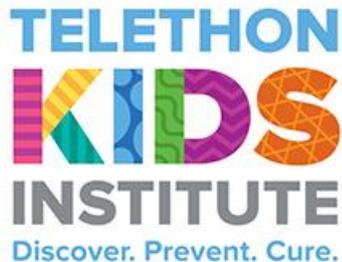


Choice making in Rett syndrome: A descriptive study using video data

Anna Urbanowicz

a.urbanowicz@uq.edu.au



Proudly supported by the people of Western Australia through Channel 7's Telethon

Background



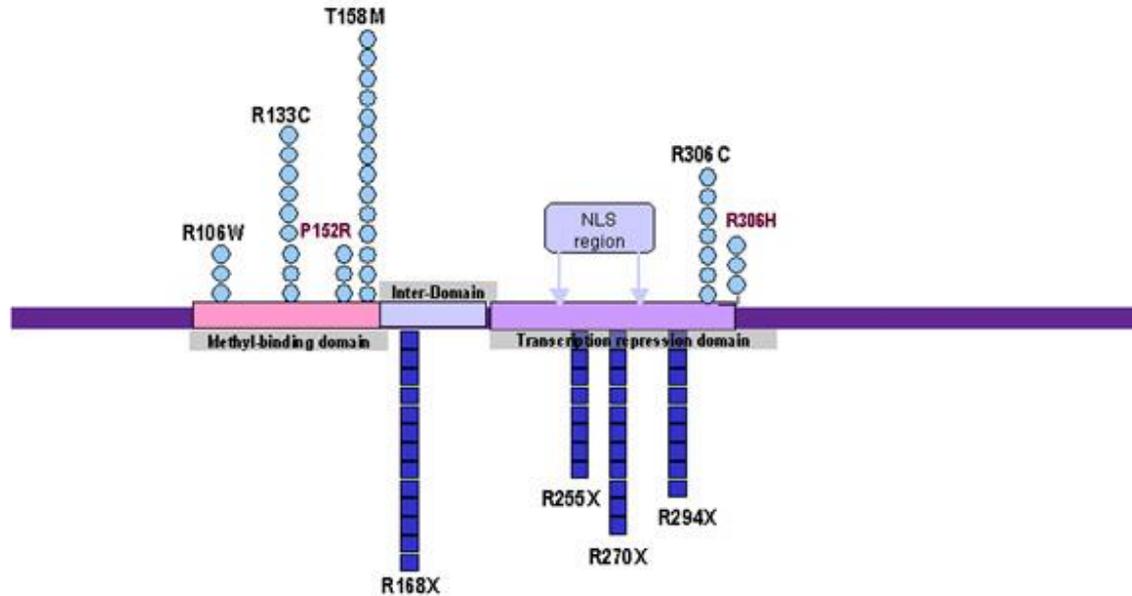
Diagnostic criteria for Rett syndrome

Main criteria	Supporting criteria
<ul style="list-style-type: none">• A period of regression:<ul style="list-style-type: none">• Loss of purposeful hand skills• Loss of spoken language• Gait abnormalities• Stereotypic hand movements	<ul style="list-style-type: none">• Breathing disturbances• Bruxism• Sleep problems• Abnormal muscle tone• Scoliosis/kyphosis• Growth restriction• Small cold hands & feet• Laughing/screaming spells• Diminished response to pain• Intense eye communication

(Neul et al., 2010)



Cause of Rett syndrome



- *MECP2* mutations have been linked to the cause of typical Rett syndrome in the majority of cases (Amir et al., 1999)



Choice making in Rett syndrome

- Influences participation in everyday life (Walker, Crawford & Leonard, 2014)
- Most commonly targeted communicative function for intervention (Wandin, Lindberg, & Sonnander, 2015)
- Most common reason for using eye gaze technology (Townend et al., 2015)
- 51% - 67% females are able to make a choice (Cass et al., 2003 & Cianfaglione et al., 2015)





What we wanted to know

- How many females with Rett syndrome can make choices?
 - How do they do this?
 - How long does it take?
- Do genotype, age, walking & grasping abilities influence choice making?



Methods



Australian Rett Syndrome Database

Established 1993



Initial Family & Clinician Questionnaires

- Pregnancy & child's birth, early development & current level of functioning



Follow-up Family Questionnaires

- Completed in 2000, 2002, 2004, 2006, 2009 & 2012
- Medical conditions & care, everyday functioning, specific Rett syndrome behaviours, use of resources & family functioning



Video-based Evaluation & Parent-report checklist

- Completed in 2004/2005 & 2007/2008
- Communication, eating & drinking, hand movements & functions, personal care & Rett syndrome specific behaviours



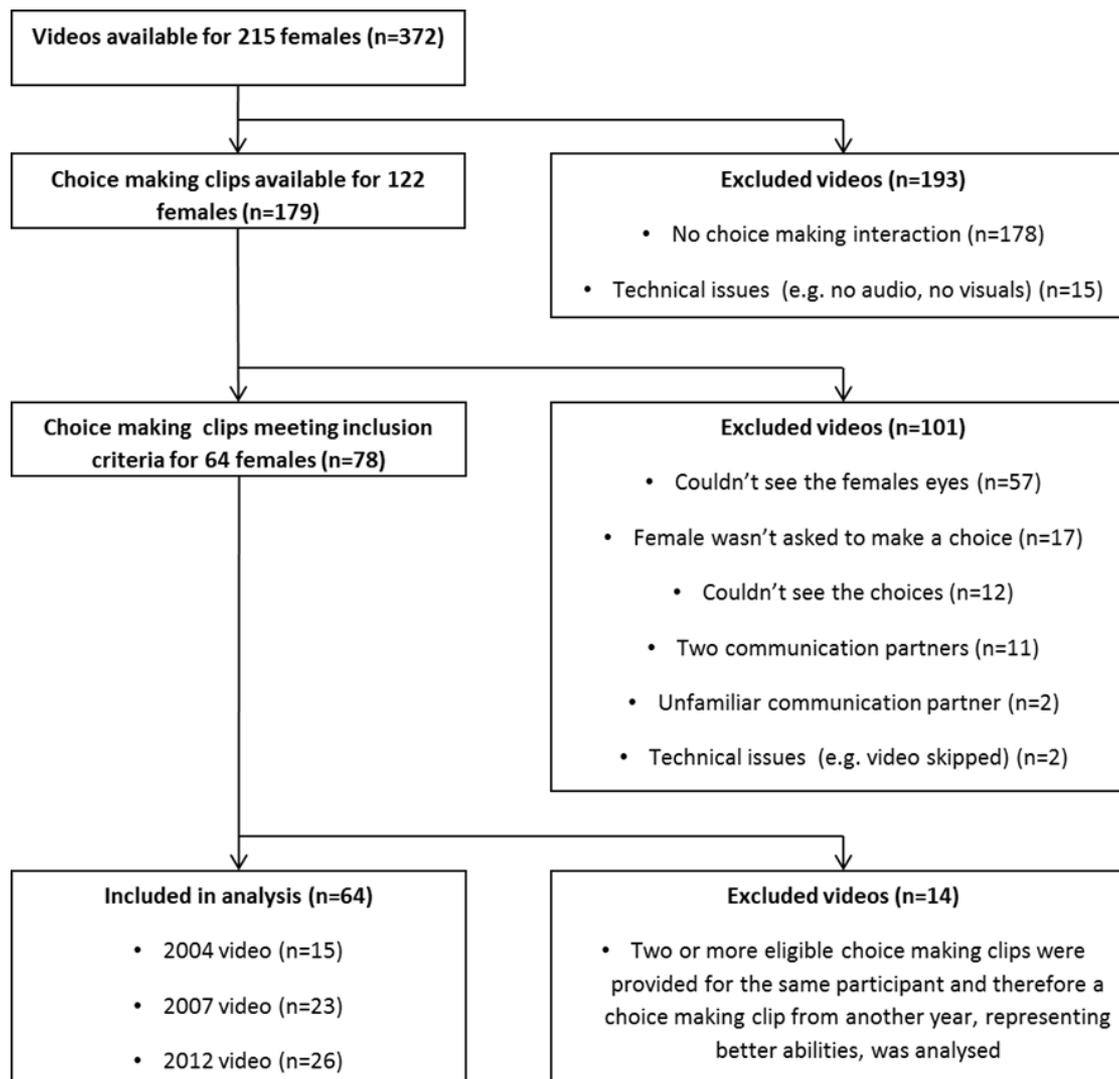


Inclusion criteria

- Video clip of choice-making of females with a pathogenic *MECP2* mutation
- Videos were included if:
 - Female instructed by a communication partner to make a choice between 2 or more items
 - The items were visible
 - Video was of satisfactory quality
- If a female had more than 1 video meeting the inclusion criteria, the best video was included



Flowchart of the selection of videos for inclusion





Video coding

- Location of interaction
- Communication partner?
- Choice making items
- Choice made?
- Communication modalities
- Length of time taken to make choice





Video example





Independent variables

- Genotype
- Age groups
 - < 8 years
 - 8 < 13 years
 - 13 < 19 years
 - > 19 years
- Walking and grasping abilities





Data analysis

- Fisher's exact test
 - Compare proportion able to make a choice or not with age group, genotype, the ability to walk & grasp objects & speech-language ability at enrolment
- Kaplan-Meier method
 - Probability of making a choice, overall & by age group



Results



Sample characteristics

- Age range 2.3 – 35.6 years
- 82.8% made a choice
- Length in time to make choice:
 - Range 1 second to 4 minutes 6 seconds
- 72% videos filmed at home & in 87% mum was the communication partner





Modalities used to make a choice

Modality	Frequency
Eye gaze	51
Body movements	
Takes item	7
Leans towards item	4
Gestures	
Gives item to communication partner	1
Points at item	2
Touches item without taking	7
Early sounds	2
Language	2



Proportion able to make a choice by age and ability to walk & grasp objects

Characteristic (n)	Able to make a choice n (%)		p-value
	Yes	No	
Age group (64)			
≤ 8 years (16)	14 (87.50%)	2 (12.50%)	
8 < 13 years (20)	15 (75.00%)	5 (25.00%)	
13 < 19 years (14)	13 (92.86%)	1 (7.14%)	
≥ 19 years (14)	11 (78.57%)	3 (21.43%)	0.54
Ability to walk (62)			
Independent (32)	26 (81.25%)	6 (18.75%)	
Minimal or Moderate Assistance (13)	11 (84.61%)	2 (15.38%)	
Maximal assistance or unable to walk (17)	14 (82.35%)	3 (17.65%)	1.00
Ability to grasp (58)			
Independent (33)	28 (84.85%)	5 (15.15%)	
Unable to grasp (25)	21 (84.00%)	4 (16.00%)	1.00

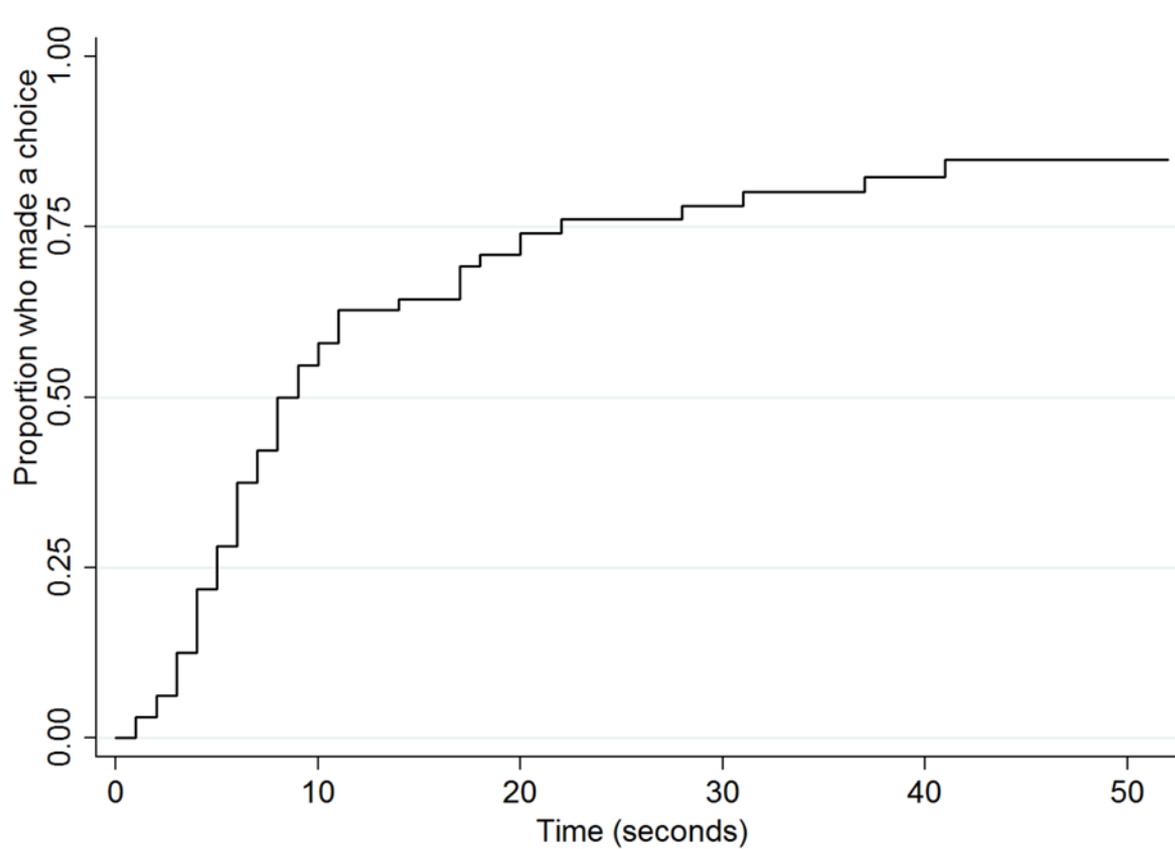


Proportion able to make a choice by *MECP2* mutation type

Mutation type(n)	Able to make a choice n (%)		p-value ^a
	Yes	No	
p.Arg106Trp (3)	3 (100.00%)	0	
p.Arg133Cys (6)	5 (83.33%)	1 (16.67%)	
p.Arg168* (6)	5 (83.33%)	1 (16.67%)	
p.Arg255* (6)	4 (66.67%)	2 (33.33%)	
p.Arg270* (9)	7 (77.78%)	2 (22.22%)	
p.Arg294* (6)	5 (83.33%)	1 (16.67%)	
p.Arg306Cys (5)	4 (80.00%)	1 (20.00%)	
p.Thr158Met (4)	4 (100.00%)	0	
C-terminal deletion (6)	5 (83.33%)	1 (16.67%)	
Early truncation (1)	1 (100.00%)	0	
Large deletion (4)	3 (75.00%)	1 (25.00%)	
Other (8)	7 (87.50%)	1 (12.50%)	1.00

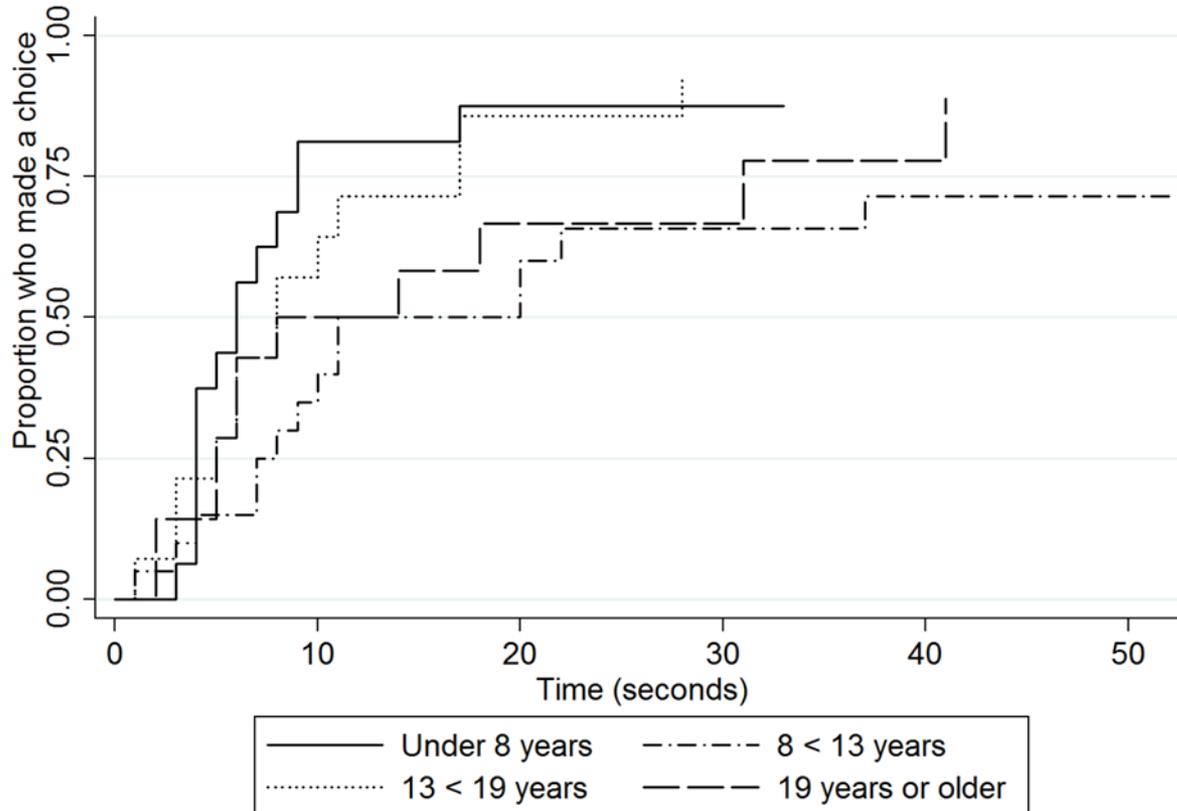


Ability to make a choice by time





Ability to make a choice at different ages, by time



Conclusions



Summary

- Majority were able to make a choice
- Time to make a choice varied greatly
- About 50% used a combination of communication modalities, of which eye gaze was most frequently used





What next?

- Communication guidelines project
- Aim: To develop international clinical guidelines for the assessment, intervention and long-term management of communication in individuals with Rett syndrome, by combining available evidence with expert opinion





References

- Amir, R. E., Van den Veyver, I. B., Wan, M., Tran, C. Q., Francke, U., & Zoghbi, H. Y. (1999). Rett syndrome is caused by mutations in X-linked MECP2, encoding methyl-CpG-binding protein 2. *Nature Genetics*, 23(2), 185-188. doi: 10.1038/13810
- Cass, H., Reilly, S., Owen, L., Wisbeach, A., Weekes, L., Slonims, V., . . . Charman, T. (2003). Findings from a multidisciplinary clinical case series of females with Rett syndrome. *Developmental Medicine & Child Neurology*, 45, 325-337. doi: 10.1017/S0012162203000616
- Cianfaglione, R., Clarke, A., Kerr, M., Hastings, R. P., Oliver, C., & Felce, D. (2015). A national survey of Rett syndrome: age, clinical characteristics, current abilities, and health. *American Journal Of Medical Genetics Part A*, 167(7), 1493-1500. doi: 10.1002/ajmg.a.37027
- Neul, J., Kaufmann, W., Glaze, D., Christodoulou, J., Clarke, A., Bahi-Biusson, N., . . . Percy, A. (2010). Rett syndrome: revised diagnostic criteria and nomenclature. *Annals of Neurology*, 68(6), 944-950. doi: 10.1002/ana.22124
- Townend, G. S., Marschik, P., Smeets, E., van de Berg, R., van de Berg, M., & Curfs, L. M. G. (2015). Eye gaze technology as a form of augmentative and alternative communication for individuals with Rett syndrome: Experiences of families in The Netherlands. *Journal of Developmental and Physical Disabilities*, 1-12. doi: 10.1007/s10882-015-9455-z
- Walker, E. M., Crawford, F., & Leonard, H. (2014). Community participation: Conversations with parent-carers of young women with Rett syndrome. *Journal of Intellectual and Developmental Disability*, 39(3), 243-252. doi: 10.3109/13668250.2014.909919
- Wandin, H., Lindberg, P., & Sonnander, K. (2015). Communication intervention in Rett syndrome: a survey of speech language pathologists in Swedish health services. *Disability & Rehabilitation*, 37(15), 1324-1333. doi: 10.3109/09638288.2014.962109

