

# FASD HOT TAKES

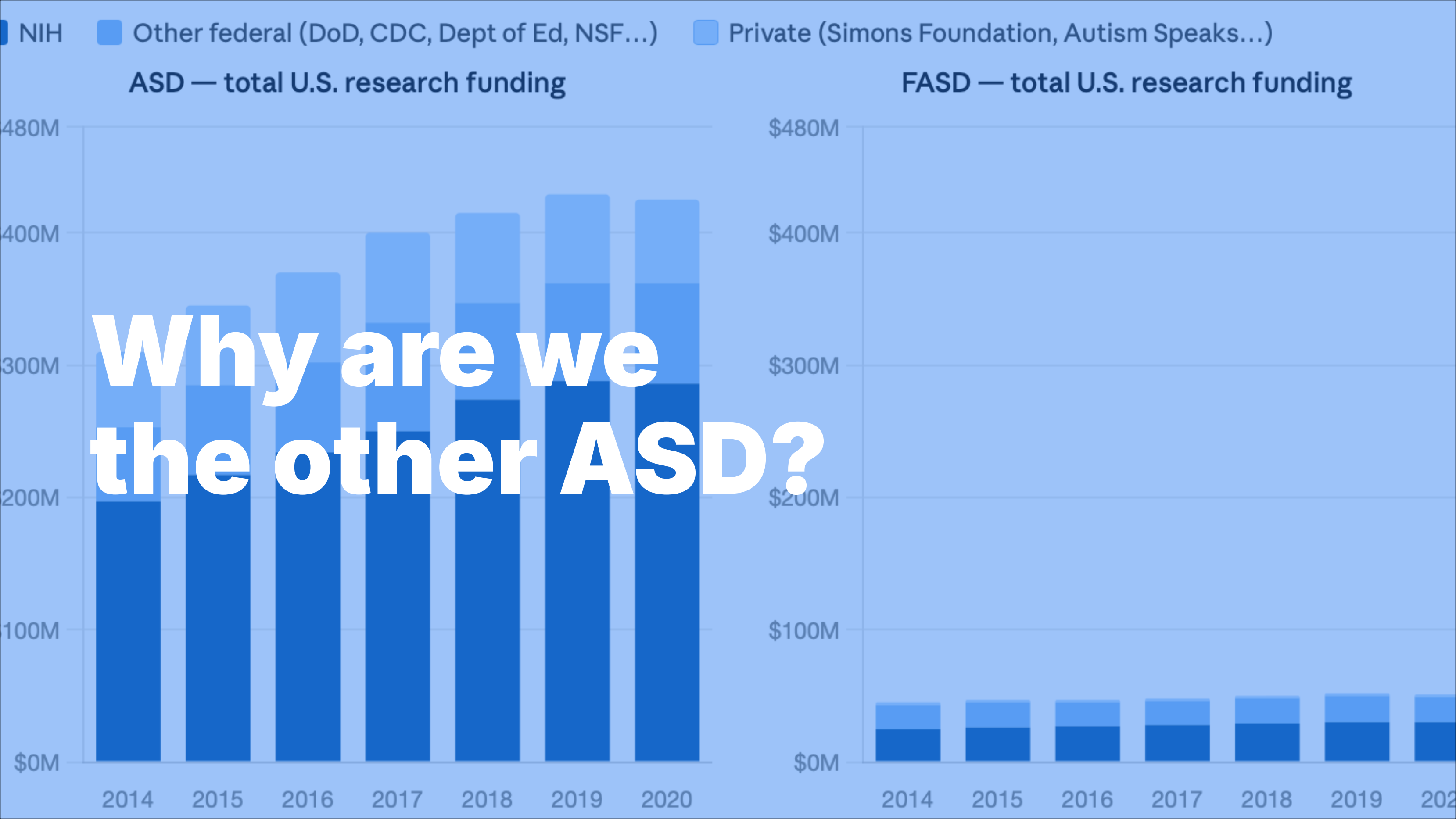
Julian Davies, MD



# PUBLIC HEALTH



**An Roinn Sláinte**  
Department of Health



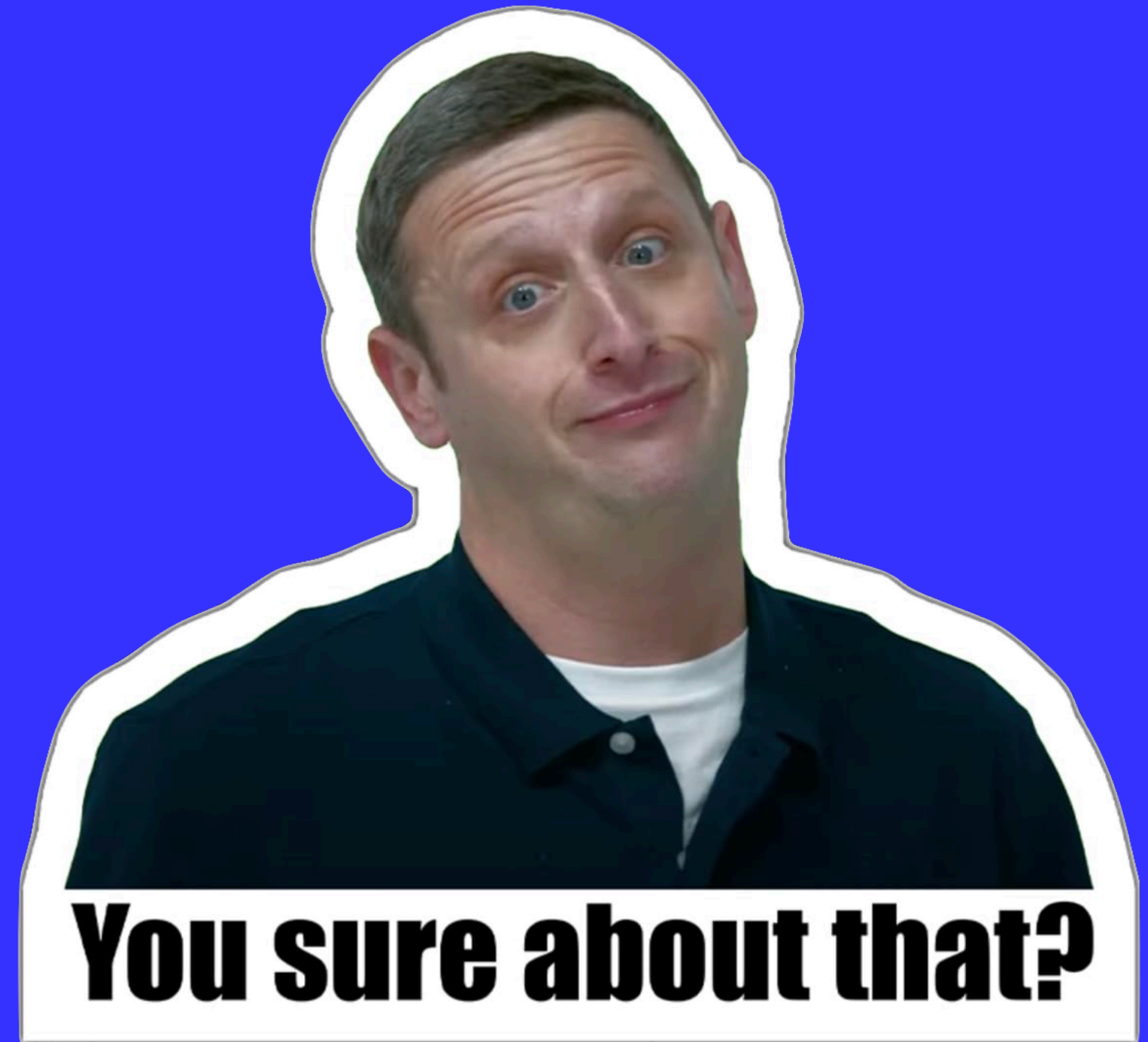
**FASD is  
not “100%  
Preventable”**



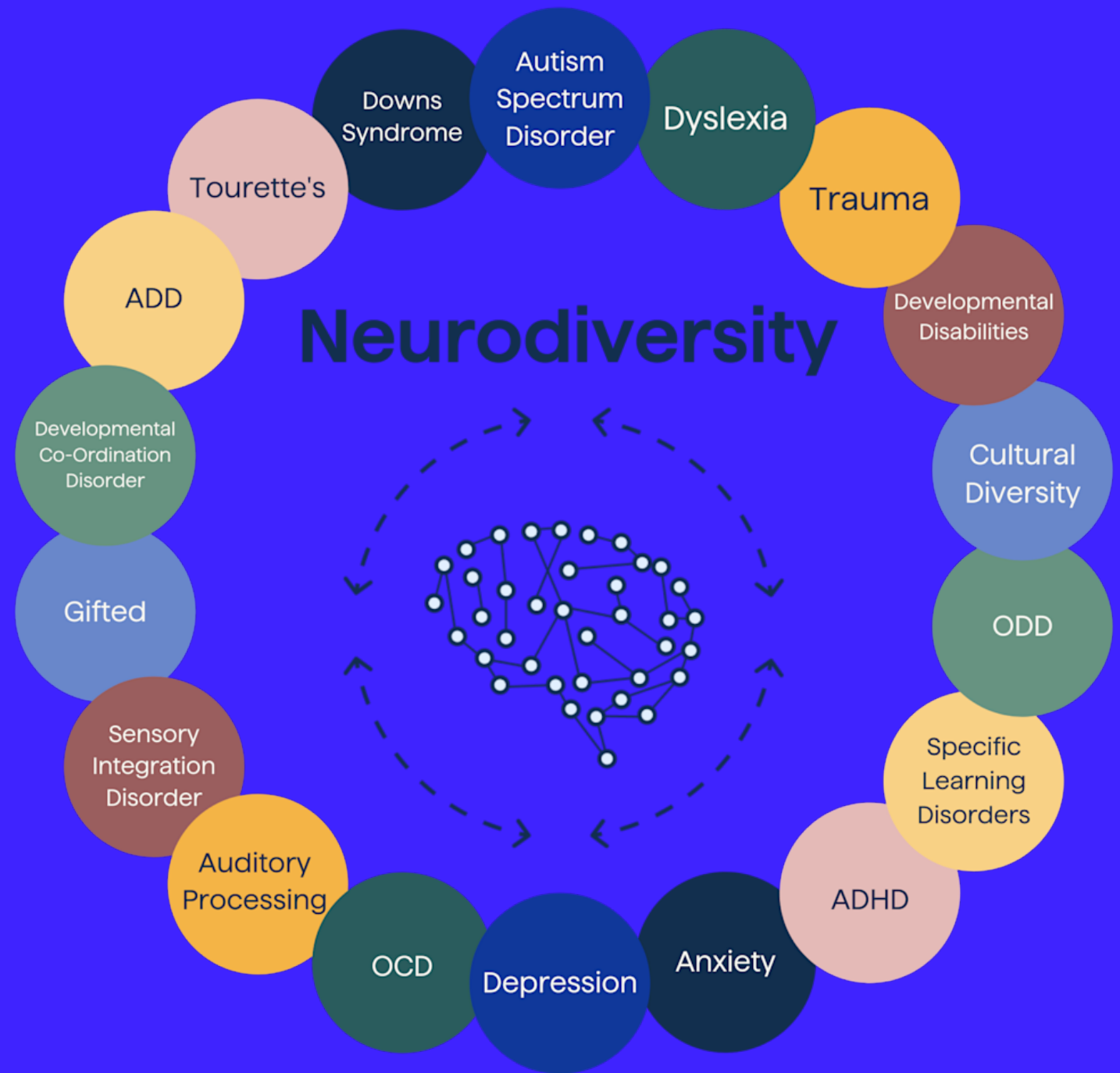
**What about  
dad tho**



**FAS is the  
most severe?**



# Does FASD fit in the neurodiversity movement?



# DIAGNOSIS

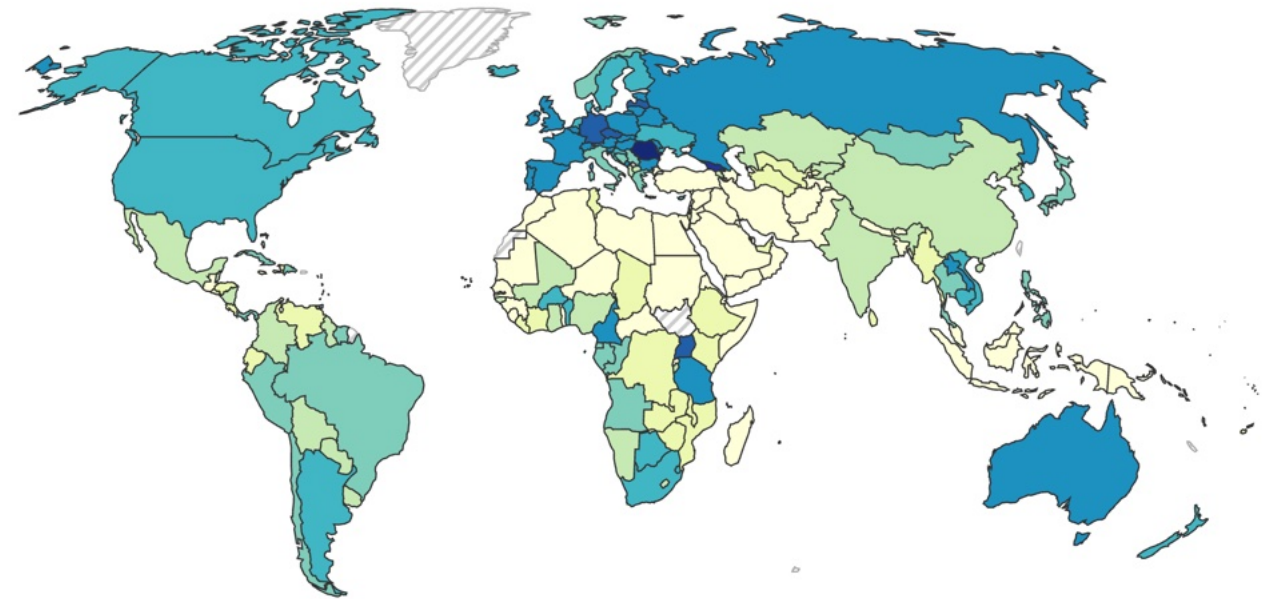


**FASD is the same around the world, why does each country need bespoke diagnostic criteria?**

## Alcohol consumption per person, 2019

Our World  
in Data

Estimated consumption of alcohol is measured in liters of pure alcohol per person aged 15 or older, per year.



Data source: World Health Organization  
[OurWorldInData.org/alcohol-consumption](https://OurWorldInData.org/alcohol-consumption) | CC BY

# 4-Digits UP

## The 4-Digit Diagnostic Code™

4<sup>th</sup> Edition  
v.1.00  
2024

FASD 4-Digit Code

	3	4	3	4	3	3
Rank 4	severe	all 3 features	abnormal structure/neurology	high	high	high
3	moderate	2.5 features	severe dysfunction	some	some	some
2	mild	1-2 features	moderate dysfunction	unknown	unknown	unknown
1	normal	no features	normal function	none	none	none
	<b>Growth</b>	<b>Face</b>	<b>Brain</b>	<b>Prenatal Alcohol</b>	<b>Other Prenatal Risks</b>	<b>Other Postnatal Risks</b>

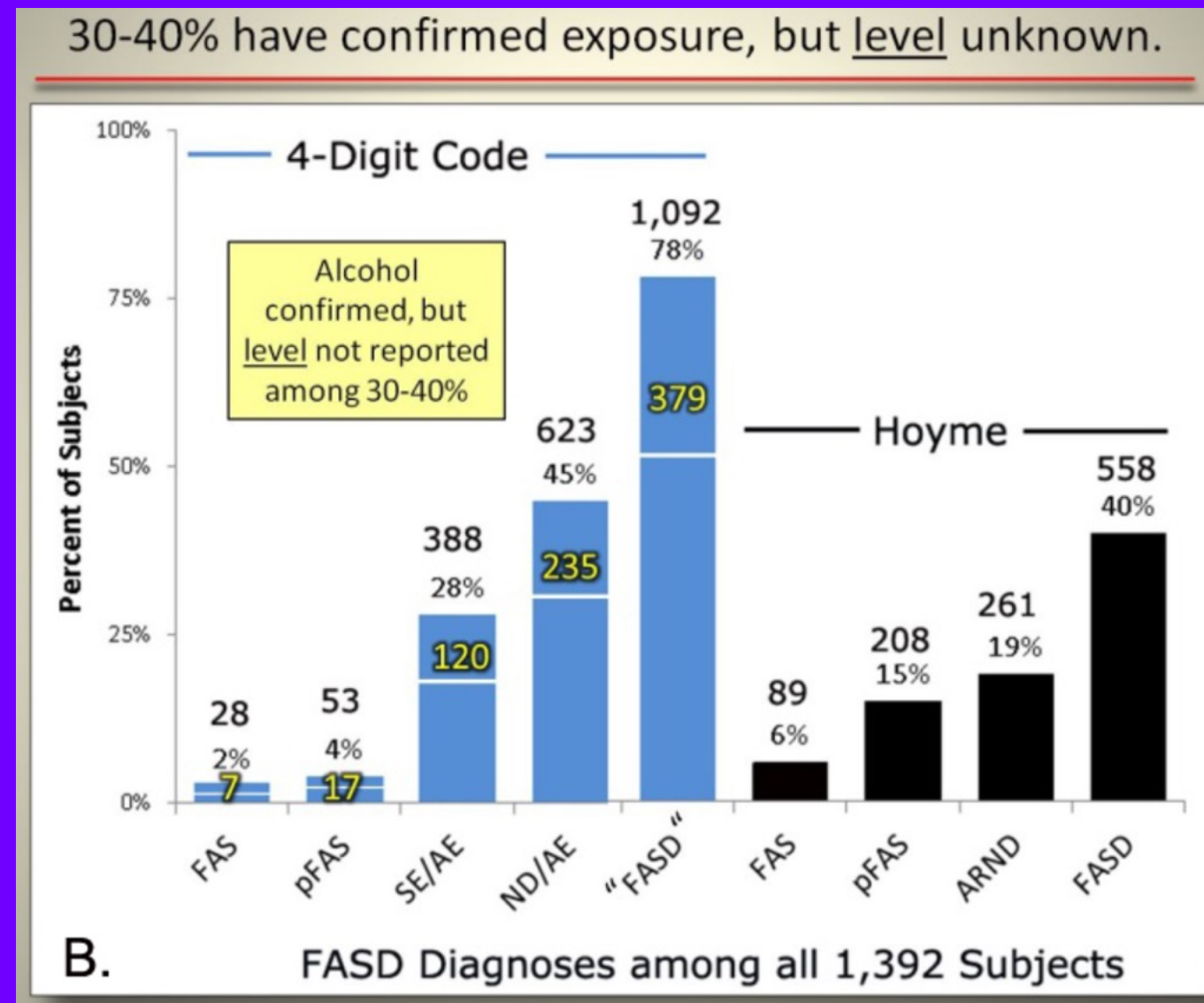
FASD Umbrella

3 Diagnoses under the FASD Umbrella		Growth	FAS Face	Brain	Alcohol
1. FAS	Fetal Alcohol Syndrome	growth	face	severe	exposed
2. SE/AE	Static Encephalopathy / Alc-Exposed			severe	exposed
3. ND/AE	Neurodevelopmental Disorder / Alc-Exposed			moderate	exposed

**Binary = Bad**

**Continuum = Gas**

# Alcohol thresholds don't work



**“Partial  
FAS” needs  
to be retired**



## Main Diagnoses under the FASD Umbrella



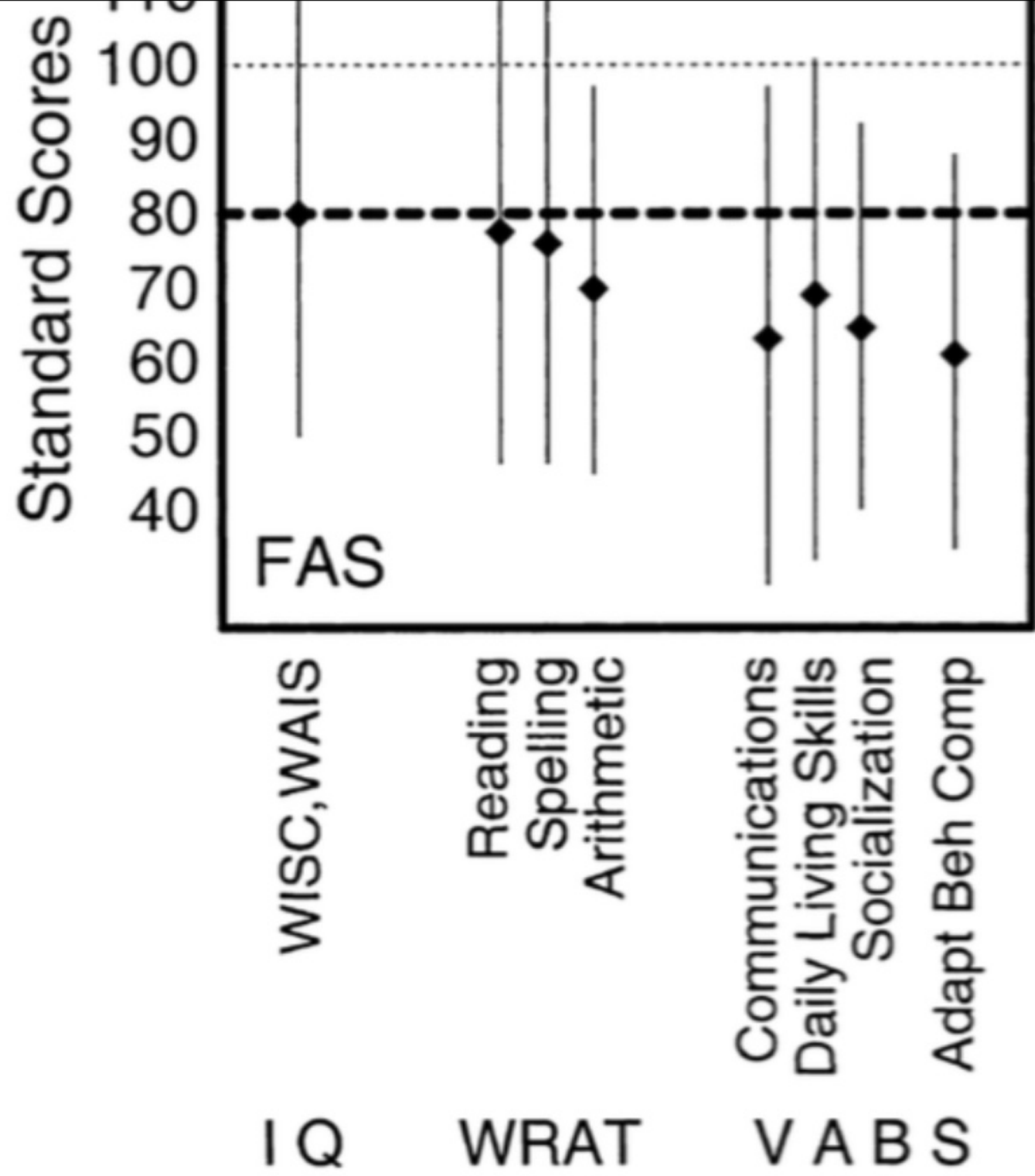
# FASD is not a diagnosis

Diagnosis		Growth	Face	Brain	Alcohol	Prevalence
FAS	Fetal Alcohol Syndrome	optional	mod-severe	severe	optional	11%
SE/AE	Static Encephalopathy / Alcohol Exposed*			severe	alcohol	28%
ND/AE	Neurodevelopmental Disorder / Alcohol Exposed*			mild-mod	alcohol	52%

\*aka ARND or Neurodevelopmental Disorder Assoc with Prenatal Alcohol Exposure (ND-PAE)

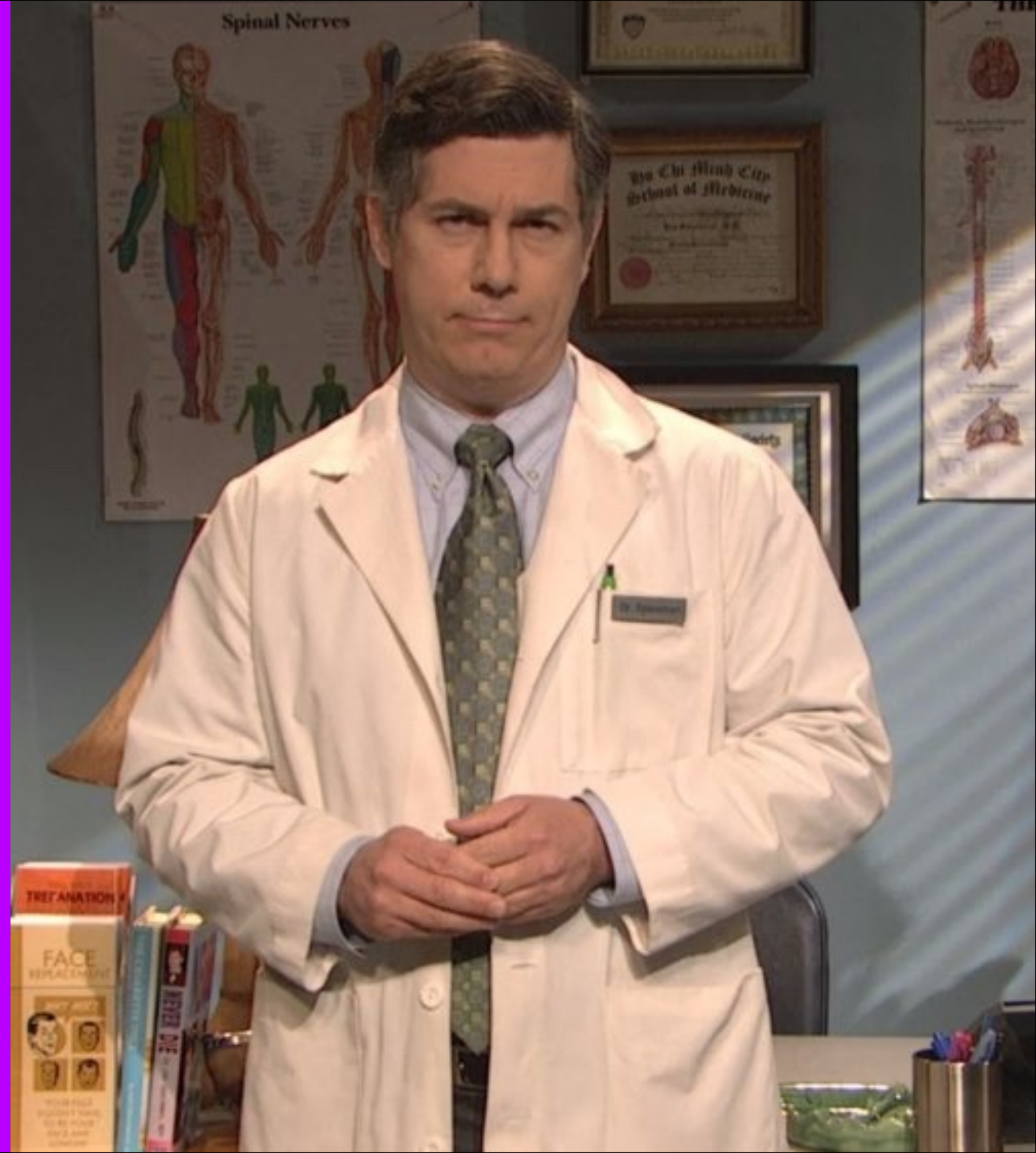
**Do we still need  
diagnoses?**

# IQ is MISLEADING in FASD





**Docs are  
bad at ...**



**DSM-5 is  
a partial  
solution**

---

---

DIAGNOSTIC AND STATISTICAL  
MANUAL OF  
MENTAL DISORDERS

FIFTH EDITION  
TEXT REVISION

DSM-5-TR™

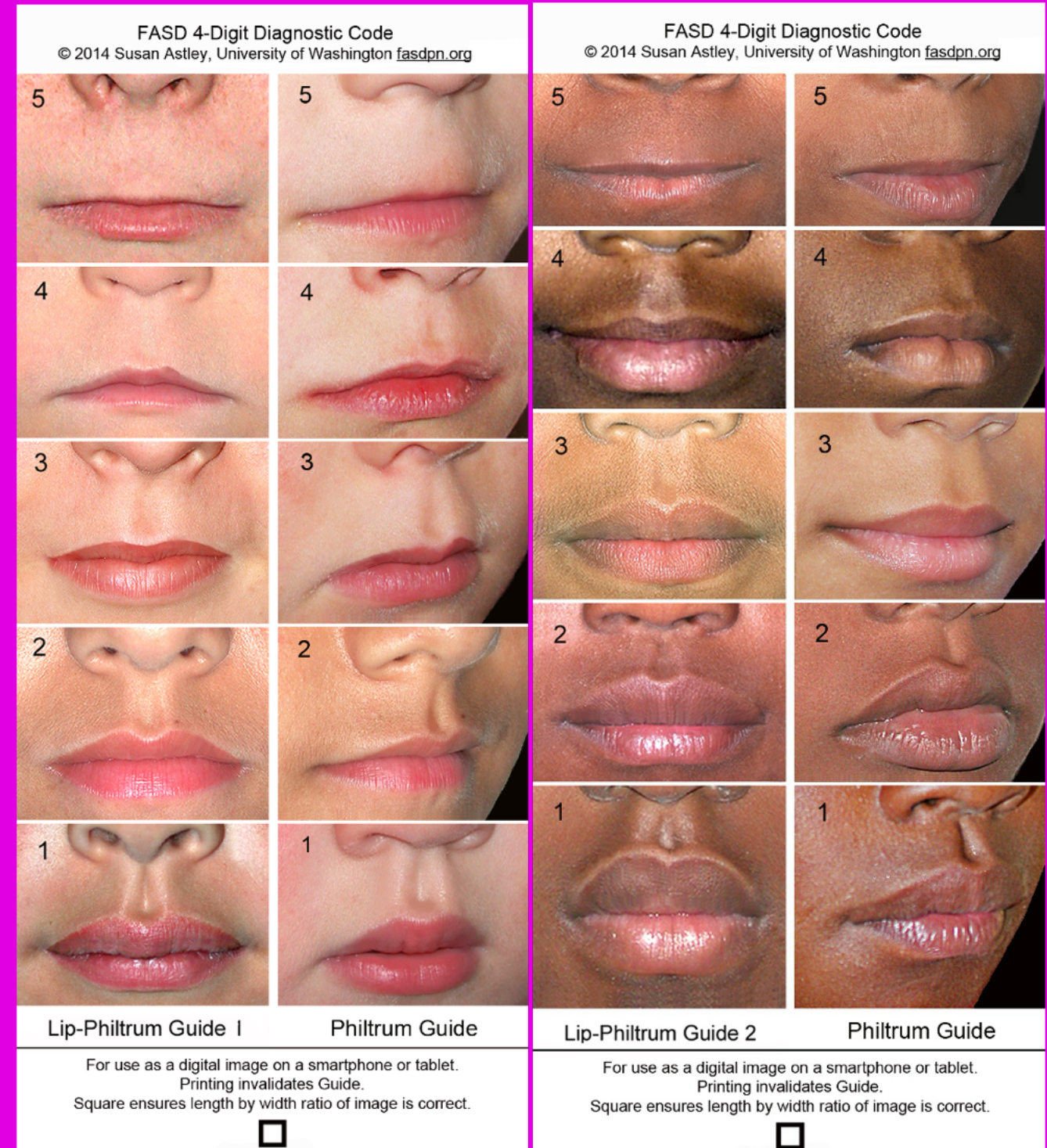
---

---

**Confirmed “minimal”  
exposure as exclusion  
would be less bad?**


**Size matters**

# Race-based norms can be good?





**We won't  
ever have a  
unique FASD  
behavioral  
signature.**

A close-up photograph of a woman with blonde hair and blue eyes, looking directly at the camera with a wide-eyed, surprised expression. She is wearing red lipstick and a gold hoop earring. The background is a plain, light-colored wall.

*Gretchen, stop trying  
to make "fetch" happen.*

**We should be  
doing genetic  
testing more  
routinely**



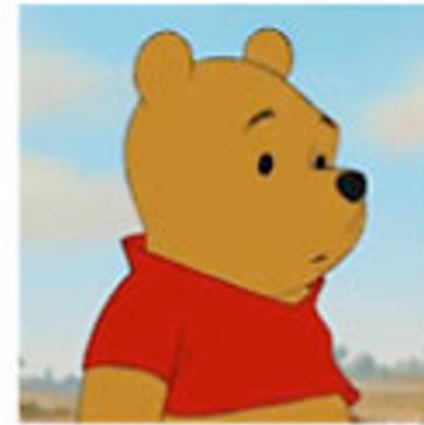
# INTERVENTION



**We've been arguing  
about diagnostic  
guidelines for 50 years,  
can we please focus  
on interventions?**

**There won't  
be a magic pill**

# POOH CORNER Rx



Patient: Winnie the Pooh  
Symptoms: Binge Eating  
Prescription: Sibutrex ®



Patient: Piglet  
Symptoms: Anxiety  
Prescription: Cymbalta ®



Patient: Eeyore  
Symptoms: Depression  
Prescription: Zoloft ®



Patient: Tigger  
Symptoms: ADHD  
Prescription: Ritalin ®



# FASD IS A WHOLE BODY CONDITION

**Sleep**  
*Evidence of persistent sleep disturbances:*

- Less sleep and difficulty falling asleep
- Frequent night wakings
- Structural and functional differences in brain regions associated with sleep

**Body composition**  
*More likely to have:*

- Low weight and short stature
- Sex-specific, weight-related issues after puberty onset

**Vision**  
*Some evidence of:*

- Refractive errors
- Needing glasses
- Eye misalignment
- Structural anomalies

**Hearing**  
*Some evidence of:*

- Hearing loss

**Body composition**  
*More likely to have:*

- Low weight and small stature

**Vision**  
*Some evidence of:*

- Refractive errors
- Subnormal visual acuity
- Ocular motility problems
- Structural anomalies

**Hearing**  
*Some evidence of:*

- Hearing loss (conductive and/or sensorineural)
- Auditory processing difficulties
- External, middle, inner ear abnormalities

**Cardiovascular health**  
*More likely to experience:*

- Heart disease
- Hypertension

**Metabolic disease**  
*Some evidence of:*

- Thyroid disease
- Type 2 Diabetes Mellitus
- Abnormal fat metabolism

**Cardiovascular health**  
*Increased risk of:*

- Congenital heart defects
- Variable heart rate

**Cardiovascular health**  
*More likely to experience:*

- Hypertension

**Metabolic disease**  
*Some evidence of:*

- Thyroid problems
- Impaired glucose metabolism

**Renal function**  
*More likely to experience:*

- Kidney stones
- Chronic kidney disease

**Immune system**  
*Some evidence of:*

- Frequent infections
- Higher prevalence of autoimmune disease

**Immune system**  
*Some evidence of:*

- Increased risk of infection

**Renal function**  
*Some evidence of:*

- Altered kidney function and structure

**Immune system**  
*Some evidence of:*

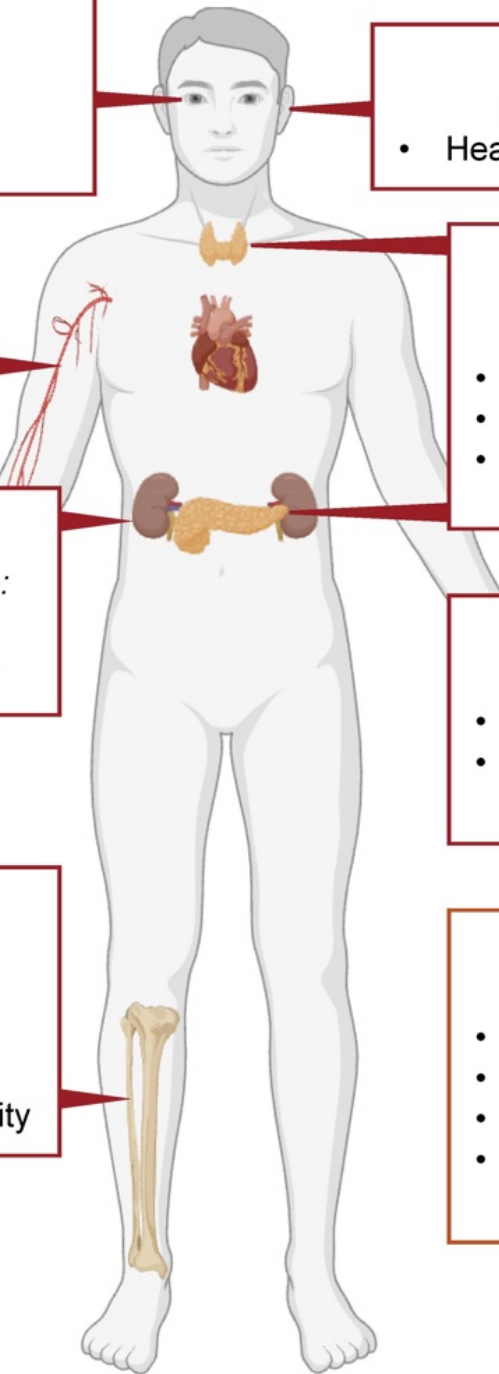
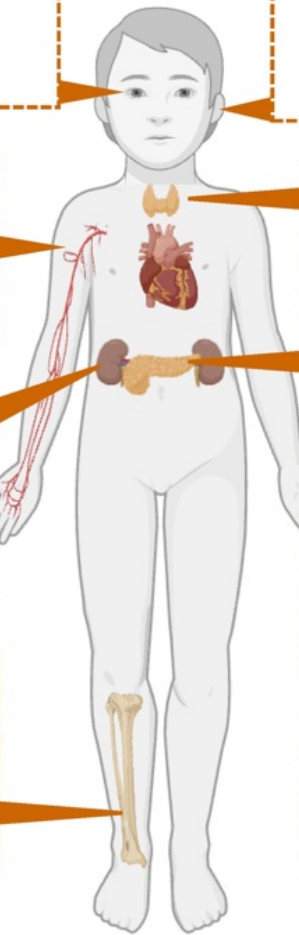
- Frequent illness
- Chronic infections
- Atopy and autoimmune disease

**Body composition and bone health**  
*Some evidence of:*

- Weight-related issues
- Joint pain
- Low bone mineral density

**Reproductive health**  
*Some evidence of:*

- Recurrent miscarriage
- Pregnancy complications
- Premature menopause
- Altered testes development and sperm quality



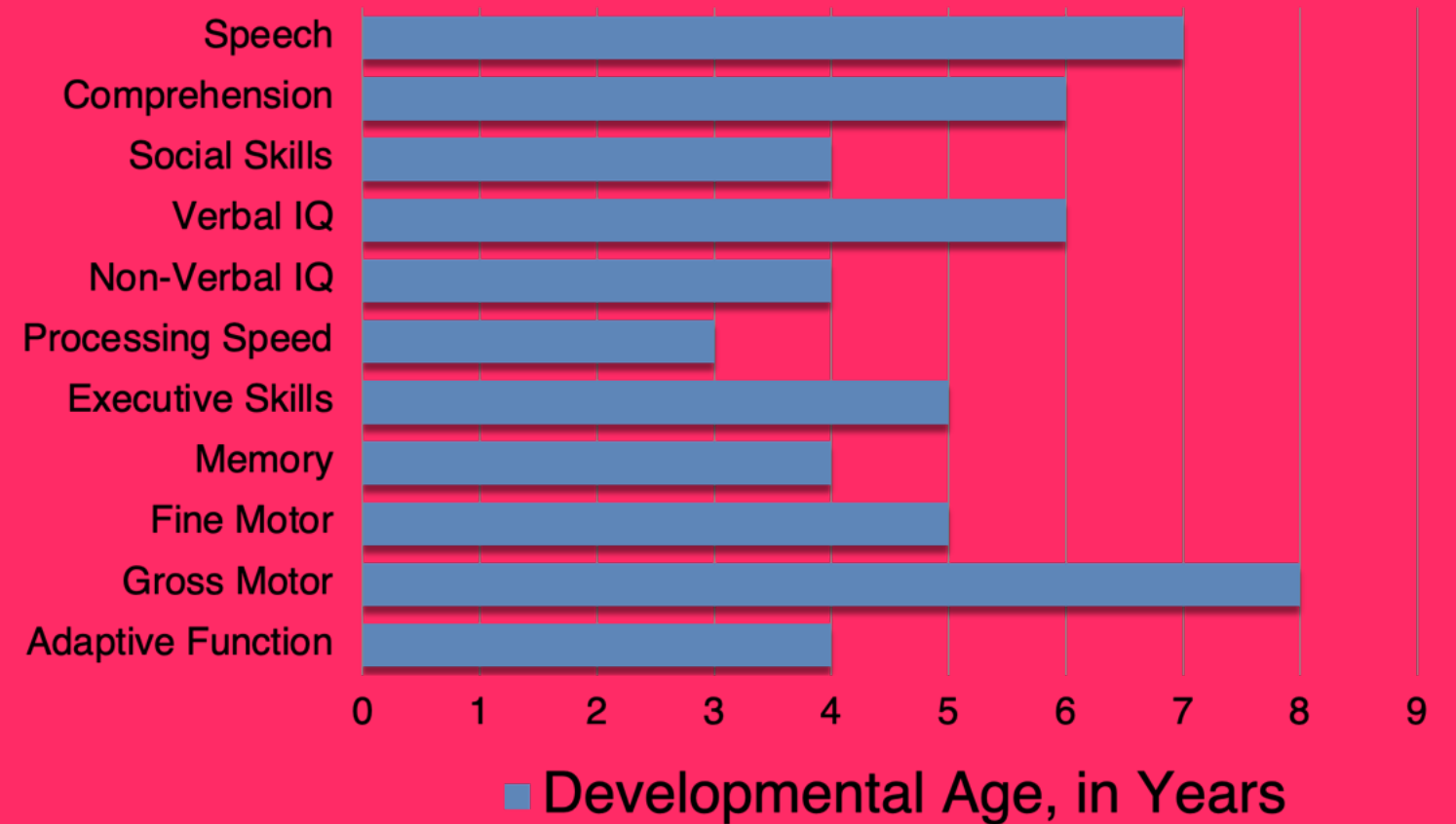
Infancy

Childhood and Adolescence

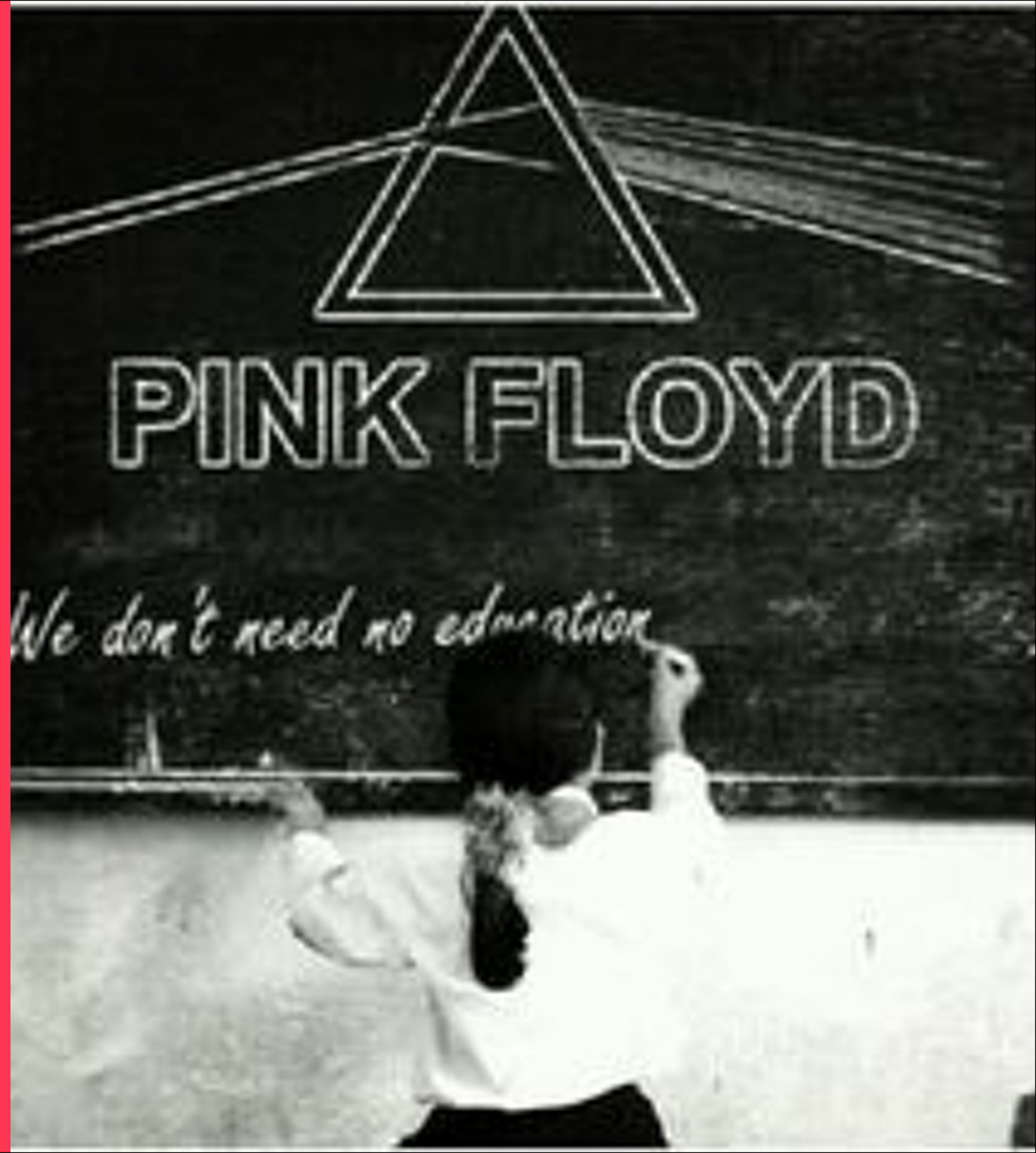
Adulthood

Life Span

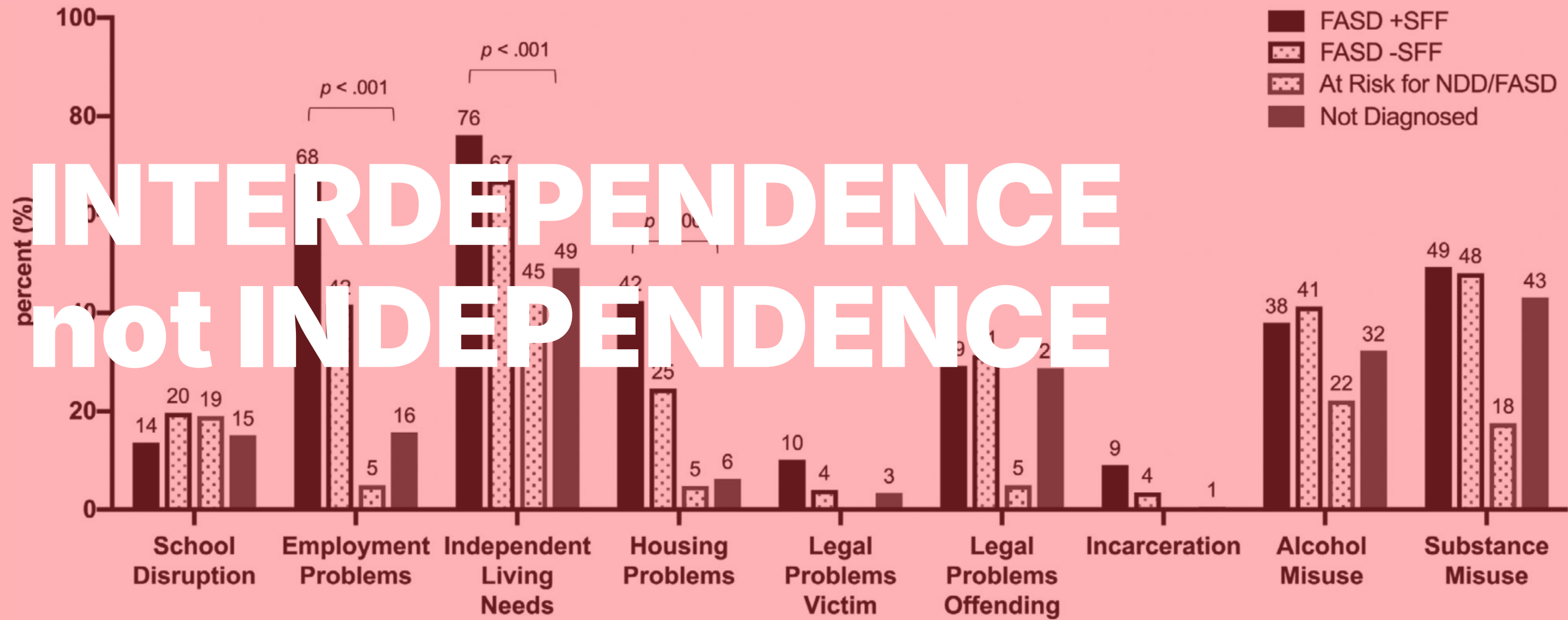
**Enough  
with the  
deficits, what  
about the  
strengths?**



**We don't need  
no education?**



DIFFICULTIES IN DAILY LIVING IN FASD



INTERDEPENDENCE  
not INDEPENDENCE

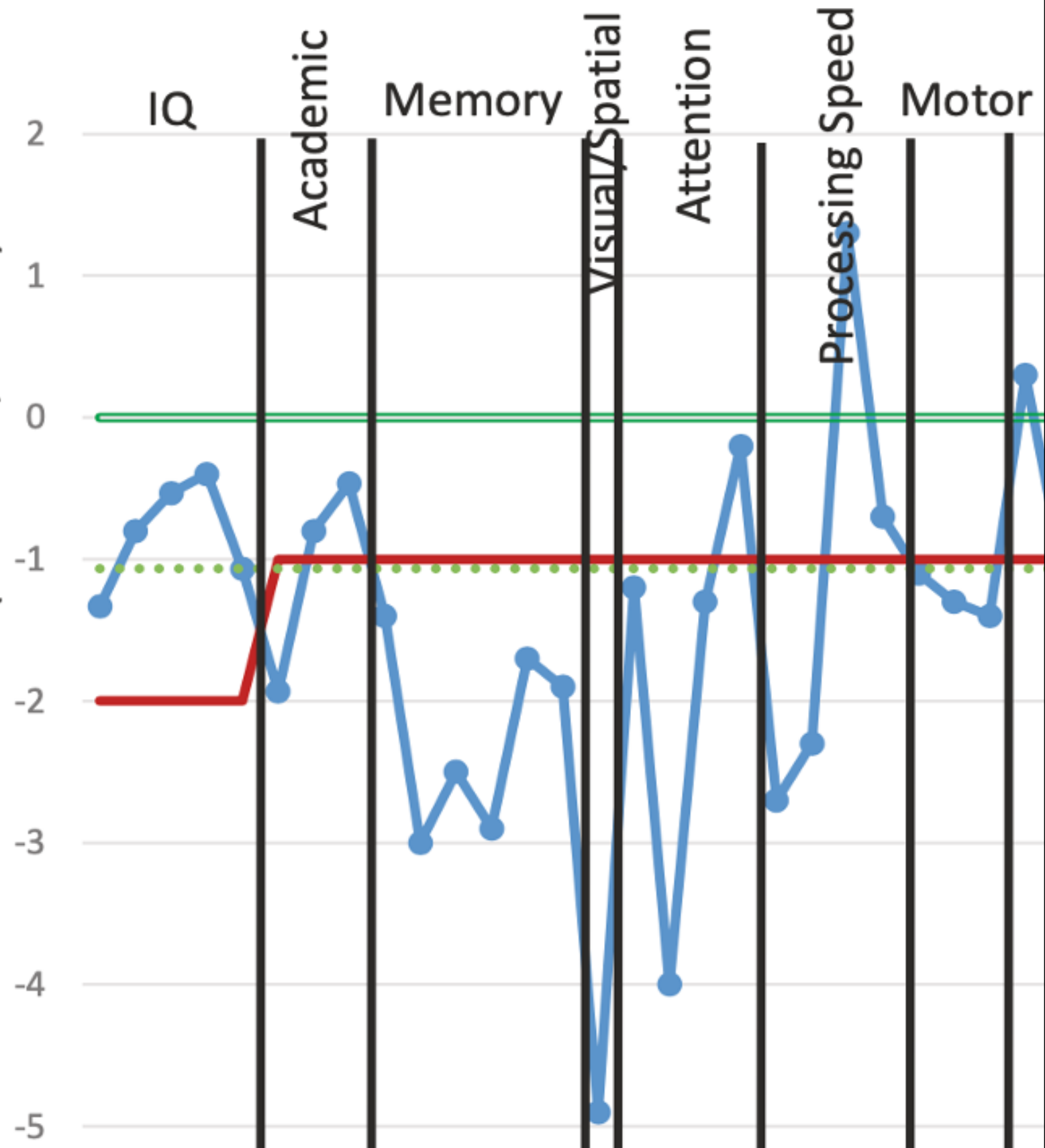
**LEGAL**



**It's past time for  
FASD/NDD courts**

**Islands of  
competence  
don't  
outweigh  
patterns of  
impairment**

Standard Deviations (mean = 0, sd = 1)



**Yes we know that ND-PAE is  
under Conditions for Future  
Study, but it's also available  
under Other Specified  
Neurodevelopmental Disorder**

**FASD isn't an excuse  
but it can be a REASON**

# PARENTING and SCHOOLING

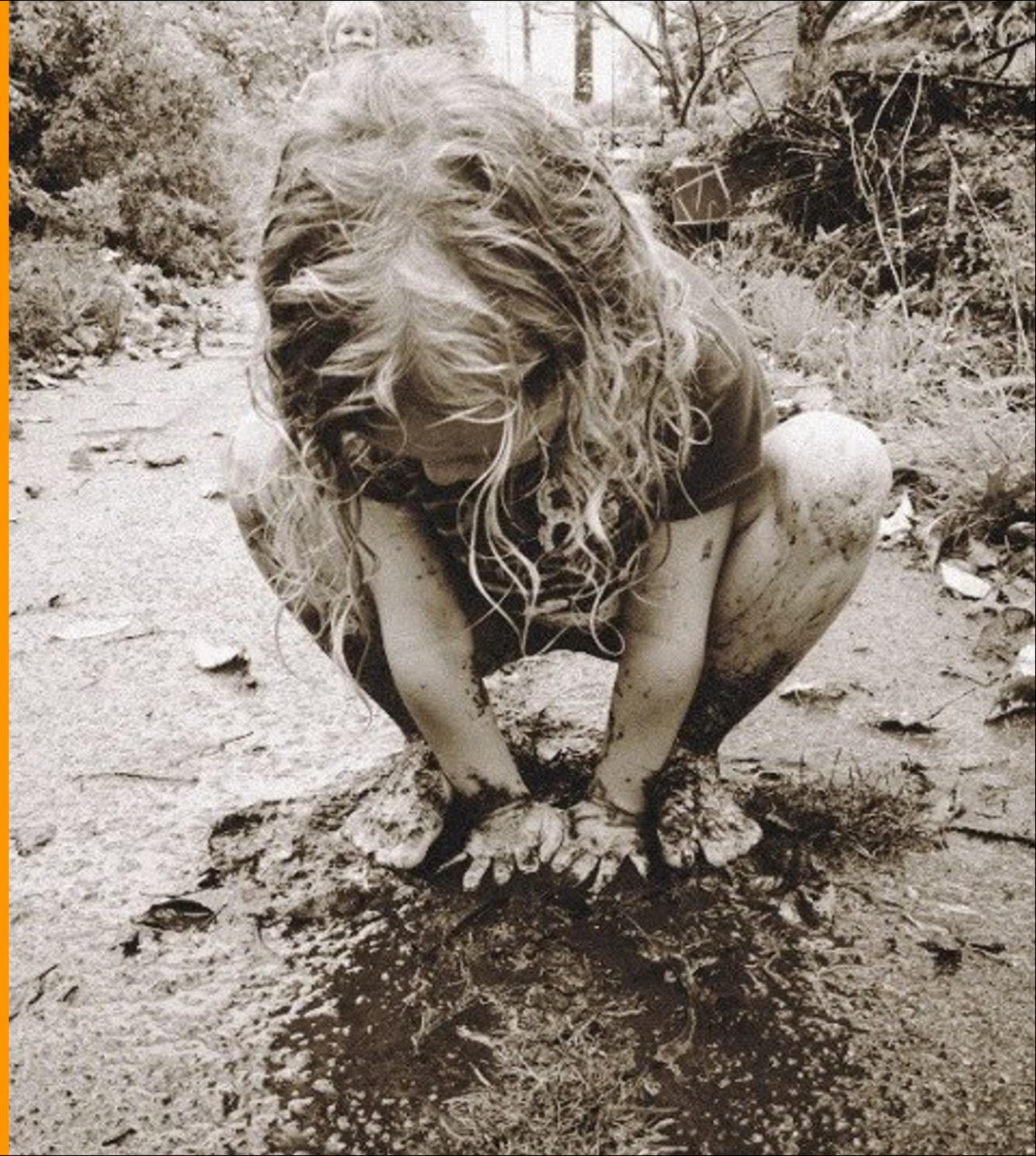


**There are so many more  
functions of behavior  
than getting attention!**

**Can't vs won't**

**What about both**

**Recess is not  
a privilege**




**Long-  
duration  
consequence  
schemes  
are trouble**



# Move from fixing problems to building on strengths and connections

## The Six F-Words for Child Development

1   
**FUNCTIONING**  
I might do things differently but I CAN do them. How I do it is not important. Please let me try!

2   
**FAMILY** My family knows me best and I trust them. Listen to them. Talk to them. Hear them. Respect them.

3   
**FITNESS**  
Everyone needs to stay fit and healthy both physically and mentally. Help me find ways to keep fit.

4   
**FRIENDS** Having friends is important. Please give me opportunities to make friends.

5   
**FUN** Life is about having fun. Please help me do the activities that I find the most fun.

6   
**FUTURE** I am growing up every day, so please find ways for me to participate and be included in my community

<https://www.canchild.ca/en/research-in-practice/f-words-in-childhood-disability>

 CanChild  
www.canchild.ca

Proudly supported by The Allergan Foundation

Based on Rosenbaum, P. & Gorter, J.W. (2012). The 'F-words' in childhood disability: I swear this is how we should think! Child Care, Health and Development, 38(4). Visit <https://www.canchild.ca/en/research-in-practice/f-words-in-childhood-disability> for more resources.



**What are  
your FASD  
HOT TAKES?**

