Therapeutic Management

FXS has no cure. Medical treatment may include the use of serotonin agents, such as carbamazepine (Tegretol) or fluoxetine (Prozac), to control violent temper outbursts and the use of central nervous system stimulants or clonidine (Catapres) to improve attention span and decrease hyperactivity. Two possible treatments of FXS being investigated are reactivation of the affected gene and protein replacement (Bagni, Tassone, Neri, et al, 2012; Kuehn, 2011).

All affected children require referral to early intervention programs (speech and language therapy, occupational therapy, and special education assistance) and multidisciplinary assessment, including cardiology, neurology, and orthopedic anomalies.

Prognosis

Individuals with FXS are expected to live a normal life span. Their CI may be improved by behavioral and educational interventions that usually begin in preschool-age children.

Nursing Care Management

Because CI is a fairly consistent finding in individuals with FXS, the care given to these families is the same as for any child with intellectual disability. Because the disorder is hereditary, genetic counseling is important to inform parents and siblings of the risks of transmission. In addition, any male or female with unexplained or nonspecific mental impairment should be referred for genetic testing and, if needed, counseling. Families with a member affected by the disorder should be referred to the National Fragile X Foundation.*

Sensory Impairment

Hearing Impairment

Hearing impairment is one of the most common disabilities in the United States. An estimated 1 to 6 per 1000 well infants have hearing loss of varying degrees (Grindle, 2014). For infants admitted to neonatal intensive care units, the incidence rises sharply to approximately 2 to 4 per 100 neonates (American