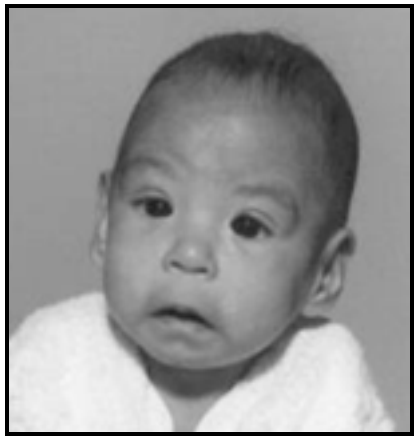
Characteristics and Symptoms of Fetal Alcohol Syndrome



A diagnosis of Fetal Alcohol Syndrome (FAS) is based on certain criteria: facial features, small birth weight, central nervous system dysfunction, and a history of prenatal exposure to alcohol. Babies who do not have all the physiological symptoms may be given a diagnosis of Fetal Alcohol Effects (FAE) or partial Fetal Alcohol Syndrome (pFAS). Together, FAS, pFAS and FAE are referred to collectively as Fetal Alcohol Spectrum Disorders (FASD).

Facial Features

Children with FAS may have some or all of the following facial characteristics:

- Small eye openings
- Smooth, wide philtrum
- Thin upper lip

Only babies who were exposed to alcohol during a specific period of pregnancy will have the facial features of FAS. Any of these facial features can occur in a healthy child as a matter of genetics, features that are inherited from a birth parent. Only when several of these features are present along with central nervous system symptoms together with prenatal alcohol exposure will FAS be considered for diagnosis. Only about 10% of children with FASD receive a diagnosis of FAS.

Note: Facial characteristics may more easily be recognized between the ages of two and ten, and may not be as apparent immediately after birth or during adolescence or adulthood.

Physiological Anomalies

Babies with FAS may have low birth weight, and may have trouble gaining weight. The head circumference may be smaller than normal. Some infants may have heart defects or suffer anomalies to the ears, eyes, liver, or joints. Children may show no physical symptoms at all yet may still have significant damage to the brain and central nervous system. About 90% of children with FASD have no physical features of the syndrome.

Developmental Delays

Many children with FASD have developmental delays. Less than half of children with full FAS have mental retardation. 90% of children with FAE have IQs in the normal range. Most children with FASD appear to be bright and outwardly normal.

Central Nervous System

Most infants with FAS are irritable, don't eat well, don't sleep well, are extra sensitive to sensory stimulation, and have a strong startle reflex. Many are diagnosed with Sensory Integration Disorder (SID) and/or Central Auditory Processing Disorder (CAPG). They may hyperextend their heads or limbs, and can exhibit hypertonia (too much muscle tone) or hypotonia (too little muscle tone) or both. Many children with FASD also have Attention Deficit Hyperactive Disorder (ADHD).

Invisible but Serious

The most serious characteristics of FASD are the invisible symptoms of neurological damage that results from prenatal exposure to alcohol, These symptoms can occur in FAS and FAE:

- Attention deficits
- Memory deficits
- Hyperactivity
- Difficulty with abstract concepts
- Poor problem solving skills
- Difficulty learning from consequences
- Vulnerable and naive
- Stunted social development
- Immature behavior
- Emotional outbursts
- Poor impulse control
- Poor judgment

Note: These symptoms are not "behavior problems" but are a result of permanent, unchanging damage to the brain (static encephalopathy) and are not always within the child's control.

Adults with FASD have difficulty maintaining successful independence. They have trouble staying in school, keeping jobs, or sustaining healthy relationships. Children and adults with FASD are vulnerable to physical, sexual, and emotional abuse.

Without early intervention services, these individuals have a high risk of developing secondary conditions such as mental illness, trouble with the law, trouble with school, substance abuse, and unwanted pregnancies. A majority of adults with FAE are treated for clinical depression, and 23% have attempted suicide.

Fetal Alcohol Syndrome

FAS is a set of mental and physical disorders that can include mental retardation, brain dysfunction, physical abnormalities, learning disabilities, and psychological disorders. FAS occurs as a result of prenatal exposure to alcohol.

Alcohol causes more damage to the developing fetus than any other substance, including marijuana, heroin, and cocaine. (Institute of Medicine, 1996)

The effects can be severe or mild, ranging from loss of IQ points, attention deficit disorder and learning disabilities to heart defects, cerebral palsy, brain dysfunction, and death. Many children experience serious behavior and social problems that last a lifetime. Children with so-called "mild" effects are at higher risk than those with full FAS because they are not recognized or diagnosed correctly and do not receive appropriate intervention services.

More children are born with FAS than with Down Syndrome or Spina Bifida. (1991, Journal of American Medical Association)

Over 5,000 babies each year in the U.S. are born with FAS. Between 35,000 and 50,000 are born with related disorders. However, most cases of FASD go undiagnosed or misdiagnosed.

FAS in a Nutshell

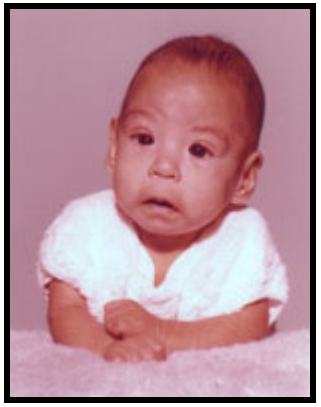
- FAS is the leading known cause of mental retardation.
- Most individuals with FAS have normal intelligence.
- FAS causes serious social and behavior problems.
- Each year in the US 5,000 babies are born with FAS.
- Ten times as many are born with alcohol related disorders.
- No amount of alcohol is known to be safe during pregnancy.
- Alcohol causes more damage to baby than any other drug.
- FAS and related conditions are 100% preventable.

For more information on Fetal Alcohol Syndrome or to download this brochure, visit:

www.fasstar.com

Fetal Alcohol Syndrome
Fasstar Information Series Brochure 0304CS1

Fetal Alcohol Syndrome



Characteristics and Symptoms

Fasstar Enterprises
Fetal Alcohol Syndrome: Support, Training, Advocacy, & Resources

www.fasstar.com