



Co-management Guide

Genetics

Fetal Alcohol Spectrum Disorders (FASDs)

<p>Guidelines Referenced</p>	<ol style="list-style-type: none"> 1) A flow diagram for diagnosis and identification: https://www.aap.org/en-us/Documents/fasdtoolkit_flow_diagram.pdf 2) A framework for case management: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/fetal-alcohol-spectrum-disorders-toolkit/Pages/Case-Management.aspx 3) Example Care Plans: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/fetal-alcohol-spectrum-disorders-toolkit/Documents/Sample_DevelopmentalBehavioralEvaluation.pdf & https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/fetal-alcohol-spectrum-disorders-toolkit/Documents/Integrated_Care_Plan.pdf
<p>Background</p>	<p>Fetal Alcohol Spectrum Disorders (FASDs) is an umbrella term used to describe the range of effects that can occur in an individual who was prenatally exposed to alcohol. Recent studies that included a site in North Carolina, show that an estimated 1 in 20 school age children have an FASD.</p> <p>Individuals with the full Fetal Alcohol syndrome (FAS) demonstrate:</p> <ul style="list-style-type: none"> -Growth deficiency (height or weight \leq 10th percentile). -Facial findings of (small eyes/short palpebral fissure, smooth philtrum, thin upper lip). -Significant CNS findings (structural, neurological, and/or functional abnormalities, including physiological evidence of brain abnormalities, such as seizures, microcephaly, or other anatomical abnormalities; and learning, behavioral, and/or adaptive differences, such as struggles with attention, memory, executive functioning, sensory processing, cognition, language, etc.). -Prenatal alcohol exposure. <p>Of note, most individuals with prenatal alcohol exposure do not demonstrate all the findings consistent with FAS; however, if an individual was exposed to alcohol prenatally, they can still demonstrate some "effects" from this prenatal alcohol exposure, including physical, mental, and behavioral disabilities. When there are possible "effects" from prenatal alcohol exposure, but not all the features of the full Fetal Alcohol Syndrome present, the term Fetal Alcohol Spectrum Disorder is used. The diagnosis of FASD has significant implications for educational planning, societal expectations, and overall health, with individual interventions important to help an individual succeed.</p> <p>Overall, an individual's findings are related to multiple causes, including environmental influences (such as other possible prenatal exposures), significant difficult experiences since birth, and possible genetic influences.</p>
<p>Initial Evaluation</p>	<p>A thorough history and physical exam is the basis for an initial evaluation related to possible FASD, with a particular emphasis on the prenatal history, significant medical concerns,</p>



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	<p>developmental concerns, social concerns, family history of learning difficulties, and a physical exam which includes specifically evaluating for features of FAS and other dysmorphic features. An objective neurodevelopmental evaluation is helpful in identifying specific neurodevelopmental strengths and challenges.</p> <p>Of note, to the extent possible, a history of prenatal exposure is collected, including frequency and severity. This information may be difficult to obtain as an individual may no longer be in the custody of their biologic family.</p>	
Initial Management	<p>Providing/referring for interventions related to an individual's specific needs, such as speech and occupational therapies, behavioral based therapy, and counseling for the patient and family.</p>	
When to Refer	<p>If a FASD is suspected, a referral to the FASD diagnostic and treatment interdisciplinary clinic is appropriate.</p>	
Pre-Visit Work Up	<p>Ideally, psychoeducational testing is obtained prior to an evaluation through the FASD Interdisciplinary Diagnostic and Treatment clinic.</p>	
Co-management Strategy (as appropriate)	<p>An evaluation through the Fetal Alcohol Spectrum Disorder Interdisciplinary Clinic includes evaluations with Speech/Language Therapy, Occupational Therapy evaluation, child developmental psychology, and the social worker in an effort to identify an individual's strengths and challenges in order to provide specific recommendations for interventions.</p>	<p>The patient's medical home is the basis for providing comprehensive ongoing care, which includes identifying a child's individual needs, in part by utilizing the recommendations for intervention by the FASD Interdisciplinary Clinic, to help establish the foundation for helping the child and family be successful.</p>
Return to Primary Care Endpoint	<p>The care for the child remains with the medical home</p>	