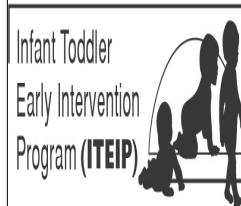


Child Health Notes

Distributed by the Lewis County Interagency Coordinating Council (ICC) and Parent to Parent.
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FETAL ALCOHOL SYNDROME (FAS) AND FETAL ALCOHOL SPECTRUM DISORDERS (FASD)



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"Stop and think. If you're pregnant, don't drink."

HOW COMMON IS FAS? FAS is the leading known cause of intellectual disability in the developed world and is 100% preventable. If a woman doesn't drink alcohol while she is pregnant, her child cannot have an FASD.

- Approximately 12% of pregnant women in the U.S. still drink alcohol.
- Prevalence of FAS in the general population has been estimated at from 1-3 per 1,000 to as high as 7 per 1,000.
- The cost to the nation for FAS alone is about \$6 billion a year. Each year in the U.S., as many as 40,000 babies are born with a FASD.

WHAT IS FASD? FASD is NOT a diagnosis. Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term that refers to the full spectrum of outcomes observed among individuals with prenatal alcohol exposure. **These effects may include physical, mental, behavioral, and/or learning disabilities, with possible lifelong implications.** Diagnoses that fall under the FASD umbrella include Fetal Alcohol Syndrome (FAS), partial FAS (FAS without the growth deficiency), Neurodevelopmental Disorders/Alcohol Exposed (ND/AE) and Static Encephalopathy/Alcohol Exposed (SE/AE).

HOW IS FASD DIAGNOSED? Several diagnostic guidelines for FASD are in clinical use, including the FASD 4-Digit Diagnostic Code (Astley and Clarren), which is used at the University of Washington Fetal Alcohol Syndrome Clinic, as well as the CDC FAS guidelines, revised Institute of Medicine FASD guidelines (Hoyme et al.) and the Canadian FASD guidelines (Chudley et al.) These guidelines all agree on the **4 criteria for FAS:**

1. **Pre- and/or post-natal growth deficiency**
2. **3 minor facial anomalies:** including a thin upper lip, a smooth philtrum and short palpebral fissures
3. **CNS dysfunction and/or structural brain anomalies:** Structural evidence can include microcephaly, seizures or abnormal brain imaging. Functional evidence for FAS includes significant impairments in at least 3 developmental domains, or global severe deficits. FASD can include less severe deficits.
4. **Alcohol exposure during gestation:** This is recorded as *absent, unknown, confirmed* or *high risk* (multiple binge-drinking occasions at least weekly during early pregnancy.)

WHAT IS THE FASD 4-DIGIT DIAGNOSTIC CODE? In 1997, the Washington State FAS Diagnostic and Prevention Network developed a new, comprehensive method for diagnosing the full spectrum of outcomes of patients with prenatal alcohol exposure. This diagnostic method, called the **4-Digit Diagnostic Code**, provides more accurate and reproducible diagnoses than the gestalt method of diagnosis, due to its use of quantitative, objective measurement scales and specific case-definitions.

The four digits in the Code reflect the magnitude of expression of the four key diagnostic features of FAS in the following order: (1) growth deficiency, (2) the FAS facial features, (3) central nervous system (CNS) damage/dysfunction, and (4) prenatal alcohol exposure. The magnitude of expression of each feature is ranked independently on a 4-point Likert scale, with 1 reflecting complete absence of the FAS feature and 4 reflecting a strong "classic" presence of the FAS feature. The resulting 4 digit codes are then organized into diagnostic categories, such as full FAS or neurobehavioral disorder/alcohol exposed.

HOW DO I GET A PATIENT EVALUATED FOR FAS? To request a diagnostic evaluation, call the University of Washington FAS DPN Clinic at (206) 598-7666. Your request will be forwarded to the clinic closest to you. Clinics are located in Everett, Seattle, Yakima, Pullman and Spokane. Other alternatives for diagnosis include referral to a developmental pediatrician or child development clinic.

International FASD Awareness Day is September 9!

References:

Astley, Clarren. Diagnosing the full spectrum of fetal alcohol-exposed individuals: introducing the 4-digit diagnostic code. Alcohol. 2000; 35(4): 400-410.
 Hoyme, et al. A practical clinical approach to diagnosis of fetal alcohol spectrum disorders: clarification of the 1996 Institute of Medicine criteria. Pediatrics. 2005; 115(1):39-47.
 Chudley, et al. Fetal Alcohol spectrum disorder: Canadian guidelines for diagnosis. CMAJ. 2005; 172 (5 Suppl);S1-S21.
 Bertrand, et al. FAS Prevention Team, Division of Birth Defects and Developmental Disabilities, national Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention (CD). Guidelines for identifying and referring persons with Fetal Alcohol Syndrome. MMWR Rec. Rep. 2005; 54 (RR-11):1-14.

SPECIAL NEEDS INFORMATION AND RESOURCES:

Local:	InTot	360 748-4359
	Growing Together	360 736-5906
Regional:	WithinReach Family Health Hotline	1-800-322-2588, 1-800-833-6388 TTD www.withinreachwa.org
	Early Support for Infants and Toddlers Program (formerly ITEIP)	http://del.wa.gov/development/esit/
	Parent to Parent Support Programs of Washington	Main number: (360) 725-3500 (800) 821-5927 www.arcwa.org/parent_to_parent.htm
	Washington State Medical Home	http://www.medicalhome.org
National/ Internet:	American Academy of Pediatrics	www.aap.org
	AAP Developmental and Behavioral Pediatrics	
	American Academy of Family Physicians	www.dbpeds.org
	CDC Act Early	
	Family Village (Extensive family resources for CSHCN)	www.aafp.org
	Family Voices (Links to national and state family support networks)	www.cdc.gov/ncbddd/actearly/index.html www.familyvillage.wisc.edu www.familyvoices.org

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