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  
Phone: 404-712-9810

**MotherToBaby Georgia**  
Provides free evidence-based information about medications and other exposures during pregnancy and while breastfeeding.  
Website: www.mothertobabyga.org  
Email: mothertobaby@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 \textit{(the vertical groove between the upper lip and the nose)}.
  2. Thin vermillion border \textit{(the border between the lip and the adjacent normal skin)}.
  3. Small palpebral fissures \textit{(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).