Cerebral Palsy (CP) is a group of permanent disorders of movement and posture which limit activity. It is caused by brain damage before birth or during infancy. In Australia, it affects 2.7 in 1,000 children. Whilst the focus of cerebral palsy is often on movement there is a lot of variety in other symptoms that may be present in a person with CP.

Children and young people with CP are at higher risk of breathing problems than children and young people without CP and chest infections like pneumonia are their leading cause of death. The reasons that young people with CP may be more likely to develop breathing problems are:

- Some children with CP have less strength and coordination in their chest muscles than children without CP.
- Many children with CP are not as fit as children without CP, especially if they do not walk.
- Some children with CP have weak swallowing muscles. They have trouble timing their breathing when they swallow. Food, drink, and saliva sometimes go down into the lungs instead of the stomach. (This is called “aspiration.”) Bacteria can then breed in the lungs and cause chest infections.

There is very little information about breathing problems in children with CP. The frequency of respiratory symptoms like cough and wheeze in children with CP is not currently known. Although there are reasons why children with CP have more respiratory illness, there is not enough information to allow us to predict exactly which children are at risk. Further research is required if we are to identify those children likely to develop respiratory illness.

Managing respiratory illness in children with CP. Children with CP are more likely to require treatment for chest infections than children without CP. This treatment may range from treatment with oral antibiotics at home through to hospital admission with antibiotics given by a drip. In addition to antibiotic treatment, chest physiotherapy may be useful in allowing children to better clear their phlegm, and to recover faster from illness.

Preventing respiratory illness in children with CP. We need to do more research to determine the best way of preventing respiratory illness in children with CP. It remains important to however to identify risk factors such as aspiration of food, and to prevent these where possible. Other important steps include influenza immunisation and attention to adequate nutrition. More specific measures such as ongoing chest physiotherapy or antibiotic use may be necessary in some children.
Although it is well recognised that respiratory illness is extremely common in children with CP, we urgently need more information to better predict which children are at most risk. Such information would better allow us to keep children with CP healthy and improve their quality of life.

References: