The children were submitted to an instability, due to the absence of two of their mechanisms to keep balance: the visual information and proprioception, remaining only the vestibular system, statistically corroborating that the vision interferes in the blind child balance.

Conclusion: The blind children have a neuropsychomotor development deficit in comparison to the ones with normal vision (p < 0.001).

KEY WORDS: visual deficiency, blindness, neurological development, evolutive neurological examination.


CARMEN SYLVA DE ALCÂNTARA OLIVEIRA PROENÇA**

Narcolepsy is a chronic brain disorder characterized by excessive daytime sleepiness and sleep attacks. It affects up to one in a thousand people. Rapid eye movement (REM) sleep phenomena such as cataplexy, sleep paralysis and hypnagogic hallucinations can also occur. The condition impinges on every aspect of life, and can make it difficult for sufferers to keep their jobs as well as personal relationships. There can be accident risks caused by the excessive sleepiness and cataplexy. It is believed to be caused by an interplay between genetic and environmental factors. The risk of first-degree relatives is estimated at 1-2%. Patients with narcolepsy have recently been shown to be deficient in hypocretin, also called orexin, in the cerebrospinal fluid and have a reduction in hypocretin cell in the lateral hypothalamus.

The present study characterizes a sample of 23 patients suffering from narcolepsy, of which 15 female and 8 male patients, 44 years-old in average. They had their adaptive efficiency evaluated by R. Simon’s Adaptive and Operationalised Diagnostic Scale (AODS). Major sleep disorders and their effects on patient’s life quality were surveyed by Giglio’s Sleep Questionnaire. Intensity of sleepiness was evaluated through Epworth Sleepiness Scale. Mind functioning dynamics was assessed by Phillipson Test obeying psychoanalytic theoretical presuppositions.

Up to the moment, results show that: 1) narcolepsy is associated to serious damage to adaptive efficiency, with moderate and severe inefficient adaptation, prevailing in most patients; 2) severe excessive daytime sleepiness, sleep attacks and fractioned nocturnal sleep are frequent in most of patients even when medicated with stimulants; 3) the analysis through the Object Relations Test showed that these patients presented responses that for most of the time, impede their progress. Paranoid-schizoid position defense mechanisms were frequent, with fears of being rejected and abandoned. The Object Relations Test revealed interpersonal links impairment, mainly in group and triangular situations.

KEY WORDS: narcolepsy, sleep, sleep disorders, psychology.