

Adult Health Surveillance in Turner Syndrome

All medical problems that presented and were managed in childhood should be actively followed in adult care. At transition know your:

Karyotype _____ Surgeries _____

Cardiac Status _____ SBE? _____ Hearing Status _____ Kidney Status _____ Allergies _____

Medications: Thyroid _____ Estrogen/OCP _____ Other _____ Weight _____ Height _____ BMI _____

	Transition	Yearly	1-2 years	2-3 years	3-5 years	Comments / Recommendations
Wellness and Mental Health	✓	✓				Psychological / social support and assessment of general well-being, body image, stress and coping.
Healthy Lifestyle and Behaviours	✓	✓				Review of diet, physical activity, risk-taking behaviours (smoking, alcohol, recreational drug use).
Sexuality, Sexual and Reproductive Health	✓	✓				Ovarian hormone replacement (OHR). Consistent estrogen replacement is required through to the normal age of menopause. Contraception, review of safe sex practices and prevention of sexually transmitted diseases (STDs). Reproductive health and fertility options. Breast and pelvic health review.
Physical Exam	✓	✓				
Breast and Pelvic (PAP) Examination			✓			Breast and pelvic examinations same for regular population.
Blood Pressure	✓	✓				Blood pressure monitoring should occur at least once per year and more often if borderline. Hypertension should be treated aggressively.
BMI (weight)	✓	✓				A BMI of less than 25 kg/m ² is recommended.
Lymphedema	✓	✓				Referral to a podiatrist for advise on nail cutting, shoe fitting and foot care is recommended for women with lymphedema.
Mole Assessment	✓	✓				ABCDEs assessment of moles.
Screening blood work for the following conditions:						
Thyroid Disease (TSH, free T4 and anti-TPO antibodies)	✓	✓				Hypothyroidism is common in adult women with TS, particularly in their 3 rd decade.
Diabetes Random / fasting blood glucose, urinalysis, and +/- OGTT	✓	✓				Diabetes is 2 to 4 times more common in those with TS and onset is earlier than in the general population. Signs and symptoms of diabetes are increased drinking (polydipsia) and urination (polyuria).
Kidney Disease (BUN and creatinine)		✓				If there is a history of repeated bladder or kidney infections, yearly testing is indicated.
High Cholesterol Fasting lipids (cholesterol, LDL, HDL, triglycerides)		✓				If cholesterol levels are elevated aggressive management and change of lifestyle (improved nutritional intake, decreased portion sizes, weight loss and increased regular physical activity) is recommended.
Celiac Disease TTG, IgA antibodies				✓ (every 2 -5 years)		Women with TS have increased risk for celiac disease. If anemic or low iron stores then repeat testing.
Cardiac Evaluation *		✓ (with heart abnormalities)			✓	Screening for aortic dilatation, and dissection. If no cardiac abnormalities rescreen every 3 to 5 years.
ECG		✓			✓	* A complete and thorough cardiac assessment including an ECG, ECHO or cardiac MRI is required if spontaneous or assisted pregnancy is being attempted or contemplated. Medical alert bracelet if aortic disease/dissection risk.
ECHO		✓			✓	
CT / MRI if necessary		✓			✓	
Need for precautionary antibiotics (SBE prophylaxis)		✓				Review need for precautionary antibiotic use prior to any invasive procedures (dental work, surgery, other testing).
Vision			✓			Regular eye examinations and referral to ophthalmologist as needed are recommended.
Hearing (audiology)		✓ (with hearing loss)		✓ (without documented hearing loss)		Hearing aids should be used as soon as they are recommended.
DXA (bone density study)	✓				✓	Screening for osteoporosis and low bone mineral density. Good dietary or supplementary intake of calcium and vitamin D is strongly recommended as is regular exercise and weight resistance activities.