

CARING CHOICES

For Families of Infants Newly Diagnosed with SMA Type I



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Dear Parents, Friends and Family Members,

Learning that your child, or the child of someone you care about, has spinal muscular atrophy (SMA) can be a difficult, confusing and worrisome time.

Families of SMA Canada (FSMAC) is a not-for-profit organization dedicated to helping families, by offering support, funding research and providing educational resources about this genetic disease.

We hope that this booklet will provide you with useful information and be helpful as you start to think about decisions you will make both today and in the future.

At FSMAC, we are always here to support you in any way possible.



You can reach us in several ways:



By phone:

1-855-824-1277 (toll free)

FAX 1-604-824-1363



By email:

fsmacan@telus.net



On the internet:

FSMAC & FSMA websites

www.curesma.ca (Canada)

www.curesma.org (USA)



What Decisions are Ahead?

In the days, weeks, and months ahead, you will be asked to think about many things and to make decisions about your child's care. Some of these decisions may be difficult, but all of them should be made with support, and based on what you feel in your heart is best for your child and your family.

Babies with SMA Type I face many physical challenges and live shortened lives. The medical problems with SMA are caused by muscle weakness which interferes with normal function of the body. In addition to trouble sitting, standing, or walking, the muscle weakness can cause problems in the following areas:

- Breathing
- Coughing
- Swallowing

All of these are important for staying healthy.

There is no treatment to reverse or stop the progression of SMA Type I and at this time, there is no cure. There are, however, care interventions that may help with your baby's muscle weakness and breathing and feeding problems, especially during times of illness.

Together, these interventions can be called "supportive care." These treatments vary in their degree of aggressiveness, and each has risks and benefits.

Each family will make their own "caring choices" when deciding what is right for their child.



What are Care Options?

There are multiple treatment options available to support your child. These options range from less invasive to more invasive and every family should make choices that are consistent with their personal beliefs and values and which work best for their child and family. Ask your healthcare team to talk openly with you about what is involved in these different approaches, including the advantages and disadvantages for your child, and what they mean for you, your family, and your child's caregivers.



There is support available from your healthcare team to guide you in making decisions that are best for you, your child, and your family. The options you choose today may change as your child's needs change. Your healthcare team will continue to support you as you may reconsider the treatment options that are right for you and your family. Remember, you can always change your mind regarding the options for your child's care at anytime. You should feel comfortable discussing the various therapies available and your decisions with your healthcare team as questions arise throughout your journey with SMA.

Every child and family with SMA can also benefit from, and should receive, palliative care throughout their illness, regardless of the choices they make. Talk with your healthcare team about what will give your baby the highest quality of life, consistent with your family's beliefs and values. Loving, caring families make different choices and there is no one "right" or best way. This booklet will provide you with an overview of available options and guide you in making decisions that are optimal for your child and your family.



Every child and family with SMA Type I can also benefit from, and should receive, palliative care throughout their illness, regardless of the therapies that they choose. Palliative care helps maximize the quality of life for a child living with a serious illness such as SMA.

Respiratory

The early and sometimes most difficult decisions for infants with SMA Type I relate to complications with their breathing and nutrition.

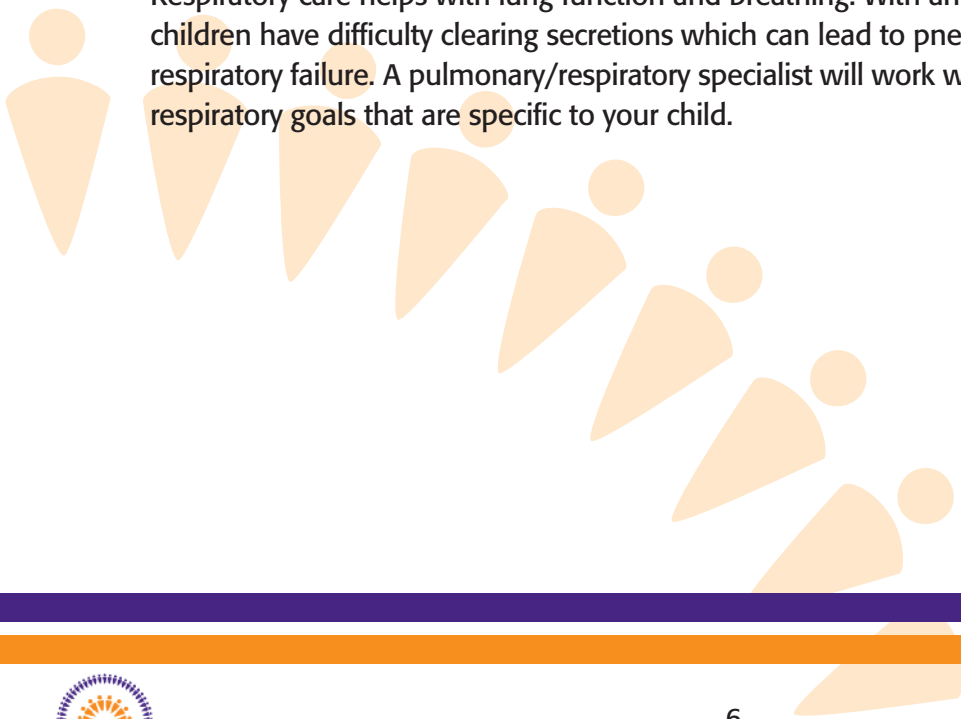
Because of the muscle weakness resulting from SMA Type I, children will experience early difficulty with their ability to cough and later with breathing itself due to weakness in the muscles that control breathing.



Lung problems pose some of the greatest challenges to infants with SMA Type I. Your baby will develop problems with coughing which leads to difficulty clearing their lower airway secretions. As they get older, they will develop difficulty breathing during sleep and ultimately while awake. Due to poor development of the chest wall and lungs, your baby may have difficulty handling the normal colds of childhood. These infections can make already weak muscles for breathing weaker. Children with SMA Type I do not develop more respiratory illnesses than children of the same age, but they are more dangerous because of the muscle weakness.

It is very important that your child, you and anyone frequently around your child receive immunizations to help prevent contagious diseases. Infections such as influenza, pneumonia and whooping cough (pertussis) could be devastating for someone with SMA. Fortunately, they are preventable with proper immunizations.

Respiratory care helps with lung function and breathing. With an inadequate cough, children have difficulty clearing secretions which can lead to pneumonia and respiratory failure. A pulmonary/respiratory specialist will work with you to develop respiratory goals that are specific to your child.



What is Non-Invasive Respiratory Care?

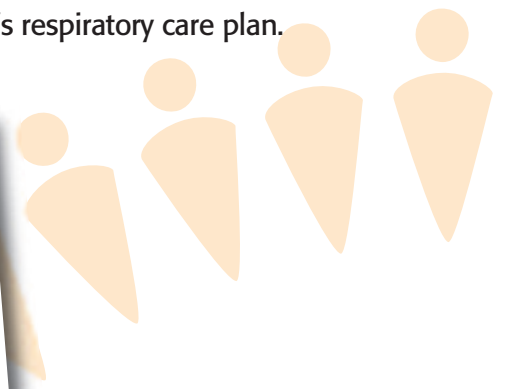
Non-invasive describes a care intervention that does not cut into or go inside the body. Breathing support is placed on or outside the body.

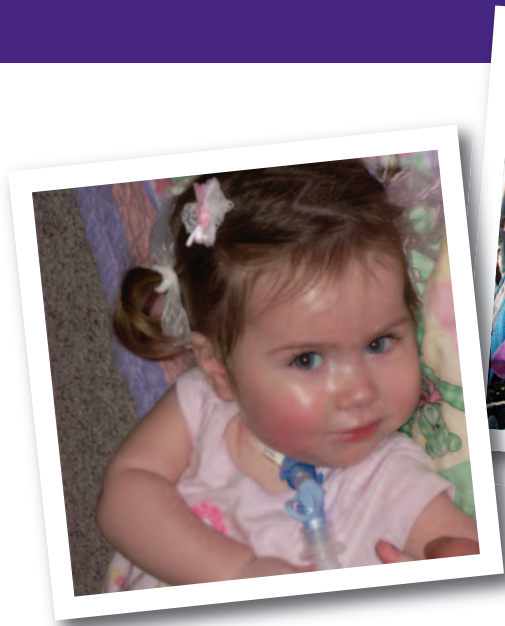
Non-invasive respiratory care will help your child breathe using a mask over the nose. The mask is connected to a “BiPAP” (Bi-level Positive Airway Pressure) machine or a mechanical ventilator.

The breathing support needs of children with SMA Type I are variable and hard to predict. Almost all children with SMA Type I need help with their breathing and can benefit from a BiPAP machine or ventilator, using a nasal mask, while they sleep, starting at an early age. The BiPAP machine delivers a continuous flow of air to the lungs. During colds, all babies will require additional breathing support. They may need to use their BiPAP or ventilator 24 hours a day for several days until the cold goes away. These non-invasive respiratory care interventions and equipment can be life saving during an illness.



The nose mask does not work well for every child and family, for a variety of reasons, and may become difficult to tolerate. If this is the case, or if your child needs breathing support for 24 hours per day, you will need to make some hard choices about the next steps in your child's respiratory care plan.





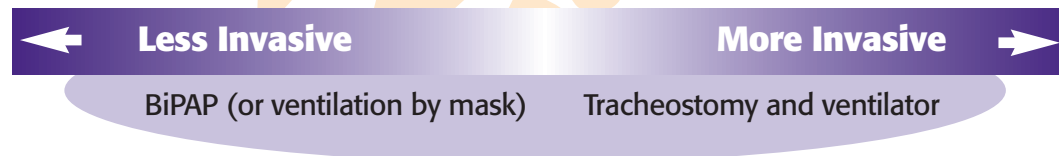
What is Invasive Respiratory Care?

Invasive means that something goes inside the body as part of the procedure. Needles, tubes, lines and surgery may be needed.

Invasive respiratory care will help your child breathe through a breathing tube attached to a mechanical ventilator. The tube goes into the airways, through either the mouth (referred to as intubation) or through a small hole in the neck (a tracheostomy). A tracheostomy is usually needed if invasive ventilation is required for more than a few weeks.

Initially, invasive respiratory care uses a breathing tube, called an endotracheal tube, which is inserted through the mouth and into the trachea and lungs. Long-term use of endotracheal tubes, however, can cause damage, irritating the mouth and throat if not taken out within a few weeks. In these situations, with ventilator support being needed for more than a few weeks, your child may need to undergo placement of a tracheostomy tube. For this, the doctor creates a small, surgical hole in the neck (a tracheostomy) and inserts a breathing tube (tracheostomy tube) through this hole. This breathing tube, therefore, bypasses the mouth and vocal cords, sparing them long-term damage by going directly into the trachea and lungs.

Supportive Care for Breathing



Please see the book called "Breathing Basics" for more information regarding respiratory care options.

GI/Nutrition



Children with SMA Type I usually lose their ability to chew and swallow food and water safely at different ages, depending on the severity of their disease. If they continue to take nutrition and hydration by mouth, they are at high risk for aspirating this food and water and developing respiratory problems (aspiration pneumonia).

To prevent these complications, tube feeding is commonly offered to ensure that babies get enough calories to grow and enough fluids to remain hydrated.

Tube feedings can be given by several routes, including the following:

- nasogastric (NG) tube (a small flexible tube inserted in the nose down to the stomach)
- gastrostomy (G) tube (a tube surgically placed directly into the stomach)

For children with significant gastroesophageal reflux, medication may be used to treat the symptoms, and the following may be recommended to help treat both the inability to eat safely by mouth and reflux:

- g-tube and Nissen fundoplication (stomach wrap)

While the options are invasive, they each have various advantages and disadvantages. NG tubes (or nasoduodenal (ND) or nasojejunal (NJ) tubes) can be easily placed and easily removed, if necessary, but occasionally come out and need to be replaced. G-tube placement is permanent and easy to maintain, however, does require surgery and anesthesia. The option that is best for your child is determined through discussions with your family and SMA care team.

Supportive Care for Swallowing

← Less Invasive

More Invasive →

Changing Textures of Food < Temporary tube through nose > Permanent tube through stomach

Palliative Care

The term palliative care can be frightening or overwhelming for many families as it mistakenly and automatically makes people think only of hospice or end of life (EOL)/death. The information provided here will hopefully help you understand that although palliative care may include options regarding EOL, it is actually not all about death, but rather about living with the best quality of life possible.



The word “palliative” means relieving or soothing symptoms without curing the underlying disease. Palliative care uses an interdisciplinary approach (involves clinicians from different areas) and strives to provide comfort for you and your child and to uphold quality of life, along a physical, psychological, social and spiritual continuum, throughout your child’s life, however long it may be. The philosophy of palliative care ideally should be introduced at the time of diagnosis and provided throughout the illness trajectory as decisions are made on an ongoing basis and as different situations arise.



Having difficult conversations and making well-supported decisions before an emergency occurs will help families be better prepared and avoid making rash decisions at a stressful time. Palliative care prepares families for these situations and should be provided along with whatever treatment options you choose. The palliative care team can help you come up with specific goals that are geared towards what works best for your child and family. Some

families may choose invasive measures or non-invasive measures of support, as described above, and some may choose comfort measures only. Some families may choose more or less options than others but all families make choices based on love. Every child and family with SMA can benefit from, and should receive, palliative care throughout their illness, regardless of the choices they make.

The World Health Organization (WHO) defines palliative care as “improving quality of life of patients facing life-threatening illnesses, and their families, through the prevention and relief of suffering by early identification and treatment of pain and other problems, whether physical, psychological, social, or spiritual.”

Defining Paediatric Palliative Care

The Canadian Hospice Palliative Care Association defines Paediatric Palliative Care as an active, holistic approach to care which focuses on relieving the physical, social, psychological and spiritual suffering experienced by children and families who face a progressive, life threatening condition, and helping them fulfill their physical, psychological, social and spiritual goals. Its philosophy is to provide optimal comfort and quality of life, and sustain hope and family connection despite the likelihood of death. Paediatric hospice palliative care aims to provide comprehensive care to children and their families through the living, dying and grieving processes.¹



¹ Canadian Hospice Palliative Care Association, Paediatric Hospice Palliative Care, Guiding Principles and Norms of Practice, DRAFT, March 2004



Palliative Care is...

...making choices that are consistent with your beliefs and values, using your head and your heart.

...choosing what is best for your child and your family, and sometimes changing your mind.

...a philosophy of care that provides you with support in making difficult decisions.

...an interdisciplinary approach to providing your child and your family with the best possible care that meets your goals.

...about quality of life, however you and your child define it, from a physical, psychological, social and spiritual perspective.

...in addition to treatment, not instead of it.

...provides you with the support, information and guidance you need to do what feels best to you and your child.

Palliative care is NOT...

... doing "nothing."

Palliative care is...

...play.

...comfort.

...love.

...making caring choices.

"You will receive many opinions, some solicited and some volunteered, regarding decisions from medical providers, family members, friends and other families touched by SMA. You may find some of these helpful and others offensive. Please recognize that your choices are just that, yours."

The SMA community is extremely diverse in culture, religious affiliation, political preference and socioeconomic status. Everyone shares the challenges of the disease but the experience of you and your child are unique."

Palliative Care: Definition of Terms

Advance care directives

A set of documents containing instructions that consent to, or refuse, specified medical treatments and that articulate care and lifestyle preferences in anticipating future events or scenarios. This may include “do not resuscitate” (DNR) orders. They become effective in situations where the person is no longer able to make decisions or for children when they are not old enough to make their own decisions. Advance care directives are also, though less frequently, referred to as “living wills.”



Advance care planning

The process of preparing for likely scenarios near the end of life that usually includes assessment of, and discussion about, a person’s and family’s understanding of their medical condition and prognosis, values, preferences and personal and family resources. Advance care planning supports patients and families in communicating their wishes about end of life.

Hospice

Hospice is a comprehensive service provided to people living with and dying from an eventually fatal condition. This may include inpatient medical care, respite care and end of life care for people who are unable to die at home. Hospices may also offer day care facilities and community home visiting teams.

Interdisciplinary team

An interdisciplinary team is a team of providers who work together to develop and implement a plan of care. Membership varies depending on the services required to identify and address the expectations and needs of the patient, caregiver and family. An interdisciplinary team typically includes one or more doctors, nurses, social workers, spiritual advisers, pharmacists and personal care workers. Other disciplines may be part of the team if resources permit.

Palliative Care - Glossary of Terms –Edition 1 2008

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Where Can You Go for Support and Guidance?



Your Primary Care Doctor or Pediatrician

Talk first with your primary care provider (PCP) or pediatrician. Even if your PCP is not experienced with the care of patients with SMA, he or she can be an important resource for your family as you decide which “caring choices” you make for your child. Your PCP can contact Families of Spinal Muscular Atrophy for help in providing care to you. Ask for referrals to specialists including a pediatric pulmonologist, a pediatric neurologist, a pediatric physiatrist and a pediatric orthopedic surgeon. You may live near a hospital that has a neuromuscular clinic or a clinic specifically for SMA. They will often have all of these specialists located in one place.

The Nearest Children’s Hospital-Pediatric Departments and Sections

You may want to contact the nearest Children’s Hospital or the largest medical center in your area and talk with the Pediatric Neurology Department or section.

Your Church, Synagogue, or Mosque, Therapists, Friends

We also encourage you to talk with the spiritual leaders in your place of worship; a psychotherapist, social worker, counselor, or friend—someone who can help you with your feelings and give you a shoulder to lean on. Most hospitals have medical social workers and you can contact them for private conversations.

FSMAC Staff and Other Parents

Talk with us at FSMACS about finding other parents of children with SMA who have faced these decisions and want to help other parents. We can connect you with families around the country and in your province. We will also support you and your family in anyway possible.

Families of SMA Canada and Families of SMA (USA) Websites

These websites have so much important information and resources for parents. You can post questions and search the archives for many answers. Visit the FSMACS and FSMA websites at **www.curesma.ca** and **www.curesma.org**.

SMA Community Connections

This community site allows families from all over the world to connect with each other to chat, organize, and share stories, photos, news, and information. Just log in and start sharing. By joining you will also be given access to presentations given at the Annual SMA Conferences as well as some of the recorded workshop sessions. Knowing there are others out there fighting alongside you can feel empowering, and the advice and personal anecdotes can make a real difference in the lives of you and your family. Please come and join our social network SMA Community Connections at: **www.SMACCommunity.org**.

About Families of SMA Canada

Families of SMA Canada is a non-profit organization dedicated to funding research and supporting Canadian families affected by Spinal Muscular Atrophy. We work closely with Families of SMA (USA) with a common goal of educating the public and professional community about SMA and networking families to gain mutual support. Our ultimate goal is to accelerate the discovery of an effective treatment and cure for Spinal Muscular Atrophy.



Families of SMA Canada is dedicated to creating a treatment and cure by:

- Funding and advancing a comprehensive research program;
- Supporting SMA families through networking, information and services;
- Improving care for all SMA patients;
- Educating health professionals and the public about SMA; and
- ***Embracing all touched by SMA in a caring community.***

Our vision is a world where Spinal Muscular Atrophy is treatable and curable.

**Make a Donation to SMA Research
Online at: www.curesma.ca**

or mail a check to Families of SMA Canada
103 - 7134 Vedder Rd.
Chilliwack, BC V2R 4G4

Contacting Families of SMA Canada



Families of SMA Canada

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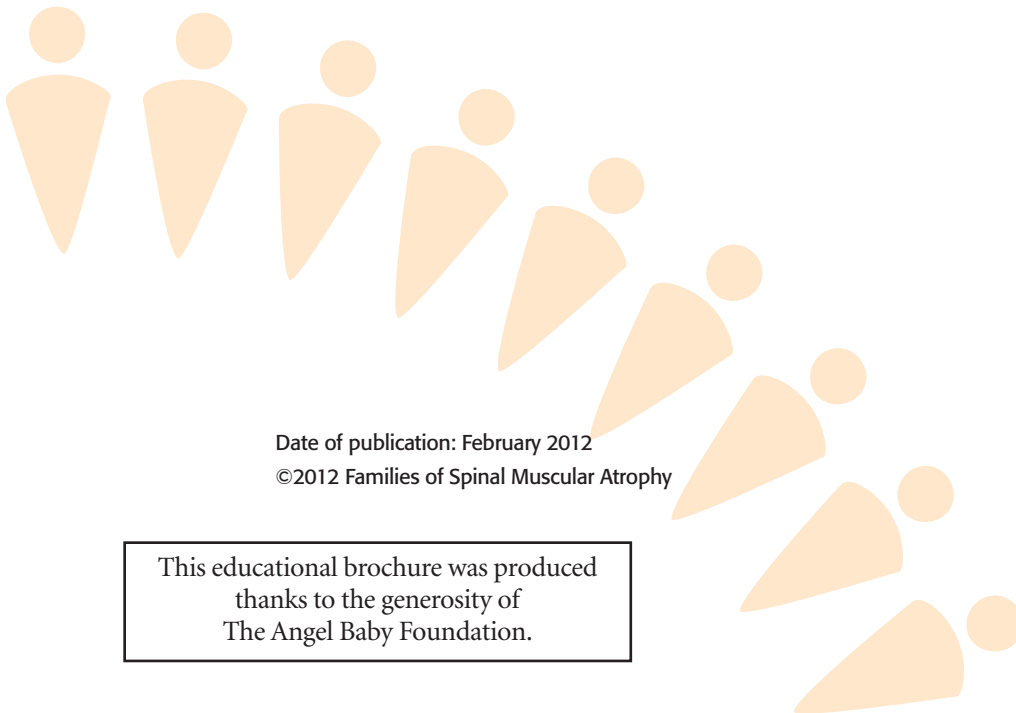
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Families of SMA Canada on the Web:
www.curesma.ca



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