Fetal Alcohol Spectrum Disorders: Case Presentations

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Case 1- Travis

Travis, is a 6 year old boy who presents with school failure, poor social skills and oppositional behavior at home and school.

**Social History:**
- Lives with single mother, disabled by a serious auto accident, in which Travis had minor injuries.
- Unemployed and on public assistance.
- Limited cognitive function. A supportive partner resides in the home.

**Birth History:**
- Small since birth, below the 5%ile, but growing symmetrically.
- Feeding problems in infancy
Case 1: Travis

**Mental Health History:**
- Treated for ADHD, Combined Type, with stimulants with variable symptom control since age 4
- Diagnosed with ODD at age 6
- Always has had sleep problems

**Educational History:**
- Has an IEP but his educational progress has been slow.
- Reported to miss social cues, touch others inappropriately, “in their face” and poor social boundaries
- IQ- low average.
Now what?

- What stands out?
- What else do we need to know?
Case 1: Travis

- Travis’s mother acknowledged that before she was pregnant, she and her girlfriends drank 1-2 drinks most nights after work.
- When asked about binge drinking, she said she did so occasionally before she knew she was pregnant, but only one time afterwards.
- She did not know she was pregnant until about 3 months gestational age.
Case 1: Travis
Is this a positive history for prenatal alcohol exposure?

- Can include drinking levels reported by the mother 3 months before her report of pregnancy recognition or a positive pregnancy test.
- The information must be obtained from the biological mother or a **reliable** collateral source
  - ≥6 drinks/week for ≥2 weeks during pregnancy
  - ≥3 drinks per occasion on ≥2 occasions during pregnancy
  - Documentation of alcohol-related social or legal problems before or during the index pregnancy
  - Documentation of intoxication during pregnancy by blood, breath, or urine alcohol content testing
  - Increased prenatal risk as assessed by a validated screening tool
Case 1: Travis
What do you think diagnostically?

Specific Presenting Symptoms and/or Signs Consistent with Prenatal Alcohol Exposure

- Prenatal Alcohol Exposure Documented
  - Dysmorphology Facial Evaluation
    - Neuropsychology Evaluation
      - Other Diagnosis
      - ARND
        - Evaluate for Major Malformations
          - Alcohol Related Birth Defects
        - Other Diagnosis
    - Other Diagnosis
  - Neuropsychology Evaluation
    - Other Diagnosis
- Prenatal Alcohol Exposure Not Documented
  - Dysmorphology Facial Evaluation
    - Neuropsychology Evaluation
      - Other Diagnosis
    - Other Diagnosis
  - Other Diagnosis
Case 1: Travis
What do you think diagnostically?
What about ND-PAE?
Neurobehavioral Disorder- With Prenatal Alcohol Exposure

ND-PAE

- Neurocognitive Impairment
- Impairment in Self-Regulation
- Deficits in Adaptive Functioning

- Global IQ
- Impairment in:
  - Executive Functioning
  - Learning
  - Memory
  - Visual Spatial Reasoning

- Impairment in mood or behavioral regulation
- Attention problems
- Impairment in impulse control

- Communication Deficit
- Social Deficit
- Daily Living Skills Impairment
- Motor Impairment
Key Points

- Don’t fret over diagnosis- ARND vs. FAS vs. pFAS vs. ND-PAE
- Focus on:
  - Filling in gaps in history and assessment
  - Risk status
  - Functioning of child across domains
  - Identifying needed interventions
  - Partnering with parent to strengthen the child and family
What else?

- How to talk to parent about this?
- Is more evaluation needed?
- What interventions would you recommend?

**See FASD Checklist handout**

- Memory (Short and long-term)
- Attention
- Processing Speed
- Impulsivity
- Mood dysregulation
- Generalizability
- Adaptive Skills
- Sensory Issues
- Self-Esteem

- Start by identifying areas of challenge:
  - Executive Functioning
  - Overall learning and cognition
  - Visual-Spatial Skills
  - Math
  - Social Skills & Indiscriminate Sociability
Case 2: Ryan

Ryan is a 30-month old boy adopted from orphanage in Ukraine approximately 6 months ago by a couple with 2 older children (ages 8 and 10)

**Birth History:**
- Unknown

**Growth History:**
- Severely growth delayed at the time of adoption. Wt, length, HC << the 5th percentile
- Growth is catching up – currently in the 3rd percentile

**Developmental History:**
- Receiving early intervention for significant global developmental delay

**Behavioral Concerns:**
- Often inconsolable and irritable
- Erratic sleeper
- Does not enjoy being held but improving
Case 2: Ryan
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- Deficits in Adaptive Functioning
  - Communication Deficit
  - Social Deficit
  - Daily Living Skills
  - Motor Impairment

- Impairment in:
  - Motor Impairment
  - Daily Living Skills
  - Memory
  - Learning
Now what?

• What do you tell the parents?
• What can you recommend for Ryan?
• What are the positive and negative aspects to making a diagnosis of Fetal Alcohol Syndrome at this time?
Case 3: Suzie

• Suzie comes to your office for a routine 4-year old well child visit. She is accompanied by her mother.

• On routine history taking, her mother raises some concerns:
  – Suzie’s preschool has reported that her activity level is very high and she can engage in risky behavior such as jumping from high places
  – Although she is very social, she can be intrusive with other children; often touching them inappropriately, standing too close or grabbing them
  – They report she is very bright and enjoys reading and creative art projects
Case 3: Suzie

**Birth History:**
- Full term infant with no complications

**Growth and Development:**
- 50\textsuperscript{th} percentile for weight and length. Consistent growth
- Head circumference 30th%
- History of speech and language delay. Received early intervention until age 3
- No IEP now
- Mother corroborates that observations of preschool are noted at home too.
Case 3: Suzie
Now what?

- You went to Dr. Weitzman’s lecture and upon hearing this story and examining Suzie, you have a concern for FAS.
- You comb through the chart but there is no evidence of screening for prenatal alcohol use.
- Based on this history and presentation, would you screen mother for prenatal alcohol use?

[Images of smiley faces representing options: YES, NO, MAYBE]
Screening

You decide that you have enough concern and decide to screen and begin by asking mother:

• In the 3 months before you knew you were pregnant, how many times did you have 4 or more drinks in a day?
• During the pregnancy, how many times did you have any alcohol?

And:

• At what point did you know you were pregnant?
Are you accusing me of drinking during my pregnancy?

Are you saying this because I am black?
Now what?

What might you say to this mother?

- FASD is the most common *preventable* cause of intellectual disability and behavior problems and there are many women who consumed alcohol early in their pregnancy long before they knew they were pregnant.

- I have begun to routinely screen all children for prenatal alcohol exposure, particularly if they present with any developmental or behavioral problems, to ensure that we put the appropriate and most helpful services in place.

- Some of her facial features are similar to those seen in children who may have been exposed to alcohol prenatally.

- I know you want the very best for Suzie and are a terrific parent. If you talk about this again in the future, I am always available.
Questions? Other cases?

MEET DETAMARA – She has accepted her FASD challenges. No longer angry and frustrated this is amazing 23 year old. She loves the quiet, simple, calm and can tell us what she needs. She says she has young people's Alzheimer's and she won't get Alzheimer's when she gets older as she already can't remember. The only area of her memory that was intact was facial memory.

MEET DIEGO - He is about to turn 14 years old and will be going into 9th grade. He is active in sports (horseback riding, basketball, and flag football) and loves video games. Diego was born in Juarez, Mexico; already addicted to alcohol and other drugs. He’s athletic and is a hard worker at any sports he tries. He has a good sense of humor. He is helpful and looks out for others.

MEET VICTORIA – Victoria was adopted from Russia when she was 2 1/2 years old and has FASD. Victoria’s special skill is making friends. With that great smile, she can walk into any situation and have a new best friend within minutes. She is also best friends and helper to her brother, who has autism in addition to FASD. Victoria is 9.5 years old and wishes she could read and do math.

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