

# WHY SHOULD MEDICAL PROFESSIONALS KNOW ABOUT FASD?



In the US, Fetal Alcohol Spectrum Disorder (FASD) is more prevalent than Autism:

- FASD affects 1 in 20 children
- Autism affects 1 in 59 children
- These are lifelong developmental disabilities that need attention and treatment for each individual affected

More information at [proofalliance.org](http://proofalliance.org)

## FASD AND AUTISM

- “Autism and Asperger's Disorder probably rank next to ADHD as the commonest clinical phenotype of FASD”
- Current generic treatment prevents those with FASD from receiving the appropriate multisystem and multimodal services that they need.
- This results in poor outcomes for individuals with FASD, which could lead to costly consequences.

*Kieran D O'Malley, Susan D. Rich. "Clinical Implications of a Link Between Fetal Alcohol Spectrum Disorder (FASD) and Autism or Asperger's Disorder - A Neurodevelopmental Frame for Helping Understanding and Management." Recent Advances in Autism Spectrum Disorder, Volume I, 2013; DOI: 10.5772/54924*

## FASD AND ADHD

- There is a noted link between FASD and ADHD.
- Different responses have been observed to standard psychostimulants.
- The right treatment is necessary for decreasing the occurrence of well-described secondary disabilities that impede lifelong functioning.

*Kieran D O'Malley, MB, DABPN(P), Jo Nanson, PhD. "Clinical Implications of a Link Between Fetal Alcohol Spectrum Disorder and Attention-Deficit Hyperactivity Disorder." Can J Psychiatry 2002;47;349-354.*

Fetal Alcohol Spectrum Disorders are a group of conditions that include:

- Fetal Alcohol Syndrome (FAS)
- partial Fetal Alcohol Syndrome (PFAS)
- Alcohol-Related Neurodevelopmental Disorder (ARND)
- Alcohol-Related Birth Defects (ARBD)
- Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE)

These are all caused by exposure to alcohol during fetal development. Problems from prenatal alcohol exposure can be physical, behavioral, and cognitive.

More information at [cdc.gov](http://cdc.gov)

## DIAGNOSIS AND TREATMENT

Children or adults may be diagnosed by their Primary Care Physicians. Find guidelines at [aap.org](http://aap.org)  
Resources for your state can be found at [nofas.org](http://nofas.org)

Every individual will need a treatment plan that specifically fits their needs. Home and school intervention should start as early as possible once an FASD is diagnosed in an individual. Primary care providers can help patients and their families by:

- Help parents and/or caregivers understand the reality of the child's or adult's situation
- Be nonjudgmental and build trust with patient, parents and caregivers.
- Find out the patient's strengths
- Keep up to date with treatment research and adapt when needed with your patients
- Refer the child to special medical services that you find necessary and refer the child and family to support services - follow up and coordinate care when needed

More information at [cdc.gov](http://cdc.gov)



## SYMPTOMS OF FASD

- Ear Infections - with or without complaint of pain
- Little or no response to noise
- Wandering or lazy eye
- Displaced, missing or never formed teeth
- Poor eye-hand coordination
- Visual spatial difficulties
- Poor balance
- Coordination accidents
- Small height and weight, especially in childhood
- Never hungry, no appetite
- Always hungry, Inability to stop eating
- Difficulties learning in school
- Attention Deficit Disorder (with or without hyperactivity)
- Speech/language difficulties
- Difficulty with information processing
- Delays in development (social/friendships, emotionally, thinking)
- Difficulty with sequencing events
- Difficulty planning, predicting, organizing, prioritizing, following rules, setting goals or applying a new rule in a different setting
- Difficulty integrating information or forming associations
- Doesn't learn from their mistakes
- Doesn't learn from consequences
- Forgetting information a few days after it was taught
- Difficulty with abstract concepts (time, math, money)
- Inability to make decisions
- Cannot recognize danger or distinguish danger from safety
- Cannot tell difference between friend and stranger
- Cannot tell difference between fantasy and reality
- Cannot easily answer simple questions
- When answering, they agree, comply or make up an answer
- Volume or use of words can create expectation of competence
- Talks excessively without any depth of understanding
- Talks excessively without exchange in conversation
- Delayed reply
- Seems "shut down" when talking to them
- Difficulty when talking about opposites (hot when meaning cold)
- Picks up information only from every few words
- Acts without thought - poor impulse control
- Stuck on an idea or thought
- Difficulty switching thoughts
- Difficulty transitioning to new activities
- May repeat words or phrases over and over
- Reacts strongly to new change
- Over-reacts to stimuli (touch, textures, lighting, taste, smell)
- Unable to filter out background noise
- Under reacts to pain
- Over-reacts to external stimuli (hyperactive, moves from one, cannot follow through on a task, poor focus and concentration, does not get unspoken rules in socializing with others)
- Withdrawn in own world (daydreaming, slow moving, appears unmotivated)

## MEDICAL HOMES

Medical homes can be extremely important for individuals with FASD and their caregivers who can be come overwhelmed with the challenges of supporting someone with an FASD.

More information at:  
[www.chawisconsin.org/initiatives/medical-home/](http://www.chawisconsin.org/initiatives/medical-home/)

## MORE RESOURCES

**The American Academy of Pediatrics (AAP)** has a Toolkit, useful for healthcare professionals, schools and families.  
Google "aap fasd toolkit"



**The American Academy of Family Physicians (AAFP)** has information on Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorders.  
[www.aafp.org/afp/2017/1015/afp20171015p515.pdf](http://www.aafp.org/afp/2017/1015/afp20171015p515.pdf)

**The Center for Disease Control and Prevention (CDC)** has resources pertaining to:  
[Guidance for Diagnosing ND-PAE FASD Training and Resources](https://www.cdc.gov/ncbddd/fasd/index.html)  
[www.cdc.gov/ncbddd/fasd/index.html](https://www.cdc.gov/ncbddd/fasd/index.html)



Source: National Organisation for Fetal Alcohol Spectrum Disorder Australia