122 - PHYSICAL ACTIVITY FOR IMPROVEMENT OF THE QUALITY OF LIFE OF THE CARRIER OF RETT SYNDROME

PAULA, GUILHERME ISAÍAS DE ; JUNIOR, EMERSON NILANDIO PEREIRA;
PEPATO, SERGIO.
Universidade Federal de Uberlândia, Uberlândia Minas Gerais, Brasil.
gui1302@yahoo.com.br

Introduction

The physical activity has been used since the antiquity with resource in the whitewashing of patients with diverse types of deficiency (IT HISSES, 1985). The physical activity for people with necessities special has as intentions to explore its potentialities and to break the tensions, leaving the sedentarism and preventing secondary deficiencies (FREITAS and COAST, 1999

According to Drowatzky (1973), by means of activity physical, children with necessities special is displayed conditions of important factors of movements, that is of the basic forms as the "floor" that causes in the "exploration of the special environment" that not only conditions the child with necessities, but all those that have some deficiency, to develop the space concept the one that they learn to explore the characteristics of objects and the limitations of its proper body.

Rett (1966), identified a characterized condition of deficiency that if characterizes for neuromotora deterioration in children of the feminine sex, sufficiently singular clinical picture, folloied for hiperamonemia (high ammonia concentration the plasmático level, being the ammonia a neurotoxina), having it described as a "Cerebral Atrophy Associate the Hiperamonemia", classifying it as syndrome of Rett.

The illness evolves of previsible form, in periods of training, that had been nominated by Hagberg and Witt-Engerström (1986) of the following form: period of training 1 - called precocious stagnation, is initiated enters six and 18 months and is characterized for a stop in the development, deceleration of the growth of the craniano perimeter, reduction of the social interaction with consequent isolation. Period of training 2 - appraised of quickly destructive, it is initiated it enters one and three years of age and has the duration of weeks or months. A fast psychocomotor regression dominates the picture, with the presence of cries imotivado and periods of extreme irritability, behavior autista type, loss of say and appearance of the estereotipados movements of the hands, with subsequent loss of its práxica function; respiratory disfuncions (apneas in vigil, episodes of hyperventilation and others) and convulsive crises start if to reveal In some children it has loss of speaks that already it was eventually present. Riots of sleep are common. Period of training 3 - it is installed enters the two and ten years of age: The motor riots are evidentes, with presence of ataxia and apraxia, espasticity, scoliosis and bruxism.

Schwartzman (2003), affirms that the foreign works relate that in period of training 3 it is very common to occur loss of weight, although ingesta normal. However, in research lead in Brazil, it did not find malnutrition between the examined children. In contrast of that if they could wait, several of the patients presented upweigth. Crises of loss of breath, aerophagia and forced air expulsion and saliva occur with frequency. Period of training 4 - that it is initiated for return of the ten years of age is of delayed motor deterioration, occurring slow progression of deficits motor, with severe presence of scoliosis and mental deficiency.

The epilepsy can become less important, and the few patients who still hold back the deambulation gradually will have increasing damages, finishing for having that to use chairs of wheels. The girls with MR. are normal to the birth and demonstrate a normal development until the six or eighteen months of age, know today that to a large extent of the cases, whatever in all, she has in the truth a delay in the motor development with muscular hypotonic and damage in engatinhar, that they are the initial signals. She says it always very is compromised e, many times, total absent. Some children arrive to speak, leaving to make it it the measure that deterioration advances. Some few acquire some isolated vocábulos (HAGBERG et al 2001).

The main objective of the present study is to inquire occurred changes in individuo with Syndrome of Rett in motor, cognitive and affective aspects being used the hydrotherapy and psiychomotricity as methods.

Material and Methods.

This study if it characterizes for a qualitative research with characteristics of case study. Triviños (1987) describes that the case study it is a category of research whose object is a unit that if it analyzes aprofundadamente, this definition determines its characteristics that are given by two circumstances, the nature and abrangência of the unit that this only can be a citizen, and also the complexity is determined by the theoretical supports that serve of orientation of its work to the investigator.

We carry through a study in an adolescent, of the feminine sex, with chronological age of sixteen years and clinical diagnosis of Syndrome of Rett. We opt to the study of observacional case, where the technique of more important collection of data is the participant comment, the research was carried through in the swimming pool and the room of psicomotricidade of the College of Physical Education of the Federal University of Uberlândia inside of the Program of Attendance the Person with deficiency (PAPD) inserted in the Nucleus Interdisciplinar de Physical Atividade and Saúde (NIAFS). The used swimming pool has 6,0 m of width, 8,0 length m and 1,30 m the 1,70 m of depth with a temperature of the water between 28 and 33 centigrade degrees. The psicomotricidade room is ample making use of elastic bed, sonorous long cushions, toys, pedagogical toys that develop sensorial activities.

The sessions had been carried through two times per week with duration of 60 minutes each, enter the months of March and June of the year of 2005. The lessons had been divided in 30 minutes for the psicomotricidade and 30 minutes for aquatic activities. In function of the carried through comments we opt in working the activities in the psicomotricidade related to the perception, as tato, visual, auditory perception, using material of different textures, using the elastic bed with the relaxation objective, chair to turn, to work space direction to balance, For stimulaton to the vision, using material colorings, proximando of the eyes of the pupil and a side for the other. Pra to stimulate the hearing, had been used material that makes different barulhos and musics with some rhythms and instruments.

In carried through initial motor tests that pupil was only in balance in the positions dorsal decubitus, ventral decubitus, with low angulação in the flexão of elbow and with a flexão of fingers good the sufficient to hold objects and to press them, not possuía pupil says some. In the swimming pool pupil if she dislocated in the position dorsal and ventral decubitus with human support.

In the sensorial tests we perceive the lucidity of the pupil by means of movement of the head and the eyes in the same direction of the sounds carried through in displacement for barulhentos objects. By means of the temperature of the water of the swimming pool we notice the sensitivity of the pupil how much to the cold, therefore it carried through feições with the face of unpleasantness to the way.

In the swimming pool we work with exercises of movement of the body of the pupil: in dorsal decubitus and frontal movement of hip for the sides, in dorsal decubitus movement goes up and goes down of the hip, flexão and extension of the joint of the hands, flexão and extension of the arms, movement stops backwards, front and laterals in the vertical line. The

activities of flexão and extension, adução and abdução and circundução of legs and arms in the water are also carried through quickly (in the limit of the pupil) and slowly, varying always the movements, exploring to the maximum the amplitude of its joints. We apply movements type "S" in the water to work the waist. To push for the sides and top, also they are typical of activities to stimulate its sensorial capacity. Divings had also been enclosed for improvement of the respiratory capacity.

Results

With the employed activities to the pupil it had progress, being of great value the gotten results. In the psicomotricidade the pupil answered to the sensorial stimulatons, obtained an improvement in the balance in diverse positions before they were impossible without support for pupil, with ventral decubitus without being with the face in the soil position, lying of side, a bigger concentration in activities of breaking heads and rabbet, diminishing the time of execution of such tasks. In the swimming pool the pupil had progressos of form that the activities played for it had been gradual to each section. In the swimming pool the pupil obtained to be per some seconds, in foot alone. How much to the questions carried through with its mother this tells that the adolescent presented an improvement being calmer, and demonstrating more attention in house, a bigger control of apnea increasing its time of 5 seconds for 8 seconds.

QUARREL

The enclosed child in the study inside meets of the disgnostic criteria, published for HAGBERG et al. (1985). The period of training the one that belongs, would be III the period of training or pseudo-stationary period of training according to SAWICKI et al. (1994), in which they remain until losing the capacity of walking. The clinical picture presented by the child of the study becomes related with what al was published by Rosemberg et. (1986), that it includes loss of the abilities acquired mainly of the hands, ataxia of trunk, estereotipados movements of the hands, scoliosis, rigidity to articulate and alterations of tonus.

Final Considerations

With what we finish to display, we judge to be able to conclude that: How much to the motricity the pupil presented a significant improvement in its behavior, being calmer and considerate, and showing better coordination in its sensorial activities? How much to the aquatic activities the pupil obtained to be in foot inside of the water per few seconds without support? The physical activity as half of whitewashing to the carrier of the syndrome of Rett, showed if satisfactory. We stand out that posterior works must be carried through approaching more the job of the physical activity for the carrier of the syndrome of Rett? Few productions exist scientific that guide the physical activities with this clientele.

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Brasil, Minas Gerais, Uberlândia, Avenida: Moisés de Freitas, n° 145,Cep:38400-000, Telefone: (034) 3216-0496, e-mail: gui1302@yahoo.com.br

Physical activity for improvement of the quality of life of the carrier of Rett Syndrome

Abstract

The present work consists of a study of case with a carrying adolescent of Rett syndrome, where we look for to point out the proposal of physical activity in such a way searching an improvement of the quality of life for this individual in motor and psycho-social aspects, for this work we use activity in the water (hydrotherapy) and activities of psiychomotricity. To judge if individual had improvements in the life of this was made a daily one of field, and we always used the depositions of the mother also to give emphasis to our work. We had resulted of evolution of this individuo how much the motor, cognitive aspects and affective such as; of improvement in the balance; improvement of the object footprint; an improvement of the concentration of individuo in the accomplishment of the activities proposals; a bigger confidence of individuo in accomplishment of the activities, a significant improvement of mood.

Words keys: Rett Syndrome; Physical activity; Quality of Life.

ATIVITÈ FÍSIQUE POUR ÁMÉLIORATION DE LA QUALITÈ DE LA VIE POUR LE PORTEUR DU SYNDROME DU RETT

RÉSUMÉ

Le present travail c'est pour l'étude d'une adolescent porteur du syndrome du rett, où nous vouluons monter une propouse d'ativitè físique en cherchant une amélioration de la qualitè de la vie pour cette persone tant de l'aspects moteurs et pcychique-sociaux, pour cette travail nous utilizons une ativitè dans l'eau (hidrothérapie) et ativitè de pcychequemotrocité. Pours analyse si il ait étè progress en la vie des persones nous avons fait un journal du campane, et toujours nous avions eu utilisé les depoiments de mamere pour enfatizers nous travaille. Il avait eu résultat de la evolucion des persones pour les aspects moteurs, cognitifs et afetifs comme: le amendement d'equilibre; amendiment de toucher les objets; amendiment concentracion de le persone quand réalization d'ativitè propouse; une confiance plus des persones um réalization d'ativitè, une amendiment considérable d'humour.

Paroles clés: syndrome du rett, ativitè físique, qualitè de la vie.

Actividad física para la mejora del calidad de vida de un portador de Sindrome de Rett
Resumen
El actual trabajo consiste en un estudio del caso con un adolescente que lleva del síndrome de Rett, donde buscamos para precisar la oferta de la actividad física de tal manera que busca una mejora de la calidad de la vida para este individuo en aspectos y psico-sociales, para este trabajo que utilizamos actividad en el agua (hidroterapia) y las actividades del psicomotricidade. Juzgar si el individuo tenía mejoras en la vida de esto fue hecha diaria del campo, y nosotros utilizó siempre las deposiciones de la madre para también darnos a énfasis los nuestros trabajo.Tivemos resultó de la evolución de este individuo tal como cuánto los aspectos, los cognitivos y el afectivo del motor; de la mejora en el equilibrio; mejora de la huella del objeto; una mejora de la concentración del individuo en la realización de las ofertas de las actividades; una confianza más grande del individuo en la realización de las actividades, una mejora significativa del humor.
Palabras llaves: Síndrome de Rett; Actividad física; Calidad de la vida

Atividade física para melhora da qualidade de vida do portador de Síndrome de Rett
Resumo
O presente trabalho consiste em um estudo de caso com uma adolescente portadora de síndrome de Rett, onde procuramos salientar a proposta de atividade física buscando uma melhora da qualidade de vida para este individuo tanto em aspectos motores e psico-sociais, para este trabalho utilizamos atividade na água (hidroterapia) e atividades de psicomotricidade. Para julgar se houve melhoras na vida deste individuo foi feito um diário de campo, e sempre utilizávamos os depoimentos da mãe para também dar ênfase ao nosso trabalho.Tivemos resultados de evolução deste individuo quanto a aspectos motores, cognitivos e afetivos tais como; de melhora no equilíbrio; melhoramento da pegada de objetos; uma melhora da concentração do individuo na realização das atividades propostas; uma confiança maior do individuo em realização das atividades, uma melhora significativa de humor.
Palavras chaves: Síndrome de Rett; Atividade Física; Qualidade de Vida.