

Published in *The Lancet*.

Comorbidity of fetal alcohol spectrum disorder: a systematic review and meta-analysis

Svetlana Popova, Shannon Lange, Kevin Shield, Alanna Mihic, Albert E Chudley, Raja A S Mukherjee, Dennis Bekmuradov, Jürgen Rehm

Social and Epidemiological Research Department, Centre for Addiction and Mental Health, Toronto, ON, Canada (S Popova PhD, S Lange MPH, K Shield PhD, Prof J Rehm PhD); Dalla Lana School of Public Health (S Popova, A Mihic MSc, Prof J Rehm), Factor-Inwentash Faculty of Social Work (S Popova), Institute of Medical Science (S Popova, S Lange, K Shield, Prof J Rehm), University of Toronto, Toronto, ON, Canada; Program in Genetics and Metabolism, Children's Hospital, Departments of Pediatrics and Child Health and Biochemistry and Medical Genetics, University of Manitoba, Winnipeg, MB, Canada (Prof A E Chudley MD); FASD Specialist Behaviour Clinic, Surrey and Border's Partnership NHS Foundation Trust, Oxted, UK (R A S Mukherjee PhD); School of Occupational and Public Health, Ryerson University, Toronto, ON, Canada (D Bekmuradov BSc); and Epidemiological Research Unit, Klinische Psychologie und Psychotherapie, Technische Universität Dresden, Dresden, Germany (Prof J Rehm)

Correspondence to: Dr Svetlana Popova, Centre for Addiction and Mental Health, 33 Russell Street Toronto, ON M5S 2S1, Canada ana.popova@camh.ca

Published **Online** January 5, 2016 [http://dx.doi.org/10.1016/S0140-6736\(15\)01345-8](http://dx.doi.org/10.1016/S0140-6736(15)01345-8)

See **Online/Comment** [http://dx.doi.org/10.1016/S0140-6736\(15\)01346-X](http://dx.doi.org/10.1016/S0140-6736(15)01346-X)

Summary

Background

Fetal alcohol spectrum disorder (FASD) is related to many comorbidities because of the permanent effects of prenatal alcohol exposure on the fetus. We aimed to identify the comorbid conditions that co-occur in individuals with FASD and estimate the pooled prevalence of comorbid conditions occurring in individuals with fetal alcohol syndrome (FAS).

Methods

We did a systematic literature search of studies reporting on the comorbidity and cause of death in individuals with FASD using multiple electronic bibliographic databases, searching for studies published up to July, 2012. We included original research published in a peer-reviewed journal in the English language. We used the following criteria for determining study quality: use of an established FASD diagnostic guideline, study setting, method of data collection, and sample size. All comorbid disease conditions were coded according to the International Classification of Diseases, tenth revision (ICD-10). To estimate the pooled prevalence of comorbid conditions found to co-occur in individuals with FAS, we did meta-analyses assuming a random-effects model.

Findings

Of 5068 studies found, 127 met eligibility criteria for data extraction. From those studies, we identified 428 comorbid conditions co-occurring in individuals with FASD, spanning across 18 of 22 chapters of the ICD-10. The most prevalent disease conditions were within the sections of congenital malformations, deformities, and chromosomal abnormalities, and mental and behavioural disorders. 33 studies reported data for frequency in a total of 1728 participants with FAS. The five comorbid conditions with the highest pooled prevalence (between 50% and 91%) included abnormal results of function studies of peripheral nervous system and special senses, conduct disorder, receptive language disorder, chronic serous otitis media, and expressive language disorder.

Interpretation

The high prevalence of comorbid conditions in individuals with FASD highlights the importance of

assessing prenatal alcohol exposure as a substantial clinical risk factor for comorbidity. The harmful effects of alcohol on a developing fetus represent many cases of preventable disability, and thus, alcohol use during pregnancy should be recognised as a public health problem globally.

Funding

Public Health Agency of Canada.

Introduction

Findings from the most recent Global Burden of Disease and Injury study¹ showed that alcohol was the fifth leading contributor to disability and mortality—3·9% of global disability-adjusted life-years and 5·2% of all global deaths were attributable to alcohol in 2010. However, alcohol consumption often results in harm not only to the drinker, but also to others around the drinker. A classic example of such harm is the harm caused to the developing fetus by the consumption of alcohol during pregnancy.

Alcohol consumed by a pregnant woman interferes with normal developmental progression of the fetus resulting in CNS and physical damage that subsequently has several lifelong health consequences. This damage leads to fetal alcohol spectrum disorder (FASD; an umbrella term used to describe individuals who experience disability as a result of prenatal alcohol exposure). FASD includes fetal alcohol syndrome (FAS), partial FAS, and alcohol-related neurodevelopmental disorder.² Since the first description of FAS by Jones and Smith in 1973,³ the terminology used, as well as the diagnostic guidelines and recommendations have changed numerous times. Although the criteria for FASD diagnoses have been described thoroughly in the guidelines put forth to date,^{2,4-11} the diagnosis of FASD remains challenging, and the specific assessment techniques used to make the definitive diagnosis are still debated, especially for alcohol-related neurodevelopmental disorder.

FASD affects individuals from all socioeconomic and ethnic backgrounds, and in addition to the individuals themselves, it can also greatly affect their families. In many cases, people with FASD require lifelong assistance from a wide range of services including health, community, remedial education, and many others. Hence, it is recognised that FASD has a substantial economic effect on any society. In North America, the lifetime cost for some cases of FASD has been estimated to be more than CAN\$1 million.¹²

In spite of a substantial and growing body of scientific literature on prenatal alcohol exposure and FASD, epidemiological data for the prevalence of FASD from most countries, especially from low-income and middle-income countries, is largely absent.¹³ In the USA, the prevalence of FAS in typical, mixed-racial, and mixed-socioeconomic populations was estimated to be at least two-to-seven cases per 1000 people and the prevalence of FASD in populations of younger school children might be as high as 20–50 cases per 1000 children.¹⁴ There are no national statistics on the prevalence of FASD in Canada; however, the crude prevalence in the general population has been roughly estimated to be about one-to-two cases per 1000 people for FAS¹⁵ and about nine-to-ten cases per 1000 people for FASD.¹⁶ It is postulated that the prevalence of FASD is at least ten times higher than the prevalence of FAS,^{14,15,17,18} with alcohol-related neurodevelopmental disorder being the largest category of affected individuals; it has been estimated that there are three-to-four cases of alcohol-related neurodevelopmental disorder for every one case of FAS.¹⁹

In Europe, two independent studies have found that the prevalence of FASD is 23–47 cases per 1000 people in first grade students in Italy²⁰ and 40 cases per 1000 people in elementary school children in Croatia.²¹ In some subpopulations, the prevalence of FASD is reported to be much higher than in the general population. For example, although outdated, the prevalence of FASD in northern communities of Canada²² has been estimated to be about 20 times higher than the prevalence in the general population. Further, the prevalence of FASD in the Western Cape Province of South Africa, a region known for wine production and a high prevalence of binge drinking in women, has been reported to be 135–208 cases per 1000 people among first grade students.²³

Additionally, in special populations such as children residing in child-care settings (eg, orphanages, foster care, and child welfare systems), the prevalence of FASD was estimated to be very high.²⁴ For example, the prevalence of FAS in an orphanage for children with special needs in Russia was reported to range from 427 to 680 cases per 1000 people.²⁵

The relatively high prevalence of FASD, especially in some susceptible populations^{12,22,24} behoves physicians and other health-care professionals to recognise this spectrum of disorders and the various clinical presentations that can be seen in individuals with FASD.²⁶

The deficits expressed by individuals with FASD vary broadly in severity and type. Even though it is well documented that FASD is associated with a high number of comorbidities (defined herein as any coexisting conditions, regardless of causality), the existing comorbid conditions and their prevalence in individuals with FASD remain to be established. Therefore, using the existing epidemiological and medical literature, the current study aimed to: identify the comorbid conditions that co-occur in individuals with FASD, and estimate the pooled prevalence of comorbid conditions found to co-occur in individuals with FAS.

The objective to estimate the prevalence was limited to FAS given that FAS is the only expression of FASD in the WHO's International Classification of Diseases (ICD): in the ICD, ninth revision (ICD-9), Alcohol affecting fetus or newborn via placenta or breast milk 760.71, and in the ICD, tenth revision (ICD-10), Fetal alcohol syndrome (dysmorphic) Q86.0.^{27,28}

Methods

Search strategy and selection criteria

The systematic literature review and meta-analyses were done and reported according to the standards set out in Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).²⁹

We did a systematic literature search to locate original published studies that reported on the comorbidities and primary cause of death in individuals with diagnosed FASD. This search was done in the following electronic bibliographic databases: Ovid MEDLINE, PubMed, Embase, Web of Science (including Science Citation Index, Social Sciences Citation Index, Arts and Humanities Citation Index), PsycINFO, ERIC, Epscohost, CINAHL, Scopus, Campbell Collaboration, Cambridge Scientific Abstracts Sociological Abstracts, Social Work Abstracts, Canadian Centre on Substance Abuse Library Collection Database, and Centre for Addiction and Mental Health Library Database.

We used the following keywords: (fetal alcohol spectrum disorder* OR fetal alcohol syndrome OR partial fetal alcohol syndrome OR fetal alcohol effects OR alcohol-related neurodevelopmental disorder OR alcohol-related birth defects OR prenatal alcohol exposure) AND (death OR disabilit* OR disease* OR disorder* OR co-morbidit* OR morbidit* OR cause of death OR mortality).

Additionally to the electronic search, we manually reviewed the content pages of the major epidemiological and medical journals and the citations in the relevant articles (including all relevant review articles identified via the electronic search). The search was not limited geographically, and was done up to July, 2012, inclusively (with no restriction placed on the lower year limit).

Articles were retained if they met the following inclusion criteria: consisted of original research published in a peer-reviewed journal; were published in the English language; and reported disease conditions in individuals with diagnosed FASD or any of the diagnostic entities that fall within the FASD spectrum (ie, FAS, partial FAS, alcohol-related neurodevelopmental disorder, and alcohol-related birth defects). Articles were excluded if they were: review articles or discussion papers, conference abstracts, or studies done on animals.

Data extraction and quality assessment

Three members of the study team independently extracted data. A fourth investigator checked table entries for accuracy against the original articles. A fifth investigator, independent of the first process,

reconciled all discrepancies. The following variables were abstracted from each study: reference, country, sample size, age, and sex of participants, comorbid condition (as stated in the original paper), ICD-10 code (if available), and frequency of the comorbid condition (if available). When an article used a plain language description of the comorbid condition without stating a diagnostic code, we coded the comorbid condition using the ICD-10.

We used the following criteria for determining study quality: use of an established FASD diagnostic guideline, study setting, method of data collection, and sample size. We did not use the overall quality of the study as an exclusion criterion; rather we used the quality rating (based on the study characteristics) to investigate potential sources of heterogeneity between studies, if present.

Meta-analyses of the pooled prevalence of comorbid conditions

Additionally to the described above inclusion and exclusion criteria, to estimate a pooled prevalence of the comorbid conditions found to co-occur, we included articles that reported the frequency of at least one disease condition in a cohort of individuals with FAS in the meta-analyses. We did these meta-analyses assuming that the data came from a hierarchy of different populations (ie, using a random-effects model).³⁰ In instances in which only one study was found for a specific disease condition, the estimate was accompanied by an exact 95% CI. To satisfy the assumption of normality when statistically combining estimates by means of meta-analyses, we transformed prevalence estimates using a double arcsine transformation so that the data followed a normal distribution.³¹ We assessed heterogeneity between prevalence estimates using the Cochrane Q -test and the I^2 statistic.^{32,33} We assessed the presence of publication bias (the possibility that studies that measured the prevalence of specific comorbidities were not published because their results differed greatly from previous estimations) using a ranked correlation test,³⁴ and by using a weighted regression test.³⁵ However, we deemed publication bias to be unlikely because an observed prevalence of FAS comorbidities that was substantially different than the previously estimated prevalence would probably have been published; therefore, we did not do an adjustment for publication bias.

We compared a subset of pooled prevalence estimates of comorbidities found to co-occur in individuals with FAS with the prevalence of the same disease conditions in the general population of the USA, obtained from the available literature.

All analyses were done using STATA version 11.0 and R version 3.0.1.

Role of the funding source

The funder had no role in the design of the study, data gathering, analysis, interpretation, or writing up the report. The corresponding author had full access to all the data and had final responsibility for the decision to submit for publication.

Results

Of 5068 studies initially found, 127 studies met inclusion criteria, and were selected for data extraction (the appendix contains the list of references). Figure 1 shows an overview of the results of the search strategy used. Only two articles reported on cause of death data (ie, mortality data) in individuals with FASD.^{36,37}

On the basis of the data reported in 127 studies, we identified 428 comorbid conditions that co-occur in individuals with FASD (appendix pp 1–13), including both medical conditions and dysmorphic features that discriminate individuals with FAS from those without. These comorbid conditions co-occurring in individuals with FASD spanned across 18 of the 22 chapters of the ICD-10. The most prevalent disease conditions were within the sections of congenital malformations, deformities, and chromosomal abnormalities (Q00-Q99; chapter XVII), and mental and behavioural disorders (F00-F99; chapter V).

33 (26%) of the 127 studies reported data on the frequency of at least one disease condition in individuals with FAS, and thus were eligible to be included in the meta-analyses.^{20,22,38–68} Studies (ie, study populations) were from the following countries: Canada (six studies^{22,38,51,52,61,68}), Germany (four studies^{49,53,58,65}), Ireland (one study⁴³), Italy (one study²⁰), Norway (one study⁶⁰), Portugal (one study⁶⁴), Scotland (one study⁵⁹), South Africa (three studies^{50,57,66}), Sweden (three studies^{48,54,55}), and USA (12 studies^{39–42,44–47,56,62,63,67}).

The studies used different classifications or terms of FASD, which is reflective of the modifications made to the classifications or terms over the years and the different terminology used around the world. The following combinations of FASD diagnoses were observed in the examined studies: FAS, partial FAS, and alcohol-related neurodevelopmental disorder; FAS and partial FAS; partial FAS, alcohol-related neurodevelopmental disorder, and fetal alcohol effects; FAS and fetal alcohol effects; FAS and prenatal alcohol exposure; and alcohol embryopathy.

The studies included in the meta-analyses used the following diagnostic guidelines: Hoyme clarification of the Institute of Medicine (IOM) diagnostic criteria⁸ (five studies^{20,46,48,50,57}); the diagnostic guidelines by Sokol and Clarren⁹ (four studies^{53,54,56,64}); the criteria put forth by the Fetal Alcohol Study Group of the Research Society on Alcoholism¹¹ (two studies^{22,40}); the guidelines by Majewski^{69,70} (two studies^{58,65}); the IOM diagnostic criteria¹⁰ (one study⁶⁶); the Centre for Disease Control FAS diagnostic guidelines⁵ (one study⁶⁰); the FASD Diagnostic Checklist⁷¹ (one study³⁹); the Canadian Guidelines² (one study³⁸); the guidelines by Clarren and Smith⁷ (one study⁴³); and the guidelines by Sokol and Clarren⁹ in combination with the criteria put forth by the Fetal Alcohol Study Group of the Research Society on Alcoholism¹¹ (one study⁶¹). Lastly, 14 studies^{41,42,44,45,47,49,51,52,55,59,62,63,67,68} claimed that they used diagnostic criteria for diagnosing FAS, but the references were not stated. The appendix (pp 14–16) shows the study characteristics and quality ratings of the studies included in the meta-analyses.

These 33 studies, selected for the meta-analyses, included 1728 participants with FAS and reported frequencies for 183 comorbid conditions coded in ICD-10. Thus, to estimate a pooled prevalence for each comorbid condition found to co-occur in individuals with FAS, we undertook 183 meta-analyses. The frequencies of comorbid conditions derived from the same sample and published in iteration^{47,51,52,63,68} were counted only once.

Figures 2–5 show the pooled prevalences of each comorbid condition (for which frequency data exist) by ICD-10 chapters.

Table 1 presents 18 comorbid conditions (excluding conditions that are part of the diagnostic criteria used for identifying FAS—ie, dysmorphic features) with a pooled prevalence higher than 50% in individuals with FAS. The five comorbid conditions with the highest pooled prevalence include: abnormal results of function studies of peripheral nervous system and special senses, conduct disorder, receptive language disorder, chronic serous otitis media, and expressive language disorder.

The appendix (pp 17–19) presents the pooled prevalence and 95% CI of comorbid conditions in individuals with FAS and the tests of heterogeneity. Heterogeneity ($I^2 > 75\%$; statistically significant Q statistics [ie, $p \leq 0.1$]) was present for the pooled analyses of 38 (21%) of 183 comorbid conditions that co-occur in individuals with FAS, which is probably due to study differences with respect to patient characteristics, definitions of comorbid condition used, study design, methodology, and sample size.

12 studies (36%) were done in the US population. Therefore, we compared the pooled prevalence of the comorbid conditions estimated to have prevalence higher than 50% in individuals with FAS with the prevalence of the same conditions in the general population of the USA, wherever data for the general population were available (table 2).

The pooled prevalence of the comorbid conditions found to co-occur in individuals with FAS was notably higher than in the general population (table 2).^{72–79} For example, the pooled prevalence of sensorineural hearing loss, unspecified (H90.5) and conductive hearing loss, unspecified (H90.2) was

estimated to be up to 129 times higher in individuals with FAS than the prevalence of moderate to severe hearing loss in the general population of the USA.⁷⁴ The pooled prevalence of unspecified disorder of psychological development (F89) was estimated to be 97 times higher in individuals with FAS than the prevalence of intellectual disabilities in the general population of the USA.⁷⁴ Further, individuals with FAS have a prevalence of visual impairment including blindness (binocular or monocular; H54) that is 31 times higher than the prevalence of low vision and 71 times higher than the prevalence of blindness in the general US population.⁷²

Discussion

FASD, as indicated by the sheer number of conditions found to co-occur in this population, is a multifaceted spectrum of disorders, affecting multiple organs and systems. Human and animal data show that prenatal alcohol exposure is highly teratogenic and can alter growth and normal development in most organs and tissues in the embryo and fetus through various well described mechanisms.⁸⁰ However, it must be acknowledged that the mere occurrence of FASD with any one of these disease conditions does not necessarily represent causality.⁸¹ Specifically, since FASD is common, other common disorders will co-occur simply because of its high prevalence. However, the findings of this study clearly demonstrate that individuals with FASD experience some comorbid disorders at rates notably higher (in some cases more than a hundred times higher) than the prevalence in the general population of the USA.

Not surprisingly, FASD is associated with staggering costs, especially to the health-care system as reported from several different countries; for example, Canada,⁸²⁻⁸⁴ South Africa,⁸⁵ and the USA.⁸⁶ Yet, the costs are underestimated given that FASD is largely underdiagnosed worldwide because of limited capacity and expertise, and the need for a multidisciplinary team-based approach in diagnostic evaluation.² For example, a Canadian survey of all FASD multidisciplinary diagnostic clinics revealed that a 17-fold increase in diagnostic capacity is needed across Canada to diagnose the number of FASD cases that currently exist (based on a prevalence of 1%).⁸⁷

Understandably, the number of comorbid disorders found to co-occur in individuals with FASD can also account for the lower than expected prevalence estimates of FASD (ie, underdiagnosis), probably because of the shadowing that might occur by the other disease conditions. It is likely that clinicians report the condition or illness that has brought the individual in to seek medical attention, rather than necessarily taking into consideration the potential associations and underlying causes of the condition or illness (in this case, prenatal alcohol exposure).

Thus, it is hoped that the unveiling of the wide range of comorbid conditions that co-occur in individuals with FASD will promote the routine investigation into whether or not prenatal alcohol exposure occurred in a patient with any number of the identified comorbid conditions, thereby improving screening and diagnosis. Improving screening and diagnosis would promote access to interventions and resources that might subsequently reduce the occurrence of numerous “secondary disabilities”, such as mental health problems, substance misuse, inappropriate sexual behaviour, disrupted school experience, trouble with the law, and unemployment, just to list a few.⁸⁸

The harmful effects of alcohol on a fetus, representing many cases of preventable disability, should be recognised globally as a large public health problem. The results of the present study clearly demonstrate the need for such recognition. The number of comorbidities identified to co-occur in individuals with FASD will not only raise awareness of FASD in general, but also will raise awareness of the severe consequences of prenatal alcohol exposure and, hopefully, will prevent subsequent alcohol-exposed pregnancies. This list of comorbidities will add to the armamentarium used by clinicians, especially those clinicians working with individuals who are at greater risk to be prenatally exposed to alcohol.

To our knowledge, this study is the first study to present a comprehensive list of the comorbid

conditions (coded using the ICD-10) that co-occur in individuals with FASD and the pooled prevalence of comorbid conditions in individuals with FAS. However, there are several limitations that must be acknowledged. First, some studies had small samples from a clinical population or included individuals from only one ethnic population, and are thus, limited in their generalisability. Second, all efforts were made to include data from individuals with a diagnosed FASD only and exclude individuals with prenatal alcohol exposure, without a specific diagnosis of an alcohol-related disorder; however, in some cases it was not possible to separate the data. Third, the studies used different diagnostic systems, which can affect the categorisation of the diagnostic entities of FASD.

It is imperative that prevention efforts be put in place to reduce the occurrence of alcohol consumption during pregnancy. The prevalence findings of the current study highlight that there is an urgent need to establish universal screening for prenatal alcohol exposure, using a standard screening protocol, for all newborn babies, especially among at-risk populations. Such screening could: (1) lead to close monitoring of a child's development, which could in turn, facilitate early diagnosis, and the implementation of timely interventions, if necessary; (2) prevent the occurrence of secondary disabilities later in life, such as poor academic performance, mental health problems, alcohol and drug use; and (3) provide an important opportunity to prevent the occurrence and/or recurrence of prenatal and postnatal alcohol exposure within families and across generations.

Contributors

SP led the conception and design of the study, the development of the data collection instrument, data collection, quality assessment, data analysis, and data interpretation, and wrote and revised the manuscript; SL contributed to study design, the development of the data collection instrument, performed data collection, quality assessment and extraction, assisted in data interpretation, and wrote and revised the manuscript; KS performed the statistical analysis, assisted in data interpretation, and contributed to revising the manuscript; AM and DB performed data collection, and reviewed and revised the manuscript; AEC, RASM, and JR contributed to data interpretation and reviewed and revised the manuscript.

Declaration of interests

We declare no competing interests.

Acknowledgments

This work was supported by the Public Health Agency of Canada. The authors of the current study would like to thank Dr Jane Evans, University of Manitoba, for her helpful feedback on the first draft of the manuscript.

References

- 1 Lim SS, Vos T, Flaxman AD, et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; **380**: 2224–60. (Errata published in *Lancet* 2013; **381**: 1276; *Lancet* 2013; **381**: 628).
- 2 Chudley AE, Conry J, Cook JL, Loock C, Rosales T, LeBlanc N, and the Public Health Agency of Canada's National Advisory Committee on Fetal Alcohol Spectrum Disorder. Fetal alcohol spectrum disorder: Canadian guidelines for diagnosis. *CMAJ* 2005; **172** (suppl): S1–21.
- 3 Jones KL, Smith DW. Recognition of the fetal alcohol syndrome in early infancy. *Lancet* 1973; **302**: 999–1001.
- 4 Astley SJ. Fetal alcohol syndrome prevention in Washington State: evidence of success. *Paediatr*

- Perinat Epidemiol* 2004; **18**: 344–51.
- 5 Bertrand J, Floyd RL, Weber MK, et al. National Task Force on FAS/FAE. Fetal Alcohol Syndrome: Guidelines for Referral and Diagnosis. Atlanta, GA: Centers for Disease Control and Prevention, 2004.
 - 6 Burd L, Martsolf JT. Fetal alcohol syndrome: diagnosis and syndromal variability. *Physiol Behav* 1989; **46**: 39–43.
 - 7 Clarren SK, Smith DW. The fetal alcohol syndrome. *N Engl J Med* 1978; **298**: 1063–67.
 - 8 Hoyme HE, May PA, Kalberg WO, et al. A practical clinical approach to diagnosis of fetal alcohol spectrum disorders: clarification of the 1996 institute of medicine criteria. *Pediatrics* 2005; **115**: 39–47.
 - 9 Sokol RJ, Clarren SK. Guidelines for use of terminology describing the impact of prenatal alcohol on the offspring. *Alcohol Clin Exp Res* 1989; **13**: 597–98.
 - 10 Stratton K, Howe C, Battaglia F. Fetal Alcohol Syndrome: diagnosis, epidemiology, prevention, and treatment. Washington, DC: National Academy Press, 1996.
 - 11 Rosett HL. A clinical perspective of the fetal alcohol syndrome. *Alcohol Clin Exp Res* 1980; **4**: 119–22.
 - 12 Popova S, Stade B, Bekmuradov D, Lange S, Rehm J. What do we know about the economic impact of fetal alcohol spectrum disorder? A systematic literature review. *Alcohol Alcohol* 2011; **46**: 490–97.
 - 13 Popova S, Patra J, Rehm J. Prevalence of Fetal Alcohol Syndrome in the Global Burden of Disease regions. Presented to the First European Conference on FASD: Growing Awareness in Europe. Rolduc, Kerkrade, Netherlands, 2010.
 - 14 May PA, Gossage JP, Kalberg WO, et al. Prevalence and epidemiologic characteristics of FASD from various research methods with an emphasis on recent in-school studies. *Dev Disabil Res Rev* 2009; **15**: 176–92.
 - 15 Public Health Agency of Canada (PHAC). Fetal alcohol spectrum disorder (FASD): a framework for action. Ottawa, Canada: PHAC, 2003.
 - 16 Roberts G, Nanson J. Best practices. Fetal alcohol syndrome/fetal alcohol effects and the effects of other substance use during pregnancy. Ottawa, ON: Health Canada, 2000.
 - 17 May PA, Gossage JP. Estimating the prevalence of fetal alcohol syndrome. A summary. *Alcohol Res Health* 2001; **25**: 159–67.
 - 18 Sampson PD, Streissguth AP, Bookstein FL, et al. Incidence of fetal alcohol syndrome and prevalence of alcohol-related neurodevelopmental disorder. *Teratology* 1997; **56**: 317–26.
 - 19 Chudley AE. Fetal alcohol spectrum disorder: counting the invisible—mission impossible? *Arch Dis Child* 2008; **93**: 721–22.
 - 20 May PA, Fiorentino D, Coriale G, et al. Prevalence of children with severe fetal alcohol spectrum disorders in communities near Rome, Italy: new estimated rates are higher than previous estimates. *Int J Environ Res Public Health* 2011; **8**: 2331–51.
 - 21 Petković G, Barisić I. FAS prevalence in a sample of urban schoolchildren in Croatia. *Reprod Toxicol* 2010; **29**: 237–41.
 - 22 Robinson GC, Conry JL, Conry RF. Clinical profile and prevalence of fetal alcohol syndrome in an

- isolated community in British Columbia. *CMAJ* 1987; **137**: 203–07.
- 23 May PA, Blankenship J, Marais AS, et al. Approaching the prevalence of the full spectrum of fetal alcohol spectrum disorders in a South African population-based study. *Alcohol Clin Exp Res* 2013; **37**: 818–30.
- 24 Lange S, Shield K, Rehm J, Popova S. Prevalence of fetal alcohol spectrum disorders in child care settings: a meta-analysis. *Pediatrics* 2013; **132**: e980–95.
- 25 Pal'chik AB, Legon'kova SV. Fetal'nyy alkogol'nyy sindrom: manifestatsia i dinamika [Fetal Alcohol Syndrome: manifestation and dynamics]. *Obozrenie psikhiiatrii i meditsinskoj psikhologii [Rev Psychiatry Med Psychol]* 2011: 17–20.
- 26 Chudley AE, Longstaffe SE. Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorder. In Cassidy SB, Allanson JE, eds. *Management of Genetic Syndromes*. Hoboken, NY: Wiley-Blackwell; 2010; 363–80.
- 27 WHO. The International Classification of Diseases, Ninth Revision (ICD-9). Geneva, Switzerland: World Health Organization, 1978.
- 28 WHO. The International Classification of Diseases and Related Health Problems, Tenth Revision. Geneva, Switzerland: World Health Organization, 2007.
- 29 Liberati A, Altman DG, Tetzlaff J, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *BMJ* 2009; **399**: b2700.
- 30 DerSimonian R, Laird N. Meta-analysis in clinical trials. *Control Clin Trials* 1986; **7**: 177–88.
- 31 Freeman MF, Tukey JW. Transformations related to the angular and the square root. *Ann Math Stat* 1950; **21**: 607–11.
- 32 Cochran WG. The combination of estimates from different experiments. *Biometrics* 1954; **8**: 101–29.
- 33 Higgins JP, Thompson SG. Quantifying heterogeneity in a meta-analysis. *Stat Med* 2002; **21**: 1539–58.
- 34 Begg CB, Mazumdar M. Operating characteristics of a rank correlation test for publication bias. *Biometrics* 1994; **50**: 1088–101.
- 35 Egger M, Davey Smith G, Schneider M, Minder C. Bias in meta-analysis detected by a simple, graphical test. *BMJ* 1997; **315**: 629–34.
- 36 Burd L, Klug MG, Bueling R, Martsolf J, Olson M, Kerbeshian J. Mortality rates in subjects with fetal alcohol spectrum disorders and their siblings. *Birth Defects Res A Clin Mol Teratol* 2008; **82**: 217–23.
- 37 Habbick BF, Nanson JL, Snyder RE, Casey RE. Mortality in foetal alcohol syndrome. *Can J Public Health* 1997; **88**: 181–83.
- 38 Bell SH, Stade B, Reynolds JN, et al. The remarkably high prevalence of epilepsy and seizure history in fetal alcohol spectrum disorders. *Alcohol Clin Exp Res* 2010; **34**: 1084–89.
- 39 Burd L, Klug MG, Martsolf JT, Kerbeshian J. Fetal alcohol syndrome: neuropsychiatric phenomics. *Neurotoxicol Teratol* 2003; **25**: 697–705.
- 40 Church MW, Eldis F, Blakley BW, Bawle EV. Hearing, language, speech, vestibular, and dentofacial disorders in fetal alcohol syndrome. *Alcohol Clin Exp Res* 1997; **21**: 227–37.

- 41 Egeland GM, Perham-Hester KA, Gessner BD, Ingle D, Berner JE, Middaugh JP. Fetal alcohol syndrome in Alaska, 1977 through 1992: an administrative prevalence derived from multiple data sources. *Am J Public Health* 1998; **88**: 781–86.
- 42 Famy C, Streissguth AP, Unis AS. Mental illness in adults with fetal alcohol syndrome or fetal alcohol effects. *Am J Psychiatry* 1998; **155**: 552–54.
- 43 Halliday HL, Reid MM, McClure G. Results of heavy drinking in pregnancy. *Br J Obstet Gynaecol* 1982; **89**: 892–95.
- 44 Hug TE, Fitzgerald KM, Cibis GW. Clinical and electroretinographic findings in fetal alcohol syndrome. *J AAPOS* 2000; **4**: 200–04.
- 45 Jones KL, Hoyme HE, Robinson LK, et al. Fetal alcohol spectrum disorders: extending the range of structural defects. *Am J Med Genet A* 2010; **152A**: 2731–35.
- 46 Kalberg WO, Provost B, Tollison SJ, et al. Comparison of motor delays in young children with fetal alcohol syndrome to those with prenatal alcohol exposure and with no prenatal alcohol exposure. *Alcohol Clin Exp Res* 2006; **30**: 2037–45.
- 47 Kvigne VL, Leonardson GR, Neff-Smith M, Brock E, Borzelleca J, Welty TK. Characteristics of children who have full or incomplete fetal alcohol syndrome. *J Pediatr* 2004; **145**: 635–40.
- 48 Landgren M, Svensson L, Strömland K, Andersson Grönlund M. Prenatal alcohol exposure and neurodevelopmental disorders in children adopted from eastern Europe. *Pediatrics* 2010; **125**: e1178–85.
- 49 Löser H, Majewski F. Type and frequency of cardiac defects in embryofetal alcohol syndrome. Report of 16 cases. *Br Heart J* 1977; **39**: 1374–79.
- 50 May PA, Gossage JP, Marais AS, et al. The epidemiology of fetal alcohol syndrome and partial FAS in a South African community. *Drug Alcohol Depend* 2007; **88**: 259–71.
- 51 Sandor GG, Smith DF, MacLeod PM. Cardiac malformations in the fetal alcohol syndrome. *J Pediatr* 1981; **98**: 771–73.
- 52 Smith DF, Sandor GG, MacLeod PM, Tredwell S, Wood B, Newman DE. Intrinsic defects in the fetal alcohol syndrome: studies on 76 cases from British Columbia and the Yukon Territory. *Neurobehav Toxicol Teratol* 1981; **3**: 145–52.
- 53 Spohr HL, Willms J, Steinhausen HC. Prenatal alcohol exposure and long-term developmental consequences. *Lancet* 1993; **341**: 907–10.
- 54 Strömland K, Hellström A. Fetal alcohol syndrome—an ophthalmological and socioeducational prospective study. *Pediatrics* 1996; **97**: 845–50.
- 55 Strömland K, Sundelin K. Paediatric and ophthalmologic observations in offspring of alcohol abusing mothers. *Acta Paediatr* 1996; **85**: 1463–68.
- 56 Swayze VW 2nd, Johnson VP, Hanson JW, et al. Magnetic resonance imaging of brain anomalies in fetal alcohol syndrome. *Pediatrics* 1997; **99**: 232–40.
- 57 Viljoen DL, Gossage JP, Brooke L, et al. Fetal alcohol syndrome epidemiology in a South African community: a second study of a very high prevalence area. *J Stud Alcohol* 2005; **66**: 593–604.
- 58 Steinhausen HC, Nestler V, Spohr HL. Development and psychopathology of children with the fetal alcohol syndrome. *J Dev Behav Pediatr* 1982; **3**: 49–54.
- 59 Beattie JO, Day RE, Cockburn F, Garg RA. Alcohol and the fetus in the west of Scotland. *Br Med J*

- (*Clin Res Ed*) 1983; **287**: 17–20.
- 60 Elgen I, Bruaroy S, Laegreid LM. Lack of recognition and complexity of foetal alcohol neuroimpairments. *Acta Paediatr* 2007; **96**: 237–41.
- 61 Habbick BF, Nanson JL, Snyder RE, Casey RE, Schulman AL. Foetal alcohol syndrome in Saskatchewan: unchanged incidence in a 20-year period. *Can J Public Health* 1996; **87**: 204–07.
- 62 Hanson JW, Jones KL, Smith DW. Fetal alcohol syndrome. Experience with 41 patients. *JAMA* 1976; **235**: 1458–60.
- 63 Kvigne VL, Leonardson GR, Borzelleca J, Neff-Smith M, Welty TK. Hospitalizations of children who have fetal alcohol syndrome or incomplete fetal alcohol syndrome. *S D Med* 2009; **62**: 97, 99, 101–03.
- 64 Ribeiro IM, Vale PJ, Tenedorio PA, Rodrigues PA, Bilhoto MA, Pereira HC. Ocular manifestations in fetal alcohol syndrome. *Eur J Ophthalmol* 2007; **17**: 104–09.
- 65 Rössig C, Wässer S, Oppermann P. Audiologic manifestations in fetal alcohol syndrome assessed by brainstem auditory-evoked potentials. *Neuropediatrics* 1994; **25**: 245–49.
- 66 Urban M, Chersich MF, Fourie LA, Chetty C, Olivier L, Viljoen D. Fetal alcohol syndrome among grade 1 schoolchildren in Northern Cape Province: prevalence and risk factors. *S Afr Med J* 2008; **98**: 877–82.
- 67 Centers for Disease Control and Prevention (CDC). Update: trends in fetal alcohol syndrome—United States, 1979–1993. *MMWR Morb Mortal Wkly Rep* 1995; **44**: 249–51.
- 68 Tredwell SJ, Smith DF, Macleod PJ, Wood BJ. Cervical spine anomalies in fetal alcohol syndrome. *Spine* 1982; **7**: 331–34.
- 69 Majewski F. Über schädigende Einflüsse des Alkohols auf die Nachkommen. [The damaging effects of alcoholism on the offspring (author’s transl in English)]. *Nervenarzt* 1978; **49**: 410–16.
- 70 Majewski F. Die Alkoholembryopathie. Eine häufige und vermeidbare Schädigung bei Kindern [The fetal alcohol syndrome. A common and preventable injury in children]. *Der Kinderarzt* 1986; **8**: 1127–38. (The pediatrician).
- 71 Burd L, Cox C, Poitra B, et al. The FAS Screen: a rapid screening tool for fetal alcohol syndrome. *Addict Biol* 1999; **4**: 329–36.
- 72 Congdon N, O’Colmain B, Klaver CC, et al, and the Eye Diseases Prevalence Research Group. Causes and prevalence of visual impairment among adults in the United States. *Arch Ophthalmol* 2004; **122**: 477–85.
- 73 Bluestone CD. Epidemiology and pathogenesis of chronic suppurative otitis media: implications for prevention and treatment. *Int J Pediatr Otorhinolaryngol* 1998; **42**: 207–23.
- 74 Boyle CA, Boulet S, Schieve LA, et al. Trends in the prevalence of developmental disabilities in US children, 1997–2008. *Pediatrics* 2011; **127**: 1034–42.
- 75 Hasin DS, Stinson FS, Ogburn E, Grant BF. Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Arch Gen Psychiatry* 2007; **64**: 830–42.
- 76 Compton WM, Thomas YF, Stinson FS, Grant BF. Prevalence, correlates, disability, and comorbidity of DSM-IV drug abuse and dependence in the United States: results from the national epidemiologic survey on alcohol and related conditions. *Arch Gen Psychiatry* 2007; **64**: 566–76.

- 77 Tomblin JB, Records NL, Buckwalter P, Zhang X, Smith E, O'Brien M. Prevalence of specific language impairment in kindergarten children. *J Speech Lang Hear Res* 1997; **40**: 1245–60.
- 78 Nock MK, Kazdin AE, Hiripi E, Kessler RC. Prevalence, subtypes, and correlates of DSM-IV conduct disorder in the National Comorbidity Survey Replication. *Psychol Med* 2006; **36**: 699–710.
- 79 Martin JA, Hamilton BE, Ventura SJ, Osterman MJ, Mathews TJ. Births: final data for 2011. *Natl Vital Stat Rep* 2013; **62**: 1–69, 72.
- 80 Goodlett CR, Horn KH, Zhou FC. Alcohol teratogenesis: mechanisms of damage and strategies for intervention. *Exp Biol Med (Maywood)* 2005; **230**: 394–406.
- 81 Rutter M. Epidemiological methods to tackle causal questions. *Int J Epidemiol* 2009; **38**: 3–6.
- 82 Popova S, Lange S, Burd L, Rehm J. Health care burden and cost associated with fetal alcohol syndrome: based on official Canadian data. *PLoS ONE* 2012; **7**: e43024.
- 83 Popova S, Lange S, Burd L, Chudley AE, Clarren SK, Rehm J. Cost of fetal alcohol spectrum disorder diagnosis in Canada. *PLoS ONE* 2013; **8**: e60434.
- 84 Popova S, Lange S, Burd L, Urbanoski K, Rehm J. Cost of specialized addiction treatment of clients with fetal alcohol spectrum disorder in Canada. *BMC Public Health* 2013; **13**: 570.
- 85 Credé S, Sinanovic E, Adnams C, London L. The utilization of health care services by children with Foetal Alcohol Syndrome in the Western Cape, South Africa. *Drug Alcohol Depend* 2011; **115**: 175–82.
- 86 Amendah DD, Grosse SD, Bertrand J. Medical expenditures of children in the United States with fetal alcohol syndrome. *Neurotoxicol Teratol* 2011; **33**: 322–24.
- 87 Clarren SK, Lutke J, Sherbuck M. The Canadian guidelines and the interdisciplinary clinical capacity of Canada to diagnose fetal alcohol spectrum disorder. *J Popul Ther Clin Pharmacol* 2011; **18**: e494–99.
- 88 Streissguth AP, Barr HM, Kogan J, Bookstein FL. *Understanding the occurrence of secondary disabilities in clients with fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE)*. Seattle, Washington: University of Washington, Fetal Alcohol and Drug Unit, 1996.

Table 1: Comorbid disorders with an estimated pooled prevalence over 50% (excluding disorders that are part of fetal alcohol syndrome diagnostic criteria) in individuals with fetal alcohol syndrome, by ICD-10 code

	Disease condition	Disorder as stated in original paper	Pooled prevalence (95% CI)
R94.1	Abnormal results of function studies of peripheral nervous system and special senses	Electrophysiological abnormalities in peripheral nerves	90.9% (58.7%–99.8%)
F91	Conduct disorder	Conduct/behavioural problems/disruptive behaviour/impulsivity	90.7% (77.9%–97.4%)
F80.2	Receptive language disorder	Receptive language deficits	81.8% (59.7%–94.8%)
H65.2	Chronic serous otitis media	Chronic/recurrent (serous) otitis media	77.3% (54.6%–92.2%)
F80.1	Expressive language disorder	Expressive language deficit	76.2% (52.8%–91.8%)
H52.6	Other disorders of refraction	Refractive error(s)	71.4% (47.8%–88.7%)
F89	Unspecified disorder of psychological development	Developmental/cognitive disorder/delay(s)/mental deficiency	69.2% (47.7%–87.3%)
F80.9	Developmental disorder of speech and language, unspecified	Speech/language delay/disorder/retarded speech development/speech defects/acquisition	67.2% (43.1%–87.6%)
P07.3	Other preterm infants	Pre-mature birth/born prematurely/preterm birth	65.3% (31.4%–100.0%)
H54	Visual impairment including blindness (binocular or monocular)	Subnormal/decreased visual acuity/problems/visual impairment	61.9% (38.4%–81.9%)
H90.5	Sensorineural hearing loss, unspecified	Central hearing loss	57.9% (0.0%–100.0%)
H90.2	Conductive hearing loss, unspecified	Conductive hearing loss	56.8% (43.9%–69.3%)
F10.2; F19.2	Mental and behavioural disorders due to use of alcohol, dependence syndrome; Mental and behavioural disorders due to use of multiple drugs and use of other psychoactive substances, dependence syndrome	Alcohol dependence/Drug dependence	54.5% (23.4%–83.3%)
Q14.1	Congenital malformation of retina	Coccygeal fovea	54.1% (43.5%–64.5%)
Q76.4	Other congenital malformations of spine, not associated with scoliosis	Congenital fusion of cervical vertebrae/cervical spin fusion	52.6% (40.8%–64.2%)
H65.0	Acute serous otitis media	(Acute/serous/serousmucous) otitis media	51.2% (35.5%–66.7%)
F90.0	Disturbance of activity and attention	Attention deficit hyperactivity disorder	51.2% (23.6%–78.4%)
Q75.2	Hypertelorism	Hypertelorism	50.0% (18.7%–81.3%)

ICD-10=International Classification of Diseases, version 10.

Table 2: Comparison of the pooled prevalence of comorbid disorders found in individuals with fetal alcohol syndrome versus the general population of the USA, by ICD-10 code

	Disease condition	Prevalence		Fold change
		Among individuals with fetal alcohol syndrome	Among the US general population	
H54	Visual impairment including blindness (binocular or monocular)	61.9%	0.87% (blind) and 1.98% (low vision) ⁷²	31 to 71
H65.2	Chronic serous otitis media	77.3%	<1.0% ⁷³	77
H90.2	Conductive hearing loss, unspecified	56.8%	0.45% (moderate to severe hearing loss) ⁷⁴	126 to 129
H90.5	Sensorineural hearing loss, unspecified	57.9%	0.45% (moderate to severe hearing loss) ⁷⁴	126 to 129
F10.2	Mental and behavioural disorders due to use of alcohol, dependence syndrome	54.5%	12.5% (lifetime alcohol dependence) ⁷⁵	4
F19.2	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substance, dependence syndrome	54.5%	2.6% (drug lifetime dependence) ⁷⁶	21
F80.1	Expressive language disorders	76.2%	7.4% (specific language impairments) ⁷⁷	10
F80.2	Receptive language disorders	81.8%	7.4% (specific language impairments) ⁷⁷	11
F89	Unspecified disorder of psychological development	69.2%	0.71% (intellectual disabilities) ⁷⁴	97
F90	Disturbance of activity and attention	51.2%	6.7% (attention deficit hyperactivity disorder) ⁷⁴	8
F91	Conduct disorder	90.7%	9.5% ⁷⁸	10
P07.3	Other preterm infants	65.3%	11.7% ⁷⁹	6

ICD-10: International Classification of Diseases, version 10.

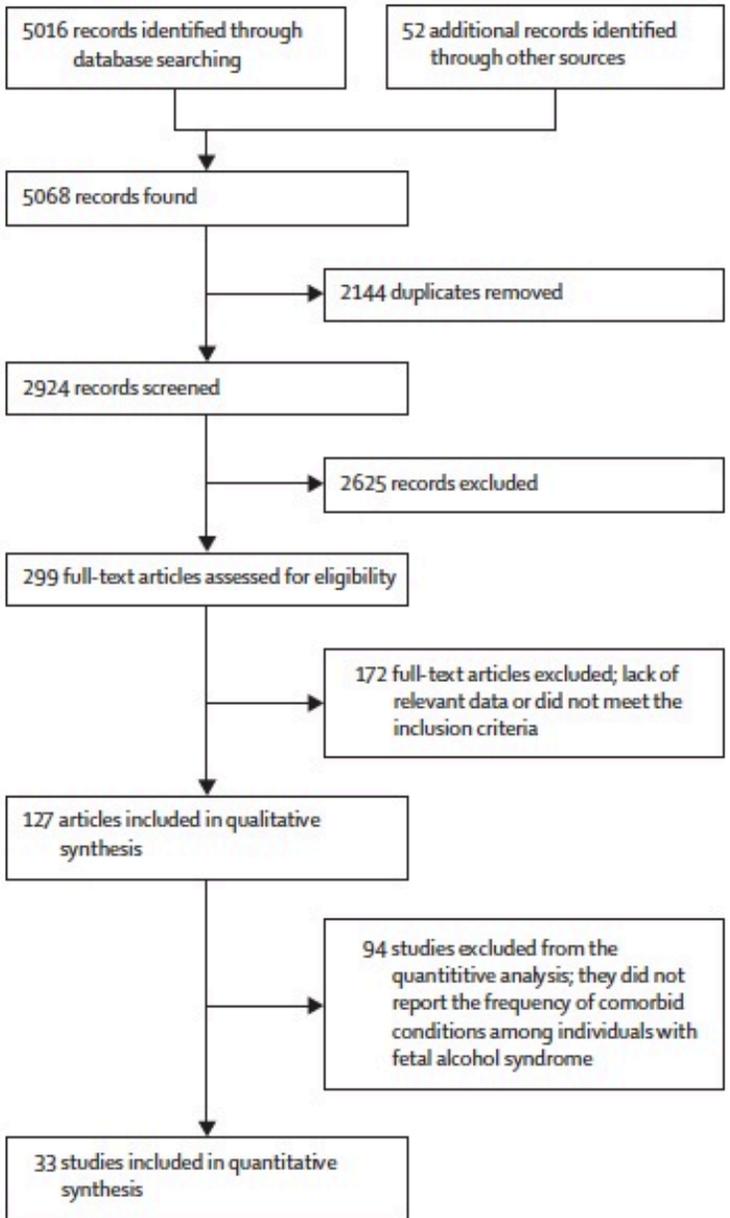


Figure 1: Search strategy

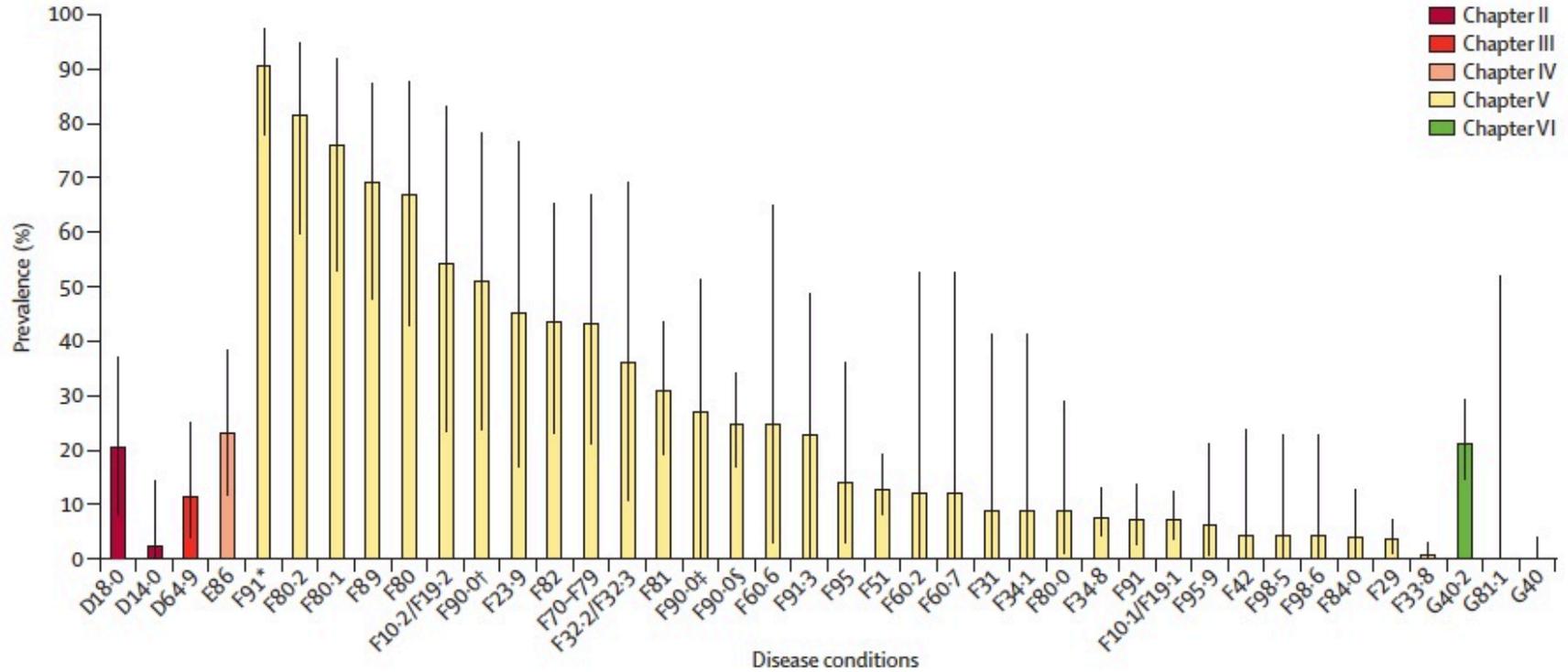


Figure 2: Prevalence of disease conditions belonging to ICD-10 chapters II, III, IV, V, and VI found to occur in individuals with fetal alcohol syndrome

Please note that each ICD-10 chapter is depicted by a unique colour. Each bar represents a single comorbid condition with its ICD-10 code. The height of the bar indicates the estimated pooled prevalence, and the solid vertical line within each bar represents the 95% CI for each comorbid condition. D14.0=benign neoplasm of middle ear and respiratory systems: middle ear, nasal cavity, and accessory sinuses. D18.0=haemangioma, any site. D64.9=Anaemia, unspecified. E86=volume depletion. F10.1/F19.1=mental and behavioural disorders due to use of alcohol, harmful use/mental and behavioural disorders due to use of multiple drugs and use of other psychoactive substances, harmful use. F10.2/F19.2=mental and behavioural disorders due to use of alcohol, dependence syndrome/mental and behavioural disorders due to use of multiple drugs and use of other psychoactive substances, dependence syndrome. F23.9=acute and transient psychotic disorder, unspecified. F29=unspecified nonorganic psychosis. F31=bipolar affective disorder. F32.2/F32.3=severe depressive episode without psychotic symptoms/severe depressive episode with psychotic symptoms. F33.8=other recurrent depressive disorders. F34.1=dysthymia. F34.8=other persistent mood (affective) disorders. F42=obsessive-compulsive disorder. F51=non-organic sleep disorders. F60.2=dissocial personality disorder. F60.6=anxious (avoidant) personality disorder. F60.7=dependent personality disorder. F70-F79=mental retardation. F80=specific developmental disorders of speech and language. F80.0=specific speech articulation disorder. F80.1=expressive language disorder. F80.2=receptive language disorder. F81=specific developmental disorder of scholastic skills. F82=specific developmental disorder of motor function. F84.0=childhood autism. F89=unspecified disorder of psychological development. F90.0=disturbance of activity and attention. F91=conduct disorder. F91.3=oppositional defiant disorder. F95=tic disorders. F95.8=other tic disorders. F98.5=stuttering (stammering). F98.6=cluttering. G40=epilepsy/seizure disorder. G40.2=localisation-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures. G81.1=spastic hemiplegia. Symbols are used to indicate conditions as stated in the original papers that cannot clinically and/or statistically be grouped under one code. *Conduct/behavioural problems/disruptive behaviour/impulsivity (F91.0 conducts disorders). †Attention deficit hyperactivity disorder (F90.0 disturbance of activity and attention). ‡Hyperactivity/hyperactive and inattentiveness (F90.0 disturbance of activity and attention). §Short/impaired attention span/problems/distractibility (F90.0 disturbance of activity and attention).

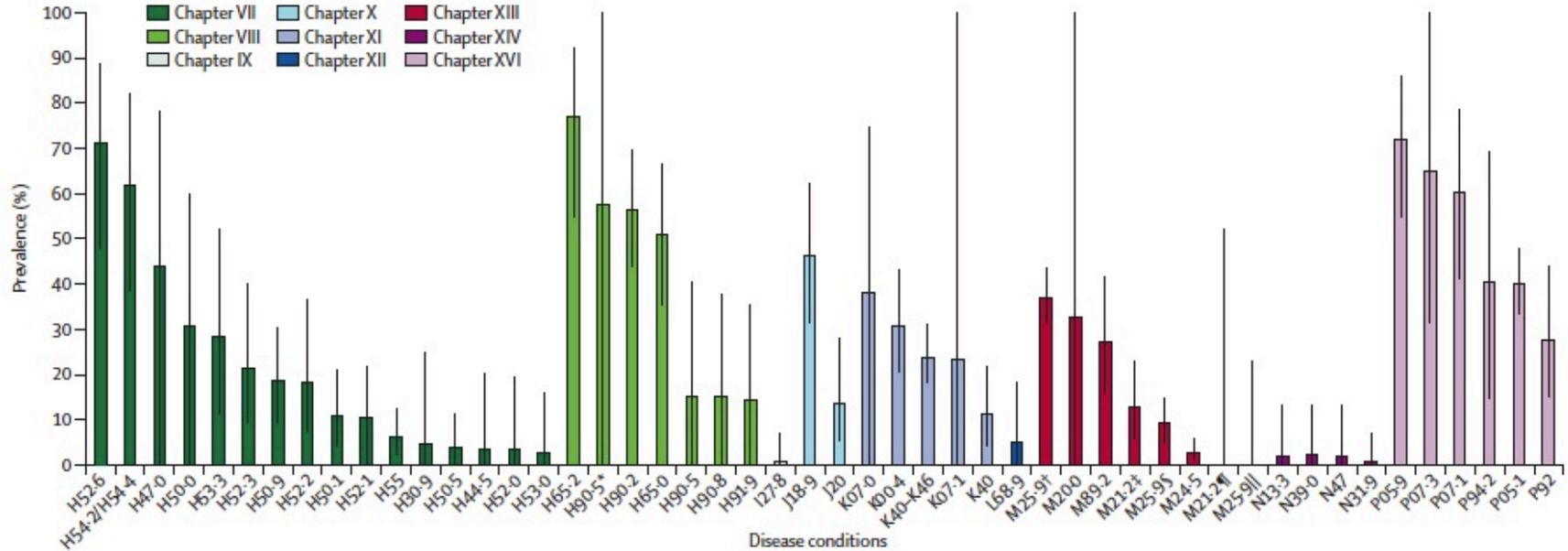


Figure 3: Prevalence of disease conditions belonging to ICD-10 chapters VII, VIII, IX, X, XI, XII, XIII, XIV, and XVI found to occur in individuals with fetal alcohol syndrome

Please note that each ICD-10 chapter is depicted by a unique colour. Each bar represents a single comorbid condition with its ICD-10 code. The height of the bar indicates the estimated pooled prevalence, and the solid vertical line within each bar represents the 95% CI for each comorbid condition. H30.9=chorioretinal inflammation, unspecified. H44.5=degenerated conditions of globe. H47.0=disorders of optic nerve, not elsewhere classified. H50.0=convergent concomitant strabismus. H50.1=divergent concomitant strabismus. H50.5=heterophoria. H50.9=strabismus, unspecified. H52.0=hypermetropia. H52.1=myopia. H52.2=astigmatism. H52.3=ansiometropia and aniseikonia. H52.6=other disorders of refraction. H53.0=amblyopia ex anopsia. H53.3=other disorders of binocular vision. H54.2/54.5=visual impairment including blindness (binocular or monocular). H55=nystagmus and other irregular eye movements. H65.0=acute serous otitis media. H65.2=chronic serous otitis media. H90.2=conductive hearing loss, unspecified. H90.5=sensorineural hearing loss, unspecified. H90.8=mixed conductive and sensorineural hearing loss, unspecified. H91.9=hearing loss, unspecified. I27.8=other specified pulmonary heart diseases. J18.9=pneumonia, unspecified. J20=acute bronchitis. K00.4=disturbances in tooth formation. K07.0=major anomalies of jaw size. K07.1=anomalies of jaw-cranial base relationship. K40=inguinal hernia. K40-K46=hernia. L68.9=hypertrichosis, unspecified. M20.0=deformity of finger(s). M21.2=flexion deformity. M24.5=contracture of joint. M25.9=joint disorder, unspecified. M89.2=other disorders of bone development and growth. N13.3=other and unspecified hydonephrosis. N31.9=neuromuscular dysfunction of bladder, unspecified. N39.0=urinary tract infection, site not specified. N47=redundant prepuce, phimosis and paraphimosis. P05.1=small for gestational age. P05.9=slow fetal growth, unspecified. P07.1=other low birthweight. P07.3=other preterm infants. P92=feeding problems of newborn. P94.2=congenital hypotonia. Symbols are used to indicate conditions as stated in the original papers that cannot clinically and/or statistically be grouped under one code. *Central hearing disorder (H90.5 sensorineural hearing loss, unspecified). †Incomplete extension of one or more digits (M25.9 joint disorder, unspecified). ‡Camptodactyly (M21.2 flexion deformity). §Limited joint movement/decreased pronation/supination of elbow/limited movement of knee (M25.9 joint disorder, unspecified). ¶Bilateral pes calcaneovalgus (M21.2 flexion deformity). ||Hyperextension of joints/hyperextensible joints (M25.9 joint disorder, unspecified).

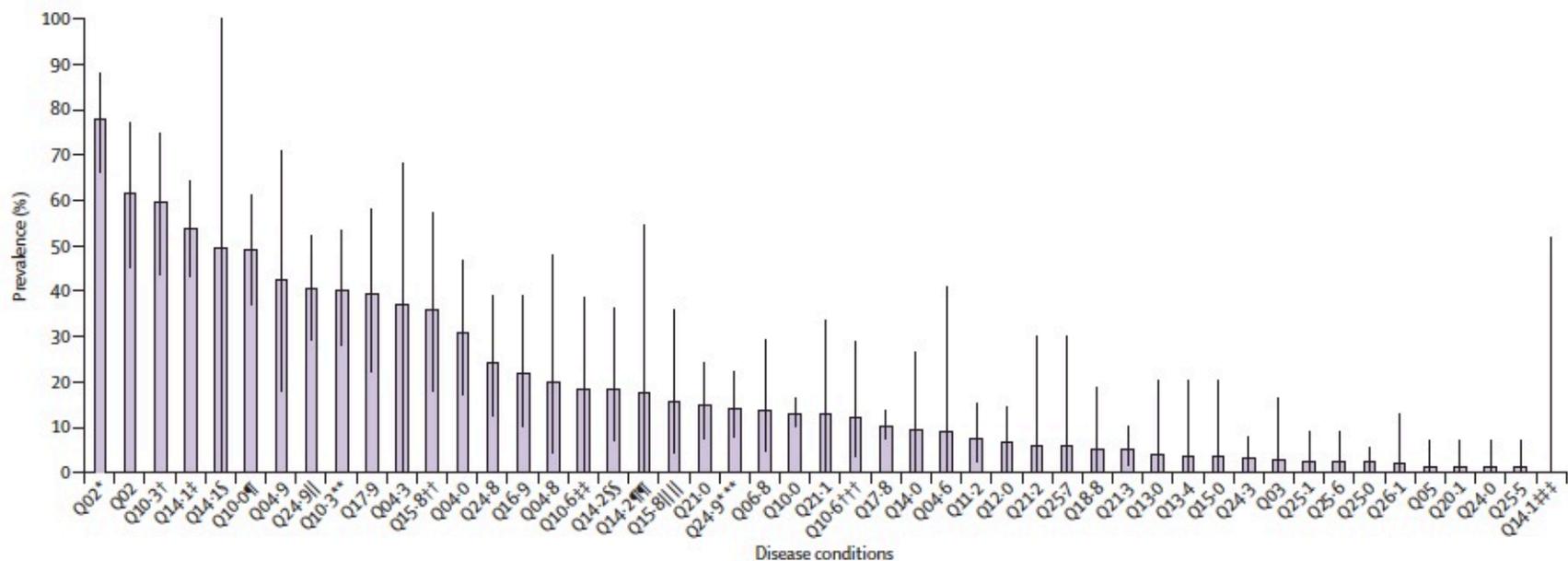


Figure 4: Prevalence of disease conditions belonging to ICD-10 chapter XVII (Q00–Q28) found to occur in individuals with fetal alcohol syndrome

Please note that each ICD-10 chapter is depicted by a unique colour. Each bar represents a single comorbid condition with its ICD-10 code. The height of the bar indicates the estimated pooled prevalence, and the solid vertical line within each bar represents the 95% CI for each comorbid condition. Q02=microcephaly. Q03=congenital hydrocephalus. Q04.0=congenital malformations of corpus callosum. Q04.3=other reduction deformities of brain. Q04.6=congenital cerebral cysts. Q04.8=other specified congenital malformations of brain. Q04.9=congenital malformation of brain, unspecified. Q05=spina bifida. Q06.8=other specified congenital malformations of spinal cord. Q10.0=congenital ptosis. Q10.3=other congenital malformations of eyelid. Q10.6=other congenital malformations of lacrimal apparatus Q11.2=microphthalmos. Q12.0=congenital cataract. Q13.0=coloboma of iris. Q13.4=other congenital corneal malformation. Q14.0=congenital malformation of vitreous humour. Q14.1=congenital malformation of retina. Q14.2=congenital malformation of optic disc. Q15.0=congenital glaucoma. Q15.8=other specified congenital malformations of eye. Q16.9=congenital malformation of ear causing impairment of hearing, unspecified. Q17.8=other specified congenital malformations of ear. Q17.9=congenital malformations of ear, unspecified. Q18.8=other specified congenital malformations of face and neck. Q20.1=Double outlet right ventricle. Q21.0=ventricular septal defect. Q21.1=atrial septal defect. Q21.2=atrioventricular septal defect. Q21.3=tetralogy of Fallot. Q24.0=dextrocardia. Q24.3=pulmonary infundibular stenosis. Q24.8=other specified congenital malformations of heart. Q24.9=congenital malformation of heart, unspecified). Q25.0=patent ductus arteriosus. Q25.1=coarctation of aorta. Q25.5=atresia of pulmonary artery. Q25.6=stenosis of pulmonary artery. Q25.7=other congenital malformations of pulmonary artery. Q26.1=persistent left superior vena cava. Symbols are used to indicate conditions as stated in the original papers that cannot clinically and/or statistically be grouped under one code. *Occipitofrontal/small head circumference (<10th percentile ; Q02 microcephaly). †Short/narrow palpebral fissures (Q10.3 other congenital malformations of eyelid). ‡Coccygeal fovea (Q14.1 congenital malformation of retina). §Retinal tortuosity/tortuosity of retinal vessels (Q14.1 congenital malformation of retina). ¶Blepharophimosis (Q10.0 congenital ptosis). ||Cardiac lesions (Q24.9 congenital malformation of heart, unspecified). **Epicanthal folds/broad epicanthus/prominent epicanthic folds (Q10.3 other congenital malformations of eyelid). ††Tortuosity of arteries in the eye (Q15.8 other specified congenital malformations of eye). ‡‡Short inner canthal distance (Q10.6 other congenital malformations of lacrimal apparatus). §§Small optic disc (Q14.2 congenital malformation of optic disc). ¶¶Hypoplastic optic discs/optic disc hypoplasia (Q14.2 congenital malformation of optic disc). ||||Extensive malformation of eye(s)/eye anomalies/intraocular defects (Q15.8 other specified congenital malformations of eye). ***Congenital heart disease (Q24.9 congenital malformation of heart, unspecified). †††Telecanthus (Q10.6 other congenital malformations of lacrimal apparatus). ‡‡‡Bilateral maculopathy (Q14.1 congenital malformation of retina).

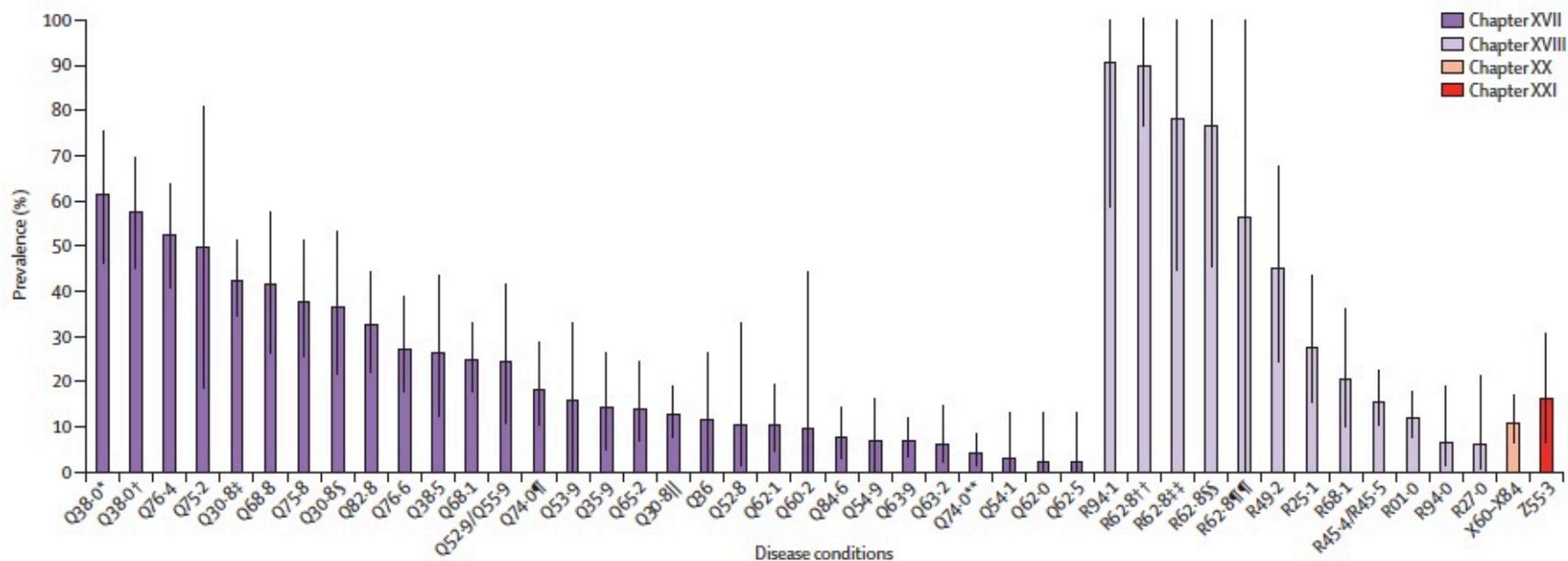


Figure 5: Prevalence of disease conditions belonging to ICD-10 chapters XVII (Q30-Q99), XVIII, XX, and XXI found to occur in individuals with fetal alcohol syndrome

Please note that each ICD-10 chapter is depicted by a unique colour. Each bar represents a single comorbid condition with its ICD-10 code. The height of the bar indicates the estimated pooled prevalence, and the solid vertical line within each bar represents the 95% CI for each comorbid condition. Q30.8=other congenital malformations of nose. Q35.9=cleft palate, unspecified. Q36=cleft lip. Q38.0=congenital malformations of lip, not elsewhere classified. Q38.5=congenital malformations of palate, not elsewhere classified. Q52.8=other specified congenital malformations of female genitalia. Q52.9/Q55.9=congenital malformation of female genitalia, unspecified/congenital malformation of male genital organ, unspecified. Q53.9=undescended testicle, unspecified. Q54.1=hypospadias, penile. Q54.9=hypospadias, unspecified. Q60.2=renal agenesis, unspecified. Q62.0=congenital hydronephrosis. Q62.1=atresia and stenosis of ureter. Q62.5=duplication of ureter. Q63.2=ectopic kidney. Q63.9=congenital malformation of kidney, unspecified. Q65.2=congenital dislocation of hip, unspecified. Q68.1=congenital deformity of hand. Q68.8=other specified congenital musculoskeletal deformities. Q74.0=other congenital malformations of upper limb(s), including shoulder girdle. Q75.2=hypertelorism. Q75.8=other specified congenital malformations of skull and face bones. Q76.4=other congenital malformations of spine, not associated with scoliosis. Q76.6=other congenital malformations of ribs. Q82.8=other specified congenital malformations of skin. Q84.6=other congenital malformations of nails. R01.0=benign and innocent cardiac murmurs. R25.1=tremor, unspecified. R27.0=ataxia, unspecified. R45.4/R45.5=irritability and anger/hostility. R49.2=hypernasality and hyponasality. R62.8=other lack of expected normal physiological development. R68.1=nonspecific symptoms peculiar to infancy. R94.0=abnormal results of function studies of CNS. R94.1=abnormal results of function studies of peripheral nervous system and special senses. X60-X84=intentional self-harm. Z55.3=underachievement in school. Symbols are used to indicate conditions as stated in the original papers that cannot clinically and/or statistically be grouped under one code.*Narrow vermilion border/thin upper lip (Q38.0 congenital malformations of lip, not elsewhere classified). †Long/smooth/indistinct/poorly developed philtrum (Q38.0 congenital malformations of lip, not elsewhere classified). ‡Flat/low/broad/deep nasal bridge (Q30.8 other congenital malformations of nose). §Short/small upturned nose (Q30.8 other congenital malformations of nose). ¶Hypoplastic radial head (Q74.0 other congenital malformations of upper limb(s), including shoulder girdle). ||Anteverted nares/nostrils (Q30.8 other congenital malformations of nose). **Radio-ulnar synostosis/deformity/terminal transverse defect of forearm/hand (Q74.0 other congenital malformations of upper limb(s), including shoulder girdle). ††Prenatal/postnatal growth retardation/deficiency (R62.8 other lack of expected normal physiological development). ‡‡Height <10th percentile (R62.8 other lack of expected normal physiological development). §§Weight <10th percentile (R62.8 other lack of expected normal physiological development). ¶¶Failure to thrive (R62.8 other lack of expected normal physiological development).

Appendix

Comorbidity of fetal alcohol spectrum disorder: a systematic review and meta-analysis

Svetlana Popova, Shannon Lange, Kevin Shield, Alanna Mihic, Albert E Chudley, Raja A S Mukherjee, Dennis Bekmuradov, Jürgen Rehm

Table A1. Comprehensive list of comorbid conditions found to occur among individuals with fetal alcohol spectrum disorder

Condition as stated in original paper	Source	Authors' adjustment for ICD-10, if not specified in the study	Code
Condition			
CHAPTER II: Neoplasms			C00-D48
<i>Malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, haematopoietic and related tissue</i>			(C00-C75)
Hepatoblastoma	1		C22·2
Rhabdomyosarcoma (of bladder)	2	Connective and soft tissue, unspecified	C49·9
Wilms' tumour/Nephroblastoma	2,3	Malignant neoplasm of kidney, except renal pelvis	C64
Adrenal carcinoma	4	Cortex of adrenal gland	C74·0
(Adrenal) neuroblastoma/ Ganglioneuroblastoma	5-9	Adrenal gland, unspecified	C74·9
Acute lymphocytic leukaemia	2	Acute lymphoblastic leukaemia [ALL]	C91·0
<i>Malignant neoplasms, states or presumed to be primary, of lymphoid, haematopoietic and related tissue</i>			C81-C96
Hodgkin lymphoma	10		C81
Benign neoplasms			D10-D36
Splenic flexure	11	Transverse colon	D12·3
Polyp in auditory canal	12	Middle ear, nasal cavity and accessory sinuses	D14·0
Haemangioma(s)	4,10,13-17	Haemangioma, any site	D18·0
Capillary hemangiomas	18		
Pigmented nevi	16	Malanocytic naevi	D22
CHAPTER III: Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism			D50-D89
<i>Aplastic and other anaemias</i>			D60-D64
Anemia	19	Anaemia, unspecified	D64·9
<i>Coagulation defects, purpura and other haemorrhagic conditions</i>			D65-D69
Bleeding disorder	20	Coagulation defect, unspecified	D68·9
Thrombocytopenia/thrombopenia	20,21	Thrombocytopenia, unspecified	D69·6
CHAPTER IV: Endocrine, nutritional and metabolic diseases			E00-E90
<i>Metabolic disorders</i>			E70-E90
Dehydration	19	Volume depletion	E86
Hyponatraemia	20	Hypo-osmolality and hyponatraemia	E87·1
CHAPTER V: Mental and behavioural disorders			F00-F99
<i>Mental and behavioral disorders due to psychoactive substance use</i>			F10-F19
Alcohol abuse/use	22-28	Mental and behavioural disorders due to use of alcohol, harmful use	F10·1
Alcohol dependence	24,29,30	Mental and behavioural disorders due to use of alcohol, dependence syndrome	F10·2
Drug abuse/use	26-28	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances, harmful use	F19·1
Drug dependence	30	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances, dependence syndrome	F19·2
<i>Schizophrenia, schizotypal and delusional disorder</i>			F20-F29
Schizophrenia	27,31,32	Schizophrenia, unspecified	F20·9
Schizotypal personality disorder	30	Schizotypal disorder	F21
Delusional disorder	30		F22·0
Brief psychotic disorder	30	Acute and transient psychotic disorder, unspecified	F23·9
Schizoaffective disorder, depressive type	33		F25·1
Schizoaffective disorder	30	Schizoaffective disorder, unspecified	F25·9

Condition as stated in original paper	Source	Authors' adjustment for ICD-10, if not specified in the study Condition	Code
Psychotic disorder not otherwise specified	30	Unspecified nonorganic psychosis	F29
Psychotic features	34		
<i>Mood [affective] disorders</i>			<i>F30-F39</i>
Hypomania	35		F30·0
Mania/manic	31,35	Manic episode, unspecified	F30·9
Bipolar disorder/manic depressive	26,27,30,36,37	Bipolar affective disorder	F31
Major depressive disorder	30,31,35,36,38	Severe depressive episode without psychotic symptoms/Severe depressive episode with psychotic symptoms	F32·2/F32·3
Depressive disorder/depression/depressive symptoms	14,26,27,34,37,39-44	Other recurrent depressive disorders	F33·8
Severe persistent melancholic depression	33	Recurrent depressive disorder, unspecified	F33·9
Emotional/affective instability	33	Cyclothymia	F34·0
Dysthymia/dysthymic disorder	30,37,38	Dysthymia	F34·1
Mood/emotional disorder/problems	14,25,45	Other persistent mood [affective] disorders	F34·8
<i>Neurotic, stress-related and somatoform disorders</i>			<i>F40-F48</i>
Social phobias	31,38		F40·1
Specific phobia	15,38	Specific (isolated) phobias	F40·2
Clastrophobia	30		
Panic disorder/attacks	14,26,30,38	Panic disorder [episodic paroxysmal anxiety]	F41·0
Generalized anxiety disorder	30,31,38	Generalized anxiety disorder	F41·1
Anxiety/anxiety disorder	14,35,37,44		
Obsessive-compulsive disorder	26,31,37,38,46		F42
Obsessive-compulsive symptomatology	47	Predominantly compulsive acts [obsessional rituals]	F42·1
Post-traumatic stress disorder	14,26,27,30,31,37,39		F43·1
Adjustment disorder(s)	36,37		F43·2
<i>Behavioral syndromes associated with physiological disturbances and physical factors</i>			<i>F50-F59</i>
Anorexia nervosa	30		F50·0
Bulimia nervosa	30		F50·2
Binge eating	30	Other eating disorders	F50·8
Eating disorders/abnormal eating behaviours	14,15,44,45	Eating disorder, unspecified	F50·9
Sleep problems/disturbances/disorder	15,25,44,45,48	Nonorganic sleep disorders	F51
Sleep anxiety	48	Other nonorganic sleep disorders	F51·8
Parasomnias	48		
<i>Disorders of adult personality and behaviour</i>			<i>F60-F69</i>
Paranoid personality disorder	30		F60·0
Antisocial personality disorder	30	Dissocial personality disorder	F60·2
Borderline personality disorder	30	Emotionally unstable personality disorder	F60·3
Avoidant personality disorder	30	Anxious [avoidant] personality disorder	F60·6
Dependent personality disorder	30		F60·7
<i>Mental retardation</i>			<i>F70-F79</i>
Mental retardation/intellectual impairment	2,8,9,12-15,34,46,49-60	Mental retardation	F70-F79
<i>Disorders of psychological development</i>			<i>F80-F89</i>
Marked dysarticulation	61	Specific speech articulation disorder	F80·0
Expressive language deficit	53,61	Expressive language disorder	F80·1
Receptive language deficit	53,61	Receptive language disorder	F80·2
Reduced vocabulary and clarity of speech	15,61	Other developmental disorders of speech and language	F80·8
Speech/language delay/disorder/retarded speech development/speech defects/acquisition	3-5,14,15,18,45,49,50,53, 54,59,61-64	Developmental disorders of speech and language, unspecified	F80·9
Learning disability/disorders	25,50,65,66	Developmental disorders of scholastic skills, unspecified	F81·9

Condition as stated in original paper	Source	Authors' adjustment for ICD-10, if not specified in the study Condition	Code
Psychomotor delay/abnormal motor function	1,18,47	Specific developmental disorder of motor function	F82
Fine and/or gross motor development delays/dysfunction/clumsiness/developmental coordination disorder	2,4,6,8,9,12,14,15,46,49,50,52,59,60,63,64,67		
Pervasive developmental disorder	36		F84
Autism/autistic/autism spectrum disorder/autistic behaviour	14,34,39,46,57,68	Childhood autism	F84-0
Atypical autism	68		F84-1
Asperger syndrome	68		F84-5
Developmental/cognitive disorder/delay(s)/mental deficiency	2,4-6,16-18,25,49-53,63, 64,69-73	Unspecified disorder of psychological development	F89
Behavioral and emotional disorders with onset usually occurring in childhood and adolescence			F90-F98
Attention deficit hyperactivity disorder/attention deficit disorder	14,25,26,31,33-39,45-47,50,55,60,64,66,71,74	Disturbance of activity and attention	F90-0
(Short/impaired) attention span/problems/distractibility	14,15,47,49,50,59,70		
Hyperactivity/hyperactive (and inattentiveness)	2,8,9,12-15,50,52, 57,59,60, 63-65,69,70,75,76		
Hyperkinetic syndrome/disorder	44,45	Hyperkinetic disorders, unspecified	F90-9
Conduct disorder	31,34,35,37,38,44-46,50	Conduct disorders	F91
Conduct/behavioural problems/disruptive behaviour/impulsivity	14,26,50,71		
Delinquency	43,77	Socialized conduct disorder	F91-2
Poor socialization/social competence/antisocial	78,79		
Opposition defiant disorder/oppositional behaviour	14,25,26,31,35,37-39,47	Opposition defiant disorder	F91-3
Separation anxiety disorder	31,35,38	Separation anxiety disorder of childhood	F93-0
Insecure attachment/reactive attachment disorder	36,37,39,80	Reactive attachment disorder of childhood	F94-1
Tic disorders/tics	38,44-46	Tic disorders	F95
Tourettes/Gilles de la Tourette's syndrome	47,60	Combined vocal and multiple motor tic disorder [de la Tourette]	F95-2
Spasticity	52	Other tic disorders	F95-8
Enuresis	44,45	Nonorganic enuresis	F98-0
Enkopresis	44,45	Nonorganic encopresis	F98-1
Severe stutter(ing)/stammer	15,61	Stuttering [stammering]	F98-5
Cluttering/dysrhythmia	61	Cluttering	F98-6
CHAPTER VI: Diseases of the nervous system			G00-G99
Episodic and paroxysmal disorders			G40-G47
Epilepsy/seizure disorder	14,27,37,39	Epilepsy	G40
Epileptiform seizures	51	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures	G40-1
(Partial) Seizure(s)	25,39,49,50,52,57,64,71,75, 81	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures	G40-2
Myoclonic seizures	17	Generalized idiopathic epilepsy and epileptic syndromes	G40-3
Generalized epileptic seizures	82		
Cerebral palsy and other paralytic syndromes			G80-G83
(Peri/pre-natally acquired) Cerebral palsy	34,57,83		G80
Spastic cerebral palsy	57	Spastic hemiplegic cerebral palsy	G80-2
Mixed dystonic and spastic cerebral palsy	72	Other cerebral palsy	G80-8
Spastic hemiplegia	75		G81-1
CHAPTER VII: Diseases of the eye and adnexa			H00-H59
Disorders of sclera, cornea, iris and ciliary body			H15-H22
Keratoconus	62		H18-6
Disorders of choroid and retina			H30-H35
Myopia choroidosis	84	Other chorioretinal inflammations	H30-8

Condition as stated in original paper	Source	Authors' adjustment for ICD-10, if not specified in the study Condition	Code
Chorioretinal atrophy	72	Choroidal degeneration	H31·1
Retinal tortuosity/tortuosity of retinal vessels	62,72,75,84	Other specified retinal disorders	H35·8
Disorders of vitreous body and globe			H43-H45
Ocular phthisis	85	Degenerated conditions of globe	H44·5
Disorders of optic nerve and visual pathways			H46-H48
Optic nerve hypoplasia/double ring sign	46,51,72,74,75,84-87	Disorders of optic nerve, not elsewhere classified	H47·0
Optic nerve atrophy	51,52	Optic atrophy	H47·2
Disorders of ocular muscles, binocular movement, accommodation and refraction			H49-H52
Esotropia	4,72,75,84-86	Convergent concomitant strabismus	H50·0
Exotropia	84,85	Divergent concomitant strabismus	H50·1
Exophoria	84,85	Heterophoria	H50·5
Strabismus	4,9,15,16,45,46,49,53,65,74,76,84,85,87-93	Strabismus, unspecified	H50·9
Inferolateral deviation of eye	7	Other specified disorders of binocular movement	H51·8
Ocular motility disorder	72	Disorder of binocular movement, unspecified	H51·9
Hypermetropia/hyperopia/hypertropic	53,62,84	Hypermetropia	H52·0
Myopia	53,55,62,74,84,86		H52·1
Astigmatism	53,62,84,86		H52·2
Ansiometropia	84	Ansiometropia and aniseikonia	H52·3
Ciclopegic refraction	62	Disorders of accommodation	H52·5
Refractive error(s)	14,46,88	Other disorders of refraction	H52·6
Visual disturbances and blindness			H53-H54
Amblyopia	53,84	Amblyopia ex anopsia	H53·0
Photophobia	53	Subjective visual disturbances	H53·1
Visual perceptual problems	46	Other disorders of binocular vision	H53·3
Subnormal/decreased visual acuity/problems/visual impairment	14,37,46,62,84	Visual impairment including blindness (binocular or monocular)	H54
Focusing defects	53		
Other disorders of eye and adnexa			H55-H59
Nystagmus/nystagmoid eye movements	14,52,53,72,75,84-86	Nystagmus and other irregular eye movements	H55
CHAPTER VIII: Diseases of the ear and mastoid process			H60-H95
Diseases of middle ear and mastoid			H65-H75
(Acute/serous/serousmucous) otitis media	12,19,74,94	Acute serous otitis media	H65·0
Chronic/recurrent (serous) otitis media	53,61,94	Chronic serous otitis media	H65·2
Secretory otitis media	94	Nonsuppurative otitis media, unspecified	H65·9
Middle ear fluid	94		
Eustachian tube dysfunction	74	Eustachian tube disorder, unspecified	H69·9
Perforated tympanic membrane	94	Perforation of tympanic membrane	H72
Other disorders of ear			H90-H95
Bilateral conductive hearing loss	62	Conductive hearing loss, bilateral	H90·0
Congenital deafness	95	Conductive hearing loss, unspecified	H90·2
Conductive hearing loss	12,61,96		
Sensorineural hearing loss	12,14,61	Sensorineural hearing loss, unspecified	H90·5
Central hearing disorder	12,61		
Conductive and sensorineural hearing loss/central hearing disorder with conductive hearing loss	12,61	Mixed conductive and sensorineural hearing loss, unspecified	H90·8
(Chronic) Hearing loss/impairment	15,18,37,50,51,74,75,88	Hearing loss, unspecified	H91·9
Hyperacusia	17	Other abnormal auditory preceptions	H93·2
CHAPTER IX: Diseases of the circulatory system			I00-I99

Condition as stated in original paper	Source	Authors' adjustment for ICD-10, if not specified in the study Condition	Code
<i>Pulmonary heart disease and diseases of pulmonary circulation</i>			<i>I26-I28</i>
Cor pulmonale	97	Other specified pulmonary heart diseases	I27-8
<i>Other forms of heart disease</i>			<i>I30-I52</i>
Mitral regurgitation	58	Mitral (valve) insufficiency	I34-0
Mitral valve prolapse	53,57		I34-1
Arrhythmia	53	Cardiac arrhythmia, unspecified	I49-9
Congestive heart failure	98		I50-0
Cardiomegaly/ventricular dilatation	53,58,72,98	Cardiomegaly	I51-7
<i>Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified</i>			<i>I80-I89</i>
Oesophageal varices	56,99		I85
Gastric varices	99		I86-4
CHAPTER X: Diseases of the respiratory system			<i>J00-J99</i>
<i>Acute upper respiratory infections</i>			<i>J00-J06</i>
Recurrent (upper) respiratory infection	53,72	Acute upper respiratory infection, unspecified	J06-9
<i>Influenza and pneumonia</i>			<i>J09-J18</i>
(Bilateral acute) Bronchopneumonia	56	Viral pneumonia, not elsewhere classified	J12
Pneumonia	19	Pneumonia, unspecified	J18-9
<i>Other acute lower respiratory infections</i>			<i>J20-J22</i>
Bronchitis	19	Acute bronchitis	J20
<i>Other diseases of upper respiratory tract</i>			<i>J30-J39</i>
Recurrent tonsillitis	53	Chronic tonsillitis	J35-0
Adenoidal hypertrophy	63	Hypertrophy of adenoids	J35-2
Chronic upper airway obstruction	63	Other specified diseases of upper respiratory tract	J39-8
<i>Chronic lower respiratory diseases</i>			<i>J40-J47</i>
Asthma	27,53		J45
<i>Other respiratory disease principally affecting the interstitium</i>			<i>J80-J84</i>
Pulmonary edema	53	Pulmonary oedema	J81
<i>Other diseases of the respiratory system</i>			<i>J95-J99</i>
Focal pulmonary atelectasis	17	Pulmonary collapse	J98-1
Pulmonary disease	88	Respiratory disorder, unspecified	J98-9
CHAPTER XI: Diseases of the digestive system			<i>K00-K93</i>
<i>Diseases of the oral cavity, salivary glands and jaws</i>			<i>K00-K14</i>
Hypoplastic teeth	15,45,59	Disturbances in tooth formation	K00-4
Faulty tooth enamel	59		
Small chin (micrognathia)/micrognathic mandible	11,12,18,45,47,51,53,54,58, 63,99,100	Major anomalies of jaw size	K07-0
Hypoplasia of mandible	13		
Retrognathia/prognathism	15,76,90	Anomalies of jaw-cranial base relationship	K07-1
Dental crowding/poor dental alignment/separated teeth/abnormal dental configuration	47,53,74,88	Anomalies of tooth position	K07-3
Malocclusion	74	Malocclusion, unspecified	K07-4
<i>Diseases of oesophagus, stomach and duodenum</i>			<i>K20-K31</i>
Duodenal hypomotility	101	Other specified diseases of stomach and duodenum	K31-8
<i>Hernia</i>			<i>K40-K46</i>
Hernia	2,7,9,11,12,13,15,20,52,57, 65,69,72,75,99		K40-K46
<i>Other diseases of intestines</i>			<i>K55-K63</i>
Chronic intestinal pseudoobstruction	101	Other and unspecified intestinal obstruction	K56-6
<i>Diseases of liver</i>			<i>K70-K77</i>

Condition as stated in original paper	Source	Authors' adjustment for ICD-10, if not specified in the study Condition	Code
(Congenital) Hepatic fibrosis	56,102	Hepatic fibrosis	K74·0
(Peri)portal fibrosis	99,102,103	Portal hypertension	K76·6
Liver disease	104	Liver disease, unspecified	K76·9
<i>Disorders of gallbladder, biliary tract and pancreas</i>			<i>K80-K87</i>
Cholestasis	99	Obstruction of bile duct	K83·1
CHAPTER XII: Diseases of the skin and subcutaneous tissue			L00-L99
<i>Disorders of skin appendages</i>			<i>L60-L75</i>
Hirsutism	9,16,17,99,105,106		L68·0
Hypertrichosis/excess (body) hair	76,90,106	Hypertrichosis, unspecified	L68·9
CHAPTER XIII: Diseases of the musculoskeletal system and connective tissue			M00-M99
<i>Arthropathies</i>			<i>M00-M25</i>
Phalangeal anomalies/tapering of phalanges/small fifth finger	9,13,15,17,32,69,73,107,108	Deformity of finger(s)	M20·0
Shortened fingers	49		
Camptodactyly	13,17,49,69,76,88-90,92,93, 96	Flexion deformity	M21·2
Bilateral pes calcaneovalgus	75		
Other joint contractures	109	Contracture of joint	M24·5
Limited joint movement/decreased pronation/supination of elbow/limited movement of knee	13,15,17,32,54,69,70,76,88-90,92,109,110	Joint disorder, unspecified	M25·9
Incomplete extension of one or more digits	49,109		
Hyperextension of joints/hyperextensible joints	81,106		
<i>Dorsopathies</i>			<i>M40-M54</i>
Scoliosis	111		M41
<i>Soft tissue disorders</i>			<i>M60-M79</i>
Abnormal muscle tone	14	Disorder of muscle, unspecified	M62·9
Abnormal deep tendon reflexes	14	Other specified disorders of synovium and tendon	M67·8
<i>Osteopathies and chondropathies</i>			<i>M80-M94</i>
Generalized non-specific osteoporosis	51	Osteoporosis, unspecified	M81·9
Delayed bone age	18,107,108	Other disorders of bone development and growth	M89·2
CHAPTER XIV: Diseases of the genitourinary system			N00-N99
<i>Renal tubulo-interstitial diseases</i>			<i>N10-N16</i>
Acute pyelonephritis	112	Acute tubulo-interstitial nephritis	N10
Pelvicaleceal dilation	52	Other and unspecified hydronephrosis	N13·3
Hydroureter	112		N13·4
Vesicoureteral reflux	112	Vesicoureteral-reflux-associated uropathy	N13·7
<i>Other disorders of kidney and ureter</i>			<i>N25-N29</i>
Superior calycectasis	18	Other specified disorders of kidney and ureter	N28·8
Hypertropied kidney/hypertrophy/enlarged kidney	11,103,112		
Caliceal diverticulum	11		
<i>Other diseases of urinary system</i>			<i>N30-N39</i>
Neurogenic bladder	107	Neuromuscular dysfunction of bladder, unspecified	N31·9
Recurrent urinary tract infection	52	Urinary tract infection, site not specified	N39·0
<i>Diseases of male genital organs</i>			<i>N40-N51</i>
Phimosis	52	Redundant prepuce, phimosis and paraphimosis	N47
<i>Noninflammatory disorders of female genital tract</i>			<i>N80-N98</i>
Vesicovaginal fistula	51,112		N82·0
CHAPTER XVI: Certain conditions originating in the perinatal period			P00-P96
<i>Disorders related to length of gestation and fetal growth</i>			<i>P05-P08</i>
Small for gestational age	2,3,9,49,64,75,81		P05·1

Condition as stated in original paper	Source	Authors' adjustment for ICD-10, if not specified in the study Condition	Code
Intrauterine growth retardation	12,13,18,21,110	Slow fetal growth, unspecified	P05·9
Birth weight <10th percentile/low birth weight*	3,21,32,49,50,54,55,62,64, 96,99,106,113	Other low birth weight	P07·1
Pre-mature birth/born prematurely/preterm birth	21,49,75,88,99,113,114	Other preterm infants	P07·3
<i>Respiratory and cardiovascular disorders specific to the perinatal period</i>			<i>P20-P29</i>
Birth asphyxia/perinatal asphyxia	20	Birth asphyxia	P21
Hypoxic episode	72	Birth asphyxia, unspecified	P21·9
Respiratory distress syndrome/Respiratory distress/Hyaline membrane disease	9,20,21	Respiratory distress syndrome of newborn	P22·0
Meconium aspiration syndrome	20	Neonatal aspiration of meconium	P24·0
Bronchopulmonary dysplasia	20	Bronchopulmonary dysplasia originating in the perinatal period	P27·1
Atelectasis	53	Other and unspecified atelectasis of newborn	P28·1
Apnoeic attacks/episodes	17,20	Other apnoea of newborn	P28·4
Obstructive apnea	63		
Bigeminy	58	Neonatal cardiac dysrhythmia	P29·1
Cardiac disorders	21	Cardiac disorders originating in the perinatal period, unspecified	P29·9
<i>Haemorrhagic and haematological disorders of fetus and newborn</i>			<i>P50-P61</i>
Neonatal hyperbilirubinaemia/jaundice (premature infant)	17,21,115,116	Neonatal jaundice associated with preterm delivery	P59·0
Neonatal hyperbilirubinemia/jaundice	17,59,99,103	Neonatal jaundice, unspecified	P59·9
Polycythaemia	20	Polycythaemia neonatorum	P61·1
Anemia due to prematurity	21	Anaemia of prematurity	P61·2
<i>Transitory endocrine and metabolic disorders specific to fetus and newborn</i>			<i>P70-P74</i>
Hypoglycaemia	9,17,20	Other neonatal hypoglycaemia	P70·4
Hypocalcaemia	17,20	Other neonatal hypocalcaemia	P71·1
<i>Digestive system disorders of fetus and newborn</i>			<i>P75-P78</i>
Necrotizing enterocolitis	20	Necrotizing enterocolitis of fetus and newborn	P77
Congenital cirrhosis	103	Other specified perinatal digestive system disorders	P78·8
<i>Other disorders originating in the perinatal period</i>			<i>P90-P96</i>
Periventricular leukomalacia	71	Neonatal cerebral leukomalacia	P91·2
Feeding difficulties/problems/slow feeding/sucking difficulties	19,20,50,51,54,73,81,116	Feeding problem of newborn	P92
Hypertonia/hypertonic	17,20,63	Congenital hypertonia	P94·1
(Muscular/generalized) Hypotonia/hypotonicity	12,13,15,34,50,52,54,59,65, 69,70,73,96,117	Congenital hypotonia	P94·2
Newborn abstinence syndrome	21	Neonatal withdrawal symptoms from maternal use of drugs of addiction	P96·1
CHAPTER XVII: Congenital malformations, deformations and chromosomal abnormalities			<i>Q00-Q99</i>
<i>Congenital malformation of the nervous system</i>			<i>Q00-Q07</i>
Microcephaly/micrencephaly/microcephalic	2,7,9,10,12-18,20,31,32,37, 45,47,49,50,55,56,60,63,64, 69- 71,82,88,100,107,108, 118-120)	Microcephaly	Q02
Occipitofrontal/small head circumference (<10th percentile)*	7,9,12,21,32,45,50,52,54,55, 62,63,65,69,73,82,89,91,96, 99,106		
(Congenital) Hydrocephalus	52,121	Congenital hydrocephalus	Q03
Displacement/abnormalities/agenesis of the corpus callosum/hypoplastic corpus collosum	6,7,17,51,55,87,100,118	Congenital malformations of corpus callosum	Q04·0
Cerebral/neurological/cortical volume reduction/hypoplasia/atrophy/underdevelopment	17,55,72,87,100,118,122	Other reduction deformities of brain	Q04·3
Schizencephaly	87	Congenital cerebral cysts	Q04·6
Heterotopias	17	Other specified congenital malformations of brain	Q04·8
Small brainstem	72		

Condition as stated in original paper	Source	Authors' adjustment for ICD-10, if not specified in the study Condition	Code
Polymicrogyria	82		
Dandy-Walker cyst (cyst of the fourth ventricle)	117		
Dilated lateral ventricles	55,81		
Structural/neurologic abnormality	31	Congenital malformations of brain, unspecified	Q04.9
Cerebral/neurological displacement/asymmetry/abnormalities	106,118,122		
Meningomyelocele (Lumbar/Sacral)	13,54,81,107	Spina bifida	Q05
(Pre)sacral/coccygeal dimple	12,13,51,65	Other specified congenital malformations of spinal cord	Q06.8
<i>Congenital malformations of eye, ear, face and neck</i>			<i>Q10-Q18</i>
Ptosis/blepharoptosis	2,8,9,11-13,15,16,18,46,50, 54,69,72,74,84,85,87,88, 91- 93,95,99,100,105,106 13,15,62,65	Congenital ptosis	Q10.0
Blepharophimosis			
Epicanthal folds/broad epicanthus/prominent epicanthic folds	2,4,5,8-13,15-18,32,45,50, 52- 54,62,69,72,73,76,81,84, 88- 90,92,100,117	Other congenital malformations of eyelid	Q10.3
Short/narrow palpebral fissures*	9-12,14,16,17,32,37,45-47, 49,50,53,54,56,58,63,64,69, 72,73,76,81,82,84,86,88,89, 91,96,99,100,106,110,117, 119 2,9,11,13,18,51,72		
(Anti)mongoloid fissures/slant/slanted palpebral fissures/downward slanted eyes			
Telecanthus/short inner canthal distance	37,62,72,76,84,89,90,92,93	Other congenital malformations of lacrimal apparatus	Q10.6
Microphthalmos/microphthalmia	14,16,17,32,50,53,72,85,106	Microphthalmos	Q11.2
Cataract/lens opaification	72,75,84,85	Congenital cataract	Q12.0
Coloboma of iris	85		Q13.0
Clouded cornea/corneal opacity	53,81	Congenital corneal opacity	Q13.3
Microcornea	85,86	Other congenital corneal malformations	Q13.4
Peters' anomaly	72		
Axenfeld's anomaly	72		
Corneal atresia	53		
Scleral defect	53	Other congenital malformations of anterior segment of eye	Q13.8
Hyperplastic primary vitreous	75,85	Congenital malformation of vitreous humour	Q14.0
Coccygeal fovea	15,69	Congenital malformation of retina	Q14.1
Bilateral maculopathy	75		
Dysplastic retina	75		
Retinal tortuosity/tortuosity of retinal vessels	55,63,75,84		
Hypoplastic optic discs/optic disc hypoplasia	55,63,84	Congenital malformation of optic disc	Q14.2
Small optic disc(s)	55,63,84		
Buphthalmos	85	Congenital glaucoma	Q15.0
Extensive malformation of eye(s)/eye anomalies/intraocular defects	16,55,85	Other specified congenital malformation of eye	Q15.8
Tortuosity of arteries in the eye	85		
Dysfunction of auditory pathway	12	Congenital malformation of ear causing impairment of hearing, unspecified	Q16.9
Microtia	53		Q17.2
Railroad track ear(s)	76,88-90,92,109	Other specified congenital malformations of ear	Q17.8
Low set/seated ears	2,5,7,18,53,59,73,99	Congenital malformation of ear, unspecified	Q17.9
Ear malformation/anomalies/poorly formed/malformed/abnormal ears	9,15-17,45,50,51,106		
Posterior rotation of ears/intrarotated ears	3,5,7,53,59		
Webbing of neck	32		Q18.3
(Marked) Nasolabial fold	2,12	Other specified congenital malformations of face and neck	Q18.8

Condition as stated in original paper	Source	Authors' adjustment for ICD-10, if not specified in the study Condition	Code
<i>Congenital malformations of the circulatory system</i>			
Double outlet right ventricle	97		Q20-Q28
Atrial abnormality	32	Other congenital malformations of cardiac chambers and connections	Q20·1
Ventricular septal defect	9,12-14,17,52,57,63,70,74, 75,81,88,95,97,98,107,113		Q20·8
Atrial septal defect	7,12-14,52,63,74,75,88,91, 95,97,113	Atrial septal defect	Q21·0
Patent foramen ovale	58		Q21·1
Atrioventricular septal defect	13,98,113,117		Q21·2
Tetralogy of Fallot/ <i>Falloy's</i> teratology	12,13,57,75,97,107	Tetralogy of Fallot	Q21·3
Pentalogy of fallot	13	Other congenital malformations of cardiac septa	Q21·8
Dysplastic/polypoid pulmonary valve	58	Other congenital malformations of pulmonary valve	Q22·3
Aortic stenosis	58	Congenital stenosis of aortic valve	Q23·0
Dextrocardia	97		Q24·0
Pulmonary (artery) stenosis	14,52-54,56,58,63,97,113	Pulmonary infundibular stenosis	Q24·3
Cardiac/heart malformation defect/congenital heart defect/abnormalities/anomalies	11,13,15,16,20,21,25,34,50, 65,69,88,90,96,97	Other specified congenital malformations of heart	Q24·8
Right/left ventricle hypertrophy	5		
Axial deviation	53		
Cardiac lesions	107,108	Congenital malformation of heart, unspecified	Q24·9
Congenital heart disease	9,49,52,106		
Conotruncal heart defects	95		
Patent ductus arteriosus/persistent ductus of Botalli	12,14,52,75,88,91,97	Patent ductus arteriosus	Q25·0
Coarctation of aorta	88,97		Q25·1
Hypoplasia of aorta	88	Other congenital malformations of aorta	Q25·4
Deformed sinus Valsalva	58		
Vascular ring abnormality	14		
Atresia of pulmonary artery	97		Q25·5
Peripheral pulmonary artery stenosis	97	Stenosis of pulmonary artery	Q25·6
Aplasia of pulmonary artery	13,113	Other congenital malformations of pulmonary artery	Q25·7
Persistent left superior vena cava	52		Q26·1
Profunda femoris artery	14	Other specified congenital malformations of circulatory system	Q28·8
<i>Congenital malformations of the respiratory system</i>			
Choanal stenosis	63	Choanal atresia	Q30·0
Nasal hypoplasia	63	Agensis and underdevelopment of nose	Q30·1
Anteverted nares/nostrils	2,9,53,58,76,88-90,92,100	Other congenital malformations of nose	Q30·8
Flat/low/broad/deep nasal bridge	2,3,5,7,9-12,45,49,50,52- 54,64,73,76,81,88-90,99, 100		
Short/small upturned nose	13,15,45,49-52,54,58,63,65, 69,70,73,100,110		
Hypoplastic lungs	53	Hypoplasia and dysplasia of lung	Q33·6
<i>Cleft lip and cleft palate</i>			
Submucous cleft palate/cleft of soft palate	17,53	Cleft soft palate	Q35·3
Cleft palate	7,11-17,20,50,53,55,57,61, 69,70,74,75,100	Cleft palate, unspecified	Q35·9
Cleft lip	7,55,57,61,62,100		Q36
<i>Other congenital malformations of the digestive system</i>			
Long/smooth/indistinct/poorly developed/hypoplastic philtrum*	5,9,11,14,31,37,45,47,49,50, 52- 54,56,58,62-64,73,76, 82,88-	Congenital malformations of lips, not elsewhere classified	Q38·0

Condition as stated in original paper	Source	Authors' adjustment for ICD-10, if not specified in the study Condition	Code
Narrow vermillion border/thin upper lip*	90,92,93,100,106, 117,119,123 5,10,12,14,15,31,37,45,47, 49,50,52,54,58,62-64,65,69, 70,73,76,82,88-90,92,93, 100,110,117,119,123		
High arched palate/gothic palate/palatal anomaly	2,3,8,12,13,15,18,51,53,59, 61,69,73	Congenital malformation of palate, not elsewhere classified	Q38.5
Small hypopharynx	63	Other congenital malformations of pharynx	Q38.8
Hiatus hernia	51	Congenital hiatus hernia	Q40.1
Rudimentary gallbladder	99	Agnesis, aplasia and hypoplasia of gallbladder	Q44.0
(Congenital) Extra-hepatic biliary atresia	99,103	Atresia of bile ducts	Q44.2
Bile duct hypoplasia	99	Other congenital malformations of bile ducts	Q44.5
<i>Congenital malformations of genital organs</i>			<i>Q50-Q56</i>
Biseptate vagina	17	Doubling of vagina	Q52.1
Hypoplastic labia majora	17	Other congenital malformations of the vulva	Q52.7
Labial hypoplasia/hypoplastic labia	52	Other specified congenital malformations of female genitalia	Q52.8
Minor/anomalous external genital anomalies	12,13,15-18,65,69,70	Congenital malformations of female genitalia, unspecified	Q52.9
		Congenital malformations of male genital organs, unspecified	Q55.9
Cryptorchism/undescended testis/testes	2,7,52,54,63,75	Undescended testicle, unspecified	Q53.9
Hypospadias – penile abnormalities	20,52	Hypospadias, penile	Q54.1
Hypospadias	12,20,52	Hypospadias, unspecified	Q54.9
Small phallus	63	Other congenital malformations of penis	Q55.6
Hooded prepuce	54	Other specified congenital malformations of male genital organs	Q55.8
<i>Congenital malformations of the urinary system</i>			<i>Q60-Q64</i>
Renal agenesis	20	Renal agenesis, unspecified	Q60.2
Renal/kidney hypoplasia/aplasia	11,103,112	Renal hypoplasia, unilateral	Q60.3
	11	Renal hypoplasia, bilateral	Q60.4
	13,95	Renal hypoplasia, unspecified	Q60.5
Cystic disease of the kidneys	56	Cystic kidney disease	Q61
Kidney caliceal cyst	112	Congenital single renal cyst	Q61.0
Renal/kidney dysplasia/dysplastic kidney	11,14,95	Renal dysplasia	Q61.4
Hydronephrosis/hydronephrotic kidney	1,5,11,13,16,52,72,81,112	Congenital hydronephrosis	Q62.0
Ureteropelvic anomalies/ ureteropelvic junction constriction/obstruction	11,81,107,108	Atresia and stenosis of ureter	Q62.1
Megaloureteral duplication	112	Congenital megaloureter	Q62.2
Double/duplex ureter/ureteral duplication/duplication of upper renal tract	2,13,52,95	Duplication of ureter	Q62.5
Third ureter	11		
Vesicoureteral/vesicoureteric reflux	13,14	Congenital vesico-uretero-renal reflux	Q62.7
Double/duplex kidney	2,13	Accessory kidney	Q63.0
Horseshoe kidney (renal fusion)	11,14,95	Lobulated, fused and horseshoe kidney	Q63.1
Malrotation of the kidney	11,107,108	Ectopic kidney	Q63.2
Renal pelvictasis	18	Other specified congenital malformations of kidney	Q63.8
Double/duplication of collecting system	9,112		
Dysplasia of renal calyces	3		
Renal anomalies	11,15,65,69,96	Congenital malformation of kidney, unspecified	Q63.9
Bladder diverticulum	13,112	Congenital diverticulum of bladder	Q64.6
Trabeculated bladder	112	Other congenital malformations of bladder and urethra	Q64.7
Urinary tract malformation	13	Congenital malformation of urinary system, unspecified	Q64.9
<i>Congenital malformations and deformities of the musculoskeletal system</i>			<i>Q65-Q79</i>
Congenital hip dislocation/hip instability	2,13,15,17,72,81	Congenital dislocation of hip, unspecified	Q65.2

Condition as stated in original paper	Source	Authors' adjustment for ICD-10, if not specified in the study Condition	Code
Talipes (Club foot/feet)/per equinovarus	3,14,49,54,73	Talipes equinovarus	Q66-0
Metatarsus varus	57		Q66-2
Feet malformations/positional foot deformities	2	Congenital malformations of feet, unspecified	Q66-9
Facial asymmetry	4		Q67-0
Dolichocephalic head	9	Dolichocephaly	Q67-2
Plagiocephaly	51		Q67-3
Hemihypertrophy of left side of face	4	Other congenital deformities of skull, face and jaw	Q67-4
Vertebral segmentation defects	95	Congenital deformity of spine	Q67-5
Pectus excavatum	13,16,32,51,63,73		Q67-6
Pectus carinatum/pigeon-shaped chest	14,54	Pectus carinatum	Q67-7
Chest asymmetry/prominent hemithorax	2,7	Other congenital deformities of chest	Q67-8
Clinodactyly	2,12,13,47,49,50,65,76,88-93,96	Congenital deformity of hand	Q68-1
Proximal placement of thumbs	14		
Minor hand anomalies/hand malformations	74		
Tibial bowing/femoral or tibial torsion	49,73	Congenital bowing of tibia and fibula	Q68-4
Joint anomalies/synostosis of joints/valgus alignment of limbs	16,17,49,91,96	Other specified congenital musculoskeletal deformities	Q68-8
Polydactyly	6,49		Q69
Extra toe	54	Accessory toe(s)	Q69-2
Syndactyly	32,49		Q70
Syndactyly of toes	7,54	Fused toes	Q70-2
Radio-ulnar synostosis/deformity/terminal transverse defect of forearm/hand	7,12,74,106,108	Other congenital malformations of upper limb(s), including shoulder girdle	Q74-0
Hypoplastic radial head	108		
Brachycephaly	72,73		
Hypertelorism	3,4,7-9,11,53,54,73,100	Craniosynostosis	Q75-0
Midface hypoplasia/flat midface/maxilla hypoplasia/flattened maxilla/maxillary hypoplasia	16,17,32,45,47,49,50,56,64,65,69,70,73,76,81,88-90,92,93,99,100,117	Other specified congenital malformations of skull and face bones	Q75-8
Metopic ridge	9		
Bulged forehead/frontal bossing	8,51,59		
Large posterior/anterior fontanelle	51,117		
Persistently patent frontanelles	14		
Narrow forehead	54		
Spina bifida occulta	14		Q76-0
Congenital fusion of cervical vertebrae/cervical spin fusion	107,108	Other congenital malformations of spine, not associated with scoliosis	Q76-4
Thoracic kyphosis	14		
Sacral dysgenesis	3		
Cervical rib	14		Q76-5
Abnormal thoracic cage (development)/rib anomalies	32,107,108	Other congenital malformations of ribs	Q76-6
Tibial exostoses (bilateral)	51	Multiple congenital exostoses	Q78-6
Diaphragmatic hernia	7,57	Congenital diaphragmatic hernia	Q79-0
Diaphragmatic anomalies	16	Other congenital malformations of diaphragm	Q79-1
Eventration of diaphragm	8		
Gastroschisis	110		Q79-3
Other congenital malformations			Q80-Q89
Abnormal/altered crease(s) anomalies (e.g., hockey stick)	1,2,5,9,11-13,15-18,49,52,58,65,69,73,76,88-90,92,99,109,123	Other specified congenital malformations of skin	Q82-8
(Bridged/bilateral) Simian crease	7,17,51,54,81		
Wide-set/hypoplastic nipples	2,7,10,11,99	Other congenital malformations of breast	Q83-8

Condition as stated in original paper	Source	Authors' adjustment for ICD-10, if not specified in the study Condition	Code
Hair whorls (two or more)	73	Congenital morphological disturbances of hair, not elsewhere classified	Q84·1
Fine (electric) hair	18		
Nail hypoplasia/hypoplastic/small nails	7,9,11,12,16,51,63,88-90, 95,117	Other congenital malformations of nails	Q84·6
Dysplastic toenails	73,81		
Glossoptosis	2	Congenital malformation syndromes predominantly affecting facial appearance	Q87·0
CHAPTER XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified			R00-R99
<i>Symptoms and signs involving the circulatory and respiratory systems</i>			R00-R09
Functional murmurs/cardiac/heart murmur	8,9,17,52,53,56,58,63,74,76,81, 89-91,93,97,107,109,116,117	Benign and innocent cardiac murmurs	R01·0
Rhonchi	53		
Abnormal breathing	63	Other and unspecified abnormalities of breathing	R06·8
<i>Symptoms and signs involving the digestive system and abdomen</i>			R10-R19
Hepatomegaly	99,102,104	Hepatomegaly, not elsewhere classified	R16·0
<i>Symptoms and signs involving the nervous and musculoskeletal systems</i>			R25-R29
Tremulousness/tremor	14,17,50,63,73	Tremor, unspecified	R25·1
Ataxia	52	Ataxia, unspecified	R27·0
Poor coordination/abnormal motor coordination	14,59,73	Other and unspecified lack of coordination	R27·8
Persistent primitive reflexes	73	Abnormal reflex	R29·2
Decorticate rigidity	17	Abnormal posture	R29·3
<i>Symptoms and signs involving cognition, perception, emotional state and behaviour</i>			R40-R46
Anger (control) problem(s)	25	Irritability and anger Hostility	R45·4 R45·5
Aggressive behaviour/aggression/violence	14,47,70,71	Physical violence	R45·6
<i>Symptoms and signs involving speech and voice</i>			R47-R49
Echolalia	18,53	Other and unspecified symbolic dysfunctions	R48·8
Aphonic	63	Aphonia	Q49·1
Hypernasality	61	Hypernasality and hyponasality	R49·2
<i>General symptoms and signs</i>			R50-R69
Febrile seizures	39,71	Febrile convulsions	R56·0
Profuse sweating (diaphoresis)	73	Hyperhidrosis, unspecified	R61·9
Delayed milestones	11,59,73	Delayed milestone	R62·0
Deficits in the development of standing/walking/astasia	3,18,73,78,124		
Prenatal/postnatal growth retardation/deficiency	2,9,15-18,50,54,62-64,69,70,72,75,87,88	Other lack of expected normal physiological development	R62·8
Height <10th percentile* /short stature/stunted	2,3,7,9,12,18,21,45,49,50,52,55,60,63,65, 69,71,73,82,89,91,96, 120		
Weight <10th percentile* / underweight	2,3,7,9,12,18,21,45,49,50,52,55,63,65,69,71,73,82,89,91,106,120		
Failure to thrive	15,18,19,49,50,72,101		
Irritable infant/neonatal irritability/ hyperexcitability	14,21,50,51,58,73,81,125	Nonspecific symptoms peculiar to infancy	R68·1
<i>Abnormal findings on diagnostic Imaging and in function studies, without diagnosis</i>			R90-R94
Abnormal MRI	37	Abnormal finding on diagnostic imaging of central nervous system	R90
EEG abnormality	13,50	Abnormal results of function studies of central nervous system (Abnormal electroencephalogram [EEG])	R94·0
Abnormal retinal function - ERG records	87	Abnormal results of function studies of peripheral nervous system and special senses (Abnormal electroretinogram [ERG])	R94·1
CHAPTER XX: External causes of morbidity and mortality			V01-Y98
<i>Intentional self-harm/Sequelae of external causes of morbidity and mortality</i>			X60-X84

Condition as stated in original paper	Source	Authors' adjustment for ICD-10, if not specified in the study Condition	Code
Self-injury/self-harm/suicidal/suicide threats/attempts	14,25,33,37,126,127	Intentional self-harm	X60-X84
CHAPTER XXI: Factors influencing health status and contact with health services			Z00-Z99
<i>Persons with potential health hazards related to socioeconomic and psychosocial circumstances</i>			<i>Z55-Z65</i>
School failure/problems/poor scholastic performance/dropped out	14,28,32,50,96,126,127	Underachievement in school	Z55:3
Problems (adjusting to new careers) with employment/unemployed	14,70,127	Problems related to employment and unemployment	Z56

ICD-10=International Classification of Diseases, version 10.

*Diagnostic features that discriminate individuals with and without fetal alcohol syndrome.

Table A2. Study characteristics and quality rating of the studies included in the meta-analyses

Reference	Country	Year of publication	Year of study	Setting	Study design	Method of data collection	Sample size	Gender (% Male)	Age range (mean, if available)	Diagnostic system used	Total quality rating score
				Population-based – 2 Clinic-based – 1		Active (ACA; Clinical assessment) – 2 Passive (RCR, Birth defects registry) – 1	< 20 – 1 20-49 – 2 50+ – 3			No – 0 Yes – 1	Maximum score = 8
Bell et al. ³⁹	Canada	2010	n/a	Clinic-based	Retrospective cohort study	RCR	86	59.8*	2 to 49 (15.2)*	Canadian guidelines ²	
Score				1		1	3				6
Beattie et al. ⁵²	Scotland	1983	1971-1981	Population-based	Retrospective cohort study	RCR	40	52.5	0 to 10 (2.2)	Not specified	
Score				2		1	2			0	5
Burd et al. ²⁵	United States	2003	n/a	Clinic-based	Retrospective cohort study	RCR	152	58.9*	1m to 56 (8.2)*	FASD Diagnostic Checklist ⁵	
Score				1		1	3			1	6
CDC ⁶⁴	United States	1995	1981-1993	Population-based	Retrospective cohort study	Birth defects registry	60	58.3	0 to 31 (8.0)	Not specified	
Score				2		1	3			0	6
Church et al. ⁶¹	United States	1997	n/a	Clinic-based	Retrospective cohort study	RCR	22	36.4	3 to 27 (11.5)	Criteria of the Fetal Alcohol Study Group of the Research Society on Alcoholism ⁸	
Score				1		1	2			1	5
Egeland et al. ⁴⁹	United States	1998	1977-1992	Population-based	Retrospective cohort study	RCR (multi-source)	145	53.1	0 to 16	Not specified	
Score				2		1	3			0	6
Elgen et al. ⁵⁵	Norway	2007	1999-2004	Clinic-based	Prospective cohort study	Clinical assessment	25	59.6*	0 to 16 (7.7)*	CDC FAS diagnostic guidelines ¹¹	
Score				1		2	2			1	6
Famy et al. ³⁰	United States	1998	n/a	Clinic-based	Prospective cohort study (nested)	Clinical assessment	11	60.0*	19 to 51 (28.8)*	Not specified	
Score				1		2	1			0	4
Habbick et al. ³⁴	Canada	1996	1992-1994	Population-based	Cross-sectional study	ACA	207	52.7	n/a	Guidelines by Sokol and Clarren ¹⁴ with the criteria of the Fetal Alcohol Study Group of the Research Society on Alcoholism ⁸	
Score				2		2	3			1	8
Halliday et al. ²⁰	Ireland	1982	n/a	Clinic-based	Prospective cohort study	Clinical assessment	10	52.2*	0 to 4*	Guidelines by Clarren and Smith ¹⁶	
Score				1		2	1			1	5
Hanson et al. ¹⁶	United States	1976	n/a	Clinic-based	Retrospective case series	RCR	41	n/a	n/a	Not specified	
Score				1		1	2			0	4
Hug et al. ³⁷	United States	2000	n/a	Clinic-based	Retrospective case series	RCR	11	81.8	0 to 12 (4.5)	Not specified	

Reference	Country	Year of publication	Year of study	Setting	Study design	Method of data collection	Sample size	Gender (% Male)	Age range (mean, if available)	Diagnostic system used	Total quality rating score
Quality rating scores				Population-based – 2 Clinic-based – 1		Active (ACA; Clinical assessment) – 2 Passive (RCR, Birth defects registry) – 1	< 20 – 1 20-49 – 2 50+ – 3			No – 0 Yes – 1	Maximum score = 8
Score				1		1	1			0	3
Jones et al. ¹⁰⁹	United States	2010	2009	Population-based	Cross-sectional study	ACA	245	51.8	n/a	Not specified	
Score				2		2	3			0	7
Kalberg et al. ⁶⁷	United States	2006	n/a	Population-based	Cross-sectional study	ACA	14	50.0	1.7 to 5.7 (3.7)	Hoyme clarification of the IOM diagnostic criteria ²¹	
Score				2		2	1			1	6
Kvigne et al. ⁵⁰	United States	2004	1981-1993	Clinic-based	Retrospective case-control study	RCR	43	53.8*	4 to 21* (10.0)	Not specified	
Score				1		1	2			0	4
Kvigne et al. ¹⁹	United States	2009	1981-1993	Clinic-based	Retrospective case-control study	RCR	43	53.8*	4 to 21* (10.0)	Not specified	
Score				1		1	2			0	4
Landgren et al. ⁴⁶	Sweden	2010	n/a	Population-based	Cross-sectional study	ACA	21	56.8*	4.8 to 10.5 (7.5)*	Hoyme clarification of the IOM diagnostic criteria ²¹	
Score				2		2	2			1	7
Löser & Majewski ¹¹³	Germany	1977	n/a	Clinic-based	Retrospective case series	RCR	16	56.3	0 to 6 (1.8)	Not specified	
Score				1		1	1			0	3
May et al. ⁹⁰	South Africa	2007	2002	Population-based	Cross-sectional study	ACA	55	58.9*	(7.7)*	Hoyme clarification of the IOM diagnostic criteria ²¹	
Score				2		2	3			1	8
May et al. ⁹³	Italy	2011	2005-2007	Population-based	Cross-sectional study	ACA	8	50.0	(6.7)*	Hoyme clarification of the IOM diagnostic criteria ²¹	
Score				2		2	1			1	6
Ribeiro et al. ⁸⁴	Portugal	2007	n/a	Clinic-based	Retrospective cohort study	RCR	32	71.9	1 to 17 (9.6)	Guidelines by Sokol & Clarren ¹⁴	
Score				1		1	2			1	5
Robinson et al. ¹⁰⁶	Canada	1987	1984-1985	Population-based	Cross-sectional study	ACA	14	59.1*	3 to 18 (9.7)*	Criteria of the Fetal Alcohol Study Group of the Research Society on Alcoholism ⁵	
Score				2		2	1			1	6
Rössig et al. ¹²	Germany	1994	1980-1993	Clinic-based	Retrospective cohort study	RCR	36	52.8	0 to 17.4 (8.0)	Guidelines by Majewski ^{31,32}	
Score				1		1	2			1	5
Sandor et al. ⁹⁷	Canada	1981	n/a	Clinic-based	Retrospective cohort study	RCR	76	56.6	0 to 18	Not specified	

Reference	Country	Year of publication	Year of study	Setting	Study design	Method of data collection	Sample size	Gender (% Male)	Age range (mean, if available)	Diagnostic system used	Total quality rating score
Quality rating scores				Population-based – 2 Clinic-based – 1		Active (ACA; Clinical assessment) – 2 Passive (RCR, Birth defects registry) – 1	< 20 – 1 20-49 – 2 50+ – 3			No – 0 Yes – 1	Maximum score = 8
Score				1		1	3			0	5
Smith et al. ¹⁰⁷	Canada	1981	n/a	Clinic-based	Retrospective cohort study	RCR	76	56.6	0 to 18	Not specified	
Score				1		1	3			0	5
Spohr et al. ⁶⁹	Germany	1993	1977-1979	Clinic-based	Retrospective cohort study	RCR	60	60.0	0.5 to 11.4 (3.1)	Guidelines by Sokol & Clarren ¹⁴	
Score				1		1	3			1	6
Steinhausen et al. ¹⁵	Germany	1982	1977-1979	Clinic-based	Retrospective cohort study	RCR	71	n/a	0 to 15.5 (4.3)	Guidelines by Majewski ^{31,32}	
Score				1		1	3			1	6
Strömmland & Hellström ⁸⁵	Sweden	1996	n/a	Clinic-based	Prospective cohort study	RCR	25	64.0	n/a	Guidelines by Sokol & Clarren ¹⁴	
Score				1		1	2			1	5
Strömmland & Sundelin ⁷⁵	Sweden	1996	n/a	Clinic-based	Retrospective case series	RCR	5	60.9	n/a	Not specified	
Score				1		1	1			0	3
Swayze et al. ¹⁰⁰	United States	1997	n/a	Clinic-based	Retrospective cohort study	Clinical assessment	10	60.0	4 to 26 (15.0)	Guidelines by Sokol & Clarren ¹⁴	
Score				1		2	1			1	5
Tredwell et al. ¹⁰⁸	Canada	1982	n/a	Clinic-based	Retrospective cohort study	RCR	50	56.6	0 to 18	Not specified	
Score				1		1	3			0	5
Urban et al. ¹²⁰	South Africa	2008	2001-2004	Population-based	Cross-sectional study	ACA	123	49.7	(7.1)*	IOM diagnostic criteria ⁴²	
Score				2		2	3			1	8
Viljoen et al. ⁷⁶	South Africa	2005	n/a	Population-based	Cross-sectional study	ACA	64	46.9	(6.5)	Hoyme clarification of the IOM diagnostic criteria ²¹	
Score				2		2	3			1	8

ACA=Active case ascertainment. CDC=Centre for Disease Control. IOM=Institute of Medicine. RCR=Retrospective chart review.

*Inclusive of individuals with other FASD-related diagnoses.

Table A3. Pooled prevalence of comorbid conditions among individuals with fetal alcohol syndrome and results of the tests of heterogeneity

Code	ICD-10 Condition	Prevalence estimate	95% Confidence interval		Included studies	Tests of heterogeneity			I ² test
			LE	UE		Q statistic			
						Q	df	P-value	
D18-0	Haemangioma, any site	0.209	0.082	0.370	15,16,20	6.42	2	0.040	66.5%
F70-F79	Mental retardation	0.433	0.211	0.669	15,34,46,49,50,52,55	157.56	6	0.000	95.8%
F80	Specific developmental disorders of speech and language	0.672	0.431	0.876	15,49,50,61,64	70.91	4	0.000	94.0%
F81	Specific developmental disorders of scholastic skills	0.309	0.195	0.437	25,50	2.51	1	0.113	60.1%
F82	Specific developmental disorder of motor function	0.436	0.231	0.652	15,46,49,50,52,64,67	100.34	6	0.000	93.6%
F84-0	Childhood autism	0.041	0.000	0.127	34,46	2.11	1	0.146	52.7%
F89	Unspecified disorder of psychological development	0.692	0.477	0.873	16,25,49,50,64,69	123.20	5	0.000	95.3%
F90-0	Disturbance of activity and attention								
	<i>Attention deficit hyperactivity disorder</i>	0.512	0.236	0.784	25,34,46,50,55,64	125.50	5	0.000	96.9%
	<i>Hyperactivity/hyperactive and inattentiveness</i>	0.251	0.170	0.342	49,50	1.55	1	0.214	35.3%
	<i>Short/impaired attention span/problems/distractibility</i>	0.274	0.000	0.514	12,15,50,52,64,69,75,76	154.14	7	0.000	95.1%
F91	Conduct disorder	0.074	0.029	0.137	34,46,50	3.28	2	0.194	43.4%
F91.3	Oppositional defiant disorder	0.233	0.000	0.487	25,46	5.05	1	0.025	80.2%
G40-2	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures	0.215	0.147	0.293	25,49,50,52,64,75	13.72	5	0.018	63.9%
H47-0	Disorders of optic nerve, not elsewhere classified	0.441	0.000	0.782	46,52,75,84,85,87	58.51	5	0.000	91.5%
H50-0	Convergent concomitant strabismus	0.312	0.000	0.601	75,84,85	8.07	2	0.018	75.1%
H50-1	Divergent concomitant strabismus	0.111	0.041	0.207	84,85	0.23	1	0.629	0.0%
H50-5	Heterophoria	0.042	0.000	0.113	84,85	0.04	1	0.836	0.0%
H50-9	Strabismus, unspecified	0.188	0.093	0.305	15,46,49,76,84,87,90,93	41.67	7	0.000	84.0%
H52-1	Myopia	0.107	0.000	0.218	55,84	1.30	1	0.254	23.3%
H55	Nystagmus and other irregular eye movements	0.066	0.023	0.126	52,75,84,85	5.09	3	0.165	0.0%
H90-2	Conductive hearing loss, unspecified	0.568	0.439	0.693	12,61	0.66	1	0.416	0.0%
H90-5	Sensorineural hearing loss, unspecified	0.154	0.000	0.404	12,61	4.96	1	0.026	79.8%
	<i>Central hearing disorder</i>	0.579	0.000	1.000	12,61	46.59	1	0.000	97.9%
H90-8	Mixed conductive and sensorineural hearing loss, unspecified	0.153	0.000	0.379	12,61	3.43	1	0.064	70.9%
H91-9	Hearing loss, unspecified	0.149	0.000	0.355	50,75	1.45	1	0.228	31.2%
K07-0	Major anomalies of jaw size	0.383	0.000	0.746	12,100	3.90	1	0.048	74.4%
K07-1	Anomalies of jaw-cranial base relationship	0.237	0.000	1.000	15,76,90	154.79	2	0.000	98.6%
K40	Inguinal hernia	0.117	0.044	0.216	20,52,75	0.53	2	0.765	0.0%
K40-K46	Hernia	0.242	0.180	0.310	15,67,69	0.89	2	0.640	0.0%
L68-9	Hypertrichosis, unspecified	0.053	0.000	0.184	76,90,106	8.95	2	0.011	84.2%
M20-0	Deformity of finger(s)	0.329	0.000	1.000	15,69,107	75.90	2	0.000	97.2%
M21-2	Flexion deformity								
	<i>Campodactyly</i>	0.132	0.057	0.231	69,76,90,93	8.06	3	0.045	62.7%
M25-9	Joint disorder, unspecified								
	<i>Limited joint movement/decreased pronation/supination of elbow/limited movement of knee</i>	0.094	0.051	0.149	15,69,76,90,109	12.18	4	0.016	66.3%
P05-1	Small for gestational age	0.405	0.332	0.480	49,64	1.08	1	0.299	7.3%
P07-1	Other low birth weight	0.605	0.409	0.786	49,50,55,64,106,113	44.94	5	0.000	87.8%
P07-3	Other preterm infants	0.653	0.314	1.000	49,75,113	6.96	2	0.031	82.5%
P94-2	Congenital hypotonia	0.407	0.149	0.693	12,15,50,52,69	67.99	4	0.000	94.5%
Q02	Microcephaly	0.619	0.452	0.773	12,15,16,20,49,50,55,64,69,100,107,120	165.85	11	0.000	94.2%
	<i>Occipitofrontal/Small head circumference [<10th percentile]</i>	0.781	0.662	0.881	12,50,52,55,	7.63	3	0.054	60.8%
Q04-0	Congenital malformations of corpus callosum	0.311	0.171	0.471	55,87,100	1.33	2	0.513	0.0%

Code	ICD-10 Condition	Prevalence estimate	95% Confidence interval		Included studies	Tests of heterogeneity			I ² test
			LE	UE		Q statistic			
						Q	df	P-value	
Q04-3	Other reduction deformities of brain	0.373	0.000	0.682	55,87,100	6.34	2	0.042	69.0%
Q10-0	Congenital ptosis	0.133	0.104	0.165	12,15,46,50,69,76,84,85,87, 90,93,100,106,109	22.74	13	0.045	17.7%
Q10-3	Other congenital malformations of eyelid								
	<i>Epicanthal folds/broad epicanthus/prominent epicanthic folds</i>	0.405	0.279	0.538	12,15,16,50,69,76,84,90,100	56.39	8	0.000	85.9%
	<i>Short/narrow palpebral fissures</i>	0.597	0.436	0.749	12,16,46,49,50,64,69,84,100	70.15	8	0.000	90.4%
Q10-6	Other congenital malformations of lacrimal apparatus								
	<i>Short inner canthal distance</i>	0.188	0.000	0.387	76,90,93	11.08	2	0.004	78.2%
Q11-2	Microphthalmos	0.078	0.024	0.155	50,85	0.47	1	0.491	0.0%
Q12-0	Congenital cataract	0.070	0.000	0.148	75,84,85	1.97	2	0.374	0.0%
Q14-0	Congenital malformation of vitreous humour	0.096	0.000	0.267	75,85	1.41	1	0.236	28.9%
	<i>Coccygeal fovea</i>	0.541	0.435	0.645	15,69	1.51	1	0.220	33.6%
	<i>Retinal tortuosity/tortuosity of retinal vessels</i>	0.499	0.000	1.000	75,84	3.87	1	0.049	74.2%
	<i>Hypoplastic optic discs/optic disc hypoplasia</i>	0.179	0.000	0.551	55,84	7.31	1	0.007	86.3%
Q17-8	Other specified congenital malformations of ear	0.106	0.076	0.140	76,90,109	1.26	2	0.532	0.0%
Q17-9	Congenital malformations of ear, unspecified	0.395	0.222	0.582	15,16,50,106	18.46	3	0.000	81.0%
Q21-0	Ventricular septal defect	0.151	0.075	0.246	12,52,75,97,113	8.45	4	0.077	51.3%
Q21-1	Atrial septal defect	0.131	0.000	0.337	12,52,75,97,113	27.21	4	0.000	90.2%
Q21-3	Tetralogy of Fallot	0.054	0.019	0.104	12,75,97	1.94	2	0.380	0.0%
Q24-3	Pulmonary infundibular stenosis	0.034	0.000	0.081	52,97,113	2.14	2	0.343	17.9%
Q24-8	Other specified congenital malformations of heart	0.246	0.124	0.391	15,16,20,34,69,90	51.75	6	0.000	90.0%
Q24-9	Congenital malformation of heart, unspecified								
	<i>Congenital heart disease</i>	0.144	0.079	0.224	49,52,106	2.64	2	0.267	33.9%
Q25-0	Patent ductus arteriosus	0.025	0.000	0.056	12,52,75,97	0.54	3	0.910	0.0%
Q30-8	Other congenital malformations of nose								
	<i>Anteverted nares/nostrils</i>	0.128	0.076	0.192	76,90,100	0.77	2	0.681	0.0%
	<i>Flat/low/broad/deep nasal bridge</i>	0.427	0.342	0.514	12,49,50,64,76,90,100	15.21	6	0.019	64.2%
	<i>Short/small upturned nose</i>	0.370	0.218	0.535	15,49,50,69,100	27.62	4	0.000	86.9%
Q35-9	Cleft palate, unspecified	0.144	0.053	0.268	12,15,20,50,55,61,69,75,100	37.24	8	0.000	82.5%
Q36	Cleft lip	0.120	0.000	0.265	55,61,100	3.52	2	0.172	45.0%
Q38-0	Congenital malformations of lip, not elsewhere classified								
	<i>Long/smooth/indistinct/poorly developed philtrum</i>	0.577	0.450	0.698	49,50,64,76,90,93,100,106	32.37	7	0.000	81.0%
	<i>Narrow vermilion border/thin upper lip</i>	0.615	0.462	0.758	12,15,49,50,64,69,76,90,93,1000	75.00	9	0.000	91.6%
Q38-5	Congenital malformations of palate, not elsewhere classified	0.266	0.124	0.436	12,15,61,69	16.38	3	0.001	82.0%
Q52-9/Q55-9	Congenital malformation of female genitalia, unspecified/Congenital malformation of male genital organ, unspecified	0.246	0.108	0.415	12,15,16,69	17.45	3	0.001	84.5%
Q53-9	Undescended testicle, unspecified	0.163	0.000	0.332	52,75	0.21	1	0.649	0.0%
Q54-9	Hypospadias, unspecified	0.071	0.000	0.167	12,20	0.41	1	0.524	0.0%
Q63-9	Congenital malformation of kidney, unspecified	0.071	0.032	0.122	15,69	0.53	1	0.466	0.0%
Q68-1	Congenital deformity of hand	0.251	0.178	0.332	12,50,76,90,93	7.10	4	0.131	35.8%
Q74-0	Other congenital malformations of upper limb(s), including shoulder girdle								
	<i>Radio-ulnar synostosis/deformity/terminal transverse defect of forearm/hand</i>	0.043	0.014	0.087	12,106,108	0.69	2	0.707	0.0%
Q75-8	Other specified congenital malformations of skull and face bones	0.380	0.255	0.513	16,49,50,64,69,76,90,93,100	43.51	8	0.000	87.2%
Q82-8	Other specified congenital malformations of skin	0.329	0.222	0.446	12,15,16,49,52,69,76,90,109	72.02	8	0.000	90.0%
Q84-6	Other congenital malformations of nails	0.079	0.031	0.145	12,90	0.95	1	0.331	0.0%
R01-0	Benign and innocent cardiac murmurs	0.124	0.079	0.177	52,76,90,93,97,109,	9.52	5	0.090	52.0%

Code	ICD-10 Condition	Prevalence estimate	95% Confidence interval		Included studies	Tests of heterogeneity			
			LE	UE		Q statistic		I ² test	
						Q	df		P-value
R62.8	Other lack of expected normal physiological development								
	<i>Prenatal/postnatal growth retardation/deficiency</i>	0.901	0.766	1.000	15,16,50,63,69,87	37.49	5	0.000	87.4%
	<i>Height <10th percentile</i>	0.784	0.445	1.000	49,50,52,55,106	57.26	4	0.000	95.7%
	<i>Weight <10th percentile</i>	0.771	0.457	1.000	12,49,50,52,55,106	75.58	5	0.000	95.9%
	<i>Failure to thrive</i>	0.566	0.000	1.000	15,49,50	98.09	2	0.000	97.4%

df=degrees of freedom. ICD-10=International Classification of Diseases, version 10. LE=lower estimate. UE=upper estimate.

Note. Conditions in italics are as stated in the original papers and cannot clinically and/or statistically be grouped together; therefore, each condition was analyzed separately. Conditions with only one study are not listed.

References

- 1 Khan A, Bader JL, Hoy GR, Sinks LF. Hepatoblastoma in child with fetal alcohol syndrome. *Lancet* 1979; **313**: 1403–4.
- 2 Zaunschirm A, Muntean W. Fetal alcohol syndrome and malignant disease. *Eur J Pediatr* 1984; **141**: 256.
- 3 Kiess W, Linderkamp O, Hadom HB, Haas R. Fetal alcohol syndrome and malignant disease. *Eur J Pediatr* 1984; **143**: 160–1.
- 4 Hornstein L, Crowe C, Gruppo R. Adrenal carcinoma in child with history of fetal alcohol syndrome. *Lancet* 1977; **2**: 1292–3.
- 5 Battisti L, Degani D, Rugolotto S, Brogna-Pignatti C. Fetal alcohol syndrome and malignant disease: A case report. *Am J Pediatr Hematol Oncol* 1993; **15**: 136–7.
- 6 Kiley VA, Lazerson J. Agenesis of the corpus callosum and neural crest tumors. *Pediatr Hematol Oncol* 1986; **3**: 179–82.
- 7 Kinney H, Faix R, Brazy J. The fetal alcohol syndrome and neuroblastoma. *Pediatrics* 1980; **66**: 130–2.
- 8 Ramilo J, Harris VJ. Neuroblastoma in a child with the hydantoin and fetal alcohol syndrome: The radiographic fetures. *Br J Radiol* 1979; **52**: 993–5.
- 9 Seeler RA, Isreal JN, Royal JE, Kaye CI, Rao S, Abulaban M. Ganglioneuroblastoma and fetal haydantoin-alcohol syndromes. *Pediatrics* 1979; **63**: 524–7.
- 10 Bostrom B, Nesbit MEJ. Hodgkin disease in a child with fetal alcohol-hydantoin syndrome. *J Pediatr* 1983; **103**: 760–2.
- 11 Qazi Q, Masakawa A, Milman D, McGann B, Chua A, Haller J. Renal anomalies in fetal alcohol syndrome. *Pediatrics* 1979; **63**: 886–9.
- 12 Rössig C, Wasser S, Oppermann P. Audiologic manifestations in fetal alcohol syndrome assessed by brainstem auditory-evoked potentials. *Neuropediatrics* 1994; **25**: 245–9.
- 13 Majewski F. Alcohol embryopathy: Some facts and speculations about pathogenesis. *Neurobehav Toxicol Teratol* 1981; **3**: 129–44.
- 14 Elliott E, Payne JM, Morris A, Haan E, Bower C. Fetal alcohol syndrome: A prospective national surveillance study. *Arch Dis Child* 2008; **93**: 732–7.
- 15 Steinhausen HC, Nestler V, Spohr HL. Development and psychopathology of children with the fetal alcohol syndrome. *J Dev Behav Pediatr* 1982; **3**: 49–54.
- 16 Hanson JW, Jones KL, Smith DW. Fetal alcohol syndrome. Experience with 41 patients. *JAMA* 1976; **235**: 1458–60.
- 17 Jones KL, Smith DW. Recognition of the fetal alcohol syndrome in early infancy. *Lancet* 1973; **2**: 999–1001.
- 18 Tenbrinck MS, Buchin SY. Fetal alcohol syndrome: Report of a case. *JAMA* 1975; **232**: 1144–7.
- 19 Kvigne VL, Leonardson GR, Borzelleca J, Neff-Smith M, Welty TK. Hospitalizations of children who have fetal alcohol syndrome or incomplete fetal alcohol syndrome. *S D Med* 2009; **62**: 97, 99, 101–3.
- 20 Halliday HL, Reid MM, McClure G. Results of heavy drinking in pregnancy. *BJOG* 1982; **89**: 892–5.
- 21 Toutain S, Lejeune C. Family management of infants with fetal alcohol syndrome or fetal alcohol spectrum disorders. *J Dev Phys Disabil* 2008; **20**: 425–36.
- 22 Alati R, MacLeod J, Hickman M, et al. Intrauterine exposure to alcohol and tobacco use and childhood IQ: Findings from a parental-offspring comparison within the Avon Longitudinal Study of Parents and Children. *Pediatr Res* 2008; **64**: 659–66.
- 23 Baer JS, Barr HM, Bookstein FL, Sampson PD, Streissguth AP. Prenatal alcohol exposure and family history of alcoholism in the etiology of adolescent alcohol problems. *J Stud Alcohol* 1998; **59**: 533–43.

- 24 Baer JS, Sampson PD, Barr HM, Connor PD, Streissguth AP. A 21-year longitudinal analysis of the effects of prenatal alcohol exposure on young adult drinking. *Arch Gen Psychiatry* 2003; **60**: 377–85.
- 25 Burd L, Klug MG, Martsof JT, Kerbeshian J. Fetal alcohol syndrome: Neuropsychiatric phenomics. *Neurotoxicol Teratol* 2003; **25**: 697–705.
- 26 Clark E, Lutke J, Minnes P, Ouellette-Kuntz H. Secondary disabilities among adults with fetal alcohol spectrum disorder in British Columbia. *J FAS Int* 2004; **2**: e13.
- 27 Grant T, Huggins J, Connor P, Pedersen JY, Whitney N, Streissguth A. A pilot community intervention for young women with fetal alcohol spectrum disorders. *Community Ment Health J* 2004; **40**: 499–511.
- 28 Streissguth AP, Bookstein FL, Barr HM, Sampson PD, O'Mally D, Young JK. Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. *J Dev Behav Pediatr* 2004; **25**: 228–38.
- 29 Alati R, Al Mamun A, Williams GM, O'Callaghan M, Najman JM, Bor W. In utero alcohol exposure and prediction of alcohol disorders in early adulthood: a birth cohort study. *Arch Gen Psychiatry* 2006; **63**: 1009–16.
- 30 Famy C, Streissguth AP, Unis AS. Mental illness in adults with fetal alcohol syndrome or fetal alcohol effects. *Am J Psychiatry* 1998; **155**: 552–4.
- 31 Astley SJ, Olson HC, Kerns K, et al. Neuropsychological and behavioral outcomes from a comprehensive magnetic resonance study of children with fetal alcohol spectrum disorders. *Can J Pharmacol* 2009; **16**: e178–201.
- 32 Slavney PR, Grau JG. Fetal alcohol damage and schizophrenia. *J Clin Psychiatry* 1978; **39**: 782–3.
- 33 O'Mally K, Huggins J. Suicidality in adolescents and adults with fetal alcohol spectrum disorders. *Can J Psychiatry* 2005; **50**: 125.
- 34 Habbick BF, Nanson JL, Snyder RE, Casey RE, Schulman AL. Fetal alcohol syndrome in Saskatchewan: unchanged incidence in a 20-year period. *Can J Public Health* 1996; **87**: 204–7.
- 35 Walthall JC, O'Connor MJ, Paley B. A comparison of psychopathology in children with and without prenatal alcohol exposure. *Ment Health Aspects Dev Disabil* 2008; **11**: 69–78.
- 36 O'Connor MJ, Shah B, Whaley S, Cronin P, Gunderson B, Graham J. Psychiatric illness in a clinical sample of children with prenatal alcohol exposure. *Am J Drug Alcohol Abuse* 2002; **28**: 743–54.
- 37 Astley SJ. Profile of the first 1,400 patients receiving diagnostic evaluations for fetal alcohol spectrum disorder at the Washington State Fetal Alcohol Syndrome Diagnostic & Prevention Network. *Can J Clin Pharmacol* 2010; **17**: e132–64.
- 38 Fryer SL, McGee CL, Matt GE, Riley EP, Mattson SN. Evaluation of psychopathological conditions in children with heavy prenatal alcohol exposure. *Pediatrics* 2007; **119**: e733–41.
- 39 Bell SH, Stade B, Reynolds JN, et al. The remarkably high prevalence of epilepsy and seizure history in fetal alcohol spectrum disorder. *Alcohol Clin Exp Res* 2010; **34**: 1084–9.
- 40 O'Connor MJ. Prenatal alcohol exposure and infant negative affect as precursors of depressive features in children. *Inf Mental Hlth J* 2001; **22**: 291–9.
- 41 O'Connor MJ, Kasari C. Prenatal alcohol exposure and depressive features in children. *Alcohol Clin Exp Res* 2000; **24**: 1084–92.
- 42 O'Connor MJ, Paley B. The relationship of prenatal alcohol exposure and the postnatal environment to child depressive symptoms. *J Pediatr Psychol* 2006; **31**: 50–64.
- 43 Roebuck TM, Mattson SN, Riley EP. Behavioral and psychosocial profiles of alcohol-exposed children. *Alcohol Clin Exp Res* 1999; **23**: 1070–6.
- 44 Steinhausen HC, Willms J, Spohr HL. Long-term psychopathologies and cognitive outcome of children with fetal alcohol syndrome. *J Am Acad Child Adolesc Psychiatry* 1993; **32**: 990–4.

- 45 Spohr HL, Willms J, Steinhausen HC. The fetal alcohol syndrome in adolescence. *Acta Paediatrica* 1994; **404**: 19–26.
- 46 Landgren M, Svensson L, Strömberg K, Andersson-Grönlund M. Prenatal alcohol exposure and neurodevelopmental disorders in children adopted from eastern Europe. *Pediatrics* 2010; **125**: e1178–85.
- 47 Fernández-Mayoralas DM, Fernández-Jaén A, Muñoz-Jareño N, Pérez B, Arroyo-González R. Fetal alcohol syndrome, tourette syndrome, and hyperactivity in nine adopted children. *Pediatr Neurol* 2010; **43**: 110–6.
- 48 Wengel T, Hanlon-Dearman AC, Fjeldsted B. Sleep and sensory characteristics in young children with fetal alcohol spectrum disorder. *J Dev Behav Pediatr* 2011; **32**: 384–92.
- 49 Egeland GM, Perhain-Hestet KA, Gessnet BD, Ingle D, Berne JE, Micleldalgh JP. Alcohol syndrome in Alaska, 1977 through 1992: an administrative prevalence derived from multiple data sources. *Am J Public Health* 1998; **88**: 781–6.
- 50 Kvigne VL, Leonardson GR, Neff-Smith M, Brock E, Borzelleca J, Welty TK. Characteristics of children who have full or incomplete fetal alcohol syndrome. *J Pediatr* 2004; **145**: 635–40.
- 51 Azouz EM, Kavianian G, Der Kaloustian VM. Fetal alcohol syndrome and bilateral tibial exostoses: A case report. *Pediatr Radiol* 1993; **23**: 615–6.
- 52 Beattie JO, Day RE, Cocburn F, Garg RA. Alcohol and the fetus in the west of Scotland. *Br Med J (Clin Res Ed)* 1983; **287**: 17–20.
- 53 Church MW, Gerkin KP. Hearing disorders in children with fetal alcohol syndrome: Findings from case reports. *Pediatrics* 1988; **82**: 147–54.
- 54 Collins E, Turner G. Six children affected by maternal alcoholism. *Med J Aust* 1978; **2**: 606–8.
- 55 Elgen I, Bruaroy S, Laegreid LM. Lack of recognition and complexity of foetal alcohol neuroimpairments. *Acta Paediatr* 2007; **96**: 237–41.
- 56 Habbick BF, Zaleski WA, Casey R, Murphy F. Liver abnormalities in three patients with fetal alcohol syndrome. *Lancet*. 1979; **1**: 580–1.
- 57 Nanson JL. Autism in fetal alcohol syndrome: a report of six cases. *Alcohol Clin Exp Res* 1992; **16**: 558–65.
- 58 Sonoda T, Ohdo S, Sennari E. Congenital heart disease in a case with fetal alcohol syndrome: Clinical and postmortem findings. *Acta Paediatr Jpn* 1984; **26**: 241–7.
- 59 Shaywitz SE, Caparulo BK, Hodgson ES. Developmental language disability as a consequence of prenatal exposure to ethanol. *Pediatrics* 1981; **68**: 850–5.
- 60 von Gontard A, Deget F. Gilles de la Tourette's syndrome in a girl with fetal alcohol syndrome. *J Stud Alcohol* 1996; **57**: 219–20.
- 61 Church MW, Eldis F, Blakley BW, Bawle EV. Hearing, language, speech, vestibular, and dentofacial disorders in fetal alcohol syndrome. *Alcohol Clin Exp Res* 1997; **21**: 227–37.
- 62 Pensiero S, Manna F, Michieletto P, Perissutti P. Cleft palate and keratoconus in a child affected by fetal alcohol syndrome: An accidental association? *Cleft Palate Craniofac J* 2007; **44**: 95–7.
- 63 Usowicz AG, Golabi M, Curry C. Upper airway obstruction in infants with fetal alcohol syndrome. *Am J Dis Child* 1986; **140**: 1039–41.
- 64 Centers for Disease Control and Prevention (CDC). Update: Trends in fetal alcohol syndrome - United States, 1979-1993. *Morb Mortal Wkly Rep* 1995; **44**: 249–51.
- 65 Steinhausen HC, Willms J, Winkler-Metzke C, Spohr HL. Behavioural phenotype in foetal alcohol syndrome and foetal alcohol effects. *Dev Med Child Neurol* 2003; **45**: 179–82.
- 66 Fuchs D, Burnside L, Marchenski S, Murdy A. *Children with disabilities receiving services from child welfare agencies in Manitoba*. Toronto, ON: Centre of Excellence for Child Welfare, 2005.

- 67 Kalberg WO, Provost B, Tollison SJ, et al. Comparison of motor delays in young children with fetal alcohol syndrome to those with prenatal alcohol exposure and with no prenatal alcohol exposure. *Alcohol Clin Exp Res* 2006; **30**: 2037–45.
- 68 Mukherjee R, Layton M, Yacoub E, Turk J. Autism and autistic traits in people exposed to heavy prenatal alcohol: data from a clinical series of 21 individuals and nested case control study. *Adv Ment Health Intellect Disabil* 2011; **5**: 42–9.
- 69 Spohr HL, Willms J, Steinhausen HC. Prenatal alcohol exposure and long-term development consequences. *Lancet* 1993; **341**: 907–10.
- 70 Spohr HL, Willms J, Steinhausen HC. Fetal alcohol spectrum disorders in young adulthood. *J Pediatr* 2007; **150**: 175–9.
- 71 Bhang SY, Ahn DH, Lee YJ, An HY, Ahn JH. The first report of fetal alcohol effect in a 12-year-old child in Korea. *Psychiatry Investig* 2009; **6**: 50–3.
- 72 Chan T, Bowell R, O'Keefe M, Lanigan B. Ocular manifestations in fetal alcohol syndrome. *Br J Ophthalmol* 1991; **75**: 524–6.
- 73 Harris SR, Osborn JA, Weinberg J, Looock C, Junaid K. Effects of prenatal alcohol exposure on neuromotor and cognitive development during early childhood: A series of case reports. *Phys Ther* 1993; **73**: 608–17.
- 74 Streissguth AP, Clarren SK, Jones KL. Natural history of the fetal alcohol syndrome: A 10-year follow-up of eleven patients. *Lancet* 1985; **13**: 85–91.
- 75 Strömmland K, Sundelin K. Paediatric and ophthalmological observations in offspring of alcohol abusing mothers. *Acta Paediatrica* 1996; **85**: 1463–8.
- 76 Viljoen DL, Gossage JP, Brooke L, et al. Fetal alcohol syndrome epidemiology in a South African community: A second study of a very high prevalence area. *J Stud Alcohol* 2005; **66**: 593–604.
- 77 Schonfeld AM, Mattson SN, Riley EP. Moral maturity and delinquency after prenatal alcohol exposure. *J Stud Alcohol* 2005; **66**: 545–54.
- 78 Olson HC, Fledman JJ, Streissguth AP, Sampson PD, Bookstein FL. Neuropsychological deficits in adolescents with fetal alcohol syndrome: Clinical findings. *Alcohol Clin Exp Res* 1998; **22**: 1998–2012.
- 79 Whaley SE, O'Connor MJ, Gunderson B. Comparison of the adaptive functioning of children prenatally exposed to alcohol to a nonexposed clinical sample. *Alcohol Clin Exp Res* 2001; **25**: 1018–24.
- 80 O'Connor MJ, Sigman M, Kasari C. Attachment behavior of infants exposed prenatally to alcohol: Mediating effects of infant affect and mother-infant interaction. *Dev Psychopathol* 1992; **4**: 243–56.
- 81 Goldstein G, Arulanantham K. Neural tube defect and renal anomalies in a child with fetal alcohol syndrome. *J Pediatr* 1978; **93**: 636–7.
- 82 Reinhardt K, Mohr A, Gartner J, Spohr H, Brockmann K. Polymicrogyria in fetal alcohol syndrome. *Birth Defects Res A Clin Mol Teratol* 2010; **88**: 128–31.
- 83 Burd L, Klug MG, Bueling R, Martsolf J, Olson M, Kerbeshian J. Mortality rates in subjects with fetal alcohol spectrum disorders and their siblings. *Birth Defects Res A Clin Mol Teratol* 2008; **82**: 217–23.
- 84 Ribeiro SBA, Vale PJ, Tenedorio PA, Rodrigues PA, Bilhoto MA, Pereira HC. Ocular manifestations in fetal alcohol syndrome. *Eur J Ophthalmol* 2007; **17**: 104–9.
- 85 Strömmland K, Hellström A. Fetal alcohol syndrome--an ophthalmological and socioeducational prospective study. *Pediatrics* 1996; **97**: 845–50.
- 86 Chan DQ. Fetal alcohol syndrome. *Optom Vis Sci* 1999; **76**: 678–85.
- 87 Hug TE, Fitzgerald KM, Cibis GW. Clinical and electroretinographic findings in fetal alcohol syndrome. *J AAPOS* 2000; **4**: 200–4.

- 88 Autti-Rämö I, Fagerlund A, Ervalahti N, Loimu L, Korkman M, Hoyme HE. Fetal alcohol spectrum disorders in Finland: clinical delineation of 77 older children and adolescents. *Am J Med Genet A* 2006; **140A**: 137–43.
- 89 Ervalahti N, Korkman M, Fagerlund A, Autti-Rämö I, Loimu L, Hoyme HE. Relationship between dysmorphic features and general cognitive function in children with fetal alcohol syndrome. *Am J Med Genet A* 2007; **143A**: 2916–23.
- 90 May PA, Gossage JP, Marais AS, et al. The epidemiology of fetal alcohol syndrome and partial FAS in a South African community. *Drug Alcohol Depend* 2007; **88**: 259–71.
- 91 Jones K, Smith D. The fetal alcohol syndrome. *Tetatology* 1975; **12**: 1–10.
- 92 May PA, Fiorentino DJ, Gossage P, Kalberg WO, Hoyme HE, Robinson LK. Epidemiology of FASD in a province in Italy: Prevalence and characteristics of children in a random sample of schools. *Alcohol Clin Exp Res* 2006; **30**: 1562–75.
- 93 May PA, Fiorentino D, Coriale G, et al. Prevalence of children with severe fetal alcohol spectrum disorders in communities near Rome, Italy: New estimated rates are higher than previous estimates. *Int J Environ Res Public Health* 2011; **8**: 2331–51.
- 94 Cohen-Kerem R, Bar-Oz B, Nulman I, Papaioannou VA, Koren G. Hearing in children with fetal alcohol spectrum disorder (FASD). *Can J Clin Pharmacol* 2007; **14**: e307–12.
- 95 O'Leary CM, Nassar N, Kurinczuk JJ, et al. Prenatal alcohol exposure and risk of birth defects. *Pediatrics* 2010; **126**: e843–50.
- 96 Shaywitz SE, Cohen DJ, Shaywitz BA. Behavior and learning difficulties in children of normal intelligence born to alcoholic mothers. *J Pediatr* 1980; **96**: 978–82.
- 97 Sandor GG, Smith DF, MacLeod PM. Cardiac malformations in the fetal alcohol syndrome. *J Pediatr* 1981; **98**: 771–3.
- 98 Steeg CN, Woolf P. Cardiovascular malformations in the fetal alcohol syndrome. *Am Heart J* 1979; **98**: 635–7.
- 99 Newman SL, Flannery DB, Caplan DB. Simultaneous occurrence of extrahepatic biliary atresia and fetal alcohol syndrome. *Am J Dis Child* 1979; **133**: 101.
- 100 Swayze VW, Johnson VP, Hanson JW, et al. Magnetic resonance imaging of brain anomalies in fetal alcohol syndrome. *Pediatrics* 1997; **99**: 232–40.
- 101 Uc A, Vasiliauskas E, Piccoli DA, Flores AF, DiLorenzo C, Hyman PE. Chronic intestinal pseudoobstruction associated with fetal alcohol syndrome. *Dig Dis Sci* 1997; **42**: 1163–2267.
- 102 Lefkowitz JH, Rushton AR, Feng-Chen KC. Hepatic fibrosis in fetal alcohol syndrome. Pathologic similarities to adult alcoholic liver disease. *Gastroenterology* 1983; **85**: 951–7.
- 103 Dunigan TH, Werlin SL. Extrahepatic biliary atresia and renal anomalies in fetal alcohol syndrome. *Am J Dis Child* 1981; **135**: 1067–8.
- 104 Mooller J, Brandt NJ, Tygstrup I. Hepatic dysfunction in patient with fetal alcohol syndrome. *Lancet* 1979; **1**: 605–6.
- 105 Manning MA, Hoyme HE. Fetal alcohol spectrum disorders: A practical approach to diagnosis. *Neurosci Biobehav Rev* 2007; **31**: 230–8.
- 106 Robinson GC, Conry JL, Conry RF. Clinical profile and prevalence of fetal alcohol syndrome in an isolated community in British Columbia. *Can Med Assoc J* 1987; **137**: 203–7.
- 107 Smith DF, Sandor GG, MacLeod PM, Tredwell S, Wood B, Newman DE. Intrinsic defects in fetal alcohol syndrome: Studies on 76 cases from British Columbia and the Yukon Territory. *Neurobehav Toxicol Teratol* 1981; **3**: 145–52.

- 108 Tredwell SJ, Smith DF, MacLeod PJ, Wood BJ. Cervical spine anomalies in fetal alcohol syndrome. *Spine* 1982; **7**: 331–4.
- 109 Jones KL, Hoyme HE, Robinson LK, et al. Fetal alcohol spectrum disorders: Extending the range of structural defects. *Am J Med Genet A* 2010; **152A**: 2731–5.
- 110 Sarda P, Bard H. Gastroschisis in a case of dizygotic twins: The possible role of maternal alcohol consumption. *Pediatrics* 1984; **74**: 94–6.
- 111 de Cornulier M, de Lacour F, Avet-Loiseau H, et al. Vertebral involvement and fetal alcohol syndrome. *Pediatric* 1991; **46**: 685–9.
- 112 Havers W, Majewski F, Olbing H, Eickenberg HU. Anomalies of the kidneys and genitourinary tract in alcoholic embryopathy. *J Urol* 1980; **124**: 108–10.
- 113 Löser H, Majewski F. Type and frequency of cardiac defects in embryofetal alcohol syndrome. Report of 16 cases. *Br Heart J* 1977; **39**: 1374–9.
- 114 Sokol RJ, Janisse JJ, Louis JM, et al. Extreme prematurity: An alcohol-related birth effect. *Alcohol Clin Exp Res* 2007; **31**: 1037.
- 115 Christoffel KK, Salafsky I. Fetal alcohol syndrome in dizygotic twins. *J Pediatr* 1975; **87**: 963–7.
- 116 Van Dyke DC, Mackay L, Ziaylek EN. Management of severe feeding dysfunction in children with fetal alcohol syndrome. *Clin Pediatr* 1982; **21**: 339.
- 117 Johnson CAC, Hill ID, Bowie MD. Fetal alcohol syndrome with hydrocephalus: A case report. *S Afr Med J* 1984; **65**: 738–9.
- 118 Riley EP, McGee CL, Sowell ER. Teratogenic effects of alcohol: A decade of brain imaging. *Am J Med Genet C Semin Med Genet* 2004; **127C**: 35–41.
- 119 Autti-Rämö I, Gaily E, Granstrom ML. Dysmorphic features in offspring of alcoholic mothers. *Arch Dis Child* 1992; **67**: 712–6.
- 120 Urban M, Chersich MF, Fourie LA, Chetty C, Olivier L, Viljoen D. Fetal alcohol syndrome among grade 1 schoolchildren in Northern Cape Province: Prevalence and risk factors. *S Afr Med J* 2008; **98**: 877–82.
- 121 Clarren SK, Alvord EC, Sumi SM, Streissguth AP, Smith DW. Brain malformations related to prenatal exposure to ethanol. *J Pediatr* 1978; **92**: 64–7.
- 122 O'Hare ED, Kan E, Yoshii J, et al. Mapping cerebellar vermal morphology and cognitive correlates in prenatal alcohol exposure. *Neuroreport* 2005; **16**: 1285–90.
- 123 Ceccanti M, Spagnolo AP, Tarani L, et al. Clinical delineation of fetal alcohol spectrum disorder (FASD) in Italian children: Comparison and contrast with other racial/ethnic groups and implications for diagnosis and prevention. *Neurosci Biobehav Rev* 2007; **31**: 270–7.
- 124 Jacobson JL, Jacobson SW, Sokol RJ, Martier SS, Ager JW, Kaplan-Estrin MG. Teratogenic effects of alcohol on infant development. *Alcohol Clin Exp Res* 1993; **17**: 174–83.
- 125 Lemola S, Stadlmayr W, Crob A. Infant irritability: The impact of fetal alcohol exposure, maternal depressive symptoms, and low emotional support from the husband. *Inf Mental Hlth J* 2009; **30**: 57–81.
- 126 Huggins JE, Grant T, O'Malley K, Streissguth AP. Suicide attempts among adults with fetal alcohol spectrum disorders: Clinical considerations. *Ment Health Aspects Dev Disabil* 2008; **11**: 33–41.
- 127 Streissguth AP, Barr HM, Kogan J, Bookstein FL. *Understanding the occurrence of secondary disabilities in clients with fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE)*. Seattle, Washington: University of Washington, Fetal Alcohol and Drug Unit, 1996.