## Characteristics of Angelman Syndrome

The disorder is characterized by global developmental delays, severe speech impairment and a movement/balance disorder. Many have a seizure disorder, which at times can be difficult to treat. Most children with AS seem to need very little sleep when young, and are usually very sociable and display a very happy demeanour.

People with AS may have some physical features in common but they also closely resemble their parents and family. While some characteristics of AS are directly attributed to the syndrome, any one person will only have some of them. It is often noted that fair skin, blonde hair and blue eyes is common, however there are also many people with brown eyes, dark skin and dark hair, who have a diagnoses of AS.

It is important for professionals to note that each person who has AS ***is an individual.*** Just like all other children, every person who has AS has their own unique appearance and personality and vary greatly in their abilities, talents, weaknesses, and achievements. Because of these differences, treatments, therapies and management ***will also vary from case to case.*** The extent to which a child shows the physical characteristics of the syndrome is no indication of his/her intellectual capacity.

Even though someone with Angelman syndrome cannot speak, they communicate using many other modes of communication. They are also able to hear your words, tone and attitude. They deserve the same respect as everyone else and we always assume competence.

The Angelman Network advocates for full inclusion in NZ. Read more...

## Common Traits in AS

- In infancy and early childhood, many experience **feeding complications** and appear to require very little sleep.
- **Epilepsy** occurs in approx. 80% of cases, usually beginning at around 2 years of age. Read more...
- The syndrome causes a **severe speech impairment** (many have no words at all) and delays in development and learning. Access to a robust language system (AAC) from as early as possible is now opening new ways for expressive language development, literacy and numeracy. Read more…
- Most people with AS tend to be **very sociable, happy, and at times, over excitable**. They frequently display what appears to be a happy demeanour however, the smiles and laughter can also express other feelings, such as anxiety, fear, and even pain.
- Essentially all young children with Angelman syndrome have a component of **hyperactivity.** Attention span can be so short that social interaction and

communication is adversely affected. Persistent and consistent behaviour modification can help decrease these behaviours. Observations in young adults suggest that hyperactivity decreases with age. Most children with Angelman syndrome do not receive drug therapy for hyperactivity, although some may benefit from the use of medications such as methylphenidate (Ritalin). Use of sedating agents is not recommended. Read more here: Hyperactivity in Angelman Syndrome

- A strong **attraction for water, music, lights and reflections** can be common early on and water can therefore pose a potential accident risk.

- **Ataxia:** Ataxia is a movement/balance disorder that results in an unusual gait and jerky movements.

Diagnostic criteria are based both on clinical features and on the currently available genetic information. Clinical diagnosis is difficult in the first two to three years of life. Conditions with a similar initial presentation are Rett syndrome, Lennox Gastaut syndrome, Autism and non-specific Cerebral Palsy.

Based on the NZ population there could be approximately 300 people in NZ with AS, yet many remain undiagnosed or possibly even misdiagnosed with Autism, Cerebral Palsy (CP) or global developmental delay (GDD).