ALTERNATING HEMIPLEGIA OF CHILDHOOD FOUNDATION

AHCF is the merging of the International Foundation for Alternating Hemiplegia of Childhood (IFAHC), founded in 1993, and the Alternating Hemiplegia Foundation (AHF), founded in 1995. The AHCF is a non-profit, tax-exempt organization run by the parents of children with AHC.

Our mission is to find the cause(s) of AHC and effective treatments or cures while providing support to the families and children with AHC.

The goals of the AHCF are to: promote research into the cause(s) of AHC; fund research into new treatments of, and ultimately a cure for AHC; promote proper diagnosis; educate health care professionals, the public, and related organizations; support the membership of the AHCF; provide support to the families and children with AHC; develop an international support organization who care about children with AHC; encourage the exchange of information worldwide; and raise funds in support of these goals.

ALTERNATING HEMIPLEGIA OF CHILDHOOD

AHC is a rare neurological disorder in which repeated, transient attacks of hemiplegia (paralysis of a portion of the body, including the face) occur, usually affecting one side of the body, or the other, or both sides at once.

For more information on AHC or the AHCF, including press releases, resources, research, or fundraising information, contact the AHCF at:

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ALTERNATING HEMIPLEGIA OF CHILDHOOD

SHARED BY AHCF

Actively Helping Children and Families with AHC

AHC
Symptoms

Children with AHC exhibit a wide range of symptoms. These include tonic attacks (lack of muscle tone), dystonic posturing (stiffening of muscle tone), ataxia (lack of coordination when performing voluntary movements), nystagmus (fast uncontrollable movements of the eyes that may be side to side, up and down, or rotary), along with other ocular motor abnormalities (eye disorders), developmental delays, and seizures. Some children with AHC develop 'true seizures' sometime during the course of their disorder.

Recently, the first gene (ATP1A3) was identified as the cause of AHC in 70% of the cases. Much work needs to be done to identify the remaining gene/s and develop medicinal treatment options. The incidence of AHC is estimated in roughly 1 in 1,000,000 births; however, the true incidence may be higher since the disorder is commonly misdiagnosed due to the lack of awareness about AHC and the variability of its clinical features.

AHC
Long-Term Effects

Although the disorder is named "of childhood" those affected by AHC do not grow out of the disorder. The AHC episodes may change and sometimes even decrease in frequency as a child gets older. Every person with AHC is unique, and they can be mildly or severely affected. However, as children get older developmental problems between episodes become more apparent. These developmental problems may include difficulties in fine and gross motor function, cognitive function, speech and language, and even social interactions. There is developing evidence that AHC may cause ongoing mental and neurological deficits with a progressive course. Early intervention for such children is extremely important to help maximize developmental achieve-ments.

AHC
Diagnostic Criteria

1. Onset of symptoms prior to 18 months of age

2. Repeated attacks of hemiplegia involving either side of the body

3. Other paroxysmal disturbances, including tonic or dystonic spells, oculomotor abnormalities and autonomic phenomena, during hemiplegic bouts or in isolation

4. Episodes of bilateral hemiplegia or quadriplegia as generalization of a hemiplegic episode or bilateral from the beginning

5. Immediate disappearance of symptoms upon sleeping, which later may resume after waking

6. Evidence of developmental delay and neurologic abnormalities that include choreoathetosis (a type of involuntary continuous and flowing movement), dystonia, or ataxia

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