41. CEREBRAL PALSIES IN ADULTS

41.1 Contents **Paragraph**

Related conditions considered in other chapters

41.2 Introduction

41.2.1 Cerebral palsies are disorders of posture, movement and muscle tone resulting from abnormal structural development or non-progressive lesions of the immature brain, which in the majority of cases arise at, around or before birth. Cerebral palsies are not specific diseases but are groups of disorders of varied causes and commonly associated with sensory defects (ie. impairments of vision, or hearing, or touch, etc), learning difficulties/mental retardation, and epilepsies. Cerebral palsies affect one adult in 400.

41.2.2 Cerebral palsies arise from abnormalities of brain development before birth or from damage to the brain in the womb, during birth or in infancy. The predominant features of the resulting disability are impairments in self-care, independent mobility and social interaction, which includes communication. In late middle age there is an increased risk of memory loss, dementia and osteoarthritis.

41.3 Clinical Features

41.3.1 Adults with cerebral palsies may show laborious movements due to spasticity (stiffness of muscles of the limbs). If this affects one side of the body it is called a **hemiplegia,** if it affects all 4 limbs it is called a **quadriplegia,** if it affects the mouth muscles it is called a **bulbar palsy.** Others show involuntary movements of a writhing (athetoid) and/or jerking nature (chorea). If there is unsteadiness or lack of balance this is known as **ataxic cerebral palsy.** Some people have mixed forms of cerebral palsy - eg ataxia and spasticity. Skeletal deformities are common eg. curvature of the spine (scoliosis), dislocation or restricted mobility of the hip(s), deformities of the ankle or foot requiring use of appliances eg. calipers or special footwear.

41.3.2 About a third of adults with cerebral palsies have associated learning disability in the moderate to severe range. A further third have patchy or specific

learning disabilities (eg in literacy, numeracy or perception). The remainder are of normal intellectual ability or above average ability. In some the severity of the physical disability (eg athetosis) may bear little relation to intelligence.

41.3.3 Communication difficulties are common in adults with cerebral palsies: reasons include specific difficulties in comprehension or expressive language, impaired speech articulation, and associated hearing loss, learning disability or autism. Augmented communication with symbol systems, word processor or speech synthesizer may be used. Visual impairments are much commoner than in the general population. Refractive error may be correctable by glasses. There may be retinal disorder in the eye, either from developmental disorders, damage by viral infection in the womb, cataracts or cortical visual impairment from developmental abnormality or damage to the brain.

41.3.4 About 10 per cent of adults with cerebral palsies have epilepsy, often severe. [See Chapter 14].

41.3.5 Life expectancy for adults with cerebral palsies depends on the type, severity and associated disabilities as well as the quality of care. It ranges from about 30 years for those with rigidity or severe spasticity associated with epilepsy and feeding difficulties, to 60-70 years for those with moderate cerebral palsy, and to a normal life expectancy for those with mild disability and no associated impairments.

41.4 Care Needs

41.4.1 About one third of adults with cerebral palsies may be expected to be independent and self-supporting with suitable education and support in childhood adolescence and early adult life. More severely affected people may require help with dressing and undressing, and with personal hygiene. Help may also be needed with cutting, mashing or blending food. Those most severely affected may be unable to feed themselves without help from another person.

41.5 Mobility Considerations

41.5.1 About 75% of adults with cerebral palsies can walk in the home and for varying distances out of doors. The manner in which progress is made, the gait adopted and the effort required may among other factors result in substantial limitations of walking abilities. Aids such as a walking stick, elbow crutches or a walking frame may be required, with a wheelchair for longer distances.

41.6 Further Evidence

41.6.1 Families of adults with cerebral palsies are often closely involved in their care and support and can provide much of the information required in determining

care and mobility needs. Further evidence may be sought from the social worker, a therapist, the GP or a consultant in rehabilitation medicine who has been involved in the management of the disabled person.