



Department of Health and Social Services
Theodore A. Mala, MD, MPH, Commissioner

Division of Public Health
Peter M. Nakamura, MD, MPH, Director

Section of Epidemiology
John Middaugh, MD, Editor

3601 C Street, Suite 576, P.O. Box 24-0249, Anchorage, Alaska 99524-0249 (907) 561-4406

Bulletin No. 3 January 8, 1993

Preliminary Report of Pediatrician Survey Regarding Fetal Alcohol Syndrome

In September 1992, the Alaska Fetal Alcohol Syndrome Prevention Project,* with the endorsement of the Alaska Chapter of the American Academy of Pediatrics, sent a survey form to Alaska pediatricians (N=68) to assess their Knowledge, Attitudes, Beliefs, and Behaviors (KABB) as they relate to fetal alcohol syndrome (FAS). By the end of November, 28 (41%) pediatricians had responded.

Preliminary results of the survey** found Alaska pediatricians knowledgeable of the diagnostic features of FAS. Twenty-seven (96%) agreed that FAS is an identifiable and diagnosable syndrome. Nineteen (68%) agreed with the statement that the facial dysmorphology associated with FAS is easily recognizable. While 20 respondents (71%) indicated they were comfortable making the diagnosis of FAS in a child, 22 (79%) agreed with the statement that clearer clinical criteria are needed to diagnose fetal alcohol effects (FAE).

Those who were not comfortable diagnosing FAS gave as their main reasons, "Don't want to stigmatize the child" (3), "Uncomfortable making the diagnosis of FAS" (3), "No services available for child with FAS" (3), and "Specialist needed for diagnosis (i.e. dysmorphologist)" (2). Eighteen (64%) agreed with the statement that an FAS diagnosis can improve treatment plans for the affected child (4 disagreed; 6 responded "Don't Know").

Most respondents had diagnosed either FAS (79%) or FAE (64%). The mean numbers of children diagnosed per pediatrician were 5.3 FAS and 6.8 FAE.*** Ten (36%) respondents agreed with the statement that FAS is easiest to diagnose during the first twelve months of life (11 disagreed and 6 responded "Don't Know"). Twenty (71%) had referred a child for a diagnosis of FAS/FAE; the agency to which they most often referred was the State of Alaska Genetics Clinic.

When asked "Have you ever suspected (not diagnosed) FAS/FAE but didn't record it in the patient's chart?", 8 (29%) said "Yes" regarding FAS and 14 (50%) said "Yes" regarding FAE. On the other hand, when asked "Have you been convinced of a diagnosis but didn't record it in the patient's chart?", all respondents answered "No" regarding FAS and 25 (89%) responded "No" regarding FAE (11% did not answer).

The mean number of pediatric patients seen in a typical week was 86. The mean numbers of children who had been seen in the last year and who had a problem or

condition suspected to be associated with prenatal alcohol exposure was 12.8.***

Twenty-seven (98%) respondents agreed with the statement that it is the physician's role to address alcohol abuse within the family. However, when asked how frequently they approached the topic of prenatal alcohol exposure with parents/legal guardians, 9 (32%) responded "Always," 15 (54%) "Sometimes," 2 (7%) "Rarely," and 1 (4%) "Never." When asked how prepared they felt to deal with patients/parents in the area of alcohol abuse 3 (11%) responded "Very." Seventeen (43%) responded "Somewhat," 11 (39%) "Minimally," and 2 (7%) "Unprepared." When asked if they made referrals to drug or alcohol treatment programs, 5 (18%) responded "Always," 20 (71%) "Sometimes," 1 (4%) "Rarely," and 2 (7%) "Never."

Comments on questions related to alcohol abuse and referral to treatment indicate that oftentimes the topic has already been dealt with and that the patient has been referred previously.

Respondents were asked to indicate from among seven choices the kinds of support they believed would help in dealing with children affected by prenatal alcohol exposure. The top three choices were as follows: 1) referral resources for parents with alcohol problems (82%), 2) referrals to parent support groups (71%), and 3) FAS literature for distribution to parents (68%).

The last question on the survey asked if the respondent would like to be included on a list of physicians to whom children with FAS/FAE (diagnosed or suspected) could be referred. This response was returned to us separately by post card. Thirteen (46%) answered "Yes."

The majority of the respondents were male (86%), had an "urban" practice located in Anchorage, Fairbanks, or Juneau (89%), and did not have a practice that required them to travel to other locations (79%). The majority of respondents were in private practice (54%). Twenty-five percent were employed by the Indian Health Service, 14% were military, and one respondent (4%) was employed by a Native Health Corporation.

We will be sending a follow-up letter and survey to pediatricians in order to improve our response rate. In the near future, we will also conduct a similar KABB survey among obstetricians/gynecologists and family practice physicians.

* The Alaska Fetal Alcohol Syndrome Prevention Project is a collaborative effort involving the Alaska Department of Health and Social Services, the Indian Health Service, and The National Centers for Disease Control and Prevention.

** The survey is a modified version of one used in Massachusetts and reported on as follows: Morse B.A., Idelson R.K., Sachs W.H., et al. Pediatricians' perspectives on fetal alcohol syndrome. *J Subst Abuse* 1992; 4:187-195.

*** Since some responses were given in ranges, we elected to overestimate and used the top figures in mean calculations.