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Aging with cerebral palsy

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Cerebral palsy (CP) has been defined as the result of an injury or nonprogressive lesion to the immature, developing brain, causing a disorder of movement and posture [1,2]. The diagnostic sign is classically that of a motor deficit, but other symptom complexes of cerebral dysfunction may be associated with CP. CP has a spectrum of clinical syndromes, all of which are characterized by abnormalities in muscle tone, deep tendon reflexes, primitive reflexes, and postural reactions [3,4]. It is classified by the type of neurologic dysfunction (spastic, hypotonic, athetotic, dystonic, or a combination of these) and by the extremities involved (monoplegia, hemiplegia, diplegia, triplegia, and quadriplegia) [5]. There is a paucity of information in the literature regarding adults with CP, and most primary care physicians and specialists in the adult health care system have not received special training dealing with adults with developmental disabilities. This article calls attention to the needs that are unique to this population and aids the health care provider's basic approach to these patients.

Epidemiology

CP has been reported to be the leading cause of childhood disability, with estimates that 8000 babies are diagnosed with the condition each year. However, it is no longer a disorder affecting newborns and adolescents. Although the number of adults with CP is unknown, it is estimated to be 400,000 [6]. Approximately 764,000 children and adults manifest at least one symptom of CP [7]. The number of adults with CP is increasing, likely due to the increased survival of low-birth-weight infants and increased longevity of the adult population in general. Ninety percent of children with CP survive

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