



Biannual Data Summary Report

December 2022

National surveillance of Fetal Alcohol Spectrum Disorder (FASD)

January 2015 to December 2022

The FASDAR houses national surveillance of de-identified cases of FASD in children aged less than 15 years by the APSU. From study inception on 1 January 2015 to 31 December 2022, 1359 notifications of FASD have been made to the APSU, 1270 (93.5%) of these notifications had a case report form providing sufficient FASD data. After internal verification of data, there were 1012 confirmed cases of FASD during this period.

Sociodemographics

The median age of diagnosis was 8.8 years, with the majority of the sample being male, Aboriginal and/or Torres Strait Islander, and in foster care. Cases were notified from Western Australia (27.3%), Queensland (23.7%), New South Wales (22.7%), Victoria (12.3%), Northern Territory (10.8%), South Australia (1.9%), Australian Capital Territory (0.8%), and Tasmania (0.5%). Half of the children lived in major cities (49.7%), and remote/very remote areas were overrepresented (20.0%).

FASD diagnosis

Approximately 17% of children (16.7%) were diagnosed with FASD with 3 sentinel facial features and approximately one-fifth (17.9%) had microcephaly.

Prenatal alcohol exposure

Prenatal alcohol exposure was confirmed in the vast majority of children (97.8%). Most had high or very high-risk prenatal alcohol exposure (72.3%).

Neurodevelopment

The most common domains of severe neurodevelopmental impairment were attention (80.1%); executive function, including impulse control and hyperactivity (76.3%); adaptive behaviour, social skills or social communication (72.2%); language (64.8%); academic achievement (64.2%); brain structure (48.5%); cognition (48.2%); and motor skills (40.7%).

Comorbidities

Comorbidities were frequently reported, the most common being attention deficit hyperactivity disorder (ADHD) (67.1%), communication disorders (51.2%), trauma (38.5%), anxiety (27.7%), intellectual disabilities (28.1%), and sleep disorders (26.9%).

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