



Fetal Alcohol Spectrum Disorders Current Science and Research Trends

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FETAL ALCOHOL SPECTRUM DISORDERS Study Group



www.fasdsg.org

The FASDSG is a society with over 400 clinicians and scientists performing research on FASD.

The binding interests of our members are:

- the desire to fully understand the etiology of FASD
- Describe the characteristics of FASD at multiple levels
- Devise ways to improve the lives of children, adolescents and adults with FASD



Current Science & Research Trends: An Update

- Current scope of problem
- Diagnostics & Detection
 - Behavior
- Teratogenic Effects
 - Underlying mechanisms of damage
- Prevention, Intervention & Treatment
 - Nutritional Modifiers



Teratogenic Effects of Alcohol

- Impaired brain & nervous system development
 - Cognitive & behavioral abnormalities
- Body growth deficits
- Craniofacial anomalies
- Cardiac malformations
- Other organ malformations
 - Eyes, teeth, ears, limbs, kidney & urinary tract
- Endocrine / hormonal alterations
 - Cortisol, pituitary hormones



Current Challenges in FASD

- Hard numbers on scope of problem: incidence, cost
- Public perceptions of moderate drinking risk
- Improved diagnostics (sensitivity, accuracy)
- Identification & prevention of at-risk pregnancies
 - Interventions that improve prenatal outcomes
- Treatments that improve postnatal outcomes
- Better understanding of mechanism
 - Pinpoint the disrupted activities / systems
 - Leverage into treatments for prevention / remediation



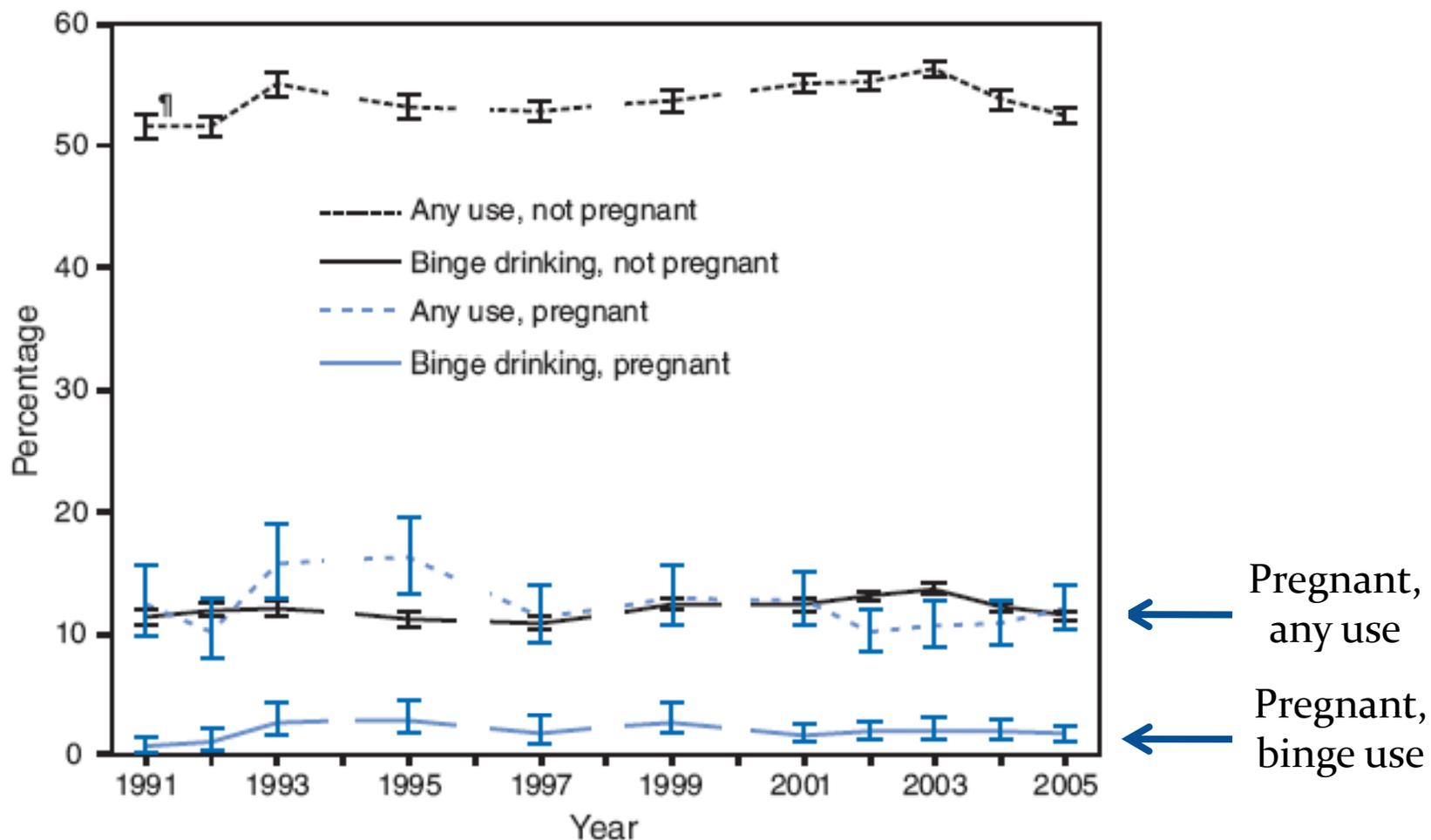
2009 Binge Drinking Rates

MMWR: Dec 10, 2010; Jan 14, 2011

- BRFSS (Behavioral Risk Factor Surveillance System)
- Binge Drinking: 4 drinks/occasion for women
- National rate: 10.0% of all women
 - 8.1 – 6.5% of women aged 18-44 yrs
 - 2.1 episodes in past 30 days (2.0-2.2)
- Varies widely by State, Income, Ethnicity
 - Wisconsin #1: 22.8% of all adults
 - Risk increases as income and education increase
 - Highest risk in non-Hispanic whites (17.5%)

Binge Drinking is not Decreasing

MMWR, May 22, 2009



Societal Push-Back on Moderate Drinking Risk

A Drink or Two During Pregnancy? Not So Fast



New Study: OK to Drink While Pregnant?

AUTO START: ON | OFF

abc WORLD NEWS
WITH DIANE SAWYER

By MIKAELA CONLEY, ABC News Medical Unit
Oct. 6, 2010

Low–moderate prenatal alcohol exposure and risk to child behavioural development: a prospective cohort study

M Robinson, WH Oddy, NJ McLean, P Jacoby, CE Pennell, NH de Klerk, SR Zubrick, FJ Stanley, JP Newnham
BJOG An International Journal of Obstetrics and Gynaecology 2010;117:1139–1152.

Light drinking during pregnancy: still no increased risk for socioemotional difficulties or cognitive deficits at 5 years of age?

Yvonne J Kelly, Amanda Sacker, Ron Gray, John Kelly, Dieter Wolke, Jenny Head, Maria A Quigley
J Epidemiol Community Health (2010). doi:10.1136/jech.2009.103002

A resource for your use: FASDSG.org

The screenshot displays the FASDSG.org website interface. At the top, a dark blue navigation bar contains the following menu items: Home, About FASD/FASDSG, Annual Meeting, FASDSG Awards, Officers, News & Publications, Resources, Image Gallery, and Contact Us. Below the navigation bar is a banner for the Fetal Alcohol Spectrum Disorders Study Group, featuring a photograph of a baby and a graphic of a fetus with internal organs highlighted. The main content area is titled "News & Publications" and includes a search bar with a dropdown menu set to "topics" and a magnifying glass icon. Below the search bar is a table with three columns: "Category", "Topics", and "Replies". The table lists three categories: "DSM-V and FASD/ARND" (2 topics, 0 replies), "Commentaries on Drinking During Pregnancy" (2 topics, 0 replies), and "NIH reorganization and FASD research" (1 topic, 0 replies). On the right side of the page, there are three vertical links with right-pointing chevrons: "DSM-V and FASD/ARND", "Commentaries on Drinking During Pregnancy", and "NIH reorganization and FASD research". At the bottom of the page, a dark blue footer contains a repeat of the navigation menu items and a note stating "FASDSG is a member of the Research Society on Alcoholism (www.rsoa.org)".

Home > About FASD/FASDSG > Annual Meeting > FASDSG Awards > Officers > News & Publications > Resources > Image Gallery > Contact Us

FETAL ALCOHOL SPECTRUM DISORDERS Study Group

News & Publications >

Search topics

Category	Topics	Replies
DSM-V and FASD/ARND	2	0
Commentaries on Drinking During Pregnancy	2	0
NIH reorganization and FASD research	1	0

DSM-V and FASD/ARND >>>
Commentaries on Drinking During Pregnancy >>>
NIH reorganization and FASD research >>>

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FASD Study Group

Light-Drinking Policy Statement

News & Publications



[Forum](#) > [Commentaries on Drinking During Pregnancy](#) > [Updated Statement on Light Drinking During Pregnancy \(10/13/2010\)](#)

Light drinking during pregnancy will NOT make your child smarter!

October 13, 2010

We are alarmed by a rash of recent newspaper reports suggesting that light drinking during pregnancy may be beneficial for your unborn child. These misleading and irresponsible reports followed a recently published study by Kelly and colleagues suggesting that 5-year-old children whose mothers drank “lightly” during pregnancy were not at risk for certain behavioral problems (Kelly et al., 2010, *J. Epidemiol. Community Health*, doi:10.1136/jech.2009.103002). The erroneous interpretation by the lay press about some “beneficial” effects of drinking during pregnancy was NOT part of the study’s findings. Indeed, the comments by the press also run counter to research studies indicating that low levels of alcohol can damage a fetus.

The results from the study by Kelly and colleagues must be interpreted with extreme caution for reasons that were overlooked in subsequent news reports. First, the “light drinkers” in this study were more socially and economically advantaged compared to both the heavier drinkers and the women who did not drink during pregnancy. Higher socio-economic status is generally associated with better nutrition, prenatal care and postnatal

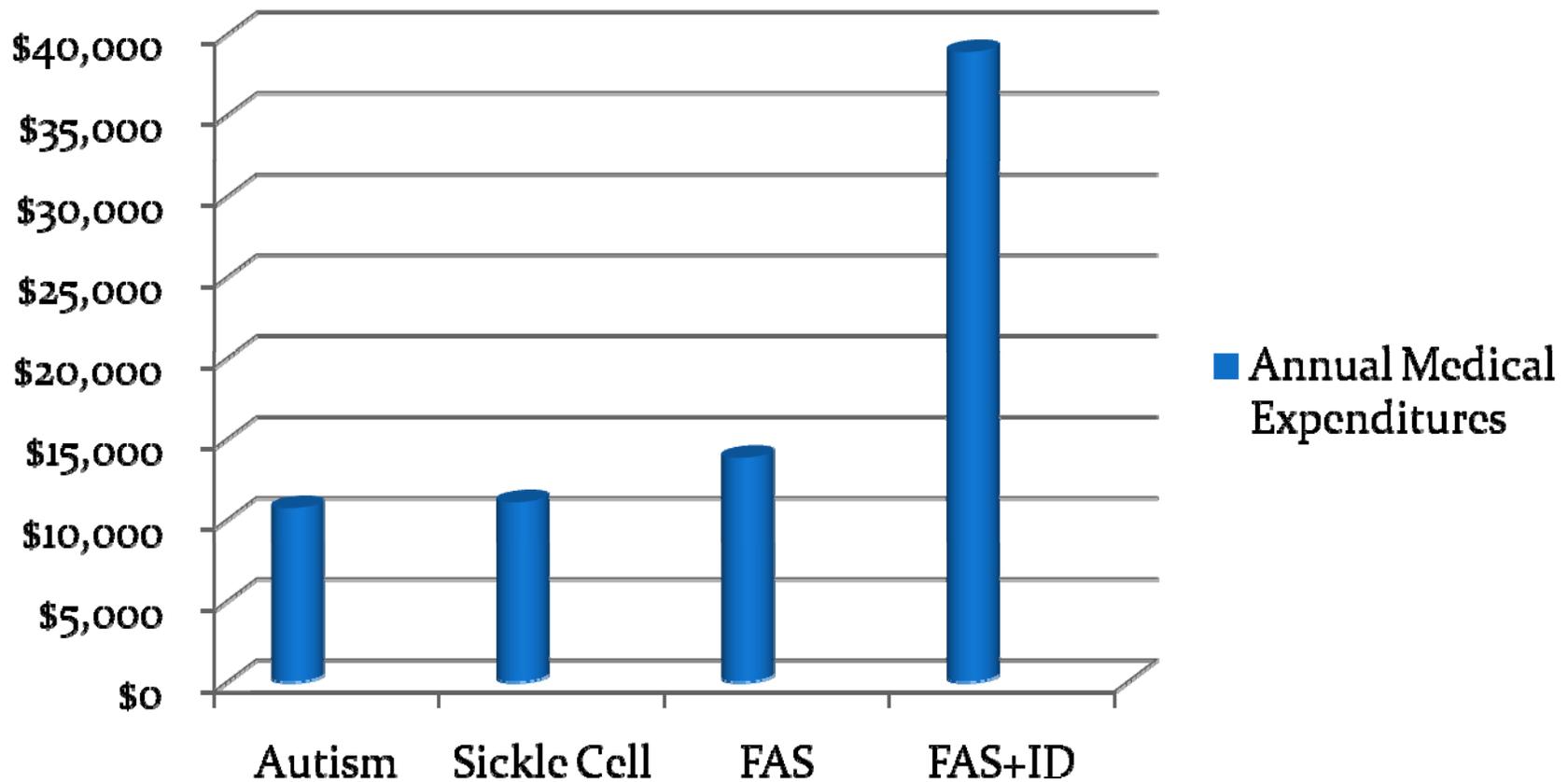


Cost Estimates for FAS & FASD

- Current values are underestimates
- Often omit non-medical cost drivers:
 - Child welfare costs/payments, law enforcement costs, pain & suffering, loss of potential income, housing
- Popova et al. Alc Alcohol 2011
 - Canada: \$16,259 - \$22,473/yr; \$1.12M lifetime
 - US: \$1.6M - \$2.5M lifetime
- Amendah et al. Neurotox Teratol 2011
 - Medicaid pediatric enrollees, 2003-2005

Medical Expenditures for FAS Children (U.S.)

Amendah et al. Neurotox Teratol 2011





Diagnostics & Detection

Recent approaches to selectively identify those with prenatal alcohol exposure.



Collaborative Initiative on FASD (CIFASD): A new research resource

- Created in 2003 & sponsored by NIAAA
- Creates a common terminology for FASD data
- Creates a central repository for FASD data
- Includes 16 different centers
 - US (San Diego, New Mexico, Northern Plains, UCLA, Atlanta, Indy, etc.), Cape Town, Helsinki, Moscow, Ukraine
- Creates a large data cohort for research & study
- Goal: develop diagnostics, interventions, treatments



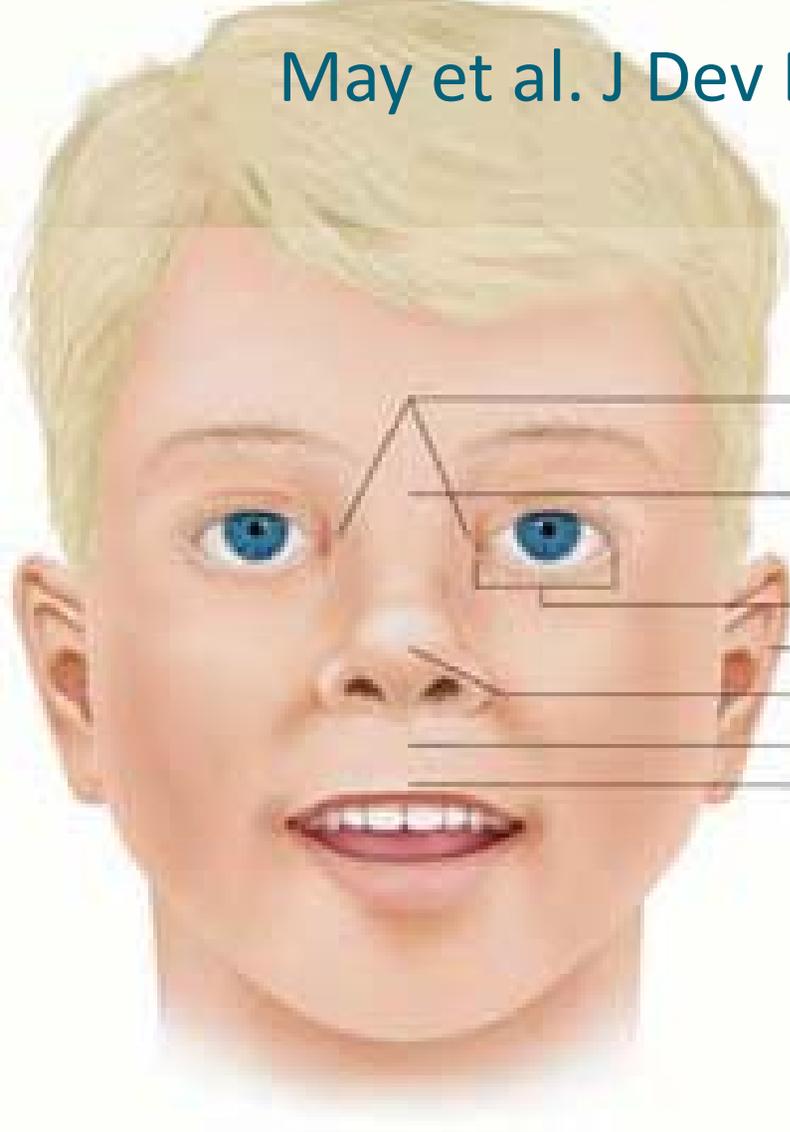
CIFASD

Mattson et al. 2010 Alcohol 44:635

- Children ages 7-21, both sexes, all ethnic/racial groups
- Four groups: Controls (nonexposed), FASD (PAE ± FAS diagnosis), low IQ (54-88, nonexposed), ADHD (DSM-IV, nonexposed)
- Exposure: >4 drink/occasion at least weekly or >13 drinks/wk
- Standardized neurobehavioral test battery
 - Intellect, attention, executive function, memory, visual-motor, interhemispheric transfer, symptomatology
- Brain imaging (fMRI, MRI); 3D facial imaging
- DNA collection, demographics

Craniofacial Dysmorphology

May et al. J Dev Behav Ped 2010 31:304



Epicanthal folds, epicanthal & pupillary distance

Flat nasal bridge $p=0.001$

Small palpebral fissures $p<0.001$

Upturned nose

Smooth philtrum $p<0.001$

Thin upper lip $p<0.001$

Fifth Finger Clinodactyly $p<0.001$

Commonalities across Plains Indian, Italian & South African/Colored populations

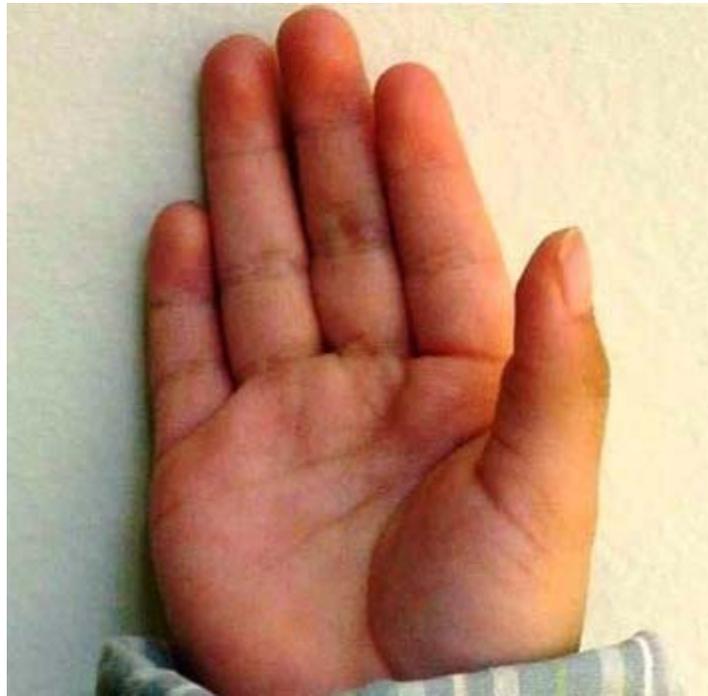
Expanding the structural defects

Jones et al. Am J Med Genet 152A:2731, 2010

“Railroad Track”
Ear configuration



“Hockey Stick”
Palmar crease



Fifth Finger
Clinodactyly



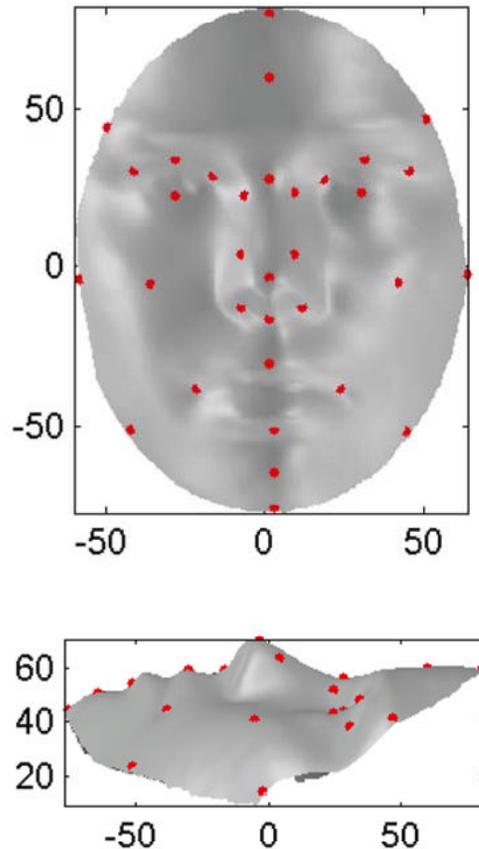
Expanding the structural defects

Jones et al. Am J Med Genet 152A:2731, 2010

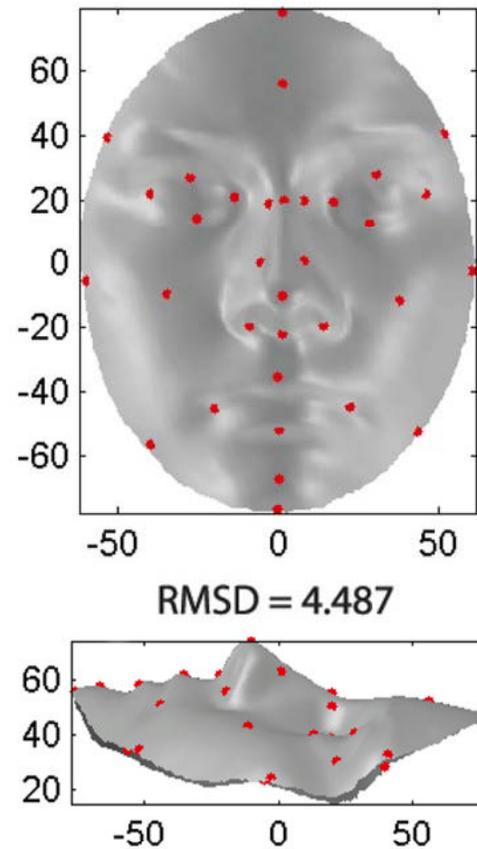
Feature		FAS	Deferred	No FAS	P-value
Railroad track ears	11.8%	4.1%	1.8%	<0.001	
Ptosis	12.2%	3.7%	1.2%	<0.001	
Heart murmur	10.2%	2.3%	1.5%	<0.001	
Decreased elbow pronation/supination	14.7%	4.6%	1.2%	<0.001	
Decreased finger extension	6.7%	16.4%	6.1%	<0.001	
Other joint contractures	2.5%	0.5%	0.3%	0.028	
Hockey stick crease	21.6%	8.7%	5.3%	<0.001	
Other palmar crease defects	15.5%	7.3%	3.8%	<0.001	

Surface-Based Morphometry

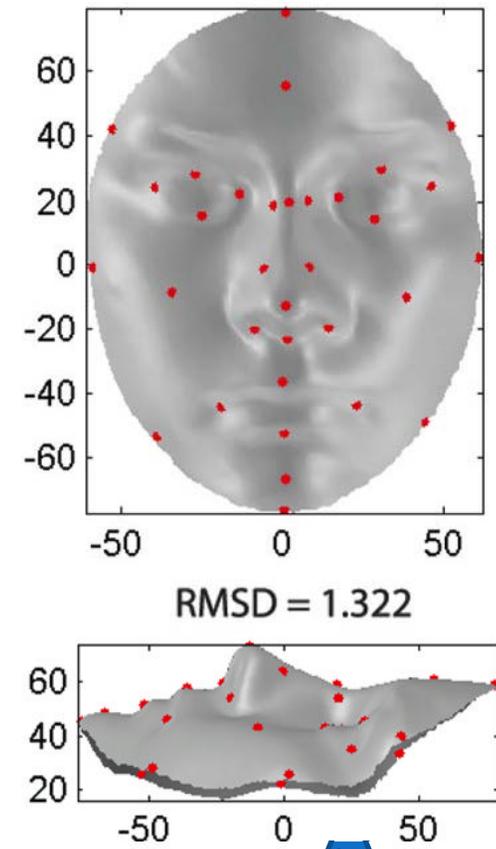
(a) Template



(b) Individual



(c) ICP-aligned



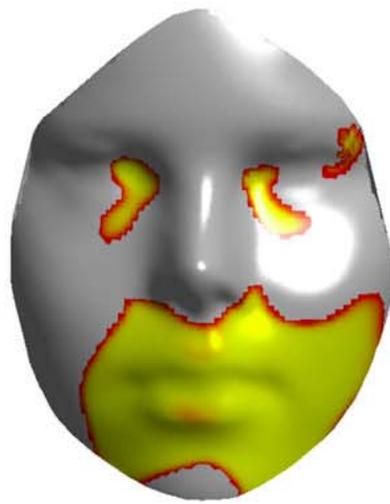
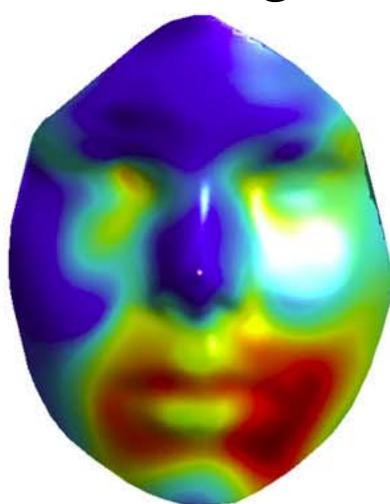
ICP: Iterative closest point
Wan et al. 2010, *Lect Notes Comput Sci*

Surface-Based Morphometry

Final result: mean of 44 FAS faces

Height Differences

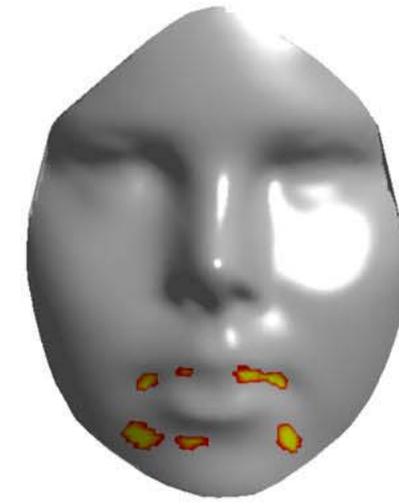
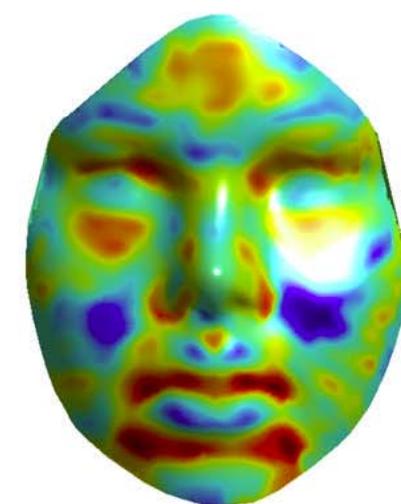
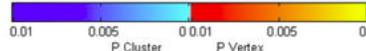
Curvature Differences



(a) T-map of height: FAS - HCL



(b) P-map of height: FAS - HCL



(c) T-map of curvature: FAS - HCL



(d) P-map of curvature: FAS - HCL



bigger

smaller

bigger

smaller

Blue is expanded relative to non-FAS

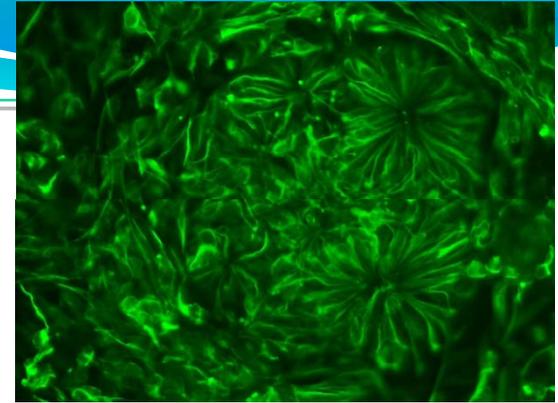
Red is contracted relative to non-FAS



Biomarkers for PAE

Identification of at-risk pregnancies
Identification of alcohol-exposed offspring

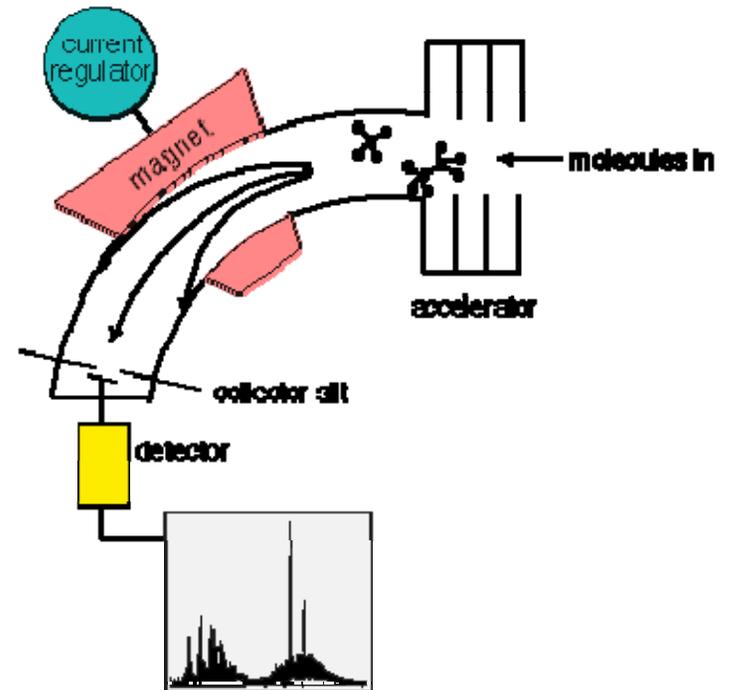
Metabolic Profile of PAE “Metabolomics”



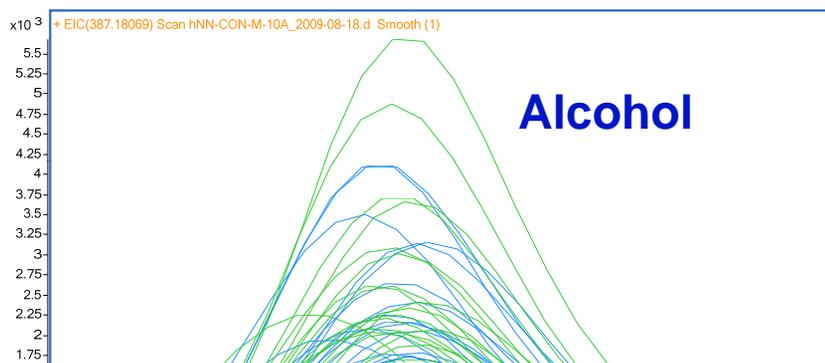
Human neural stem cells
+ 0.3% ethanol



Identify biomolecules
in culture medium using
Mass Spectrometry



Metabolome Analysis of PAE using Human Neural Stem Cells

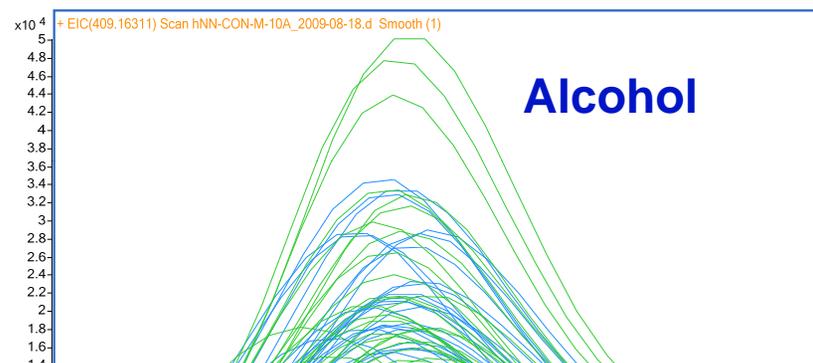


520 520.5 521 521.5 522 522.5 523 523.5 524 524.5 525 525.5 526 526.5 527 527.5

No Alcohol

386.1734

Incr 3.4x by Ethanol



520 520.5 521 521.5 522 522.5 523 523.5 524 524.5 525 525.5 526 526.5 527 527.5

No Alcohol

408.1558

Incr 2.8x by ethanol



Toward a FASD Neurobehavioral Profile

Mattson et al. 2010 ACER 34:1640

- CIFASD: 48 FASD vs. 46 control vs. 38 FASD-deferred
- Finland & US
- 22 neurobehavioral tests & 547 variables collected
- Identified 22 variables having medium effects or better between groups
- Correctly identified 92% of those with FASD having physical features
- Correctly identified 85% of nondysmorphic PAE



Toward a FASD Neurobehavioral Profile

Mattson et al. 2010 ACER 34:1640

- Tests that were discriminatory
 - Executive Function
 - Working memory, verbal fluency, planning, sequencing, cognitive flexibility, emotional executive function
 - Spatial Reasoning
 - Recognition memory, working memory, learning, visual-motor integration
- Tests that were not discriminatory
 - Basic motor, rule learning, object memory, interhemispheric transfer
- IQ only 55.3% accurate for FAS

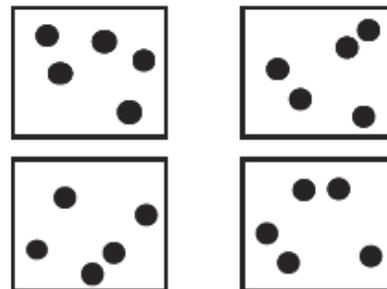


Teratogenic Effects: Understanding Alcohol's Damage

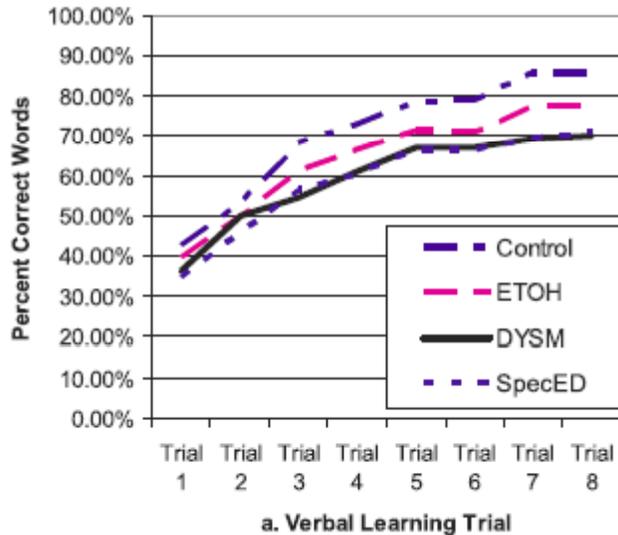
Verbal & Nonverbal Memory

Coles et al. 2010 ACER 34:897

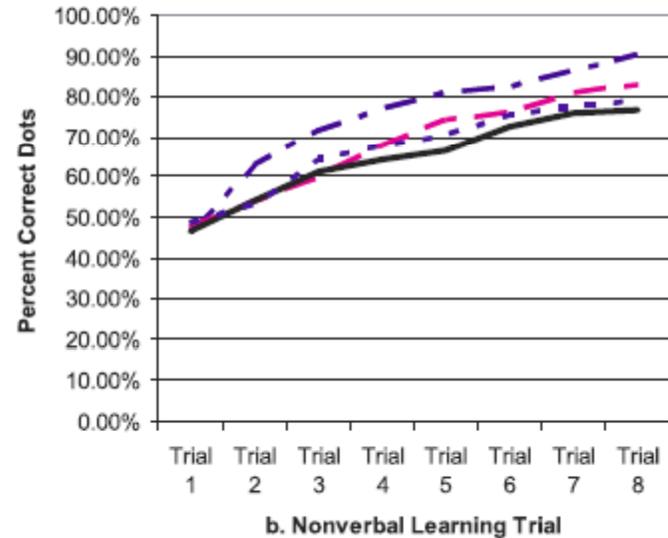
- Memory formation (encoding) vs. memory recall
- Verbal vs. non-verbal memory
- 234 adults, 22yrs, matched for SES & IQ (75-85)
- Control vs. Ethanol (>20 drink/wk) vs. Ethanol + Dysmorphology vs. Special Education
- Verbal memory: Recall 12 unrelated words in 8 trials
- Nonverbal memory:



Verbal Memory



Non-Verbal Memory



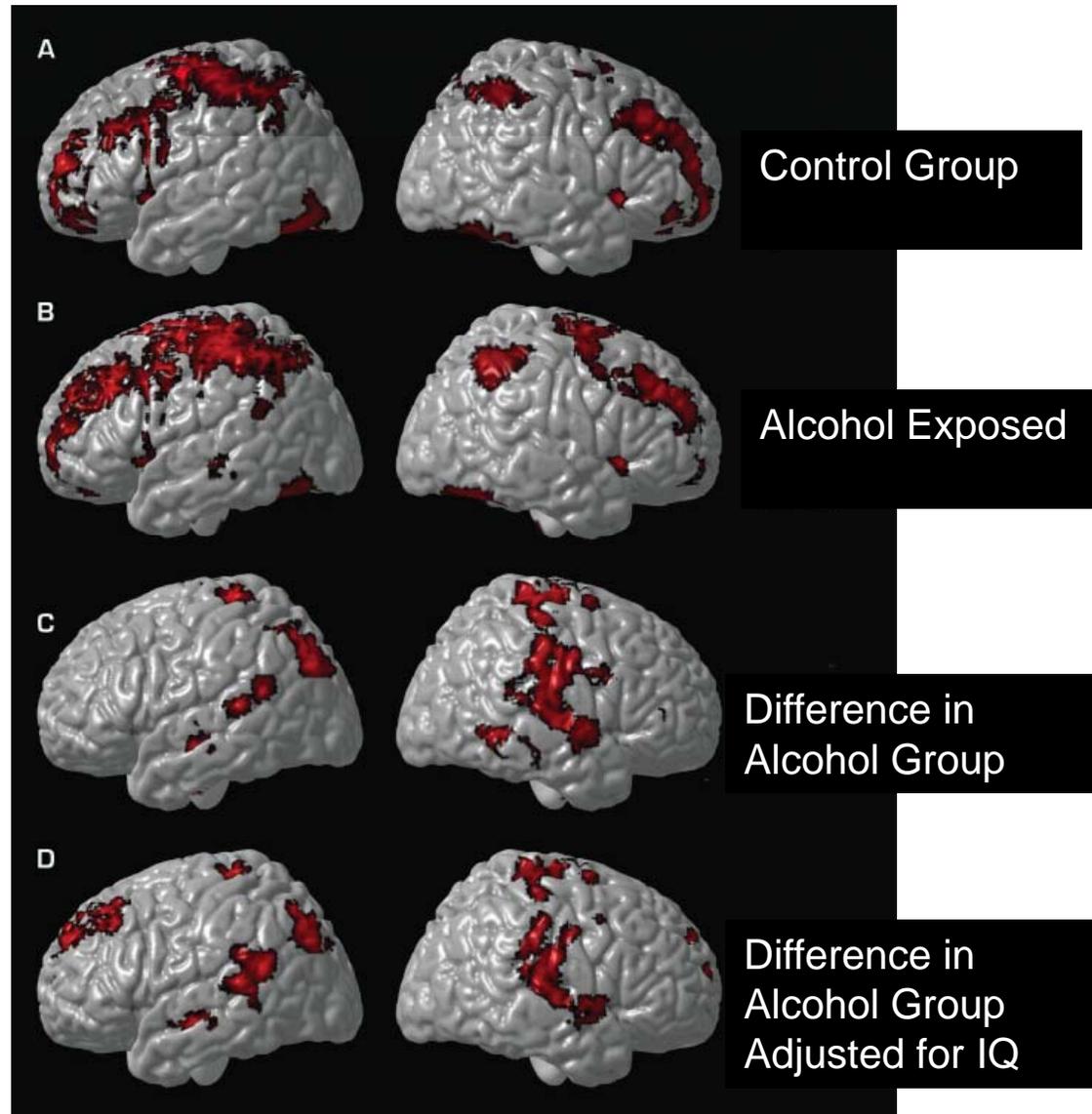
- Verbal affected more than non-verbal/spatial
- Alcohol not different from special-educated adults
- Alc+Dysmorph more affected than Alc-No Dysmorph
- Problems in encoding the memory, not forgetting
- Not a problem of memory but of learning

What is happening in the FASD brain?

Wozniak et al. 2008 ACER 32:1732

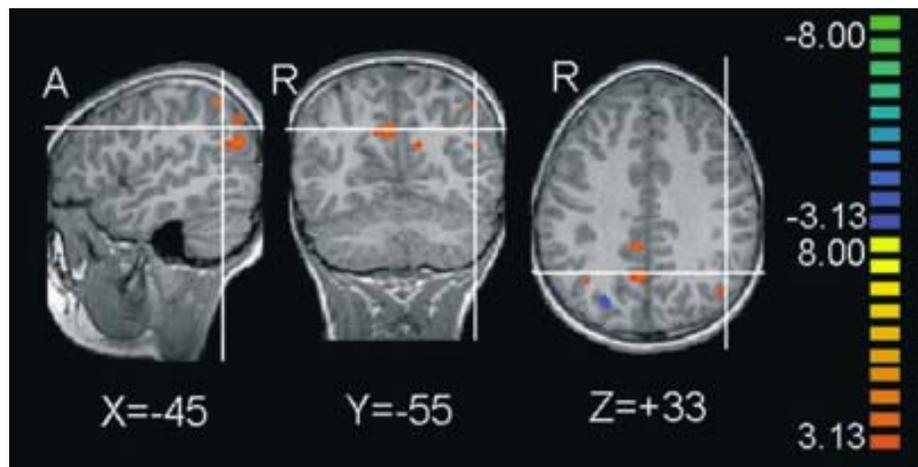
Verbal Working Memory Activation

- Alcohol-exposed subjects display greater activation relative to control subjects
- Suggests that frontal-parietal processing during verbal WM is less efficient in alcohol-exposed individuals.

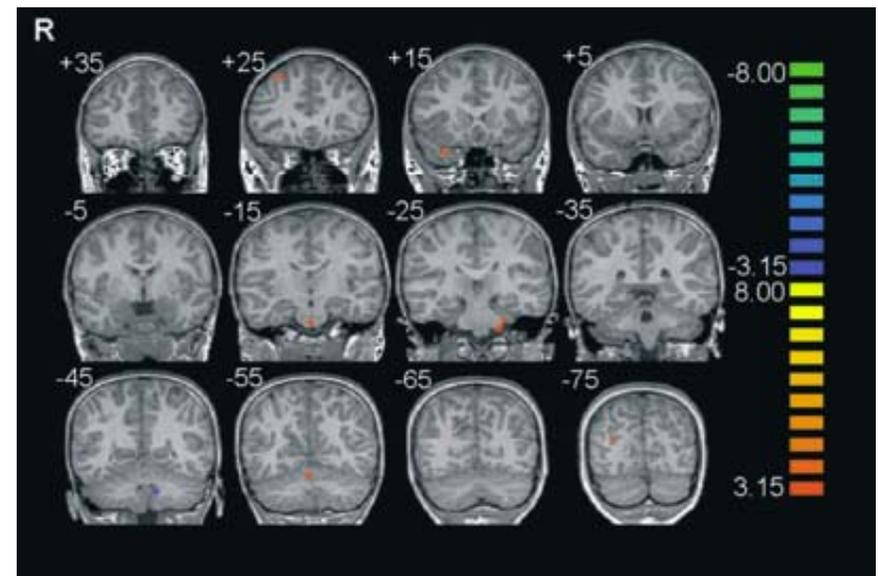


Specific Deficits in Number Processing

Meintjes et al. 2010 ACER 34:1450



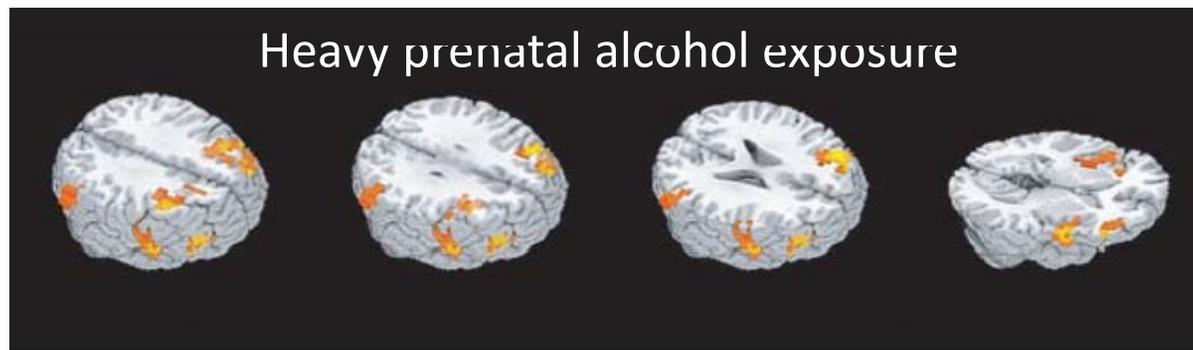
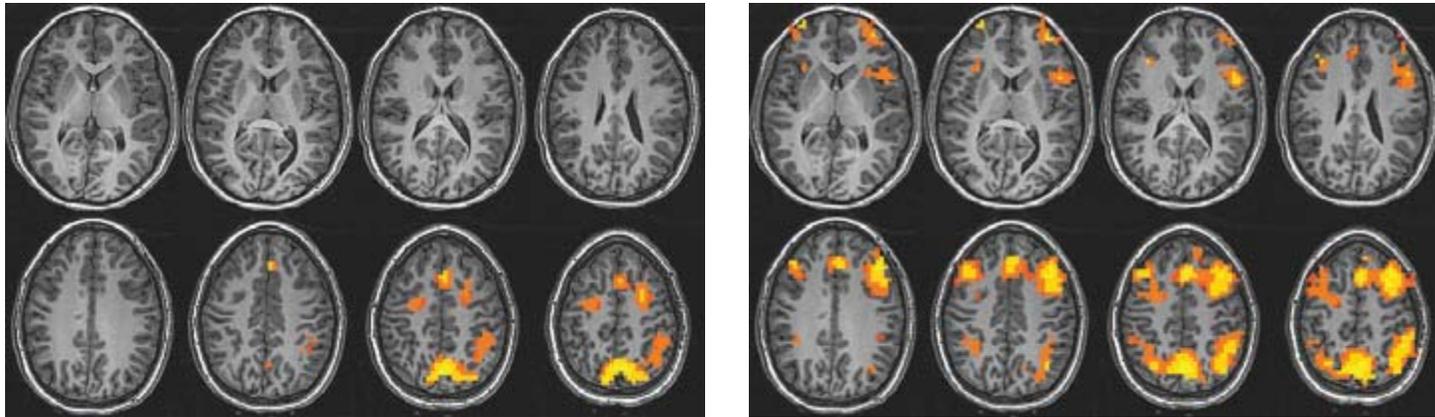
Number Proximity Judgment
Group differences FAS vs Control
Greater activation in FAS brains



Exact Addition Task
Group differences FAS vs Control
Greater activation in FAS brains

Yellow = greater activation in alcohol-exposed individual

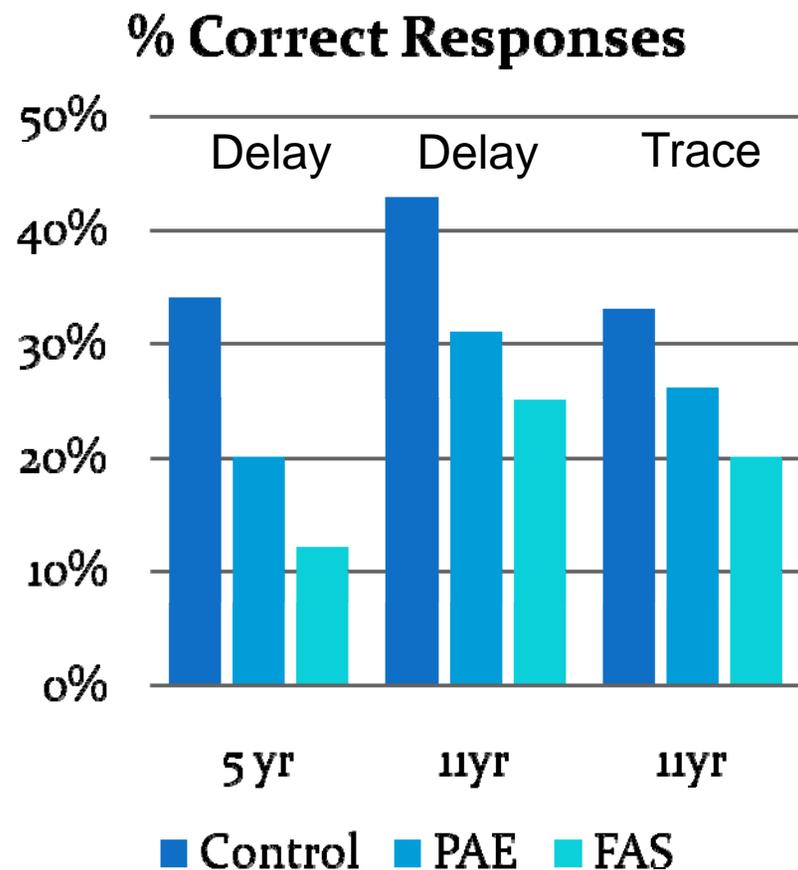
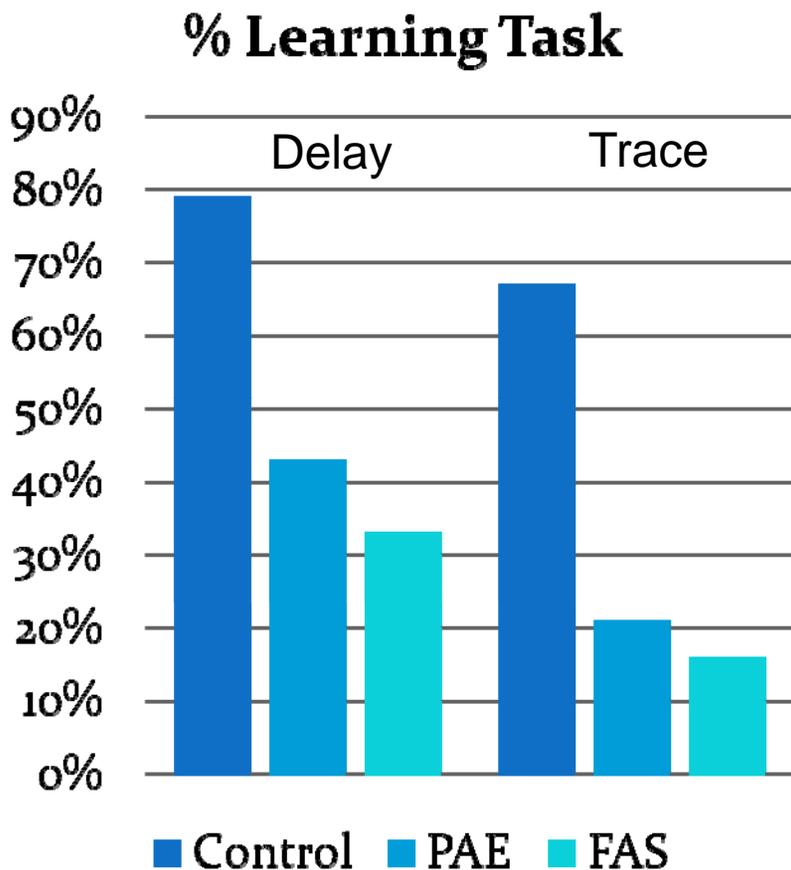
Functional MRI (fMRI) Assessment of Blood Oxygen Level Dependent (BOLD) Response in Spatial Working Memory Task



Yellow = greater activation in alcohol-exposed individual

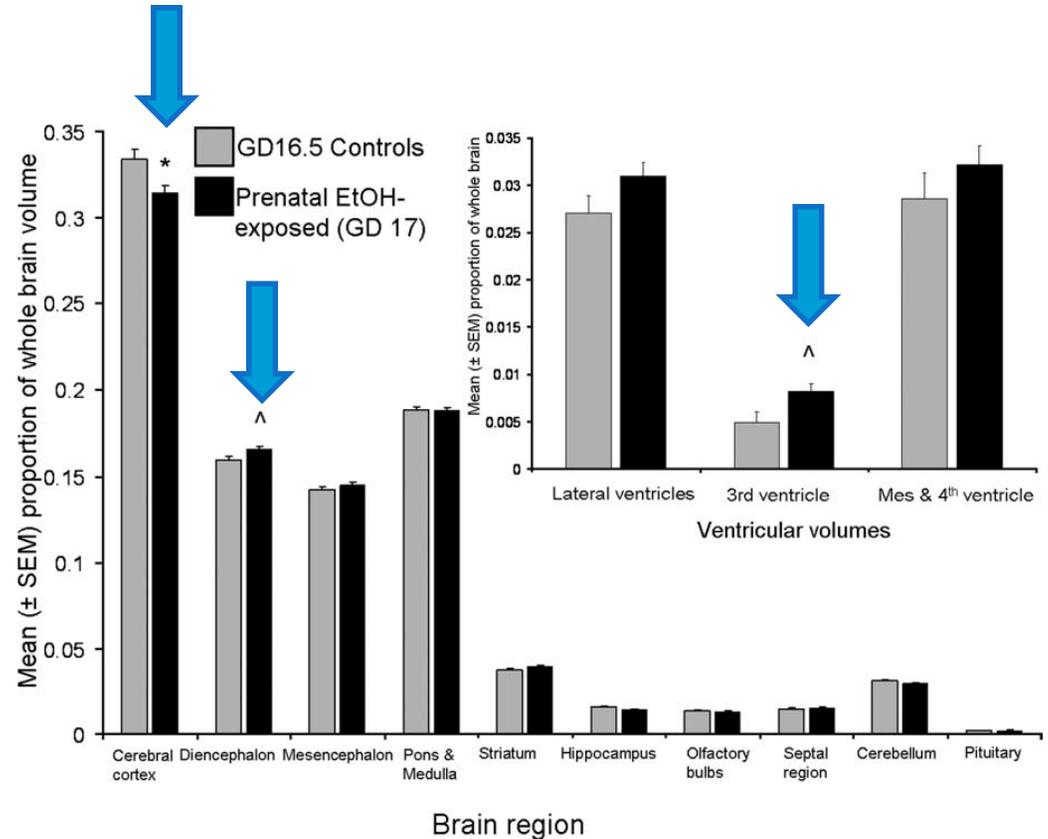
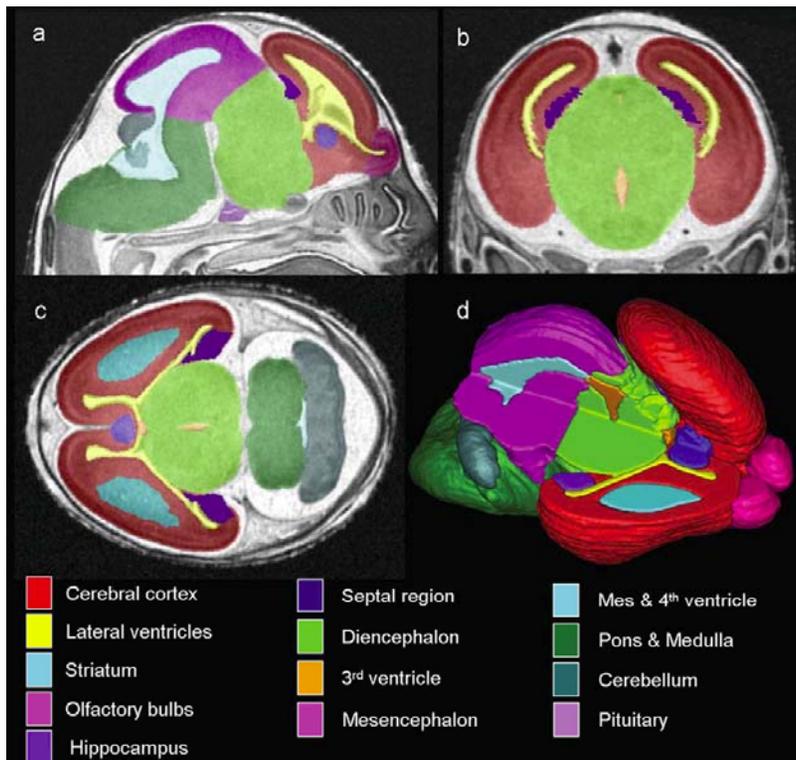
Learning deficits are persistent

Jacobson et al. 2011 ACER 35:250



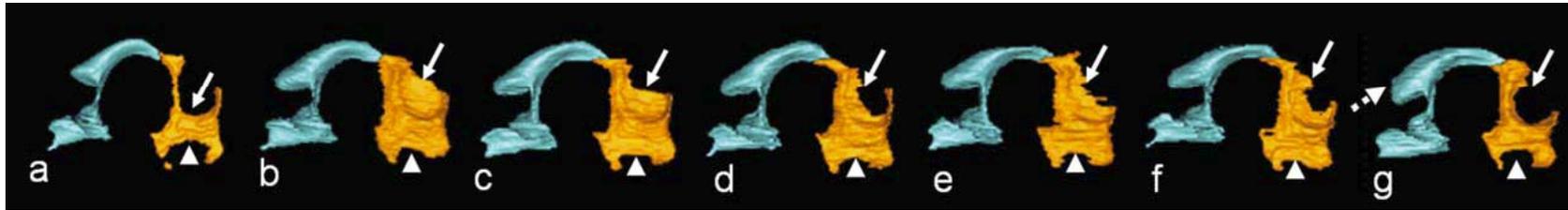
Magnetic Resonance Microscopy of FAS Mouse Brain

Brain – O’Leary-Moore et al. 2010 BDRA 88:953

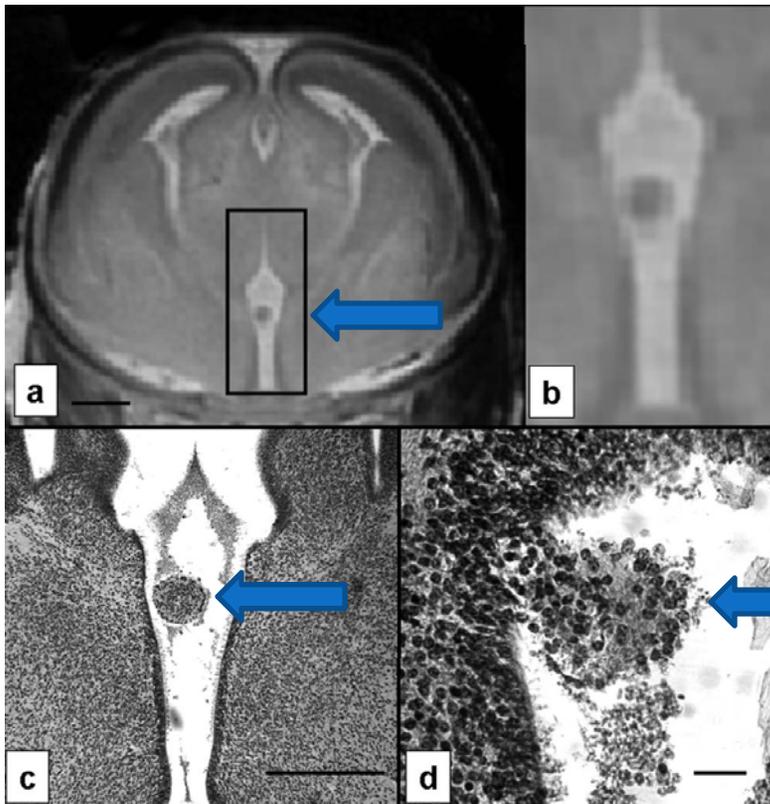


Magnetic Resonance Microscopy of FAS Mouse Brain

Brain – O’Leary-Moore et al. 2010 BDRA 88:953



Brain ventricle volume
3rd ventricle is expanded in FAS



Heterotopia in third ventricle of FAS. Neural heterotopias associated with increased seizure activity. Found in FAS individuals.

Epigenetics: A parent's experience is transmitted to future generations

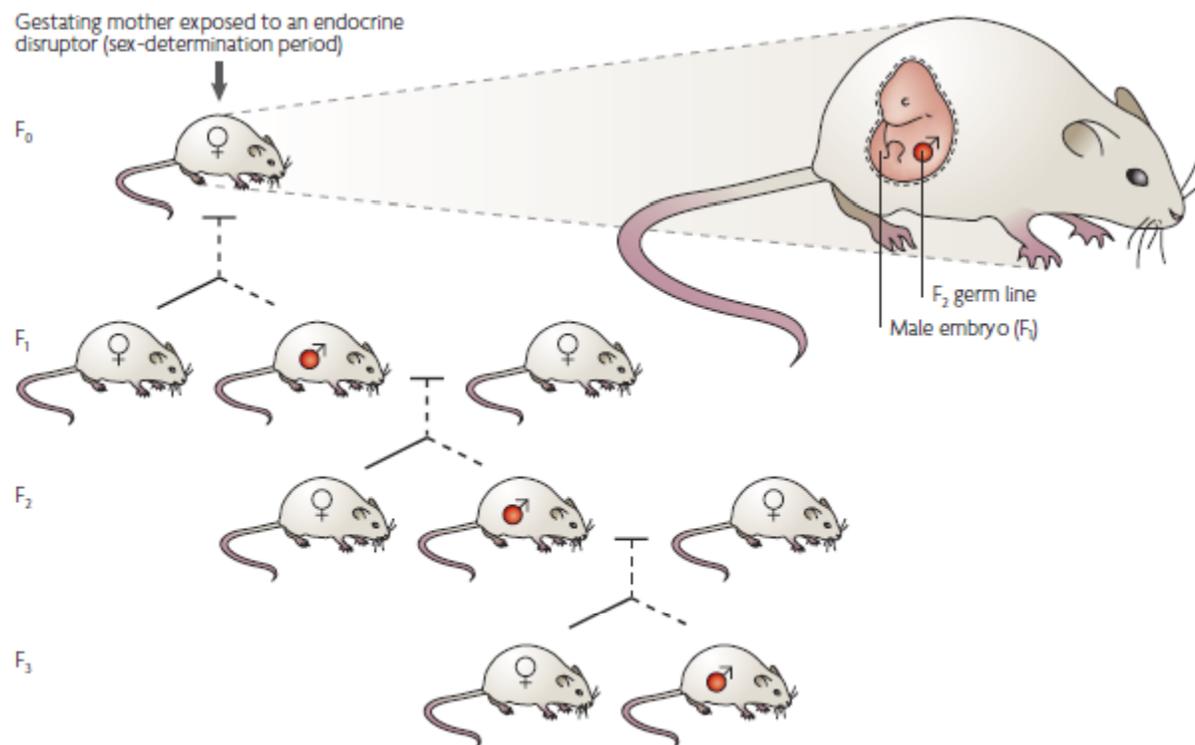
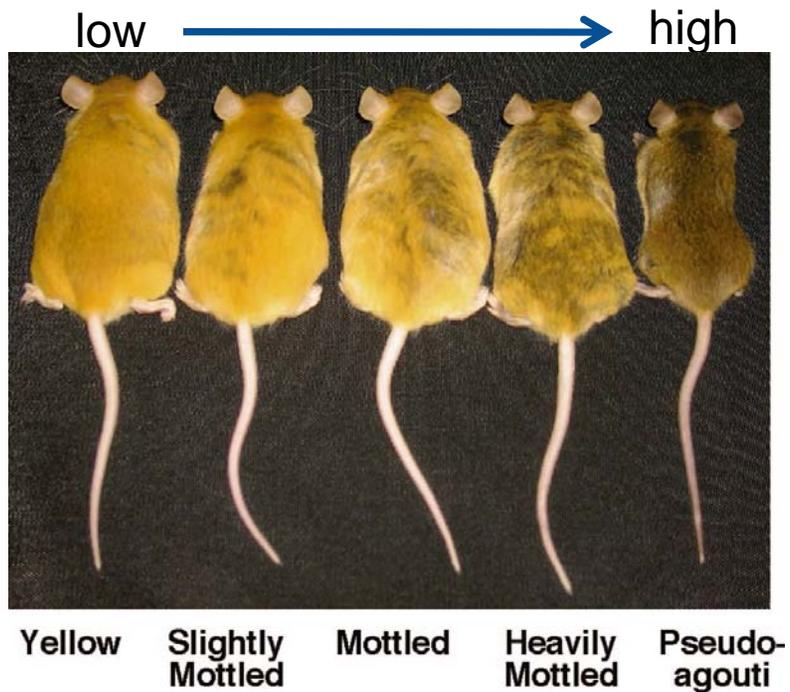


Figure 5 | Germline transmission of epigenetically regulated transgenerational phenotypes. In a gestating mother, there is multiple-generation exposure of the F₀ female, the F₁ embryo and the F₂ generation germ line to environmental factors. The transgenerational transmission of disease phenotypes through the male germ line (labelled red) is indicated. Both male and female offspring develop disease, but the transgenerational phenotype is transmitted only paternally after exposure to vinclozolin⁹⁶.

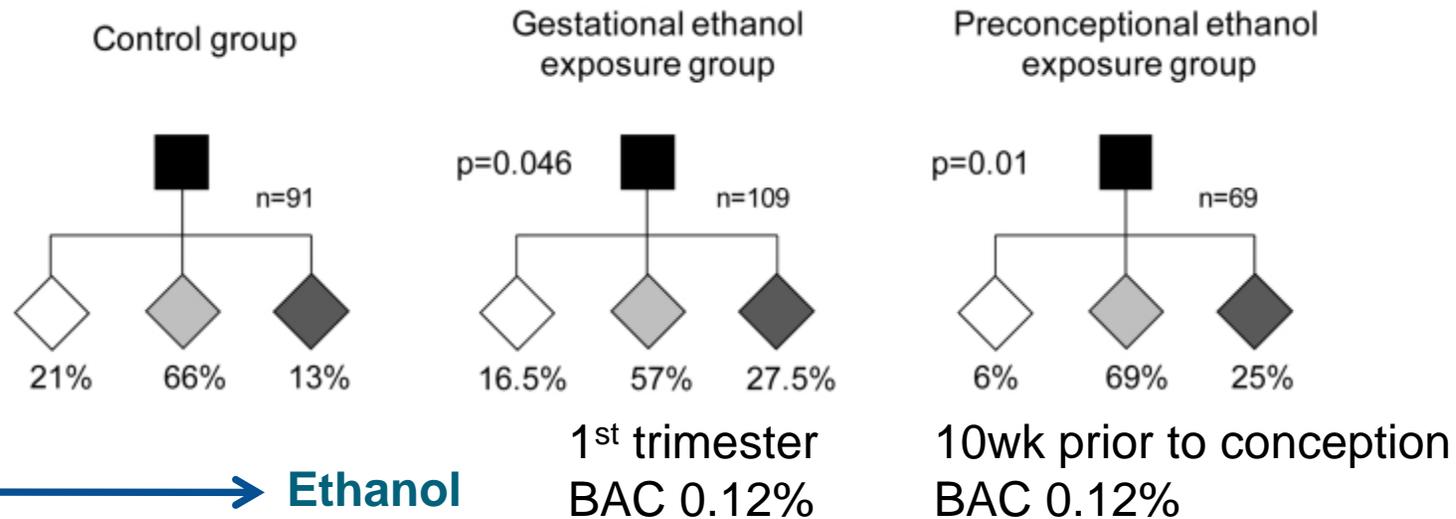
Modification of DNA creates differences despite identical DNA



Dolinoy et al. Ped Res 2007

Ethanol alters the epigenome

Kaminen-Ahola et al. 2010 PLoS Genetics 6:e1000811



Yellow Slightly Mottled Mottled Heavily Mottled Pseudo-agouti

This gene is silenced by ethanol.
Ethanol increases its methylation.
Does effect persist across generations?

Epigenetics control adult health & disease risk

- Body size at birth and childhood growth trajectory
- Chronic disease
 - Obesity, cardiovascular disease, hypertension
- Cancer risk
- Reproductive defects
- Neurobehavior
 - Nurturing behavior (rodents)
 - Syndromes: Angelman, Prader-Willi, Beckwith-Wiedemann
 - Schizophrenia? Bipolar? Touretts?



Interventions & Treatments

Can we reduce alcohol's damage in utero?
Can we restore cognition & function in later life?

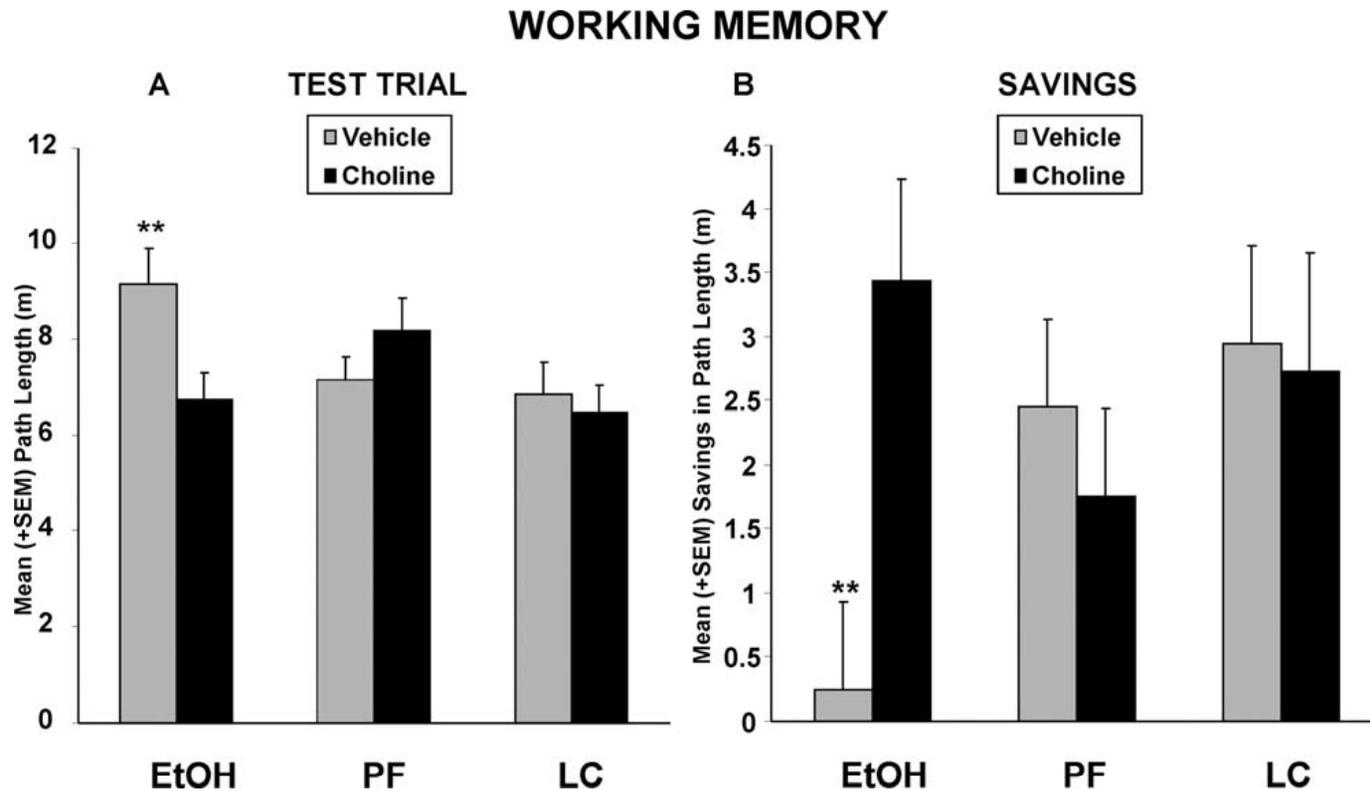


Choline Supplements Mitigate PAE Effects

Thomas et al. 2010 Birth Def Res A 88:827

- Choline is an essential nutrient
- People vary in their ability to synthesize choline
- Essential for healthy brain development
 - Supports cognition, learning, memory
- Used to make acetylcholine, brain fatty acids
- Helps folate & B12 to do their jobs
- Controls gene expression using epigenetics
- Being tested to treat neurodegenerative diseases

Rats given 6 g/kg ethanol during pregnancy ± choline (2-3x normal intake)



Morris Water Maze: FAS rats fed choline found the platform faster
And used a shorter route to find the platform.

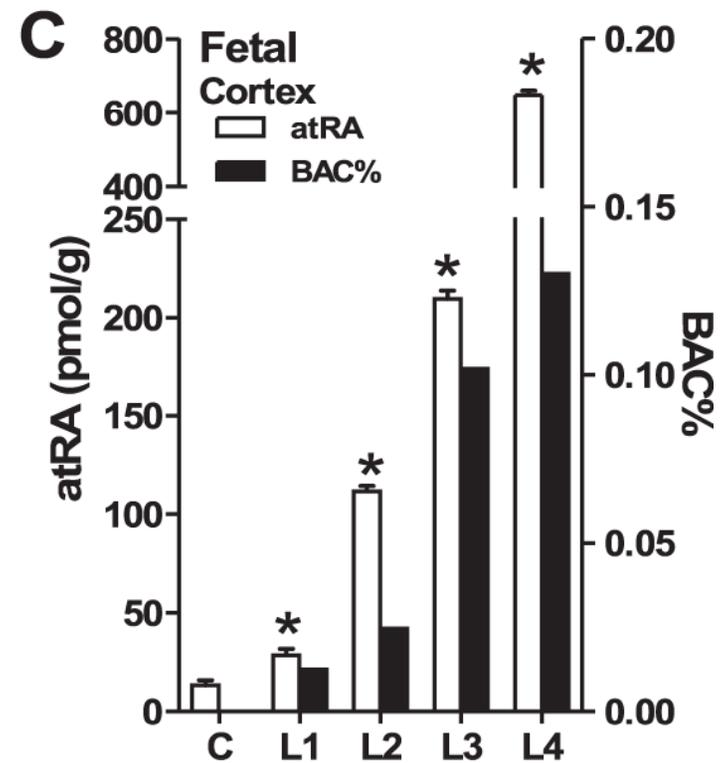
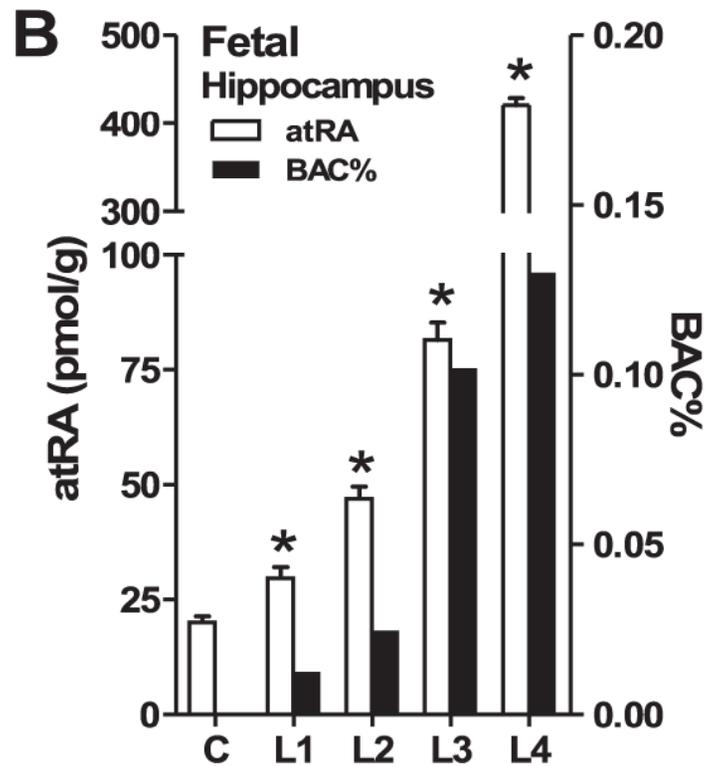


FASD & Vitamin A

- Vitamin A is essential for normal brain and embryo development
- Alcoholics often have low Vitamin A stores
- Alcohol & Vitamin A cross-talk at the molecular level
- Might alcohol cause fetal Vitamin A deficiency?

Alcohol may cause Vitamin A toxicity

Kane et al. 2010 FASEB J 24:823



Maternal Nutrient Status in a Prospective FASD Cohort – Keen et al. Biofactors 2010

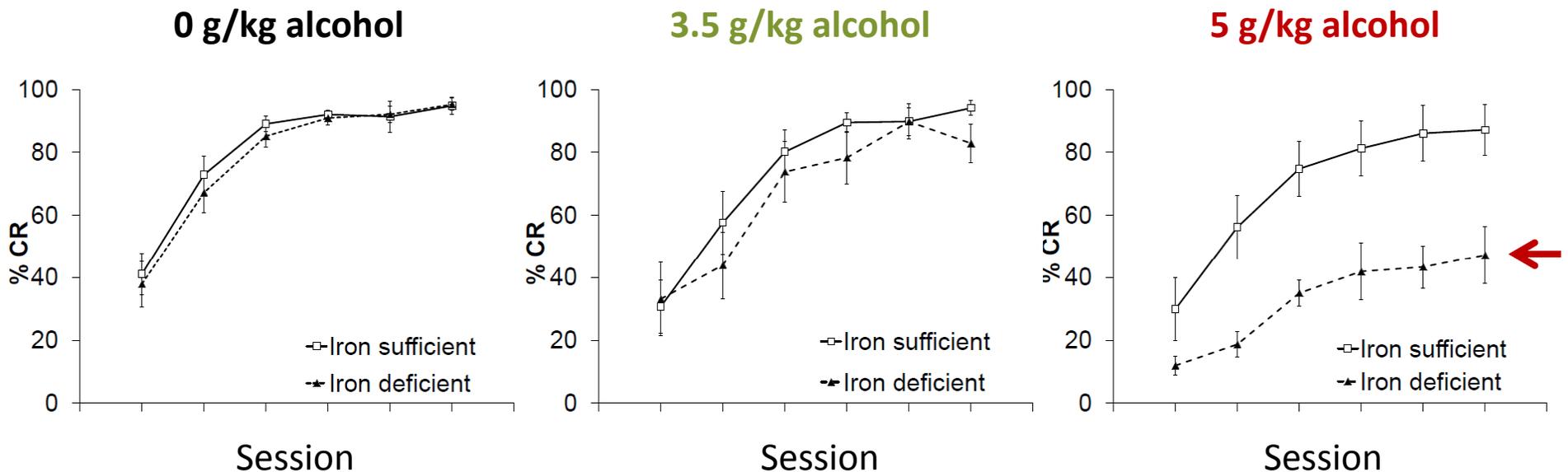
	Russia Sample		Ukraine Sample	
	Alc-Exp	Alc-Unexp	Alc-Exp	Alc-Unexp
Ca (µg/mL)	88.5 ± 3.3	93.8 ± 4.5	83.4 ± 1.2	83.5 ± 0.7
Cu (µg/mL)	2.2 ± 0.2	2.4 ± 0.2	1.7 ± 0.1*	1.9 ± 0.1
Fe (µg/mL)	1.4 ± 0.3	1.1 ± 0.1	0.78 ± 0.06	0.82 ± 0.05
Mg (µg/mL)	18.1 ± 0.7	19.0 ± 1.0	15.9 ± 0.02	16.2 ± 0.2
Zn (µg/mL)	0.59 ± 0.04*	0.73 ± 0.06	0.57 ± 0.02*	0.64 ± 0.05

* P < 0.05

Maternal Iron Deficiency Worsens FASD Outcome



Associative Learning: Eyeblink Classical Conditioning



Alcohol x Iron status interaction:

$$F_{(2,55)} = 4.1, P = 0.022 \rightarrow \text{SYNERGISM}$$

Thank you!

