FETAL ALCOHOL SPECTRUM DISORDERS IN ADULTS: HEALTH AND NEUROBEHAVIOR

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The problem:

- Despite the prevalence of FASD and its life-long course, there
 is no empirical research about adult health, physical
 characteristics, neurobehavior or adaptive functioning in
 Middle Adulthood.
- The Developmental Origins of Health and Disease (DOHoD)
 hypothesis suggests that fetal programming by PAE should
 result in vulnerable organisms with increased sensitivity to
 stress, adverse health and functional outcomes.

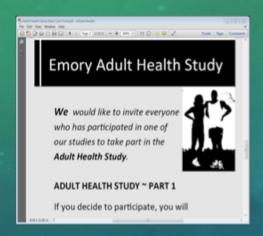
THE STUDY

- Multisite Collaborative Study (part of the Collaborative Initiative on Fetal Alcohol Spectrum Disorders (CIFASD)
- Sites include <u>Atlanta, GA</u> and <u>Seattle, WA</u>, with a parallel study in <u>Vancouver, BC</u>.
- Two "Tier" Assessment
 - Tier 1. Demographic and Health Survey
 - Tier 2. In-Depth Assessment of medical records, physical characteristics, immune function, mental health, cognitive functioning, social/adaptive functioning









Example of the recruitment materials.

• Tier 1

Adult Health Survey (N=500) of access to health care, chronic medical problems in midlife, ages 25-45.

(Another 120 will be tested in Vancouver using the same form.)

Health Issues to be assessed:

- Access to health care
- Sleep
- Vision/Health/Dental
- Allergies and Asthma
- Cardiovascular
- GI
- Diabetes
- Autoimmune disorders
- Arthritis
- Seizures
- Depression/Anxiety
- Other Medical problems

TIER 2 ASSESSMENT

- This is intended to be an in-depth assessment of the Adults' current status. There will be several areas assessed:
 - Physical Characteristics
 - Psychological factors
 - Environmental
 - Substance Use
 - Health, including Immune Function
 - Medical records

- 120 individuals at each site (240 total) will be invited to complete this comprehensive assessment. They will be invited to the study site and will spend about 4 hours being evaluated and completing questionnaires.
- We will draw blood and take urine samples to confirm substance use reports and to allow assessment of metabolic status (A1C), liver function (GGT) and immune status.

TIER 2 ASSESSMENT-PSYCHOLOGICAL MEASURES



• NIH Tool Box



 Adaptive Functioning — • Adaptive Behavior Assessment System, 3rd Ed

Psychiatric Problems

 Psychiatric Diagnostic Screening Questionnaire (PDSQ)

Substance Use

• AUDIT, Drug Grid, Lab tests

Life Stressors and Resources (Moos) _____

TIER 2- PHYSICAL ASSESSMENT

- Dysmorphology assessment
 Evaluation by Ken Jones
- 2-D Photography taken on site
- Urine Toxicology for 7 drugs

- Health History _____

- In collaboration with Peter Hammond
- GGT ______
 Sampled in Lab
 A1C _____
 Sampled in Lab
 Sampled in Lab
- Immune Measures Samples sent to Joanne Weinberg, PhD
 - Abstracted from current medical records





PROGRESS

- All the Administrative hassles
 - Co-ordination among three sites to develop materials.
 - Materials Transfer Agreements
 - IRB
 - Review assessment protocol and purchase materials
 - Develop Assessment tools and database in REDCap
 - Search databases for previous participants



DEVELOPED HEALTH QUESTIONNAIRE

Based on the Centers For Disease Control's Behavioral Risk Factor Surveillance System (BRFSS) Questionnaires

Modified to include modules on vision, hearing, dental problems, seizures, immune disorders, etc.

Developed by three sites.

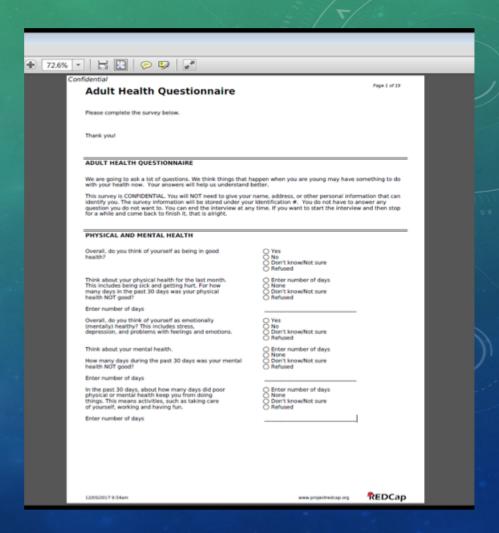
Using REDCap system, created data entry forms that can be accessed on <u>computer</u> or <u>smart phone</u>. Can be completed by participant directly or through interview.

System is confidential and HIPAA-compliant.

Converts directly to interactive database. Can be exported in Excel or SPSS.

Multisite access.

Piloted in Atlanta (N=10)



IDENTIFICATION OF POTENTIAL PARTICIPANTS

Goal: Tier 1-500

Tier 2-240

- Atlanta
- (Tier 1= 250, Tier 2=120)
 - Accessed databases from previous study waves and accumulated names, addresses, SS #; names of collaterals, Total potential subjects identified =
 - Contracted with Accurinet to allow computerized search for participants' current address, phone numbers.
 - Currently have located 60
 previous participants who will
 be contacted when IRB
 completes review of
 recruitment materials.

Potential problems for recruitment process:

Participant mobility. May have moved out of area.

No longer in "phone book". Cell phones don't have white pages.

Privacy concerns. People are much more worried about privacy than they were previously and may not answer phones.

Not interested in participating

Seattle

(Tier 1= 250, Tier 2=120)

- Accessed databases from previous study waves and accumulated names, addresses, SS #; names of collaterals, Total potential subjects identified = 433
- Contracted with TransUnion (TLO) to allow computerized search for participants' current address, phone numbers.
- Currently have located 125
 previous participants; so far 65
 are interested in being in this new
 study. All will be contacted after
 IRB completes review of
 recruitment materials.

TIME LINE

- Tier 1- Years 1-4
 - December 2017: Complete Administrative Requirements/ Develop Forms and Questionnaires/Recruitment Materials
 - January 2018: Initiate recruitment, Health Surveys, Registry
- Tier 2- Year 2-5
 - January May, 2018: Obtain all materials, permissions, identify initial sample
 - July 2018: Begin Tier 2 Assessments