www.aasect.org.
❖ Birth Control: If you or you’re loved one are likely to become sexually active, here is a list of birth control options:
  ❖ Barrier contraception which includes condoms or diaphragms (these may be difficult for many people with Down syndrome to use)
  ❖ IUDs: a small device that is inserted in the uterus by a doctor
  ❖ Depo Provera: an injection given every three months
  ❖ Oral contraceptive pills taken daily
  ❖ Sterilization (tubal ligation)

All of these methods of contraception except condoms do not protect against sexually transmitted infections (STI). It is important to protect yourself against STIs or have you and your partner tested.

Pap smears
❖ Cervical cancer is related to the human papilloma virus (HPV) which is sexually transmitted
❖ Testing for this virus is done with pap smears (and in some cases HPV testing). Usually pap smears are recommended every 3 years in women over the age of 21 regardless of their sexual activity.
❖ Women with Down syndrome may have a harder time tolerating a pap smear and the incidence of HPV is very low in women with DS who are not sexually active.
❖ Therefore, for women who are not sexually active and cannot tolerate a pap smear, they may be deferred (discuss with your provider).
❖ For women who are sexually active or are having symptoms such as abnormal vaginal bleeding, pap smears should be done and can be done under sedation if they are too painful.

Yeast Infections
❖ Yeast infections tend to be more common in women with Down syndrome.
❖ Symptoms include: irritation and redness of the vulva, vaginal discharge, unpleasant odor, itching, pain with urination, and bleeding
❖ Remedies include: anti-fungal creams or vaginal suppositories such as nystatin, and oral anti-fungals such as fluconazole.