

# Cerebral Palsy

## Definition of Cerebral Palsy

Cerebral palsy is a persistent but not unchanging disorder of movement and posture due to a defect or lesion of the developing brain. It occurs in about two per 1000 live births.

## Causes of Cerebral Palsy

There are many causes of cerebral palsy, although in many cases the cause remains unknown. Where possible it is important to establish a cause to assist families and genetic counselling. Some causative events include:

- Prenatal, (75% of cases) eg Developmental brain anomalies, congenital intra-uterine infections.
- Perinatal (8-10%) eg Birth asphyxia, hypoglycemia, untreated jaundice.
- Postnatal (10%) eg Accidental injury, severe brain infection.

## Classification

- **Type of motor disorder** - eg spasticity, athetosis or dyskinesia, ataxia or mixed.
- **The distribution** - eg, hemiplegia, diplegia and quadriplegia.
- **The severity** - of the motor disorder.

## Presentation and Diagnosis

### Children

- Follow up of “at risk” infants.
- Delayed motor milestones.
- Development of asymmetric movement patterns.
- Abnormalities of muscle tone.
- Management problems, eg severe feeding difficulties, abnormalities of behaviour such as irritability.

The onset of spasticity may be gradual, and similarly athetoid movements may not appear until between nine and 18 months of age. It is important to exclude progressive neurodevelopmental disorders and spinal lesions, that may initially present in a similar manner to cerebral palsy.

### Adults

- Decreased functional capacity.

## Management

### Child

- Accurate diagnosis with genetic counseling.
- Management of the associated disorders and health problems.
- Referral to, and liaison with allied health professionals and teachers.
- Support for the individual and family.

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## Adult

- Establishing appropriate communication techniques.
- Annual full physical/psychological and social assessment.
- Management of the associated disorders and health problems.
- Assessment and management of other presenting health complaints.
- Referral to, and liaison with allied health professionals. Annual reassessment may be necessary in some individuals.
- Support for the individual and family.

## **Associated Health Issues**

- Hearing and Vision.
- Epilepsy.
- Nutrition.
- Dental.
- Gastro-oesophageal disease.
- Genitourinary problems.
- Constipation.
- Chronic lung disease.
- Musculoskeletal.
- Psychological health.
- Other issues such as poor saliva control, communication difficulties, intellectual disability and perceptual problems.

## **Health Issues and the Ageing Process**

Conditions such as unexpected fatigue, loss of physical function and independence, and increased frustration occur may occur in people with cerebral palsy much earlier than in the rest of the ageing population.

- These are treatable conditions of ageing, and should not be considered as unchangeable characteristics of cerebral palsy.
- It is important that the GP be proactive in encouraging patients to access appropriate community resources, such as leisure activities and home supports, when required.

Health issues associated with cerebral palsy may be complex and may require joint management between the GP, specialist medical services, allied health professionals and others including: Paediatricians, Physiotherapists, Occupational therapists, Speech pathologists, Psychologists, Community Case Workers/Advocates, Vocational Support and teachers.

The material in this sheet has been adapted from the Therapeutic Guidelines book 'Management Guidelines for People with Developmental and Intellectual Disabilities' and updated from the 2005 version 'Management Guidelines – Developmental Disability' which can be consulted for more detailed information.

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