FETAL ALCOHOL SPECTRUM DISORDERS ... HIDDEN DISORDERS

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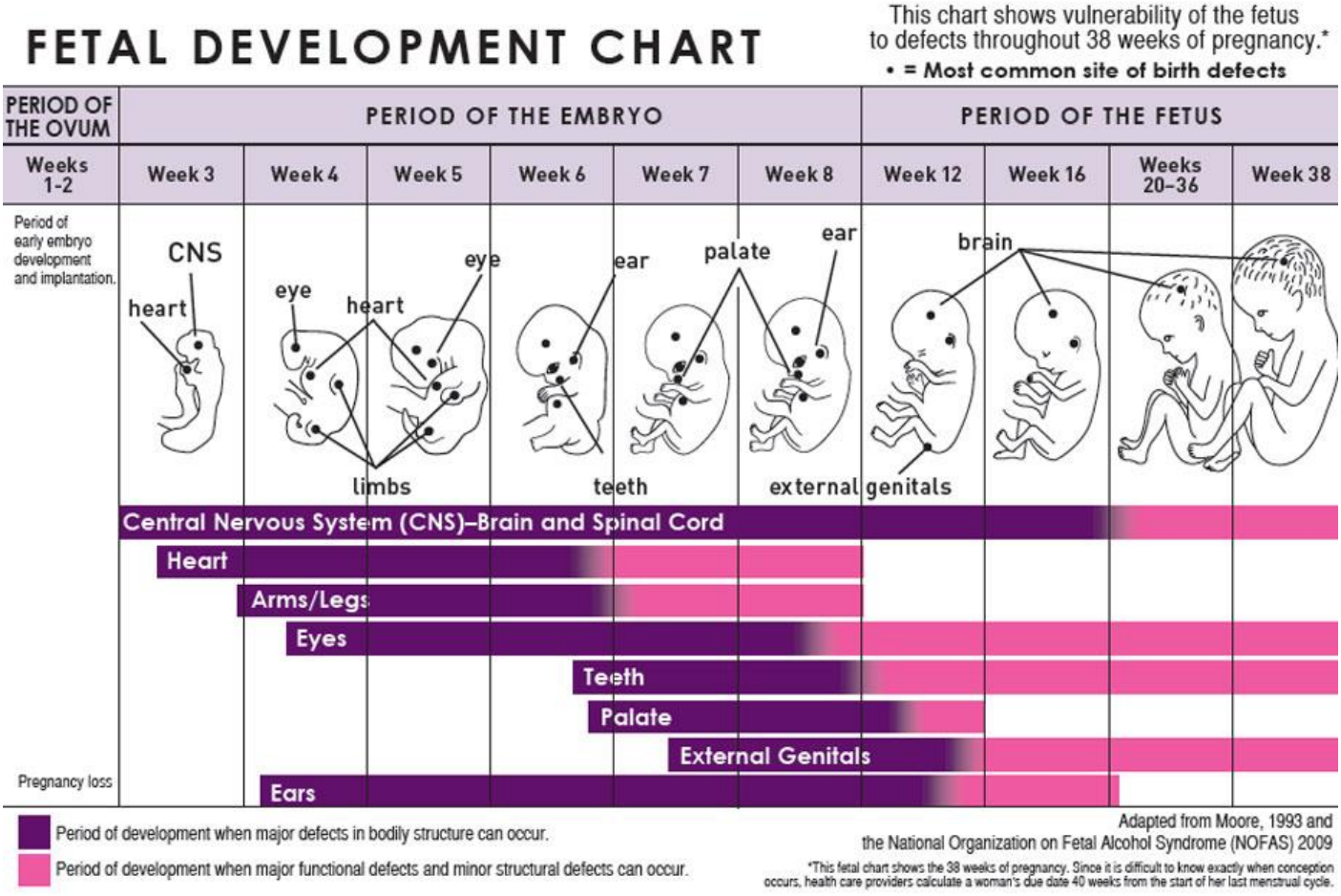
The Parents' Evaluation of Developmental Status (PEDS) is an evidence-based screening tool for improving the identification of children with developmental and behavioural problems from Birth to children aged from birth to seven years and 11 months. PEDS is a simple, 10-item questionnaire that is completed by the parent. PEDS is included in the Personal Health Record "Red Book" or available for completion and marking online. http://www.rch.org.au/ccch/peds/About_PEDS/

Fetal Alcohol Spectrum Disorders (**FASD**) is an umbrella term describing the range of effects that can occur in an individual exposed to alcohol while in utero. Alcohol is a teratogen. Once the fertilized egg is attached to the uterus, a **common blood supply** exists between the mother and the embryo. If something is in the mother's blood, it can now cross over to the developing foetus. These effects may include physical, mental, behavioural, and/or learning disabilities with **lifelong implications**.



No blame approach – As experts in taking a history it is important for GP's to discuss lifestyle around the time of conception and throughout the pregnancy. The majority of women do not know they are pregnant when the most severe teratogenic effects of alcohol occur. Enquiring about partners, family, friendship is a subtle part of developing the broader picture that allows for the discovery of alcohol intake. Direct questioning leads to false negative responding. Feelings of guilt may arise with all pregnancy related challenges. When properly supported women, however, report they are often relieved to have a reason for their child's differences and a way forward.

The Australian Fetal Alcohol Spectrum Disorders Diagnostic Instrument was launched in May, 2016 http://www.apsu.org.au/assets/current-studies/Australian-guide-to-diagnosis-of-FASD-13May2016.pdf. FASD diagnostic categories in Australia are based on the presence of physical abnormalities and/or degree and number of functional impairment in neurological domains:
Fetal Alcohol Syndrome (FAS) – three facial features characteristic of FAS.
Partial Fetal Alcohol Syndrome (PFAS) – two facial features and two neurological domains of functioning at or below the third percentile.
Neurodevelopmental Disorder–Alcohol Exposed (ND-AE) – no facial features however three or more neurological domains of impairment.

A specially trained, multi-disciplinary team is required to adequately assess for FASD.

Facial dysmorphology is assessed using clinical measurement and specialised computer facial photography software. Neurological dysfunction is assessed using a range of standardised tools selected on the basis of need.

FASD impairments may encompass any of the disorders in the First Section of the DSM 5. People exposed to alcohol in utero can show signs of any or all these neurodevelopmental disorders. Consequently, a multi-disciplinary team is required to adequately assess for FASD.

Functional impairment is expressed as Moderate, Severe or Profound.

FASD is a lifelong disorder from birth; however it is often not picked up until later in life.

Individuals with FASD also have higher rates of congenital abnormalities, particularly cardiac, hearing, eyes, limbs and mouth.

While these may cause the Primary Disabilities, individual s with FASD are at high risk of multiple **Secondary Disabilities**– school failure; mental health issues; incarceration; social problems; homelessness; substance abuse.

Early identification and intervention is crucial.
Family centred 'wrap-around' care to strengthen and build capacity for families to support children and to support the person into adult life through maximising participation in everyday life is required.

Individuals with FASD may not respond to behavioural interventions because they **are neurologically atypical**. Modifications in language, consistency, routine, repetition, simplicity, structure, and supervision are important in supporting people with FASD. The single most effective way to improve achievement in neuro-typical children is to provide a clear understanding of what they are learning and why. This is exponentially more important for neurologically atypical children.

Individuals with FASD need **life-long advocates** for them as they traverse the various social systems on life's journey.

For more information contact the Better Life Centre

better life centre

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