**Background**

Data from the OptumHealth reporting and insights employment-based claims database were used to conduct this retrospective cohort study of patients with Down syndrome (DS). The database contains administrative claims (medical expenditures) data from 1998 through the first quarter of 2013. Each patient’s observation time, during which he or she was enrolled in an insurance plan, was divided into clinically relevant age categories based on the date of birth.

**Selection criteria**

Patients were selected to be included in the study if they were enrolled in their family insurance plan as a child (<18 years old) and were diagnosed with DS. The database contains the first occurrence of DS diagnosis for each patient and thus allows for the identification of patients with DS within the study period.

**Methods**

**Study outcomes**

- **Total annual cost**: This includes the total amount spent on medical and non-medical expenses for a patient with DS and their matched control over a specific period of time. This provides insights into the overall financial burden faced by families with children with DS.

**Matched control patients**

Patients within each age category in the DS case cohort were matched to control patients in the same age category in a 1:4 ratio using a greedy matching algorithm.

**Results**

- **Baseline characteristics**: These results show the distribution of patients within different age categories and their respective characteristics.

**Discussion**

- **In addition, non-economic factors such as emotional, psychological, social, functional, and behavioral costs may influence out-of-pocket costs**.

- **In addition, non-economic factors such as emotional, psychological, social, functional, and behavioral costs may influence out-of-pocket costs**.

**Conclusion**

- **Efforts are being made to establish a population-based national registry for people with DS**, which may include data on health status, lifestyle, and the use of services.

**References**


