## Compounded inequality: racial disparity and Down syndrome

People with Down syndrome continue to face health inequities. A recent Article in *The Lancet Public Health*<sup>1</sup> reported distinct age-specific disease trajectories, risk profiles, and clustering of diseases in people with Down syndrome. R Asaad Baksh and colleagues call for much-needed adjustments to health-care guidance to improve outcomes for this population.<sup>1</sup>

We fully support this call and additionally emphasise the critical need to address racial disparities in this population, otherwise there is a risk that this tailored health-care quidance will not benefit everyone with Down syndrome. We recently reported<sup>2</sup> vulnerability to racial inequalities in people with Down syndrome, with vast disparities in the mortality rates between Black people with Down syndrome and White people with Down syndrome, particularly for infants and middleaged adults; this difference was greater than that observed in the general population.3 As highlighted by Baksh and colleagues, a lack of awareness of different disease patterns means that treatable conditions can go untreated. For Black people with Down syndrome, disparities due to both race and intellectual disability further compound inequity.

Alzheimer's disease is the most frequent comorbidity in people with Down syndrome. Alzheimer's disease is currently incurable, but this might change with disease-modifying therapies. Equitable access to these medications is, therefore, critical for the whole population of people with Down syndrome, but particularly for Black individuals. Without equitable access, we risk further widening the gap between Black people and White people with Down syndrome.

Individuals with Down syndrome are among those most at risk of disparities, and Black individuals with Down syndrome might be the best indicator of success (or failure) in our fight to promote health equity.

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## \*Eimear McGlinchey, M Florencia Iulita, Juan Fortea mcgline@tcd.ie

Trinity Centre for Ageing and Intellectual Disability, Trinity College Dublin, Dublin D02PN40, Ireland (EMG); Global Brain Health Institute, Trinity College Dublin, University of California San Francisco, San Francisco, CA, USA (EMG); Sant Pau Memory Unit, Department of Neurology, Hospital de la Sant Creu i Sant Pau, Biomedical Research Institute Sant Pau, Universitat Autònoma de Barcelona, Barcelona, Spain (MFI, JF); Altoida, Washington DC, USA (MFI); Barcelona Down Medical Center, Fundació Catalana Síndrome de Down, Barcelona, Spain (JF)

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