NATIONAL COLLABORATING CENTRE FOR ABORIGINAL HEALTH

Fetal Alcohol Syndrome & Fetal Alcohol Spectrum Disorder Among Aboriginal Peoples

A Review of Prevalence

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If a mother consumes alcohol during her pregnancy, her child may be affected by adverse, life-long outcomes. These include growth deficiencies, certain facial characteristics and various central nervous system complications. Such outcomes are dispersed along a continuum and are contained under the umbrella term Fetal Alcohol Spectrum Disorder (FASD), which includes Fetal Alcohol Syndrome (FAS). Currently, a large proportion of Canadian research available on FAS is focused on Aboriginal peoples and supports the belief that alcohol abuse occurs more frequently among Aboriginal than non-Aboriginal women. However, the true extent of FAS and FASD in Aboriginal and non-Aboriginal populations remains unknown; therefore, it is not possible to make an assessment of higher prevalence among Aboriginal mothers.

This report by Michael Pacey (2009) provides an overview of the literature available on the incidence or prevalence of FASD and FAS. Because the diversity of available literature prevents meta-analyses, this overview is a narrative rather than a comprehensive review with a specific clinical research question. The focus of this report is epidemiological in nature, and as such, it does not look at causation or summarize extensive laboratory research. Pacey focuses on prevalence in order to provide the epidemiological understanding of FAS/FASD characteristics that is essential to enable future work.

This review focuses on academic literature that was found through sources such as Medline and Web of Science. “Grey” literature from federal and provincial health authorities is also utilized in the report to provide background information. Due to the relatively small number of population-based studies on FAS/FASD, the historical window of this review may be deeper than other clinical paper summaries. There are seven sections within this report. It begins by providing currently-accepted definitions. Then it discusses diagnostic criteria, followed by the basics of incidence and prevalence, and the difficulties in the measurement of FAS and FASD. Prevalence in both the general population and in Aboriginal populations are discussed independently in the next two sections of the report. Lastly, estimates of the extent and costs of FAS/FASD in the Aboriginal population are given.

Throughout this report, Pacey highlights a variety of points, including topics relating to prevalence estimates and the discord between the available estimates and experiential knowledge. Specifically, he mentions that the published estimates of prevalence and incidence of FASD and FAS are too methodologically diverse to provide the basis for Aboriginal-specific rates. Pooling data together from a variety of different methods does not allow for production of over-arching estimates. In addition, there may be a difference between the estimates available in the literature and the experiential knowledge of Aboriginal communities and clinicians. Another point that Pacey highlights is that some Canadian Aboriginal specific studies focus on higher-risk communities. This may induce the perception that there is a higher incidence or prevalence of FASD in the Aboriginal population. Lastly, Pacey emphasizes that the Aboriginal population constitutes a relatively small proportion of the entire population of Canada, thus, most cases of FAS/FASD are likely within the non-Aboriginal population.

Epidemiological evidence relating to the incidence of FAS and FASD in Aboriginal communities and the Canadian population as a whole is inconclusive. Relatively little research has been done on the general Canadian population, making it difficult to produce a baseline measure of prevalence and allowing accurate assessment of prevalence among the Aboriginal population. More research in both the epidemiological and experiential domains are required before there can be a body of knowledge that is clear and unimpeachable.

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