

Some Common Disabilities

Attention Deficit Hyperactivity Disorder (ADHD)

At one time thought to only effect children, ADHD is now known to be a life long condition that affects as many as 7% of the Canadian population. ADHD affects a person's ability to maintain efforts, either physical or mental for sustained periods of time and is therefore a challenge in the everyday lives of people affected by it. Limited information is available about the cause of ADHD. Some supporting evidence has been linked to genetic origins although further investigation is necessary for conclusive causes. People with ADHD have difficulty maintaining task focus, which in turn can be disruptive to goal accomplishments and time management. Though medications are one way to help people deal with this condition, holistic approaches have been quite successful. People with ADHD sometimes experience frustration or anxiety about the exaggerated efforts that are required for them to make important societal contributions.

<http://www.adhdcanada.ca/Welcome.htm>

Autism

Autism has a very wide variety of symptoms and defining characteristics. No two people with the same diagnosis are expected to meet the same diagnosis criteria. This variation makes Autism a spectrum disorder. One in every 286 Canadian children born will be diagnosed with Autism within their first 2-4 years of life. This is a great increase from the one in every 1,000 that were diagnosed only a few years ago. As no conclusive research has been conducted on specific causes for Autism, there is no definitive explanation for the increase. It is generally agreed upon within the medical community that it is a brain-based neurological disorder, making it a Pervasive Developmental Disorder (PDD). PDD's encompass five disorders with Autism and Pervasive Developmental Disorder-Not Otherwise Specified ((PDD-NOS) being the most common. PDD's share some characteristics including reduced interest in social interaction, limited communication skills and interest in rituals. Rituals or self-stimulating behaviors, are activities that a person participates in repeatedly, for example, hand waving, foot tapping or swaying.

Autism Society of Canada - <http://www.autismsocietycanada.ca/>

Cerebral Palsy

There are currently over 50,000 Canadians who live with Cerebral Palsy (CP), a disorder that effects muscle movement and control. Cerebral Palsy is most often caused by injury to a child's brain during pregnancy or complications during birth such as breech position. Cerebral Palsy has occurred during early childhood due to circumstances such as lack of oxygen, infections such as meningitis, or trauma to the head. As a result, people may experience muscle tightness, involuntary movement or challenges in gross or fine motor skills and speech. The effects vary from person to person based on where the injury occurred in the brain and the severity. CP is not correlated to intelligence and independent living and community access are an integral part of developing and maintaining optimal muscle performance.

Cerebral Palsy Association of Canada - <http://www.cerebralpalsycanada.com>

DDRC

Developmental Disabilities Resource Centre of Calgary

Down syndrome

Approximately one in 1000 babies will be affected by Down syndrome. Down syndrome is not hereditary although the chance of occurrence is correlated to a mother's age. Down syndrome is also known as Trisomy 21 as an extra 21st chromosome is present for 95% of the people with the syndrome. Other possible and less likely possible causes are translocation of some genetic material or if only a portion of 21st chromosomes pairs have an extra chromosome. Down syndrome received its name from Dr. John Langdon Down in 1866 although significant scientific advances have shed light on Trisomy 21. Since then, his name has remained in association with this disability. Some of the health concerns or risks that have been associated with Down syndrome include: hearing deficits, congenital heart disease and vision deficits requiring corrective glasses or surgery. Though correlations have been established scientifically between Down syndrome and these health issues, they do not typically hinder the quality of life, life experiences, or accomplishment of people living with Down syndrome.

<http://thearc.org/faqs/down.html> - <http://www.nas.com/downsyn/>

Fetal Alcohol Syndrome/Fetal Alcohol Effects

Because of the illusive nature of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) along with lack of diagnosis and reporting, it is difficult to estimate the number of children who are born with either syndrome. FAS and FAE are the only completely preventable disabilities and are also the most common. This is a difficult situation that has received much attention from social groups and interested parties over recent years. FAS has more physically evident aspects characterized by unique characteristics than FAE. People with FAE have less distinct or no physical components of the condition. This in itself presents another challenge for correct diagnosis, as many people may be coping with the effects (FAE) and not be receiving helpful supports since they do not meet the "picture" of someone with FAS. When an expectant mother consumes ethanol (found in alcoholic beverages), damage to the unborn child ensures causing FAS or FAE. No conclusive data is available regarding exactly when consumption is most damaging to a fetus and it is therefore recommended that no amount of alcohol is consumed by an expectant mother at any time during pregnancy. Alcohol is believed to stunt the development of an unborn baby's brain and therefore results in this disabling condition. Some of the effects of the syndrome include: difficulty understanding consequences, social expectations and authority, academic setbacks, and personal esteem issues. The brain differences of people with FAS or FAE cannot be changed or remedied and daily living tasks present significant challenges to a person affected with FAS or FAE and requires them to use extra self discipline and effort to achieve work, academic or personal goals.

www.acbr.com/fas/ - <http://depts.washington.edu/fadu/>

Fragile X syndrome

Fragile X syndrome is the most common known cause of intellectual disability and affects one in 1,200 males to one in 2,500 females in Canada. Males are likely to have more significant manifestations of the syndrome. Fragile X syndrome was named in early years of research on the topic for a pattern that effected X chromosomes (females are XX, males are XY), a type of unraveling of the chromosome that made the X “fragile”. Specifically, Fragile X syndrome affects the gene FMR1 that typically produces FMHP, an essential protein. Without the body’s production of this protein, certain symptoms occur. Symptoms include intellectual impairment, difficulty in maintaining concentration, and management of moods and emotions. A mother who has no symptoms but is a carrier of Fragile X syndrome has a 50% likelihood of passing it to her child. Men who carry the Fragile X syndrome gene will pass it to all of their daughters and none of their sons, explaining the increased prevalence of Fragile X syndrome in females.

Fragile X Research Foundation of Canada - <http://www.fragile-x.ca>

Intellectual Disability

Approximately 2.5% of the Canadian population has an intellectual disability. Conversely, the same percentage of the Canadian population has above average cognitive abilities. There are many varying degrees of intellectual disabilities and approximately twice as many males as females who live with one. This discrepancy is attributed to some sex linked disabilities that affect only males. Many theories have been examined as to how intellectual disabilities occur from genetic, nutritional, or biological sources. Children typically have stages of development that they follow as they grow older, milestones such as walking and starting to talk. A child with a disability develops at a different pace and sometimes does not reach milestones that a sibling might at the same age. People with intellectual disabilities still have interests, dreams and aspirations that are reflective of the population as a whole. To achieve these aspirations such as working at a career and living in a home of their choosing, may require assistance. Though some physical ailments are associated with this disability, typically people are healthy and able to live a high quality of life.

Batshaw, Mark L. Children with Disabilities 4th Edition, 1997

Tourette syndrome

Tourettes syndrome is characterized by symptoms including involuntary motor or vocal expressions. Symptoms can include echolalia (repeating a sound), touching, eye blinking, facial expressions, throat clearing and in rare cases, coprolalia (expressing socially inappropriate words or terms). The onset of symptoms is before 18 years and though there is no “cure” for Tourettes syndrome. Symptoms often subside in adulthood. People with this syndrome are often able to temporarily repress their symptoms, though they always must eventually be expressed and stressful situations are often a trigger for the person’s symptoms. A parent has a 50% chance of passing on the syndrome to their children and is believed to be caused by an abnormal metabolism of brain chemicals, namely the neurotransmitter dopamine and possibly others. Most people with Tourettes syndrome manage their symptoms in their day-to-day activities and only a minority use medications. Classroom supports are beneficial for students with Tourettes syndrome in learning to manage their tics. The syndrome itself has no correlation to social or academic learning.

Tourettes Syndrome Foundation of Canada - <http://www.tourette.ca/qa.html>

Williams syndrome

Approximately one in 25,000 babies born will have Williams syndrome (WS) caused by an abnormality on chromosome 7, similar to Down syndrome which affects chromosome 21. Another similarity is that WS, like Down syndrome, has a great variety of ways that the disability is expressed and levels of abilities that each person will pose. Some similarities among people with WS can be drawn from physical features and occasionally with health implications. Common characteristics include having a friendly and social nature. Oral communication skills of people with WS are typically very strong and many people also share a heightened sensitivity to noise levels. Noise sensitivity combined with tendencies to have difficulty maintaining concentration often makes quieter workplaces and social setting a preference for people with Williams syndrome.

<http://www.williams-syndrome.org.uk/index.htm>

