



Chiesman Center
for DEMOCRACY, INC.

Fetal Alcohol Spectrum Disorders Center

In the past decade there is overwhelming scientific evidence indicating Prenatal Alcohol Exposure, (PAE) as a significant risk factor in the emergence of early onset psychopathology, (O’Conner & Paley, 2009; Streissguth et al., 2004; Murray et al, 2006; O’Conner, 2001; Leech et al., 2006). “Despite the evidence of a significant association between alcohol exposure in utero and psychiatric risk, experience suggests that exposure, and even FAS, are infrequently identified by mental health practitioners as relevant factors” (O’Conner & Paley, 2009).

To align with an identified task of the DSM-V work groups; (to examine the available scientific evidence, and to give highest priority to “clinical utility”), the Chiesman Center for Democracy – Fetal Alcohol Spectrum Disorders (FASD) Center strongly voices to include FASD (umbrella to FAS, Partial FAS, ARBD and ARND) as a recognized disorder into the DSM-V. Further, the DSM-V work groups are currently addressing the dimensional assessment of many disorders to better capture symptoms and severity of mental illnesses. The inclusion of FASD would assist clinicians to not only identify the umbrella of conditions under FASD, but to identify additional risk for onset of other resulting secondary disorders – thereby improving treatment and prognosis of the associated secondary disorders. O’Conner & Paley, (2009) point out the risk for secondary disorders resulting from the child’s exposure to alcohol in utero, and through the direct effects of alcohol on the brain development itself. The research indicates prevalence of secondary disorders in individuals with FASD between 87 % – 97 % with diagnoses including Mood Disorder, Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder and Oppositional Defiance Disorder (Fryer et al., 2007; O’Conner et al., 2002; Schonfeld et al., 2005).

In addition, and parallel to the purpose of the DSM-V task force - “*Lifespan Development Approaches*”, chaired by Susan Schultz, M.D., similar functionality of increasing a focus on developmental themes would equally assist clinical utility with FASD should it be included as a recognized disorder. And, at minimum, by including developmental manifestations under those afore mentioned secondary disorders to highlight FASD as potential factor, we again, better our clinical utility.

To summarize, we strongly argue for the inclusion of FASD (umbrella to FAS, Partial FAS, ARBD and ARND) into the DSM-V for clinical quality and patient care. We further suggest both developmental focus and dimensional assessment components be addressed as well regarding FASD.

Dedicated to the preservation of democracy

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