

Available therapies

- The only drug that currently seems to have a positive effect on the severity of the attacks is Flunarizin (Sibelium).
- Motor development therapies are of great importance
 - Support of physio-, logo-, ergotherapy
- Often aggressive, depressed or unbalanced behavior as well as fluctuating feeling and patient insecurity caused by a disturbed body model require the greatest flexibility and sensitivity from all people who provide support such as educators, therapists and families.
- The treatment methods have to be individually adjusted to each patient using a case by case method.
 - The experience exchange between the affected families is particularly helpful!



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www.ahckids.de

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The AHC-Deutschland e.V. association represents the interests of patients with alternating hemiplegia as well as their families.

About us

- Originally established by parents in May 1997 as an initiative group. Since June 2006 we are a non-profit association.
- Our mission is to further the cause of this disease and support its research.
- We support the exchange of experiences and information amongst the affected families as well as stakeholders.
- Regular meetings
- Support network via www.ahckids.de

AHC

- AHC is a rare neurological disorder. (approx. 1:1 million)
- AHC was first discovered in 1971

What does AHC look like?

- The episodes start before the age of 18 months.
- Reversing episodes of hemiplegia which change the side dystonia.
- Other occurring symptoms include:
 - Eye movement disorders (nystagmus);
 - Seizures of dyspnea; and
 - autonomic phenomena (sweating, heart rash) associated with hemorrhage or unrelated to it.
- Disappearance of symptoms in sleep with the possible resurgence of symptoms 10 - 30 min after awakening.
- Developmental delays with the possible formation of permanent neurological deficits also in the paralysis-free phases, e.g. mental retardation, dystonia, ataxia, choreoathetose epilepsy, respiratory disorders.
- Since 2012 the genetic cause of the AHC has been identified in a new mutation in the ATP1A3 gene.

Further information

- Disease affects both boys and girls.
- Frequency and the intensity of the paralysis vary from patient to patient, as well as from episode to episode, and may last from a few minutes to a few days (this changes over the years).
- Episodes often involve eye movement disorders, speech loss as well as impaired perception.
- Spontaneous cries, crying, uncontrolled movements, but also epileptic seizures or migraine or respiratory disturbances.
- Mental and physical disabilities of the patients comprise a very large scope and can manifest in very different ways one child to another.
- Emotional roller-coaster: from great joy to strong physical exertion, feeling cold and spouts of anger attacks can all be triggered by hustle and bustle.

