

A syndrome is a condition recognised by a particular group of symptoms or characteristics. The name of the syndrome is usually the name of the person or persons who identified the syndrome or words that describe a common feature of the syndrome.

Most of the syndromes seen in children are caused by chromosomal abnormalities or environmental factors. Chromosomal abnormalities can be due to genetic factors (passed from both or either parent), environmental factors or an unknown cause.

The children who share a particular group of symptoms are said to **have** the syndrome.

Say: Ben has Down syndrome.

Not: Ben suffers from Down syndrome.

Say: Children with Prader-Willi syndrome.

Not: Prader-Willi syndrome children.

It is not necessary or advisable to focus on particular syndromes. Except for Down syndrome most are rare and it is more important to learn about each child. Children are individuals with their own temperament, personality, likes, dislikes and physical characteristics.

Children with the same syndrome might share some symptoms but will have a wide range of individual needs and capabilities. An intellectual disability is a characteristic of some, but not all syndromes. When intellectual impairment is a symptom it will vary in degree as can all characteristics of a syndrome.

PRADER-WILLI SYNDROME

This syndrome, named for the two doctors who identified it, occurs in about 1 in 10,000 births equating to 100 in a million people being affected. There is no known cause or cure for Prader-Willi syndrome and it cannot be detected before birth.

About half the children share an abnormality to the 15th chromosome with the remaining 50% having normal chromosomes. Children with this syndrome

are not usually diagnosed until about ten years of age. Before diagnosis they are usually thought to have developmental delays, an intellectual impairment, learning or behaviour problems.

The symptoms that characterise Prader-Willi syndrome are: similar facial features, short stature, obesity, low muscle tone (hypotonia), global developmental delay, puberty is delayed and sexual maturity may not be achieved. An insatiable appetite and obsession with food appears at about two years. Intellectual impairment is moderate, 'about 10% of children with Prader-Willi syndrome have normal intelligence' (Gilbert, 1993: 169).

Parents may need support in learning behaviour management techniques to control their child's behaviour and eating problems. The Australian Prader-Willi Association provides information about the syndrome and on managing children's behaviour (www.pws.org.au).

ANGELMAN SYNDROME

This rare syndrome affects intellectual development. It is a chromosomal abnormality resulting from a malformation of the 15th chromosome.

Children with Angelman syndrome have very different symptoms from those with Prader-Willi syndrome. The symptoms include, a small head circumference, distinctive facial features and unusual gait.

Infants often have difficulty sucking and feeding problems. The children usually have a general developmental delay which later becomes a severe intellectual impairment. This causes impairments to the development of expressive language although children usually understand simple commands.

Difficulties establishing a regular sleep pattern are common although children generally have a happy disposition.

The cause of this syndrome is unknown and it is rare for a family to have more than one member with Angelman syndrome (Gilbert, 1993:22).

SYNDROMES

FOETAL ALCOHOL SYNDROME

For centuries it has been recognised that alcohol can damage the developing foetus during pregnancy. Foetal Alcohol Syndrome also called FAS, has a clearly recognisable environmental cause and is probably the most common preventable intellectual disability.

The main features of FAS are:

- Pre and post natal retardation to growth
- Adverse effects on the central nervous system
- Characteristic facial features

These manifest in children as mild to moderate intellectual impairments, small stature, small head and flattened nose, skeletal problems. Children may also have behavioural, emotional and/or learning problems.

These problems could be due to the alcohol damage before birth or possibly due to environmental factors such as ongoing maternal or family problems with alcohol.

Some children with a few symptoms of alcohol damage are labeled as having foetal alcohol effects or FAE.

REFERENCES

Gilbert, P. 1993 The A-Z Reference Book of Syndromes and Inherited Disorders, Chapman and Hall: LONDON

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