



# What is involved in the Diagnosis and Treatment of FASD?

## Framework for FAS Diagnosis and Treatment

### Comprehensive Assessment

- **Physical examination** to test for abnormalities in the body structure or growth development.
- **Medical status** to document head circumference, height, weight, etc. as well as to address associated minor medical problems.
- **Neurodevelopmental assessment** to include IQ, achievement, visual-motor, attention, adaptive behavior, and social-emotional development.
- **Family evaluation** to assess need for community support and referrals to outside agencies.
- **Educational assessment** to insure most appropriate and least restrictive educational placement.
- **Occupational/Physical/Speech Therapy** to address difficulties in motor skills and language development.

### Focused Treatment

- **Identify problems** based on comprehensive assessment.
- **Recommend specific treatments** to include medical, psychological, and educational interventions.
- **Coordinate efforts** to insure continuity of care as well as to maximize chances for successful outcomes.

### Diagnosis and Referral

- **Confirmed or suspected alcohol exposure** is considered sufficient information to refer a child.

#### The Center for Maternal Substance Abuse and Child Development

##### Emory Neurodevelopmental Clinic

Provides differential diagnosis and evaluation for effects of that exposure.

*To refer for an evaluation, call the number below.*

**Website:** [msacd.emory.edu](http://msacd.emory.edu)

**Phone:** 404-712-9810

#### MotherToBaby Georgia

Provides free evidence-based information about medications and other exposures during pregnancy and while breastfeeding.

**Website:** [www.mothersbabyga.org](http://www.mothersbabyga.org)

**Email:** [mothersbaby@emory.edu](mailto:mothersbaby@emory.edu)

**Phone:** 855.789.6222



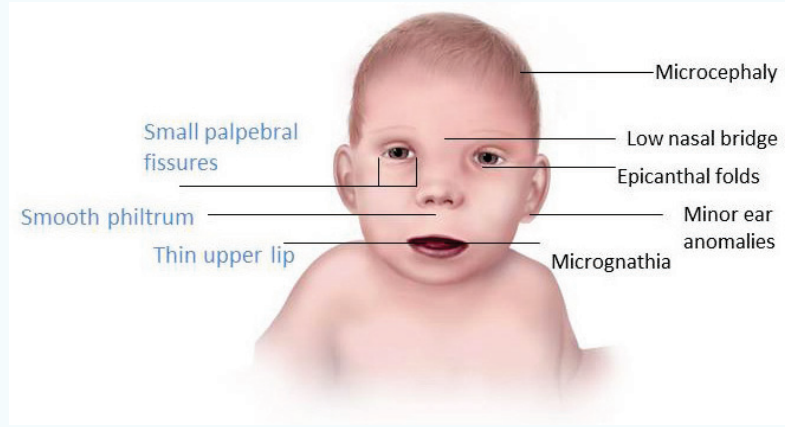
# Know the FASD FACTS

## Common Problems in Alcohol-Affected Children

- **Minor medical problems**, such as ear infections, allergies, and asthma.
- **Failure to thrive in infancy**, indicating significant growth delay that may also affect developmental progress and attachment.
- **Feeding problems**, such as having a weak suck, or difficulty grasping a nipple in infancy, and later decreased appetite or difficulty retaining food.
- **Delays in motor development during infancy**, including poor overall motor skills, delays in fine motor skills, and hand tremors.
- **Delays in cognitive development**, but not necessarily into the intellectual deficiency range.
- **Specific learning disorders at school-age** with better performance in reading and language, poorer ability in mathematics.
- **Mild intellectual deficiency** - (IQ<70). Borderline intelligence - 70 to 85.
- **Attachment disorders** causing difficulty establishing healthy attachments with parents or caregivers.
- **Sleeping problems**, such as trouble going to sleep and short sporadic periods of restless sleep.
- **Judgment problems**, such as failure to learn from experience or develop a logical approach to problems.
- **Arousal dysregulation**, such as difficulties with self-regulation and emotional control.

## Diagnostic Criteria for FAS

- **Unusual facial features** (see pictures below).
  1. Smooth philtrum (*the vertical groove between the upper lip and the nose*).
  2. Thin vermilion border (*the border between the lip and the adjacent normal skin*).
  3. Small palpebral fissures (*the space between the corners of the eye opening*).
  4. Undersized lower jaw (Micrognathia)
- **Low birthweight and continued small size** until puberty, when catch-up growth is common.
- **Damage to the nervous system** such as smaller head size at birth (*Microcephaly*), structural brain abnormalities, and neurological problems (i.e. poor coordination, poor muscle control).



**Identifying  
Children with Fetal  
Alcohol Spectrum  
Disorders (FASDs)**