Angelman Syndrome

Angelman syndrome is a genetic condition that causes neurological symptoms. Characteristics include intellectual disability, distinctive facial features, severe language impairment as well as movement and balance problems. This condition was first reported in 1965 by a pediatrician working in Warrington, Chesire, Dr. Harry Angelman.

Angelman Syndrome is caused by abnormal expression of a group of genes on chromosome 15.

Diagnosis can be made by a pediatrician, however a referral to a neurologist or clinical geneticist is often required. The diagnosis of Angelman Syndrome is based on:

- A history of delayed motor milestones and then later a delay in general development, especially of speech
- Unusual movements including fine tremors, jerky limb movements, hand flapping and a wide based, stiff-legged gait
- Characteristic facial appearance
- A history of epilepsy and an abnormal EEG tracing
- A happy disposition with frequent laughter
- A deletion on chromosome 15

Most children are diagnosed between the ages of 18 months to 6 years.

Developmental Areas

Children may display some of the following characteristics

Social and Emotional Development

- May have an affectionate nature and frequent laughter
- May laugh at inappropriate times and situations
- May have a loving and sociable demeanor
- May not play or interact directly with other children
- May have inappropriate behaviours such as hair pulling, biting, mouthing and chewing
- May be naturally inquisitive thus be unaware of potential dangers

Physical Development

- May have feeding problems
- May have delays in sitting and walking
- May have Epilepsy (80%) and an abnormal EEG
- May have unusual movements (fine tremours, hand flapping, jerky movements)
- May walk with a wide based stiff leg gait
- May be below average in head size, often with flattening at the back
- May have subtle but characteristic facial features (wide, smiling mouth, prominent chin, thin upper lip, deep set eyes, tendency to hold tongue between the lips)
- May have lightly pigmented hair, skin and eyes
- May have scoliosis (curvature of the spine) 10%
- May enjoy rough and tumble games

Language and Communication Development

- May be absent speech or have less than three words in sentence structure
- May use primitive gestures to communicate
- May use sign language (Makaton) or pictorial communication systems
- May often comprehend more than the communication dictates

Cognitive Development

- May have severe learning disabilities
- May have a short attention span

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Inclusion Strategies

Each child diagnosed with **Angelman Syndrome** will be different and individual. It is important to gain information from the parents as to what characteristics of **Angelman Syndrome** their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes and skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Social and Emotional Development

- Provide opportunities for children to engage in social interaction through planned experiences such as retelling stories etc.
- Provide small group activities to encourage social interaction.

Physical Development

- Provide materials that the child is capable of manipulating including paint brushes, utensils etc.
- Plan obstacle courses and outdoor experiences that encourage success e.g. low wide balance beams to walk along.
- Provide rolling games to support the enjoyment of rough and tumble.

Language and Communication Development

- Use language that the child understands i.e. simplify language and use clear messages with one instruction at a time.
- Use clear positional and descriptive language.
- Use a range of communication strategies including pictorial and concrete representations. Consider the use of signing for communication if appropriate.

Cognitive Development

- Use hands on/concrete experiences to increase concentration e.g. telling a story with props such as puppets or felt pieces.
- Extend children through experiences which they are most interested in and in which they experience the most success.
- Introduce challenges gradually and break complex tasks into smaller, manageable and achievable ones.
- Allow children enough time to complete tasks and practice skills.

Reference

Angelman Syndrome Association Australia **What is Angelman Syndrome?** http://www.angelmansyndrome.org/

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