

# Going to College or University with Intracranial Hypertension

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Sometimes called Benign Intracranial Hypertension, Idiopathic Intracranial Hypertension or Pseudotumour Cerebri is a rare condition which occurs in about 1 or 2 in 100,000 people. In children, boys and girls are affected equally, but if the onset is in adult life, the majority of cases are seen in women.



Onset can be sudden or insidious; the cause is not known, but always present are:-

- a) an abnormality in absorption or excess production of cerebrospinal fluid (CSF) leading to a build-up of this fluid in the brain;
- b) increased blood volume in the vessels around the brain;
- c) swelling of the brain

IH is often diagnosed after sight problems lead to an appointment with the optician. When the optic discs (back of the eyes) are examined, papilloedema (swelling of the disc) is seen: the young person should then be referred urgently to a neurologist.

Other symptoms include headaches (often debilitating, often misdiagnosed as migraine), nausea or vomiting, problems with balance and spatial awareness, dizziness, short term memory loss and changed behaviour. These symptoms are due to an increase in intracranial pressure (ICP = pressure inside the head).

Students with raised ICP may find it difficult to cope with previously managed tasks and may appear to "lose" information previously learnt.

Some students may leak CSF down the nose.

## Treatment

CT scan will exclude tumour.

Between 11 - 35 % of cases resolve spontaneously.

The first line of treatment is usually by diet (if very overweight) combined with drugs. In some cases,

two weeks

treatment with steroids is sufficient to re-open the venous pathways within the brain so that the IH resolves.

Others need repeated lumbar punctures to remove excess CSF: afterwards the student may need a few days out of college.

Some people need the CSF diverted by means of a surgically inserted shunt.

In theory, a lumbar peritoneal (LP) shunt is the shunt of choice.

*The LP shunt has a catheter placed into the spine which is connected to another catheter which drains into the abdomen*

In practice, the young person may undergo frequent shunt revision and may need a ventricular peritoneal shunt in addition to, or instead of, the LP Shunt.

*The VP shunt has a catheter into the brain connected to a valve which is, in turn, connected to a tube into the abdomen*

It is impossible to predict whether a particular shunt will fail, or how often and for how long the student may be hospitalised as a result.

Even with a fully functioning shunt, some people have severe headaches and may not manage to attend college full time. They should be encouraged to attend at the time of day when they feel well and the time gradually increased. In some students the headaches can be so debilitating (and sometimes accompanied by vomiting) that time in college may be very limited. In others, the pattern of incapacitating headaches can be very intermittent and therefore unpredictable. When in college, there is little that the shunts will prevent them

from doing.

They can swim, take part in sports, run and jump. Someone with a LP shunt should not do stretching or twisting exercises, nor should he/she somersault, take part in activities such as bungee jumping or go on the extreme rides at theme parks (eg Oblivion at Alton Towers or any others with a negative G-force).

If he/she has an injury to the back or abdomen and becomes unwell, damage to the shunt should be considered, although this is very rare.

With a VP shunt, care should be taken not to “grab” the young person round the neck. So he/she would be inadvised to take part in judo, rugby scrums etc.

Care should also be taken after a blow to the head or abdomen (eg from a football): if the student does not recover, shunt damage must be considered. Again, this is, fortunately, very rare.

Intracranial Hypertension can cause spatial problems which can mean difficulties in using open tread staircases or escalators and in judging speed of traffic when crossing the road. Concentration may be affected; short term memory problems are common although long term memory is usually unaffected.

It may be necessary to break instructions into single components and not overload the student. Support needs to be given to help the student develop coping strategies. Care should be taken to set realistic targets for the student, especially in coursework. It is useful to remind them a week or so before coursework is due to be handed in and to allow extensions only if the student is ill, thus avoiding the situation where they have extensions from all tutors and a mass of work to complete at once. Modular courses are arguably better as they don't rely on a single massive exam at the end of four years.

Exams, as for all students, will be stressful. Special arrangements may be required for exams. They may need a separate room so they can move around (if treated with LP shunt) or have a drink (especially in summer term exams).

Friendships are very important for students with IH as their natural inclination is often to be “loners”, so every effort must be taken to encourage friendships already made and appropriate new friendships. This is essential if the student misses a lot of college or is only attending for part of the day.

People with shunts may be prone to dehydration in the heat (more so than their peers) so will need frequent, even hourly drinks of clear fluid (ie water) but not drinks containing caffeine.

It must be acknowledged that part of student social life

involves alcohol:-

People with shunts need to match their alcohol intake with water; avoiding the dehydration which can cause the “hangover” headache so easily confused with the “novel” headache of raised ICP.

They may also have difficulty in body temperature control, so on very hot days should be encouraged to stay in the shade when outside, and sit in a cool part of the room when indoors.

For further information on IH, please see information sheet Intracranial Hypertension, or contact the Helpline on **0845 4507755** to speak to a specialist adviser.

## Link magazine

The essential magazine for people with hydrocephalus and spina bifida.

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