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### PSYCHOTHERAPY, PHARMACOTHERAPY AND REHABILITATION OF A CHILD WITH CEREBRAL PALSY

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Cerebral palsy (CP) is one of the most often non-progressive encephalopathies. Among clinical symptoms the mobility and posture disturbances are predominantly observed, most typically neurologic and motor disturbances, showing up as spasticity, disturbances in muscle tension, ataxia or somatosensory problems. CP and its coexisting symptoms, encompassing mental impairment are most severe causes of handicap in children and constitute an important factor deteriorating the fulfilment of developmental tasks. The improvement of the functional status depends on systematic training based on learning processes. Following training, as effect of learning, stable plastic alterations in brain occurs, based on the previously described feature of making new synaptic connections and synaptic stabilization due to apoptosis of some other neural connections. Nevertheless pharmacotherapy, though it cannot remove the source of the disturbances and acts mainly symptomatically, is an important element of the complex rehabilitation. However, taking into consideration the chronic and stable character of the pathologic process, it should be remembered that the pharmacologic substances used should be characterized by:

- high safety,
- low toxicity,
- beneficial psychotropic properties, organoleptic properties accepted by children.

The most frequently used drug groups in the cerebral palsy are:

- tranquilizers,
- anxiolytic drugs,
- neuroleptics,
- antidepressive drugs,
- psychoenergizing drugs, improving the brain circulation, limiting muscular tonus, - anti-epileptic drugs.

Rational use of relatively wide spectrum of drugs, relaxant, sedative, anxiolytic, toning up, improving cerebral perfusion, anticonvulsory and reducing muscle tonus makes diagnostics, functional psychotherapy, kinesis therapy, ergotherapy, manual therapy, physical therapy, as well as social and occupational rehabilitation easier to a very high extent.