# Athetosis and the basal ganglia with insights into motor control and dysfunction.

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# Introduction

Athetosis is a neurological movement disorder characterized by slow, involuntary, and writhing movements of the body, particularly the limbs. It is often associated with abnormalities in the basal ganglia, a cluster of structures deep within the brain responsible for motor control. Athetosis is a part of the dyskinetic movement disorders and can occur as a primary condition or as a symptom of an underlying neurological condition. The term "athetosis" originates from the Greek words "a" meaning "without" and "thesis" meaning "position." It describes the inability to maintain a stable posture due to the continuous, fluctuating movements observed in individuals with this condition. Athetosis can affect individuals of all ages, from infants to adults, and can significantly impact their motor function, coordination, and overall quality of life [1].

The exact cause of athetosis can vary, and it can be associated with different underlying conditions. It may occur as a result of birth injuries, such as hypoxic-ischemic encephalopathy, or be caused by genetic disorders, infections, brain trauma, or certain metabolic disorders. In some cases, athetosis may be idiopathic, meaning that the cause is unknown. The symptoms of athetosis are characterized by slow, involuntary movements that are typically writhing or twisting in nature. These movements can affect various body parts, including the fingers, hands, arms, legs, and sometimes even the face and trunk. Athetosis can be accompanied by other motor abnormalities, such as dystonia (sustained muscle contractions) or chorea (brief, irregular movements). The severity and impact of athetosis can vary among individuals, ranging from mild to severe [2].

Living with athetosis presents unique challenges for individuals and their families. The involuntary movements can interfere with daily activities, such as self-care, mobility, and communication. Fine motor skills, including writing, typing, and manipulating objects, may be significantly affected. Additionally, the visible nature of the movements can sometimes lead to social and emotional challenges, including stigmatization and reduced self-esteem. Although there is no cure for athetosis, management of the condition focuses on improving motor control, minimizing symptoms, and optimizing functional abilities. Treatment approaches may include physical therapy, occupational therapy, speech therapy, and medication. Assistive devices and adaptive strategies can also be beneficial in enhancing independence and participation in daily activities.

Research and advancements in understanding athetosis continue to provide insights into the underlying mechanisms of the disorder and potential treatment options. Additionally, efforts are being made to raise awareness and support individuals with athetosis and their families, fostering a more inclusive and supportive society. In this exploration of athetosis, we will delve into the causes, symptoms, diagnosis, and management of this complex movement disorder. We will discuss current treatment approaches, therapeutic interventions, and the impact of athetosis on individuals' daily lives. By increasing our understanding of athetosis, we can work towards improving the quality of life for individuals affected by this condition and promoting inclusivity and support for their unique needs [3].

The management of athetosis aims to improve motor control, minimize symptoms, and enhance overall functioning and quality of life. Treatment approaches for athetosis are typically multimodal and may involve a combination of therapies, medications, and supportive interventions. Here are some common treatment strategies:

**Physical therapy:** Physical therapy plays a vital role in managing athetosis by focusing on improving motor control, strength, coordination, and flexibility. Therapists work with individuals to develop personalized exercise programs, stretching routines, and activities that target specific motor impairments. They may also incorporate techniques such as weight-bearing exercises, balance training, and functional movement training to enhance motor function.

**Occupational therapy:** Occupational therapy aims to improve an individual's ability to perform daily activities and enhance functional independence. Therapists work with individuals to develop strategies to overcome motor challenges, adapt activities, and use assistive devices or adaptive equipment when necessary. They may focus on activities such as selfcare, fine motor skills, handwriting, and using tools or devices for functional tasks.

**Speech therapy:** Speech therapy can be beneficial for individuals with athetosis who experience challenges with speech and swallowing. Therapists can provide techniques to improve oral motor control, articulation, and swallowing

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abilities. They may also offer communication strategies and alternative methods of communication for individuals with severe speech impairments.

**Medications:** In some cases, medications may be prescribed to help manage the symptoms associated with athetosis. Medications such as muscle relaxants or anticholinergic drugs may be used to reduce involuntary movements and improve motor control. The specific medication and dosage will depend on the individual's symptoms and needs, and should be determined by a healthcare professional experienced in movement disorders.

**Botulinum toxin injections**: Botulinum toxin injections, commonly known as Botox injections, may be considered for focal or localized athetosis. This treatment involves injecting small amounts of botulinum toxin into specific muscles to temporarily weaken them and reduce involuntary movements. The effects typically last for a few months, and repeat injections may be necessary.

Assistive devices and adaptive strategies: The use of assistive devices, such as orthotics, braces, splints, or adaptive equipment, can aid in improving mobility, posture, and performing daily activities. These devices can provide support and stability, enhance independence, and promote participation in various tasks.

**Supportive interventions:** Supportive interventions play a crucial role in managing athetosis. This includes providing emotional support, education, and counseling to individuals and their families. Support groups and community resources can also be valuable in connecting individuals with athetosis to others facing similar challenges and providing a sense of belonging and understanding [4].

It is important to note that treatment approaches should be tailored to each individual's specific needs and goals. A comprehensive evaluation by a healthcare professional, such as a neurologist or a team of specialists, is essential to develop an individualized treatment plan. While treatment cannot cure athetosis, it can significantly improve motor control, enhance functional abilities, and promote overall well-being. Ongoing research and advancements in understanding the underlying mechanisms of athetosis continue to contribute to the development of new treatment strategies and interventions. By combining therapeutic interventions, assistive technologies, and supportive care, individuals with athetosis can experience improved motor function, increased independence, and an enhanced quality of life. Collaborating with healthcare professionals and implementing tailored treatment plans can empower individuals with athetosis to overcome challenges and reach their full potential [5].

### Conclusion

The management of athetosis involves a multimodal approach aimed at improving motor control, minimizing symptoms, and enhancing overall functioning. Treatment strategies include physical therapy, occupational therapy, speech therapy, medications, botulinum toxin injections, and the use of assistive devices. Supportive interventions and a collaborative healthcare team are also crucial in addressing the challenges associated with athetosis. While there is no cure for athetosis, personalized treatment plans can significantly improve motor function, independence, and quality of life for individuals living with this condition. Ongoing research continues to contribute to advancements in understanding and treatment options for athetosis.

#### References

- 1. Carpenter MB. Athetosis and the basal ganglia: review of the literature and study of forty-two cases. Arch. Neurol. 1950;63(6):875-901.
- 2. Dooling EC, Adams RD. The pathological anatomy of posthemiplegic athetosis. Brain J Neurol. 1975;98(1):29-48.
- 3. Frucht S. Dystonia, athetosis, and epilepsia partialis continua in a patient with late-onset Rasmussen's encephalitis. J Mov Disord. 2002;17(3):609-12.
- 4. Kandil MR, Tohamy SA, Abdel Fattah M, et al. Prevalence of chorea, dystonia and athetosis in Assiut, Egypt: a clinical and epidemiological study. Neuroepidemiol. 1994;13(5):202-10.
- 5. Gooch JL, Sandell TV. Botulinum toxin for spasticity and athetosis in children with cerebral palsy. Arch Phys M. 1996;77(5):508-11.

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