## The Basics of FASD Awareness and

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### **FASD**

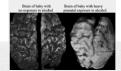


- Fetal Alcohol Spectrum Disorders is not a diagnostic category, but rather an umbrella term describing the effects that can occur in a person whose mother drank alcohol during pregnancy.
- These effects may include physical, mental, behavioral and/or learning disabilities but a RANGE of manifestations.

### Prevalence FASD

- FAS in this community likely ranges from 6 to 9 per 1000 children (midpoint, 7.5)
- PFAS from 11 to 17 per 1000 children (midpoint, 14)
- Total rate of FASD is estimated at 24 to 48 per 1000 children. or 2.4% to 4.8% (midpoint, 3.6%) (1 in 50 to 1 in 20).
- Cost of Diagnostic services for FASD in Canada \$5.0 to \$7.3 million per year.

Popova S, Lange S, Burd L, Chudley AE, Clarren SK, Rehm J (2013) Cost of Fetal Alcohol Spectrum Disorder Diagnosis in May, et. al. (2014) Prevalence and Characteristics of Fetal Alcohol Spectrum Disorders, Pediatrics



- Alcohol Effects first recognized in 1968
- Fetal Alcohol Syndrome defined in 1973
- Fetal Alcohol Effects defined in 1978 but Changed to ARND - Alcohol Related Neurodevelopmental Disorder
- 100% preventable and 0% curable

### 4 Syndromes

- Fetal Alcohol Syndrome (FAS)
- Partial FAS (PFAS)
- Alcohol-Related Neurodevelopmental Disorders (ARND)
- Alcohol-Related Birth Defects (ARBD)

**DSM-5:315.8, 2013** (F88) Neurodevelopmental disorder associated with prenatal alcohol exposure 3 areas of deficit: neurocognitive, selfregulation and Adaptive Functioning

## FASD in the ICD-10-CM

- F88: Other Specified Delays in Development; Other Disorders of Psychological Development
   Q86.0: Fetal Alcohol Syndrome (dysmorphic)
   Q86: PO4.3: Alcohol Affecting Fetus or Newborn Via Placenta or Breast Milk
   P04.3: Newborn (suspected to be) affecting feetal

- P04.3: Newborn (suspected to be) affected by maternal use of alcohol
   Z13: Encounter for screening for other diseases and disorders

Source: www.fasdpn.org

FAS



 Facial dysmorphia: small palpebral fissures (10<sup>th</sup> %ile or below), smooth philtrum\*, thin vermilion

FAS

- Growth deficiencies: weight/length-at or below the 10<sup>th</sup> percentile (any measurement from birth to present time)
- CNS Abnormality: Structural, Neurological or **Functional**
- (+)/(-) Maternal alcohol use in pregnancy (history is not always available)
  - CDC Guidelines for Referral and Diagnosis, 2004 (\*Rank 4 or 5 on Univ of Washington Lip-Philtrum Guide)

### **CNS Abnormality**

- Structural

  - Head circumference at or below 10<sup>th</sup> percentile
     Clinically significant abnormalities on neuroimaging
- Neurological

  - SeizuresFocal deficits
- Functional
  - Cognitive/developmental deficits or discrepancies

- Executive functioning deficits
   Motor functioning delays
   Problems with attention or hyperactivity
   Problems with social skills
   Others: Sensory problems, pragmatic language problems, memory deficits, etc.

### FAS vs. FASD

- Full facial effects are only required for a diagnosis if one cannot substantiate that the mother drank during pregnancy.
- FAS has facial features, growth deficit and CNS abnormality
- Early diagnosis of FASD before age 6 can reduce secondary characteristics
- · Having full FAS and a lower IQ increase likelihood of early diagnosis & intervention.

### Higher risk factors FASD

- Typically no facial features
- IQ above 70 only 25% have an intellectual disability or IQ below 70
- Higher scores on maladaptive behavior
- Less chance for identification as it requires mother's self-report of drinking during pregnancy.



### Is FASD Neurobehavioral?



- Alcohol causes Brain Damage by killing cells
- Alcohol affects structure and function of the brain
- Behaviors are symptoms NOT disorder
- Behavior is not willful or purposeful but due to damaged brain
- Therefore: INVISIBLE, PHYSICAL DISABILITY WITH BEHAVIORAL SYMPTOMS

## Historical Perspective



- 1970's Studies on FASD & animal models of FASD focusing on proving that alcohol was the culprit (a teratogen).
- 1981 Surgeon General Report warning against drinking while pregnant
- 1980's and 1990's research focused on describing the effects of alcohol
  - Regions vulnerable, patterns and timing

## Patterns and Timing of alcohol exposure



- 1st Trimester: Alcohol interferes with organization of brain cells, Facial Features-3rd to 4th wk
- 2<sup>nd</sup> Trimester: Alcohol causes clinical features of FAS
- <u>3<sup>rd</sup> Trimester</u>: Alcohol leads to problems encoding visual & auditory information

### **Current Research Focus**

- 2000's to present: Relating specific brain regions to behavioral deficits and focus on treatment and prevention
- Alcohol inhibits critical L1 cell adhesion from the brain & spinal cord – brain damage
- Certain compounds can block alcohol's inhibition
- Choline and Folate supplements
- Similar drugs as those used to treat Alzheimer's

### How much alcohol depends on

- Ability to metabolize alcohol (genetics, liver)
- Dosing of alcohol
- Pattern and timing of exposure
- Mother and Infants genetics
- General health and nutrition
- Level of stress and/or trauma
- Older Age and Number of births mother has had

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### What about Dad?

- Alcohol consumption affects genes in sperm which are responsible for normal fetal development.
- The father's lifestyle and his support of the mother are always important prior to and during pregnancy because he can have a significant influence on the mother's choices and her physical and behavioral health.
- Epigentic Components long range changes to DNA

Hye Jeong Lee, Jae-Sung Ryu, Na Young Choi, Yo Seph Park, Yong Il Kim, Dong Wook Han, Kisung Ko, Chan Young Shin, Han Sung Hwang, Kyung-Sun Kang, Kinarm Ko. **Transgenerational effects of paternal alcohol exposure in mouse offspring**. Animal Cells and Systems, 2013; 17 (6): 429
DOI: 10.1080/19768354.2013.865675

### Dad is important too..

 "Up to 75 percent of children with FASD have biological fathers who are alcoholics, suggesting that pre-conceptual paternal alcohol consumption negatively impacts their offspring."

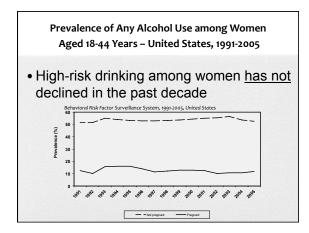
Day, Savani ,Krempley , Nguye , Kitlinska (2016). Influence of paternal preconception exposures on their offspring: Through epigenetics to phenotype American Journal of Stem Cells 5(1):11-18

### Prevalence of Alcohol Use

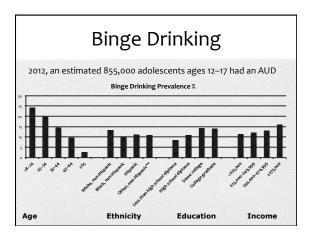


14% of Americans have Alcohol Use Disorder (AUD), DSM-5

From: www.cdc.gov/ncbddd/fasd/data.html



# 1 Episode of Binge Drinking... 2 Episode of Binge Drinking.... 2 Episode of Binge Drinking... 2 Episode of Binge Drinking..



### Drinking at time of conception

• I consumed alcohol before I knew I was pregnant, is my baby ok?



- <u>Theory:</u> Before the first missed period (o-18 days of conception) there is natural protection from an teratogenic agent because the zygote is self-contained, any alcohol in the bloodstream of the mother will not impact the embryo before the placenta is formed and delivering nutrients to the embryo.
- However, if you are trying to get pregnant STOP drinking

### At risk for Alcohol Exposed Births

- 3.3 million US women, ages 15-44, were at risk of exposing their developing baby to alcohol if they were to become pregnant.
- 3 in 4 women who want to get pregnant do not stop drinking alcohol when they stop using birth control.
- Wealthier Americans are also less worried than everyone else about pregnant women drinking.
- CDC, Vital Signs, Feb, 2016

### From Choices fact sheet

Understanding Risk for Alcohol-Exposed Pregnancies (AEPs)

Among nonpregnant women aged 18-44 years:

- 52% reported drinking alcohol and
- 15% reported binge drinking, (defined as four or more drinks on at least one occasion in the past 30 days).
   Almost 50% of all pregnancies in the US are unplanned.
   Alcohol consumption that produces high blood alcohol concentrations, such as binge drinking, has also been associated with unintended pregnancy.

Among pregnant women aged 18-44 years:

- 8% reported drinking alcohol and
- 1% reported binge drinking

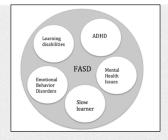
FASDs are among the leading, preventable causes of developmental disorders in the United States.

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## FASD- collect Diagnoses

- Reactive attachment disorder
- ADHD
- Oppositional defiant
- BiPolar Disorder NOS
- Cognitive Disorder NOS
- Depressive Disorder NOS
- Personality Disorder, Mixed with Borderline Antisocial and Schizotypal features
- Conduct Disorder, Disruptive Behavior

### Consider FASD as the umbrella



Remember the behaviors are ONLY the symptoms of underlying physical disorder

### Available tools for Prevention

- CHOICES- CDC funded program for nonpregnant women at risk
- Screening and Brief Intervention
- Parent-Child Assistance Program a 3 year case management model
- ACOG Toolkit
- American Academy of Pediatrics toolkit
- Association of Reproductive Health Professionals

## **Screening for Caregivers**

- Important for tailoring treatment and future prevention
- Are labeled as neglectful, uncaring or sabotaging
- Might end up repeating behaviors multiple pregnancies
- Have children removed from their care
- Fail to follow through-- multiple directions
- Lose parental rights

## Visit scfasd.weebly.com

### **Intervention Strategies**

**Evidence Based Interventions FASD** 

Math Interactive Learning Experience (MILE) Use of metacopotive techniques and manipulatives along with parent to increase math performance of children ages 3-10. Services are available at the Marcus Institute and materials are available online Contact Claire Coles (Part Cole

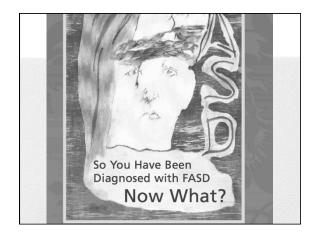
## Many guides to download

Teaching Students with Fetal Alcohol Spectrum Disorders

Fetal Alcohol Spectrum Disorder: A Guide to Awareness and Understanding FASD Support Network of Saskatchewan Inc. Revised 2015 www.saskfasdnetwork.ca/resources Links to all available guides: Tips Teachers, Support Workers, Care

Teaching Students with Fetal Alcohol Spectrum Disorders

TIP 58: Addressing Fetal Alcohol Spectrum Disorders SAMHSA Outlines methods for identification and su modifying treatment store.samhsa.gov/product/TIP-58-Addressing-Fetal-Alcohol-Spectrum-Disorders-FASD-/SMA13-4803



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