

Fact Sheet

Angelman Syndrome

General Overview

According to Miles (2000) Angelman Syndrome is a neurological Syndrome disorder in which severe learning difficulties are associated with a characteristic facial appearance and behavior. This condition was first reported in 1965 by a Paediatrician working in Warrington, Cheshire, Dr. Harry Angelman.

Angelman Syndrome is thought to be due to an abnormal expression of a group of genes on chromosomes 15. It is believed that at least one of these genes control development of the brain, especially the parts associated with language, movement and pigmentation.

Conducted by a Paediatrician or Clinical Geneticist, 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.

DEVELOPMENTAL AREAS

Children may display some of the following characteristics

Social and Emotional Development

- May have an affectionate nature and frequent laughter
- May be sociable

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- May laugh at inappropriate times and situations
- May enjoy company of others
- 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 staff 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 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 dependent on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes, 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
- Be aware of inappropriate behaviours and plan the program and modify the environment to discourage these (provide several spades that are the same in the sandpit to prevent a potential disagreement over a single spade etc).

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.

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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.

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.

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