

# [Alcohol use during pregnancy linked to hyperactivity in children](https://assignbuster.com/alcohol-use-during-pregnancy-linked-to-hyperactivity-in-children/)

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Most women understand that drinking alcohol during pregnancy can cause physical and mental birth defects. Multiple studies indicate women who drink three or more glasses of alcohol at any one occasion in early pregnancy increase the child’s risk of developing alcohol disorders by 21 years of age (JAMA and Archives Journal, 2006; British Medical Journal, 2005) and is also linked to higher incidents of hyperactivity I children (British Medical Journal, 2005).

Conversely, the National Institute of Alcohol Abuse and Alcoholism (NIAAA) reveals that “ data on the relationship between FAS and hyperactivity are inconsistent” (Jacobson & Jacobson, 2003).

Studies conducted by the NIAAA, indicate hyperactivity of clinic–referred patients “ may have been caused by social and environmental factors, such as co–occurring attachment disorders, anxiety, and post–traumaticstressdisorder” (2003, Hyperactivity and Attention, para 3).

Fetal Alcohol Syndrome (FAS) was first identified in 1973 has reached new levels in terms of research and relevance to other birth defects (Locke-Wellman et al, 2000), including the hypothesis that “ alcohol consumption in doses not generally associated with alcohol problems can produce a variety of neurocognitive deficits in the absence of effects on growth and morphology” and “ appear to have a continuum of neurobehavioral morphological and developmental effects” (e. g. hyperactivity), (Locke-Wellman et al., 2000, p. 661).

Understanding Hyperactivity

The National Institute of Neurological Disorders and Stroke (NINDS) defines hyperactivity –as applies to this report- as Attention deficit-hyperactivity disorder (ADHD), which is a neurobehavioral disorder affecting 3-5 percent of all American children (Attention Deficit-Hyperactivity Disorder Association, 2007). ADHD interferes with an individual’s ability to focus (stay on a task) and to exercise age-appropriate inhibition (cognitive alone or both cognitive and behavioral) (NINDS, 2007).

Warning signs include what may appear as ignoring verbal instructions, lack of organization (personal and school work), fidgetiness, excessive talking, inability to finish chores and homework, and problems paying attention to and responding to details (NINDS, 2007; Attention Deficit Disorder Association, n. d.). While hyperactivity at any level is most common in the younger years up to the early teens, there are many whose condition continued into the adult years (Ibid).

Research Supports Alcohol’s Link to Hyperactivity

More than 20 years ago, studies first revealed alcohol use during pregnancy as a valid link to hyperactivity. In effect, children who were administered the Schedule for Affective Disorders and Schizophrenia for School-Aged Children (KSADS) who showed signs of hyperactivity were born to mothers who admit to drinking during pregnancy (Coles et al., 1997; Chambers et al., 1985).

In 1989, Archer et al. indicated a need to study specific factors (e. g. dietary sensitivities and fetal alcohol damage) that may be important for subgroups of hyperactive children. However, the authors add that this findings are “ unlikely to account for the syndrome as a whole” (Archer et al., 1989, p. 18).

When covering substance use and abuse, Archer et al. (1986, 1989) reported on an earlier study by Weiss et al (1979), explaining that follow-up findings on substance use and abuse (both alcohol and other compounds) have not been consistent, of which Jacobson’s theory (2003) supports citing that potential reasons for these inconsistencies includes differences in geographic study locations, the birth years of subjects, attrition rates, data collection procedures, definitions of use and abuse, and varying degrees of co-morbidity (e. g., ADHD symptoms and conduct problems) across studies (Archer et al, 1986, 1989).

Conduct problems in the early adolescence of hyperactive children have been consistent in most studies, of which Weiss et al (1979) reported that “ at [the] follow-up mean age 13 years, 25 percent of formerly hyperactive subjects showed a history of antisocial behavior, 16 percent were referred to juvenile court, and 3 percent (2 of 64 subjects) were placed in a reform school... teachers reported that hyperactives exhibited more conduct problems than controls” (p. 1350).

Ackerman et al (1986) acknowledges the findings of Weiss et al. (1979) citing that when comparing hyperactive, hypoactive, and normoactive learning-disabled boys and controls in a 4-year follow-up (mean age 14 years) the results indicated a three to sixteen fold increase in comparatively serious behavioral problems (e. g. breaking and entering, aggressive acts in school, and serious incorrigibility) in the hyperactive group (Ackerman et al., 1986; Weiss et al, 1986).

However, all studies reveal that the outcome in late adolescence and young adulthood is less clear.