

Fetal Alcohol Spectrum Disorders (FASD)

Diagnosis is important - knowing and understanding increases ability for empathy. Diagnosis provides strengths and weaknesses in each child and recommended therapeutic approaches.

Facts

- FASD occurs when a fetus is exposed to alcohol during pregnancy
- FASD is a serious global mainstream health issue
- FASD occurs throughout society and is not confined to particular racial or socio-economic groups
- Irreversible brain damage (causes challenging behaviour, e.g. temper tantrums, hyperactivity, difficulty paying attention)
- High rate of undiagnosed FASD
- FASD is over represented in Out of Home Care
- Generational and siblings
- High number of grandparents raising children with FASD
- High risk group to suicide



FACTS

- Average lifespan for adults with FASD is 38 years
- Only 10% will be born with physical characteristics of FASD (particular facial features)
- Growth retardation
- Issues with teeth, skeleton and organs (e.g. smaller heart and kidneys)
- Chronological age is NOT indicative of developmental/functioning levels (dysmaturity)
- Brain function issues (e.g. difficulties with memory)
- Cognitive functions and language problems
- Difficulty translating learning across other areas
- FASD is the most common preventable non-genetic cause of developmental and intellectual disability in the Western world



Risks

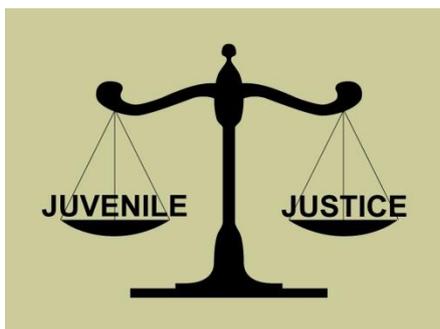
- Memory problems, for example – a child may learn times tables but the following week may not remember, a child may learn to swim competently but 6 weeks later may jump into a pool and not remember how to swim
- Unable to read social cues, difficulties with making and keeping friends (due to dysmaturity)
- Lack of understanding cause and effect
- No fear, are risk takers
- None to poor impulse control
- Early onset of depression
- Early mortality
- Lack of awareness by adults



Secondary Disabilities

Early diagnosis and intervention is critical in assisting the prevention of secondary disabilities.

- Ongoing issues with school
- Trouble with Criminal Justice System
- Mental Health
- Alcohol and Drugs Misuse
- Inappropriate sexual behaviour



Comorbidity

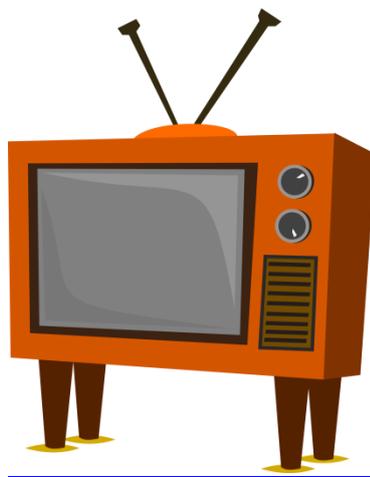
Majority 90% will have FASD plus one or more of the following:

- Behavioural problems, disruptive or impulsive (conduct disorder)
- Receptive language disorder
- Developmental disorder of speech and language
- Middle ear problems (chronic serious otitis media)
- Mental and behavioural disorder

Specialist FASD diagnostic clinics in Australia for children

- FASDCARE Clinic – Mount Lawley, Western Australia
<http://www.fasdcare.org.au/>
- PATCHES - Perth, Western Australia <http://www.patches-paediatics.com.au/2014/03/toward-fetal-alcohol-spectrum-disorder-diagnostic-capacity-in-western-australia/>
- FASD Clinic, Community Child Health – Southport, Queensland
<https://www.goldcoast.health.qld.gov.au/our-services/neurodevelopment-exposure-disorder-service-fasd>
- FASD Diagnostic Clinic, Westmead Children’s Hospital – Sydney, New South Wales <http://thinkspace.csu.edu.au/zoedallimore/>

Link to 4 corners episode about FASD – Hidden Harm (2 November 2015)
<http://www.abc.net.au/4corners/stories/2015/11/02/4341366.htm>





References

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- Burd, L., Klug, M., Bueling, R., Marsolf, J., Olson, M., & Kerbeshian, J. (2008). Mortality rates in subjects with fetal alcohol spectrum disorders and their siblings. *Birth Defects Research Part A: Clinical and Molecular Teratology*, 82(4), 217-223. doi:10.1002/bdra.20445
- Cook, J., Green, C., Lilley, C., Anderson, S., Baldwin, M., Chudley, A., Conry, J. L., LeBlanc, N., Loock, C. A., Lutke, J., Mallon, B. F., McFarlane, A. A., Temple, V. K., & Rosales, T. (2016). Fetal alcohol spectrum disorder: A guideline for diagnosis across the lifespan. *Canadian Medical Association Journal*, 188(3), 191-197. doi:10.1503/cmaj.141593
- Malbin, D. (1999). *Fetal alcohol syndrome and fetal alcohol effects: Trying differently rather than harder*. Portland, Oregon: FASCETS.
- Mutch, R., Watkins, R., & Bower, C. (2015). Fetal alcohol spectrum disorders: Notifications to the Western Australian register of developmental anomalies. *Journal of Paediatrics and Child Health*, 51(4), 433-436. doi:10.1111/jpc.12746
- Popova, S., Lange, S., Shield, K., Mihic, A., Chudley, A., Mukherjee, R., Bekmuradov, D., & Rehm, J. (2016). Comorbidity of fetal alcohol spectrum disorder: A systemic review and meta-analysis. *The Lancet*, 387(10022), 978-987. doi:10.1016/S0140-6736(15)01345-8
- Sokol, R., Delaney-Black, V., & Nordstrom, B. (2003). Fetal alcohol spectrum disorder. *Journal of the American Medical Association*, 290(22), 2996-2999.
- Streissguth, A. (2011). *Challenge of fetal alcohol syndrome*. University of Washington Press.
- Weston, J., Thomas, S., M. Ed., National Curriculum Services (Australia), & Kimberley Success Zone (Program). (2014). *Understanding and addressing the needs of children and young people living with fetal alcohol spectrum disorders (FASD): A resource for teachers*. Abbotsford, VIC.: National Curriculum Services on behalf of Kimberley Success Zone.

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