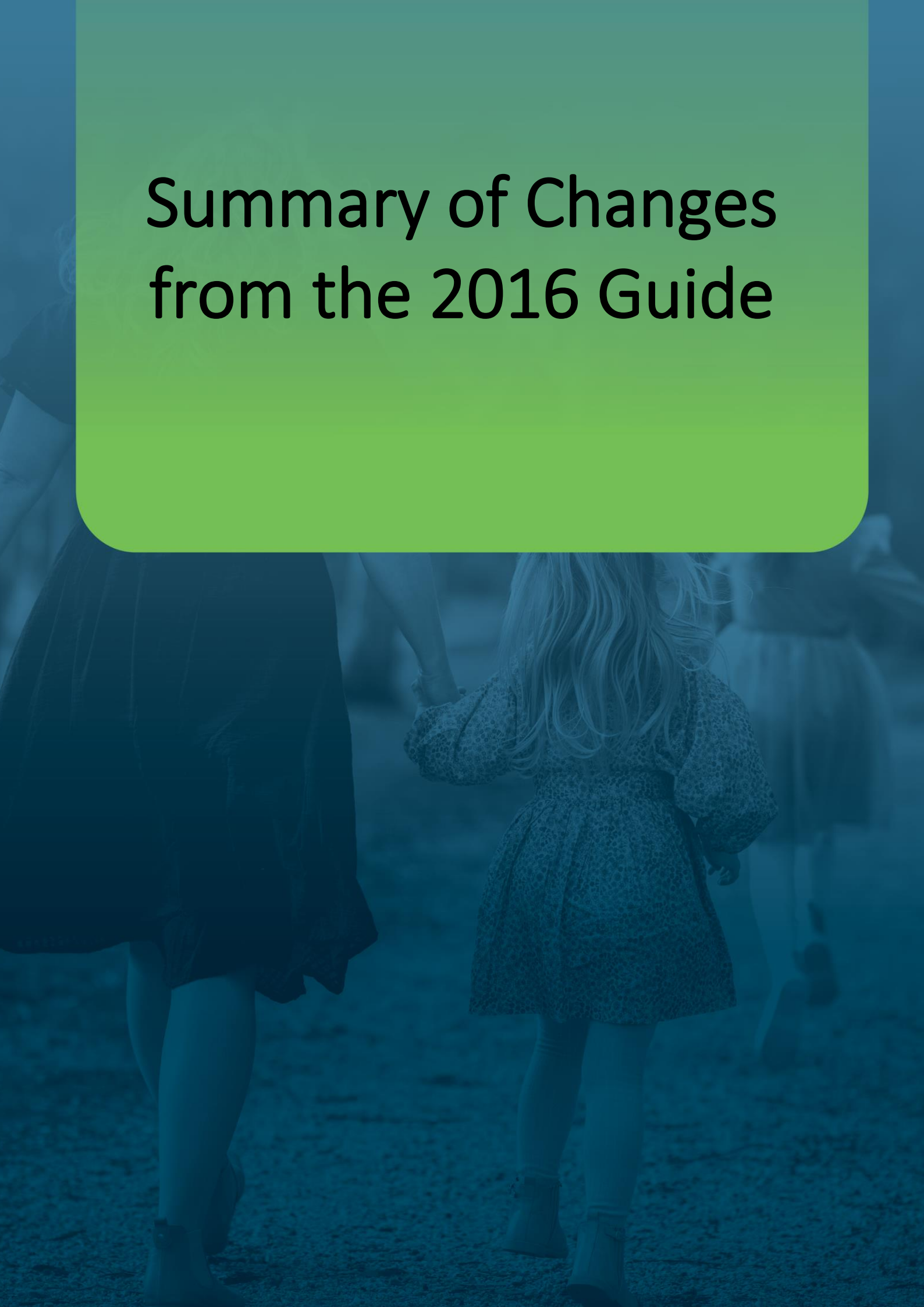
Summary of Changes from the 2016 Guide



10.1 Summary of changes from the 2016 Guide to FASD Diagnosis

10.1.1 Embedding Aboriginal and Torres Strait Islander perspectives

Through the valuable contributions of the Cultural Advisory Group, these guidelines aim to support culturally responsive assessment practices and ultimately improve the assessment and diagnostic approaches for all Australians.

10.1.2 Embedding living and lived experience perspectives

Through the valuable contributions of members of the Living Experience Advisory Group, Cultural Advisory Group, and Clinical Advisory Group, as well as findings from the systematic review and qualitative synthesis of lived experiences of the assessment process, these guidelines aim to incorporate a wide range of perspectives of people with living and lived experience to improve assessment and diagnostic practices. This approach seeks to promote equity, diversity, and inclusion, supporting fair treatment and participation of all individuals.

10.1.3 Taking a lifespan approach to assessment and diagnosis

The content and wording of these guidelines are designed to support assessment and diagnosis across the lifespan.

10.1.4 Importance of clinical judgement

The Guidelines Development Group balanced providing guidance with allowing flexibility for practitioners to use their clinical judgement to enable person-centred assessment across a wide range of clinical contexts. This includes specific wording in the diagnostic criteria and not providing a list of recommended standardised tools, but instead providing detailed information regarding assessment considerations in the neurodevelopmental domains. Practitioners are encouraged to access professional development and clinical supervision to support accurate assessment and diagnosis of FASD.

10.1.5 Diagnostic terminology

No consensus could be reached regarding diagnostic terminology. The term FASD is used throughout the document for consistency and clarity, with alternate terminology consistent with DSM-5-TR (Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure) also included. Consistent with the foundational considerations of these guidelines, it is the right of the individual and family to choose the terminology that is most appropriate for them.

10.1.6 Structure of the diagnostic criteria

A novel structure is proposed for the diagnostic criteria of FASD. The aim of this structure is to capture the heterogeneous nature of FASD, including that not all individuals present with the physical features of FASD. A hierarchical approach based on findings from the evidence review allows consideration for the consideration of associated features and conditions to support targeted supports and future research.

10.1.7 Minimum prenatal alcohol exposure threshold for diagnosis

A comprehensive review of the best available evidence led to the development of a minimum prenatal alcohol exposure (PAE) threshold for diagnosis. This threshold provides guidance for practitioners and increases the certainty that observed impairments can be attributed to PAE. While PAE is a risk factor for FASD, not every exposure results in FASD.

In developing the PAE criterion and associated guidance, the Guidelines Development Group aimed to balance the available evidence, the limitations of the evidence, and how best to apply the evidence at an individual level. While these guidelines and other international guidelines (e.g., Aotearoa [NZ] FASD Guidelines Development Team, 2024; Cook et al., 2016; Kable et al., 2016) specify a PAE threshold for diagnosis, public health recommendations in Australia and many other countries recommend that people should not drink alcohol when planning a pregnancy or when pregnant to prevent adverse health outcomes, including subtle effects that can occur through the teratogenic effects of alcohol.

10.1.8 Assessment of PAE both before and after pregnancy recognition

The previous guide included assessment of PAE for the entire pregnancy. To improve accuracy, it is recommended that PAE is assessed separately for pre-recognition and post-recognition of the pregnancy. This is important as people are likely to have different alcohol use behaviours prior to awareness of their pregnancy.

10.1.9 Neurodevelopmental domains

Neurodevelopmental domains were selected based on a systematic review and meta-analyses of the best available evidence. Areas no longer included are social cognition, social communication/pragmatics, motor speech impairments, speech-sound impairments, seizures, hearing and vision impairments, cerebral palsy, and structural brain abnormalities assessed via clinical imaging. Members of the Advisory Group requested a review of the literature on sensory processing. The limited available evidence did not support including sensory processing in the diagnostic criteria at this time. However, these aspects of neurodevelopment that are not included in the diagnostic criteria can still be considered in the broader assessment process to inform tailored supports.

10.1.10 Approach for determining the presence of clinically significant neurodevelopmental impairments

To support practitioners in identifying clinically significant neurodevelopmental impairments, percentile ranges and other information is included. Given the lack of evidence showing differences in important life outcomes between people above or below a particular cut-off, interpretation of standardised tests and how these scores are used to inform clinical decision-making is based on expert guidance or ‘best practices.’

Comprehensive information and templates are provided to support a holistic or ‘gestalt’ approach to the neurodevelopmental assessment and formulation, considering the interplay between neurodevelopmental domains and the potential impacts of co-occurring conditions, exposures, and experiences.

10.1.11 Conceptualisation of the affect regulation domain

Based on the evidence review findings, this domain has been reconceptualised to focus on emotional and/or behavioural regulation symptoms, rather than requiring diagnoses of specific mental health conditions. Detailed assessment considerations are provided to support practitioners in assessing this domain.

10.1.12 Terminology of the cognition, language, and academic achievement domains

Feedback from the Advisory Groups led to amendments in the terminology used to describe some of the neurodevelopmental domains, better reflecting current practices and/or better describing the neurodevelopmental assessment process.