

Fetal Alcohol Spectrum Disorder and Conduct Disorder

Dr Vinesh Gupta

vinesh.gupta@albertahealthservices.ca

**Government
of Alberta** 

The FASD Learning Series is part of the Alberta government's commitment to programs and services for people affected by FASD and those who support them.



Session goals

- Brief look at diagnosis
- Family assessment
- Environmental factors associated with outcome
- Assessment issues specific to FASD associated with Conduct disorder
- Risk assessment
- Assessment of co-morbidity



Diagnosis of FASD in Canada

- Canadian diagnostic guidelines:
 - Institute of Medicine terminology and
 - The 4-digit Diagnostic Code
 - Significant deficits in at least 3 areas of brain functioning



Description of FASD

- Group of disorders characterised by physical, mental, behavioural and learning difficulties
- Prenatal alcohol exposure
- Often but not always associated with
 - Growth retardation
 - Cluster of facial abnormalities
 - Variety of neurological, cognitive & behavioural disorders



Diagnostic categories

- Alcohol Related Birth Defects (ARBD)
- Alcohol Related Neurodevelopmental (ARND) Disorders
- Partial Fetal Alcohol Syndrome (pFAS)
- Fetal Alcohol Syndrome (FAS)



Alcohol related birth defects

- Congenital anomalies, including malformations and dysplasias
 - Cardiac: ASD, VSD
 - Skeletal: Shortened 5th digits, hypoplastic nails
 - Renal: Aplastic, dysplastic or hypoplastic kidneys
 - Ocular difficulties



ARND

- Symptoms of CNS damage but without facial anomalies
 - Decreased cranial size at birth
 - Structural brain abnormalities (microcephaly, agenesis of corpus callosum)
 - Hard or soft neurological signs: impaired fine motor skills, poor eye-hand co-ordination
- Complex patterns of behaviour/cognitive abnormalities that are inconsistent with developmental level & cannot be explained by familial background



Deficits continued

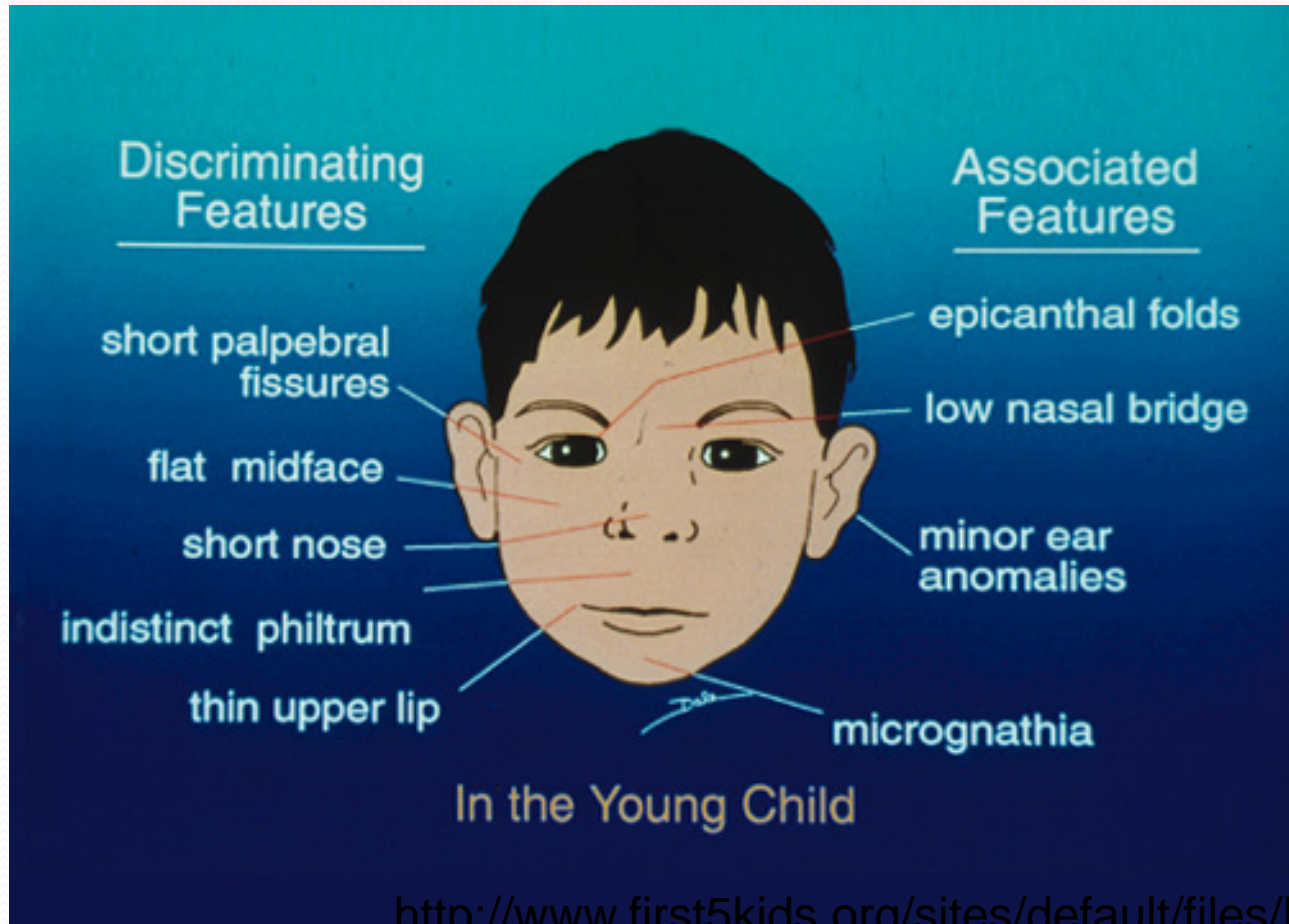
- pFAS
 - No confirmation of maternal alcohol exposure
 - 2 or more of the facial anomalies
 - 1 or more other characteristics
 - Complex behavioural/cognitive abnormalities inconsistent with developmental level and unexplained by genetic composition



FAS

- Confirmed maternal exposure to alcohol
- Prenatal/postnatal growth retardation
 - Height/weight < 10th percentile
- Facial anomalies
- CNS damage resulting in structural or functional impairment

Facial anomalies in children with FASD



http://www.first5kids.org/sites/default/files/FAS_Face.jpg

Neurological impairments associated with FASD

- Learning disability
- Social ineptness
- Poor judgment
- Impulsivity
- Hyperactivity



4 Digits code system

- Reflects the magnitude of expression of severity of the 4 key diagnostic features of FAS:
 - Growth deficiency
 - FAS facial phenotype
 - CNS damage or dysfunction
 - Gestational exposure to alcohol



Primary disabilities

- Loss of intellectual potential
- Severe vision problems
- Dyslexia
- Learning disabilities
- Behavioural problems
- Low level of adaptive functioning



Secondary difficulties

- Mental health issues:
 - ADHD, hyperactivity, extreme impulsiveness
- Little/no capacity for moral judgment or interpersonal empathy
- Sociopathic behaviour
- Unemployment
- Trouble with the law
- Inappropriate sexual behaviour

Age related additional presentations

(adapted from Banakar et al; IJP, 2009; 76 (11): 1173-1175)

Newborn	Early Childhood/Pre school	Middle childhood	Adolescence & adulthood
Sleeping & feeding difficulties	Talkative & friendly	Small for age	Characteristic facies may disappear
Weak, sick, irritable & tremulous	Temper tantrums	Impulsive, impaired attention	Poor school performance
Excessive crying, hypersensitive to light & sound	Hyperactive, small for age, speech delay	Poor social skills, SLD, Language deficiencies	Impaired judgment, behavioural problems, poor peer relations
Seizures, failure to thrive	Fine motor abnormalities	Lack of organization	Substance misuse, depression, teenage pregnancy
	MR	Impaired abstract thinking, MR	Difficulties with living skills, MR



Compounding factors

- Dysfunctional family background
- Mental health problems
- Substance use disorders
- Physical, sexual or emotional abuse
- School and occupational difficulties
- Cultural background



Associated factors

- Varied reports from 1-10/1000
- Aboriginal population: 25-90/1000
- Age, income/education levels
- Employment status
- Cultural affiliation
- Custody changes
- Reduced access to prenatal & postnatal care and services
- Inadequate nutrition and poor developmental environment





Family context

- Birth mothers are frequently subjected to
 - Abuse
 - Poverty
 - Isolation
 - Mental health issues
 - Addictions
 - Lack of supportive health & social care

Outcomes connected with environmental factors

- History of disrupted school experience
 - Suspensions, expulsion, or dropping out
- Alcohol and drug problems
- Attention problems
- Repeatedly incomplete school work
- Difficulty getting along with peers
- Being disruptive in class


- 
- Poor social choices
 - Desire to be accepted
 - Easily led by delinquent peers
 - Low self esteem
 - Limited coping abilities
 - Poor peer relationships

- 
- Disruptions in
 - Education
 - Trouble with law
 - Unemployment
 - Substance misuse
 - Loss of family
 - Homelessness
 - Confinement in jail/treatment facilities
 - Premature death



Assessment

- Identify the reason for referral
- Occupational/sensory assessment
- Previous assessments
 - CFS
 - Mental health: psychiatric/psychological/neuropsychological
 - Developmental assessments
 - Psycho-educational or other school based assessments
 - Family/parenting assessments
- Identify important figures/carers: positive or negative

- 
- Developmental pediatrician
 - Psychologist
 - Neuropsychological assessment
 - Psycho-educational assessment
 - Psychiatrist
 - Social worker
 - School
 - Occupational therapist



Co-morbidity

- Generally attract a plethora of diagnosis
 - ADHD
 - Conduct disorder
 - ODD
 - Depression
 - Attachment disorder
 - Sleep disorders
 - Speech disorders
 - PDD
 - Psychosis
 - Substance misuse disorder
 - Adjustment disorder



ADHD

- Impulsivity
- Hyperactivity
- Inattention
- Assessment
 - Use of rating scales, e.g.: Connor's rating scale
 - Interview with the child and carers
 - School reports



Conduct disorder

- Aggression to people or animals includes:
 - engaging in frequent bullying or threatening, starting fights, using a weapon, showing physical cruelty to people/animals, engaging in theft with confrontation
- Property destruction includes:
 - setting fires to cause serious damage, property damage
- Lying or theft includes:
 - breaking into building, car, or house, lying, stealing
- Serious rule violations including:
 - beginning before age 13, frequently staying out at night against parents' wishes, running away overnight, frequent truancy beginning before the age of 13



Major mental illness

- Mood symptoms: do not confuse impulsivity and anger with mood fluctuation
- Psychosis: May be secondary to alcohol or drug abuse
- Might present with hallucinations or delusions, have a drug free period prior to making a diagnosis
- Might present with ideas to harm self or others



Risk assessment

- Risk of harm to self
 - Low self esteem
 - Isolation
 - Lack of social support
 - Substance misuse
 - Mental health issues
 - History of abuse



Risk of harm to others

- Schedule for Assessment of Violence Risk in Youth (SAVRY)
- 3 categories
 - Historical
 - Individual and
 - Social
- Also includes protective factors that serve to reduce the risk



Sleep disorders

- Could lead to interference with
 - Daily activities
 - Behaviour
 - Cognition
 - Health and management
- Could be a result of
 - Brain mal-development
 - Health problems
 - Inadequate sleep hygiene
 - Emotional & social issues
 - Environment at home: cultural, social, health & economic issues



Speech disorders

- May have receptive or expressive language delays
- Sometimes a result of poor development of facial muscles
- May be a result of developmental delay
- Generally worsens with stress or anxiety
- Refer to a speech therapist

Don't Ask My Child to Fly, Bruce Ritchie, 1997

- *Don't ask my child to fly, for he has not wings.*
- *Don't ask my child to see the glint on the eagle's beak, for his vision has been diminished.*
- *Don't ask my child to remain calm amid the din, for her ability to screen out the noises has been taken away.*
- *Don't ask my child to be careful with "strangers", for he is affectionate with everyone and prey for the unscrupulous.*
- *Don't ask my child to "settle down", for the clock which works for you and I, does not exist for her.*
- *Don't ask my child to not play with the toys of others, for he has no concept of property.*
- *Don't ask my child to remember you tomorrow, although you met today.*
- *Don't ask my child to heal your wounds, for her hands cannot hold a scalpel or sutures.*
- *Don't ask my child to meet the challenges set by society, for you have denied her the tools.*
- *Don't ask my child to forgive you for standing idly by, while he was being tortured in his mother's womb, for he will, but
He may not.*



For information on upcoming sessions in
the FASD Learning Series:

www.fasd-cmc.alberta.ca

Please take time to fill out the online evaluation.

Thank you!