

Fetal Alcohol Spectrum Disorders (FASDs): THE FACTS



Fetal alcohol spectrum disorders (FASDs) is a term that encompasses the range of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical, mental, behavioral and/or learning problems. Often, a person with an FASD has a combination of these problems.

TYPES OF FASDs

Different terms are used to describe FASDs, depending on the type of symptoms.

Fetal Alcohol Syndrome (FAS):

FAS represents the most involved end of the FASD spectrum. Strict criteria, including all of these following findings, define this diagnosis:

- Three specific facial abnormalities (smooth philtrum, thin vermilion border, and small palpebral fissures)
- Growth deficits (e.g. lower-than-average height, weight, or both)
- Central nervous system (CNS) abnormalities (structural, neurological, functional or a combination)

Many individuals do not meet the full diagnostic criteria for FAS, but have sufficient history of prenatal alcohol exposure and/or a variety of conditions and deficits consistent with exposure. And although specific diagnostic criteria are not yet available, these children are considered to have either:

- **Alcohol-Related Neurodevelopmental Disorder (ARND):**
People with ARND might have intellectual disabilities and problems with behavior and learning.
- **Alcohol-Related Birth Defects (ARBD):**
People with ARBD might have problems with the heart, kidneys, and/or bones, as well as with hearing and/or vision.

Many children with FASDs remain undetected because there is a lack of accurate, routine screening in prenatal clinics and pediatric settings. Thus, current prevalence figures underestimate the magnitude of these disorders because of inconsistent documentation of prenatal exposures or symptoms characteristic of prenatal alcohol exposure. But studies do show that children in foster care have an increased likelihood of having an FASD.*

DIAGNOSING FASDs

Diagnosing FASDs can be difficult because there is no specific diagnostic medical test and a broad range of symptoms and signs are included under the FASD umbrella. Greater awareness and consistent screening are needed to be effective in identifying and diagnosing FASDs.

Pediatricians should consider FASDs when evaluating children with developmental problems, behavioral concerns, or school failure. These diagnoses should particularly be considered for children in foster care, especially if drug or alcohol use by a parent was a contributing factor. Like other children with complex medical or behavioral disabilities, children with FASD need a pediatric medical home to provide and coordinate care and ensure necessary medical, behavioral, social, and educational services.**

TREATMENTS

FASDs last a lifetime. There is no cure for FASDs, but research shows that early intervention and treatment can improve an affected child's development. There are many types of treatment options, including medication, behavior and education therapy, parent training, and other alternative approaches.

No one treatment is right for every child. Good treatment plans will include close monitoring, follow-up care, and changes as needed. Evidence-based interventions for children with an FASD are available. For information visit www.cdc.gov/fasd.

* Astley et al., *Journal of Pediatrics*, 2002

** Gahagan et al. *Pediatrics*, 2006



COOPERATIVE AGREEMENT

FASDs is one topic area addressed as part of the *Program to Enhance the Health and Development of Infants & Children (PEHDIC)* cooperative agreement between the American Academy of Pediatrics (AAP) and the National Center on Birth Defects and Developmental Disabilities of the Centers for Disease Control and Prevention (CDC). For more information on FASDs or this program, contact Faiza Khan, MPH, Program Manager, AAP Division of Children with Special Needs at 847/434-4924 or fkhan@aap.org.

CDC FASD REGIONAL TRAINING CENTERS

The CDC funds FASD Regional Training Centers (RTCs). The purpose of these Centers is to develop, implement, and evaluate educational curricula regarding FASD prevention, identification, and care; and to incorporate the curricula into the medical and allied health training programs at each grantee's university or college, into other schools throughout their regions, and into the credentialing requirements of professional boards.

Arctic FASD Regional Training Center

Diane King, PhD
University of Alaska Anchorage
Phone: 907-786-1638
Email: dkking@uaa.alaska.edu
Web: www.uaa.alaska.edu/arcticfasdrtc

Frontier FASD Regional Training Center

Nancy Roget, MS
University of Nevada, Reno
Technologies (CASAT)
Phone: 775-784-6265
Email: nroget@casat.org
Web: <http://frontier.fasdrtc>

Great Lakes FASD Regional Training Center

Georgiana Wilton, PhD
University of Wisconsin School of Medicine
Phone: 608-261-1419
Email: Georgiana.wilton@fammed.wisc.edu
Web: www.fasdeducation.org

Midwestern FASD Regional Training Center

Leigh Tenkku, PhD, MPH
University of Missouri
Phone: 314-977-8481
Email: tenkkul@missouri.edu
Web: www.mrfastc.org

Southeastern FASD Regional Training Center

Roger Zoorob, MD, MPH, FAAFP
Meharry Medical College
Phone: 615-327-6572
Email: rzoorob@mmc.edu
Web: www.fasdsoutheast.org



WEB RESOURCES

National Organization on Fetal Alcohol Syndrome: www.nofas.org
Centers for Disease Control and Prevention: www.cdc.gov/fasd
National Institute on Alcohol Abuse and Alcoholism: www.niaaa.nih.gov
Substance Abuse and Mental Health Services Administration, FASD Center for Excellence:
www.fasdcenter.samhsa.gov