

1. Record Nr.	UNINA9910830534703321
Titolo	Fetal alcohol spectrum disorder : management and policy perspectives of FASD // edited by Edward P. Riley [and three others]
Pubbl/distr/stampa	Weinheim, Germany : , : Wiley-VCH Verlag GmbH & Co. KGaA, , 2011 ©2011
ISBN	3-527-63592-0 1-283-25556-1 9786613255563 3-527-63256-5 3-527-63252-2 3-527-63251-4
Descrizione fisica	1 online resource (484 p.)
Collana	Health Care and Disease Management, , 1864-9947
Disciplina	618.3/26861
Soggetti	Fetal alcohol syndrome
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Includes index.
Nota di contenuto	Fetal Alcohol Spectrum Disorder; Contents; Preface; List of Contributors; 1 Prenatal Alcohol Exposure, FAS, and FASD: An Introduction; 1.1 Introduction; 1.2 History; 1.3 Diagnosing the Effects of Prenatal Alcohol Exposure; 1.3.1 Fetal Alcohol Syndrome; 1.3.2 Fetal Alcohol Spectrum Disorder(s); 1.4 Risk factors influencing FAS and FASD Conditions; 1.5 Prevalence and Impact of FAS and FASD; 1.6 Prevention; 1.7 Interventions; Acknowledgments; References; Part One Incidence, Prevalence, and Economic Aspects of FASD 2 Researching the Prevalence and Characteristics of FASD in International Settings 2.1 Introduction; 2.2 Maternal Risk Factors and FASD; 2.3 Determining the Prevalence of FASD: How the Methods Have Influenced the Rates; 2.4 The Prevalence of FASD from In-School Studies; 2.5 Summary Rates of FASD and Their Meaning; References; 3 Frequency of FASD in Canada, and What This Means for Prevention Efforts; 3.1 Introduction; 3.2 Challenges to Obtaining Accurate Incidence and Prevalence Rates; 3.3 Incidence of FASD; 3.3.1 National Rates in Canada (see Box 3.1); 3.3.2 Provincial Rates in Canada

3.3.2.1 British Columbia; 3.3.2.2 Alberta; 3.3.2.3 Saskatchewan; 3.3.2.4 Manitoba; 3.3.2.5 Other Provinces; 3.4 Prevalence of FASD; 3.4.1 Child Welfare Systems; 3.4.2 Corrections Systems; 3.4.3 Aboriginal Communities; 3.5 Rate of Exposure to Risk; 3.6 Gaps in the Data; 3.7 Policy Considerations; 3.7.1 Establish Baseline Rates of FAS/FASD and Track Them Over Time; 3.7.2 Continue with Intervention Efforts; 3.7.3 Assess and Intervene in Areas with Higher FAS/FASD Frequency; 3.7.4 Intervene to Prevent FAS/FASD Where Risk is Higher; 3.7.5 Work Towards Developing a Consistent Message
3.7.6 Key Players
3.8 Conclusions; Acknowledgments; References; 4 Costs of FASD; 4.1 Introduction; 4.2 Methods; 4.2.1 Literature Search; 4.2.2 Inclusion Criteria; 4.2.3 Cost Adjustment; 4.3 Results; 4.3.1 Search Results; 4.3.2 Summary of Studies Included in the Review; 4.3.3 Summary of Methods Used in the Reviewed Studies; 4.3.4 Summary of Results of the Reviewed Studies; 4.3.4.1 Annual Cost of FAS/FASD for the US, Canada, and the Province of Alberta; 4.3.4.2 Annual Cost per Case; 4.3.4.3 Lifetime Cost per Case; 4.4 Discussion; 4.5 Conclusion; 4.6 Appendices to Chapter 4
4.6.1 Appendix 1: Search Strategy
4.6.2 Appendix 2: Summary of Included Studies; 4.6.3 Appendix 3: Excluded studies that consider the costs of FAS/FASD; References; Part Two Causes and Diagnosing of FASD; 5 Direct and Indirect Mechanisms of Alcohol Teratogenesis: Implications for Understanding Alterations in Brain and Behavior in FASD; 5.1 Introduction; 5.1.1 Mechanisms of Alcohol's Teratogenic Effects; 5.1.2 Direct Mechanisms of Alcohol's Actions on the Fetus; 5.1.3 Indirect Mechanisms of Alcohol's Actions on the Fetus; 5.1.3.1 Alcohol Effects on Prostaglandins
5.1.3.2 Alcohol-Induced Disruption of Cell-Cell Interactions or Cell Adhesion

Sommario/riassunto

Reflecting the recent increased public awareness of the topic, this is the first and most comprehensive resource for over a decade on the molecular basis, prevalence, treatment options, socioeconomic impact and prevention strategies of FASD. Edited by world-renowned experts, this compendium includes the latest research results to provide new insights and realistic estimations of FASD frequencies in Western communities. An invaluable resource for every professional dealing with the diagnosis, prevention and treatment of FASD, from researchers via health professionals to social workers.
