Health Concerns and the Student with Prader-Willi Syndrome Information for School Staff



Students with Prader-Willi syndrome (PWS) experience some unique health issues. It is important for school staff to be aware of these to ensure that the individual has a safe, healthy educational experience. Health concerns along with their corresponding strategies are summarized below.

Health Concerns	Strategies
 Altered Pain Threshold – Decreased Pain Sensitivity/High Pain Threshold Pain may be diminished or absent - even in severe injuries. Fatigue or irritability may be a sign of illness. Increased bruising and swelling is common. Altered Temperature Regulation Common to see unexplained high and low temperatures. Little or no fever may be present with illness. Often experience low tolerance to high or low outside temperatures. 	 All injuries need to be assessed by an adult. Report all injuries or changes in behavior to the parent or caregiver. Person may require examination by a physician to rule out fracture or other health problem. Apply ice to injuries as needed. Help to ensure student does not overheat. If extreme redness of the face and sweating is noted, move student to a cool area and encourage cool water (flavored water) and/or cooling measures. In colder climates make sure student is appropriately dressed and does not spend a long time outside. If illness is suspected, notify parent. Fever may not be present.
 Insatiable Appetite and Low Metabolism PWS hyperphagia is a life-threatening, uncontrollable genetic drive to eat that is not satiated regardless of the quantity of food consumed. There is no learning to control PWS hyperphagia. It includes preoccupations with food; food seeking, foraging; manipulation, sneaking, hiding, and hoarding food; and eating unusual food-related items (e.g. sticks of butter, pet food, mouthwash, rotten food taken from trash). It causes food-related anxiety that frequently results in dangerous behaviors (e.g. verbal aggression; physical aggression; elopement; burglary; theft; self-injury; lack of regard for personal safety). Hyperphagia puts students at risk for morbid obesity and death from choking, gastric or bowel rupture or necrosis. People with PWS have died from a single food gorging incident. Restricted calorie and carb intake is required. Student with PWS will gain weight on significantly fewer calories than their peers. 	 Receive/follow prescription from health care professional for calorie-restricted diet. Supervise student at all times, especially when food may be accessible. Monitor trash cans for discarded food items, especially in the restrooms. Keep unauthorized food out of sight. Do not use food as a reward or in classroom activities. It may be necessary to empty garbage cans that contain discarded food. Staff should be trained in the Heimlich maneuver. Avoid class parties that contain food. If unavoidable, ask family for input regarding how to manage food. Treatment and management of hyperphagia consists of restricted access to food and continuous 1:1 supervision at all times. No currently known medication reduces or eliminates this life-threatening symptom.
 Severe Stomach Illness Severe stomach illness has been noted especially in students who have had access to unauthorized food. Symptoms may include abdominal bloating. Pain may or may not be present; instead there may be a general feeling of not feeling well or fatigue. It is rare for a person with PWS to vomit. If vomiting occurs it could signal life-threatening issue. 	 If symptoms of stomach illness are present, notify parent. If there is known consumption of unauthorized food and student experiences abdominal bloating and/or vomiting, immediately notify parent as immediate hospitalization may be warranted. Encourage the student to share honestly if they have accessed unauthorized food, however admitting to don't anticipate had a binge episode. The student should not be punished if this has occurred.

Adapted from PWSA (USA). Updated 1-2019 Health Concerns Strategies	
Maladaptive Behavior	 Minimize changes in routine. When they do occur – prepare
 Persons with PWS have problems regulating their emotions. Many have difficulty with change or transitions. Some exhibit obsessive-compulsive tendencies, low tolerance to frustration, exaggerated emotional responses, and extreme verbal and/or physical aggression. Some may take medications to assist with mood stabilization. 	 Minimize charges in routine. When they do occur – prepare ahead if possible. Request information from PWCF about PWS Behavior Management Strategies. State what behavior you want to see. Avoid using the words "no" or "don't" because these spark frustration. Make sure medications are administered at school at the appropriate times.
 Osteoporosis High risk due to hormonal abnormalities and dietary limitations. 	 At high risk for fracture – assess injuries for possible sprain/fracture. May require x-ray to rule out fracture.
 Increased Sensitivity to Medications More sensitive to medications that can cause sedation or sleepiness. Metabolism of medication is slower than normal; risk of overdose. Start dose low and increase slowly. 	 Be aware of medications that the student is taking that could cause this. Report any problems to parents.
 Skin Picking Common behavior seen in persons of all ages. Open sores are common. May pick at various openings of body. 	 Provide diversion activities – keep hands busy. Do not draw attention to the picking. Encourage liberal application of lotion. Incentive program often needed to keep wound covered. Teach self care of wound if able. Monitor frequent trips to bathroom. Time limits and supervision in bathroom may be needed.
 Daytime Sleepiness Common to see in persons with PWS. Often symptom of sleep apnea. May be result of weak chest muscles-poor air exchange. Narcolepsy and cataplexy common. Eye Abnormalities Strabismus and Amblyopia Strabismus and/or amblyopia result from poor muscle tone in eyes. 	 Physical therapy evaluation for muscle strengthening. Get student up and moving if fatigue is noted. May require a rest time during the school day. May require medication. Assist in communicating problem to health care provider if problematic. Provide careful attention to this during eye screening. Refer to eye specialist if needed. Vision Therapy may help avoid surgery. If prescribed, ensure student wears glasses and/or patch.
 Scoliosis and Other Orthopedic Problems Common to see scoliosis and other orthopedic deformities in persons' with PWS. May be difficult to detect if obese. May require bracing or surgery. 	 If suspected, recommend referral to orthopedic specialist. Support and assist with brace if needed. Adaptive measures may be needed for physical education.
 Dry Mouth – Dental Problems Common problems: dry mouth causes thick, sticky saliva; teeth grinding, rumination, cavities. 	 Teach and encourage good dental care and appropriate water intake. Utilize special dry mouth products including over the counter ACT dry mouth toothpaste. Help locate a dentist if needed.

For more information about supporting individuals with Prader-Willi syndrome contact:

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