

# LETTER TO THE EDITOR

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## REFINING THE DIAGNOSTIC CRITERIA OF FASD

October 24, 2005

**M**y colleagues and I appreciate the review undertaken by Drs. Avner and Nulman of our recent publication, "A practical clinical approach to the diagnosis of fetal alcohol spectrum disorders: Clarification of the 1996 Institute of Medicine criteria." (Hoyme HE, et al, 2005<sup>1</sup>).

For the record, I would like to clarify a numbers of issues raised by the authors of the review:

1. The reviewers are correct that practical application of these clarified IOM criteria has necessitated the use of normative morphometric and growth parameters which are largely derived from white populations. We clearly point this out in the manuscript. Although undesirable, there are no normative data for other racial groups at this point in time. Once such data are available, we agree wholeheartedly that race and ethnic specific data should be utilized in applying this diagnostic scheme.

2. With respect to the issue of ARND (alcohol-related neurodevelopmental disorder), the reviewers have incorrectly quoted or misinterpreted our manuscript. As the term, "alcohol-related neurodevelopmental disorder" implies, this category is reserved for those children with structural CNS anomalies and /or the characteristic neurobehavioral profile of the children prenatally exposed to alcohol. In fact, deficient growth and dysmorphology features are not required for assignment of a diagnosis of ARND, and any child without specific neurobehavioral anomalies would clearly not be assigned a diagnosis of ARND. The neurobehavioral profile of children prenatally exposed to alcohol is currently an area of intense research. The peer-reviewed medical literature currently has not yielded a specific neurobehavioral profile, although it has been shown that IQ scores alone fail to differentiate alcohol-exposed children from children with other disabilities. As we state in the paper, the

category of ARND is a "work in progress." As more data in the peer-reviewed literature emerge, this category will become increasingly specific.

3. The reviewers imply that these criteria will incorrectly assign diagnoses in the FASD continuum to children with other metabolic and genetic disorders. Our experience using these criteria in over 500 children prenatally exposed to alcohol has shown this not to be the case. In fact, our paper is among the first to stress the necessity of considering other disorders in the differential diagnosis of FASD before assigning an alcohol-related diagnosis.

4. Finally, the reviewers somewhat disparagingly refer to the authors as "geneticists." This miscategorizes and downplays the multidisciplinary nature of their research team who brought forth these criteria. The authors represent the fields of dysmorphology, sociology, epidemiology, psychology, neuropsychology, special education and statistics. The combined experience of the group in the field of FASD dates back to the original description of FAS.

We appreciate the reviewer's kind comments about our paper representing a beginning at classifying this very important spectrum of disabilities, and we look forward to working with them and all our colleagues in the field to further refine diagnosis of FASD.

Sincerely yours,

H. Eugene Hoyme, MD  
Department of Pediatrics  
Stanford University School of Medicine  
[Email:gene.hoyme@stanford.edu](mailto:gene.hoyme@stanford.edu)

### REFERENCES

1. Hoyme HE et al: A practical approach to diagnosis of fetal alcohol spectrum disorders: Clarification of the 1996 Institute of Medicine criteria. *Pediatrics* 2005;115(1):39-47.