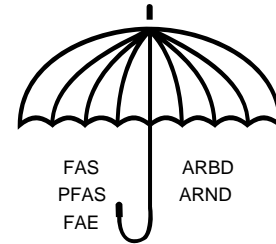


FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects can include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis. **“Of all the substances of abuse (including cocaine, heroin and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus.”²**

FASD includes conditions such as:

- FAS – Fetal alcohol syndrome
- PFAS – Partial fetal alcohol syndrome
- ARBD – Alcohol-related birth defects
- ARND – Alcohol-related neurodevelopmental disorder
- FAE – Fetal alcohol effects **obsolete terminology*



What Are the Effects of FASD?

The effects of FASD vary among affected individuals. Outcomes associated with FASD can include:

- Specific facial characteristics
- Mental retardation
- Hyperactivity & behavior problems
- Poor coordination or motor skill delays
- Learning disabilities¹
- Growth deficits
- Heart, lung, and kidney defects
- Attention and memory problems
- Difficulty with judgment and reasoning

FAS diagnosis requires all 3 of the following:

- Documented presence of discriminating facial characteristics;
- Documented growth deficits; and
- Documented central nervous system (CNS) abnormalities

Confirmed prenatal alcohol exposure strengthens the case for clinical diagnosis of FAS, but is not necessary if the three requirements above are met. Health professionals are often reluctant to diagnose prenatal alcohol exposure because of the stigma attached to alcoholism and the perception that a diagnosis may not lead to effective treatment options.

Individuals should be referred for a FAS diagnostic evaluation if:

- There is known prenatal alcohol exposure
- There is concern of the caregiver that the individual may have FAS; or
- The individual has all characteristic facial features of FAS *or*
- The individual has all characteristic facial features of FAS *or* some of the facial features with accompanying growth deficits and/or CNS abnormalities.

To increase FASD identification, routine screenings are recommended for:

- Children of women with a history of substance abuse; and
- Those in the foster care, juvenile justice, or adult criminal justice system (where individuals with FASD are over-represented).

FASD Throughout the Lifespan:

- **Infants:** Low birth weight; irritability; sensitivity to light, noises and touch; poor sucking; slow development; poor sleep-wake cycles; increased ear infections.

- **Toddlers:** Poor memory capability, hyperactivity, lack of fear, no sense of boundaries, need for excessive physical contact.
- **Grade-school years:** Short attention span, poor coordination, difficulty with both fine and gross motor skills.
- **Older children:** Trouble keeping up with school, low self-esteem from recognizing they are different from their peers.
- **Teenagers:** Poor impulse control, cannot distinguish between public and private behaviors, must be reminded of concepts on a daily basis.

Each individual with FASD will have unique physical, educational, social and medical needs. Parent Support

Individuals with FASD and the families who care for them depend on social networks as a source of support and encouragement. NOFAS maintains listings of parents, parent support groups and FASD professionals who can help families caring for individuals with FASD at www.nofas.org.

Teachers, social workers, physicians and childcare providers are just some of the professionals that will need to use adapted strategies when assisting individuals with FAST. These professionals should be educated about the effects of FASD and possible interventions.

FASD is 100% preventable if women abstain from drinking during pregnancy.

- Potential savings from preventing 1 case of FAS would result in a \$300,000 reduction in medical costs.

FASD takes an enormous financial toll on affected families and society as a whole.

- Fetal Alcohol Syndrome (FAS), the most severe and least common effect under the FASD umbrella, costs the U.S. \$5.4 billion annually in direct and indirect costs.
- An individual with full-blown FAS incurs an average lifetime health costs of \$860,000, although costs can be as high as \$4.2 million

FASD may affect an individual's ability to live independently throughout their lifetime.

- Nearly 80% of adults with FASD do not live independently
- 80% of adults with FASD have problems with employment

Strategies for Living - Individuals with FASD can benefit from:

- | | |
|---|----------------------------------|
| ▪ Consistent routines | ▪ Limited stimulation |
| ▪ Supervision | ▪ Concrete language and examples |
| ▪ Multi-sensory learning (visual, auditory and tactile) | ▪ Realistic expectations |
| ▪ Supportive environments | |

There is still limited knowledge about the effectiveness of FASD interventions. Interventions currently being evaluated include:

- Individualized, supportive, behavioral consultations for parents and school staff (working with children ages 5 – 11);
- A school-based social communication intervention (for ages 8 – 12);
- Behavioral Regulation Training (for ages 3 – 9);
- Parent Child Interaction Therapy (for ages 2 – 7); and
- Parent-assisted social skills training (for ages 6 – 8)

Pharmaceutical Intervention

Medication may be necessary and should be considered when developing a treatment plan. Medication may be able to mitigate some symptoms of FASD, including impulsivity, hyperactivity, oppositional behavior, and sleep disorders.

More information available at www.cec.gov/ncbddd/fas/intervening.htm

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2 Institute of Medicine, 1996.

Updated 1/07