

What are the Characteristics of FASD?

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FAS Community Resource Center

Babies diagnosed with Fetal Alcohol Syndrome (FAS) have the following physiological characteristics:

- Small birth weight
- Small head circumference
- Small eye openings
- Smooth, wide philtrum
- Thin upper lip

Babies who have some but not all of these characteristics may be diagnosed with partial Fetal Alcohol Syndrome (pFAS).

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

Facial characteristics may not be present at all if the mother did not drink alcohol during the brief period that the midface was forming - around the 20th day of pregnancy.

Children who were prenatally exposed to alcohol may have significant neurological dysfunction even without the facial characteristics. Those who have central nervous system damage without the physical symptoms may be diagnosed with Alcohol Related Neurodevelopmental Disorders (ARND). Together, the diagnoses of FAS, pFAS and ARND comprise the umbrella term Fetal Alcohol Spectrum Disorders (FASD).

Most infants with FASD are irritable, have trouble sleeping and eating, are sensitive to sensory stimulation, and startle easily. They may hyperextend their heads or limbs, and can exhibit hypertonia (too much muscle tone) or hypotonia (too little muscle tone) or both. Some infants may have heart defects or suffer anomalies to the ears, eyes, liver, or joints.

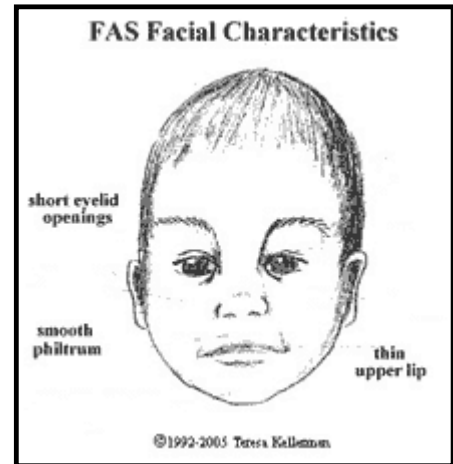
Most children with FAS have developmental delays but some have no delays at all. Some individuals with FASD may have lower than normal IQ. However, most children with FAS and ARND have normal intelligence and appearance.

The most serious characteristics of FASD are the invisible symptoms of neurological damage that results from prenatal exposure to alcohol. These symptoms include:

- Attention deficits (with or without hyperactivity)
- Memory deficits
- Difficulty with abstract concepts (math, time, money)
- Poor problem solving skills
- Difficulty learning from consequences
- Poor judgment
- Immature behavior
- Poor impulse control

Note: These symptoms are not "behavior problems" but are a result of permanent, unchanging damage to the brain (static encephalopathy) and are not 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. **Without appropriate support services, these individuals have a high risk of developing secondary disabilities such as mental illness, getting into trouble with the law, abusing alcohol and other drugs, and unwanted pregnancies.** Children and adults with FAS are also quite vulnerable to physical, sexual, and emotional abuse.



For more information on FASD, visit the FAS Community Resource Center www.fasstar.com/fas