

RISK FACTORS FOR FASDs

(NOTE: A risk factor is something that contributes to the likelihood of something else happening. The following risk factors do not cause FASDs. Rather, FASDs are more likely to occur when more of the items in the list are present.)

Family Poverty

Low Family Education Level

Prenatal exposure to Cocaine

Prenatal exposure to Cigarette Smoke

Changes in Family Custody

Higher Maternal Age

Paternal Alcoholism (at the time of pregnancy)

Paternal Drug Use (at the time of pregnancy)

Maternal History of Sexual Abuse

Family Social Isolation

Undiagnosed Maternal Mental Health Concerns

Reduced Access to Prenatal and Postnatal Care

Inadequate Family Nutrition

Poor Developmental Environment

Note: ethnocultural background is not a specific risk factor for FASDs

Note: the above list is *not* ranked by risk factor importance.

Source:

Fetal Alcohol Spectrum Disorder: Canadian Guidelines for Diagnosis,

by A. E. Chudley, J. Conry, J. L. Cook, C. Loock, T. Rosales, and N. LeBlanc.

Produced by the Public Health Agency of Canada,

National Advisory Committee on Fetal Alcohol Spectrum Disorder

2005

UNDERSTANDING AND ASSESSING THE IMPORTANCE OF FACIAL CHARACTERISTICS

Three (and only three) specific facial characteristics are recognized as markers for FAS:

SHORT PALPEBRAL FISSURES

(the horizontal distance between the left and right edges of each eye)

Diagnostic guidelines require the palpebral fissures to be at or below the 3rd percentile as compared to the general population.

SMOOTH OR FLATTENED PHILTRUM

(the area between the bottom of the nose and the top lip)

Diagnostic guidelines require the philtrum to be assessed at either 4 or 5 on a scale of 1 to 5 (with scores of 1, 2, and 3 equated with normal philtrum appearance)

THIN VERMILION BORDER OF THE UPPER LIP

Diagnostic guidelines require the upper lip to be assessed at either 4 or 5 on a scale of 1 to 5 (with scores of 1, 2, and 3 equated with normal upper lip appearance)

All other abnormal physical features (mid-face, ears, palate, epicanthic folds, nose shape, palm creases, etc.) are *not* factors in establishing diagnosis.

While facial characteristics are the most specific markers for alcohol-related brain and nervous system damage, most individuals within the spectrum of FASDs do not display these characteristics.

Source:

Fetal Alcohol Spectrum Disorder: Canadian Guidelines for Diagnosis,
Public Health Agency of Canada, National Advisory Committee on Fetal Alcohol Spectrum Disorder

UNDERSTANDING AND ASSESSING THE IMPORTANCE OF BEHAVIORAL AND NEUROLOGICAL FACTORS

Canada's National Advisory Committee on Fetal Alcohol Spectrum Disorder recommends that the following nine domains be assessed when working with individuals who present with FASDs:

I. HARD AND SOFT NEUROLOGIC SIGNS

(*Hard signs* are the facial characteristics. *Soft signs* are sensory-motor delays.)

2. BRAIN STRUCTURE ANOMALIES

(reduced head circumference, and/or other anomalies that show up with magnetic resonance imaging, etc.)

3. COGNITION IMPAIRMENT

4. COMMUNICATION IMPAIRMENT

5. DIFFICULTIES WITH ACADEMIC ACHIEVEMENT

6. MEMORY IMPAIRMENT

7. IMPAIRMENT TO "EXECUTIVE FUNCTIONING"

(organization, abstraction, direction, focus, integration, generalization, etc.)

8. ATTENTION DEFICITS / HYPERACTIVITY

9. ADAPTIVE IMPAIRMENT (change management, social skills, social communication)

"Impairment" is assessed by the individual's performance as compared to the general population. (Two standard deviations below the mean represents impairment; this is a range approximately of the lowest three per cent.)

Impairment of three of the above domains is required for a diagnosis within the FASDs.

CRITERIA FOR MEDICAL DIAGNOSIS:

FETAL ALCOHOL SYNDROME

A. Evidence of prenatal and postnatal growth impairment.

At least one of the following:

Birth weight or birth length at or below the 10th percentile

Height or weight at or below the 10th percentile for age

Weight to height ratio at or below the 10th percentile for age

B. Simultaneous presentation of all three of the following facial anomalies:

Short palpebral fissure length

(at least 2 standard deviations below the mean)

Smooth or flattened philtrum

(rank 4 or 5 on the lip-philtrum guide)

Thin upper lip

(rank 4 or 5 on the lip-philtrum guide)

C. Impairment in three or more of nine central nervous system domains:

Hard and soft neurologic signs; brain structure; cognition; communication; academic achievement; memory; executive functioning and abstract reasoning; attention deficit/hyperactivity; adaptive behavior; social skills; social communication.

D. Confirmed or unconfirmed maternal alcohol exposure.

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National Advisory Committee on Fetal Alcohol Spectrum Disorder, 2005

CRITERIA FOR MEDICAL DIAGNOSIS: PARTIAL FETAL ALCOHOL SYNDROME

A. Simultaneous presentation of two of the following facial anomalies:

Short palpebral fissure length

(at least 2 standard deviations below the mean)

Smooth or flattened philtrum

(rank 4 or 5 on the lip-philtrum guide)

Thin upper lip

(rank 4 or 5 on the lip-philtrum guide)

B. Impairment in three or more of nine central nervous system domains:

Hard and soft neurologic signs; brain structure; cognition; communication; academic achievement; memory; executive functioning and abstract reasoning; attention deficit/hyperactivity; adaptive behavior; social skills; social communication.

C. Confirmed maternal alcohol exposure.

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Produced by the Public Health Agency of Canada,

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CRITERIA FOR MEDICAL DIAGNOSIS:

ALCOHOL-RELATED NEURODEVELOPMENTAL DISORDER

A. Impairment in three or more of nine central nervous system domains:

Hard and soft neurologic signs; brain structure; cognition; communication; academic achievement; memory; executive functioning and abstract reasoning; attention deficit/hyperactivity; adaptive behavior; social skills; social communication.

B. Confirmed maternal alcohol exposure.

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Produced by the Public Health Agency of Canada,

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CRITERIA FOR MEDICAL DIAGNOSIS:
ALCOHOL-RELATED BIRTH DEFECTS

“The term alcohol-related birth defects (ARBD) should not be used as an umbrella or diagnostic term for the spectrum of alcohol effects. ARBD constitutes a list of congenital anomalies, including malformations and dysplasias and should be used with caution.”

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by A. E. Chudley, J. Conry, J. L. Cook, C. Loock, T. Rosales, and N. LeBlanc.

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CURRENT GUIDELINES FOR FASDs EDUCATIONAL SUPPORT

“In the current Ministry of Education funding model, children with FAS are eligible for special education funding, depending on their individual educational needs.

The instructions in *Special Education Services - Manual of Policy, Procedures and Guidelines* are intended to direct school boards to determine, on a case by case basis, using the student's IEP as a guide, how best to report each student with special needs for funding purposes.

Children with FAS might be identified by school boards in any one of a number of categories, depending on their primary educational needs. These might be intellectual or physical, depending on the student's learning profile.

The Ministry is also in the process of establishing a Provincial Resource Program to provide outreach support for teachers working with students with FAS. Ministry staff are in the process of selecting a school district to host the program and are looking at a September, 2006 launch date.”

Source: Ministry of Education, March 2006