

Open Access

Adolescents with Foetal Alcohol Spectrum Disorder's Adaptive Behaviour, Sleep, and Physical Activity

Omar Abdullah*

Department of Paediatrics, University of Punjab, UAE

Abstract

Fetal Alcohol Spectrum Disorder (FASD) is a complex neurodevelopmental disorder that arises from prenatal exposure to alcohol. Fetal Alcohol Spectrum Disorder (FASD) is a complex neurodevelopmental disorder that arises from prenatal exposure to alcohol. It is associated with a range of physical, cognitive, and behavioral impairments. This article delves into the intricate relationship between FASD and adaptive behavior, sleep patterns, and physical activity in adolescents. By examining current research and clinical insights, we aim to provide a comprehensive understanding of how FASD impacts these critical aspects of adolescent development. It is associated with a range of physical, cognitive, and behavioral impairments. This article delves into the intricate relationship between FASD and adaptive behavior, sleep patterns, and physical aspects of adolescent development. It is associated with a range of physical, cognitive, and behavioral impairments. This article delves into the intricate relationship between FASD and adaptive behavior, sleep patterns, and physical activity in adolescents. By examining current research and clinical insights, we aim to provide a comprehensive understanding of how FASD impacts these critical aspects of adolescents. By examining current research and clinical insights, we aim to provide a comprehensive understanding of how FASD impacts these critical aspects of adolescent development.

Keywords: Adolescent; Fetal; Spectrum; Cognitive

Introduction

Fetal Alcohol Spectrum Disorder (FASD) stands as a poignant reminder of the far-reaching consequences of maternal alcohol consumption during pregnancy. Emerging from this stark reality is a heterogeneous range of neurodevelopmental impairments that encompass the FASD continuum. While the cognitive and behavioral repercussions of FASD have been extensively studied, a lesser-explored yet equally vital aspect lies in the impact of this disorder on adaptive behavior, sleep patterns, and physical activity during adolescence [1, 2].

As this pivotal period in human development shapes the trajectory toward adulthood, comprehending the intricate interplay between FASD and these fundamental domains becomes paramount for providing effective interventions and holistic support. By delving into the nuanced relationships between FASD and adaptive behavior, sleep, and physical activity in the context of adolescence, this article aims to shed light on the complexities that underlie these interactions and their implications for the well-being and long-term outcomes of individuals affected by FASD [3].

Discussion

The intricate relationship between Fetal Alcohol Spectrum Disorder (FASD) and its impact on adaptive behavior sleep patterns, and physical activity in adolescents holds significant implications for understanding the challenges faced by individuals on this developmental journey. In this section, we delve into the multifaceted interconnections between these domains and explore their combined effects on the lives of adolescents with FASD. Adaptive behavior serves as a bridge between an individual's cognitive capacities and their functional independence. Adolescents with FASD often grapple with deficits in adaptive behavior, which can manifest as difficulties in communication, social interactions, self-care routines, and problem-solving skills. The impairments in executive functions, such as impulse control, decision-making, and planning, commonly observed in FASD, contribute to these challenges [4, 5].

As adolescents navigate complex social and academic environments, these deficits can hinder their ability to adapt to changing circumstances and inhibit their integration into peer groups, schools, and broader

J Child Adolesc Behav, an open access journal ISSN: 2375-4494 societal settings. Sleep disturbances among adolescents with FASD constitute a prevalent and often underappreciated concern. Irregular sleep patterns, insomnia, and frequent awakenings during the night are common issues faced by these individuals. The relationship between FASD and sleep disruption is complex, with potential bidirectional influences. Sleep disruptions can exacerbate behavioral and cognitive difficulties associated with FASD, potentially leading to heightened irritability, impulsivity, and attention deficits during waking hours. Conversely, the neurodevelopmental disruptions caused by prenatal alcohol exposure may directly impact the neural circuits regulating sleep, perpetuating the cycle of sleep disturbances [6].

Physical activity plays an integral role in adolescent development, promoting physical health, cognitive functioning, and emotional wellbeing. However, adolescents with FASD often encounter barriers to engaging in regular physical activities. Motor coordination challenges, sensory sensitivities, and poor impulse control can limit their ability to participate in organized sports or recreational activities. This diminished physical activity not only impacts physical fitness but can also hinder the development of social skills, self-esteem, and emotional regulation. The interplay between adaptive behavior, sleep patterns, and physical activity in adolescents with FASD is complex and interconnected. Poor adaptive behavior can disrupt sleep routines and hinder participation in physical activities, thereby exacerbating the challenges these individuals face [7].

Sleep disturbances, in turn, can amplify cognitive and behavioral impairments, making it even more challenging for adolescents with FASD to adapt to their surroundings and engage in meaningful

*Corresponding author: Omar Abdullah, Department of Paediatric, University of Punjab, UAE, E-mail: omar789@hotmail.com

Received: 1-Aug-2023, Manuscript No: jcalb-23-109530; Editor assigned: 2-Aug-2023, PreQC No: jcalb-23-109530(PQ); Reviewed: 16-Aug-2023, QC No: jcalb-23-109530; Revised: 22-Aug-2023, Manuscript No: jcalb-23-109530(R); Published: 29-Aug-2023, DOI: 10.4172/2375-4494.1000546

Citation: Abdullah O (2023) Adolescents with Foetal Alcohol Spectrum Disorder's Adaptive Behaviour, Sleep, and Physical Activity. J Child Adolesc Behav 11: 546.

Copyright: © 2023 Abdullah O. This is an open-access article distributed under the terms of the Creative v Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Citation: Abdullah O (2023) Adolescents with Foetal Alcohol Spectrum Disorder's Adaptive Behaviour, Sleep, and Physical Activity. J Child Adolesc Behav 11: 546.

physical activities. The cyclical nature of these interactions underscores the need for comprehensive interventions that address multiple domains simultaneously. Approaches that target not only cognitive and behavioral aspects but also promote healthy sleep patterns and tailored physical activity regimens could yield more effective outcomes for adolescents with FASD [8].

Addressing the complex challenges posed by FASD necessitates a multidisciplinary approach. Interventions should encompass behavioral therapies that target adaptive behavior deficits, sleep hygiene education, and strategies to enhance physical activity participation. Individualized treatment plans tailored to the specific needs and strengths of each adolescent can foster a more holistic and integrated approach to their development. Early intervention and ongoing support are critical to mitigating the long-term impacts of FASD on adaptive behavior, sleep, and physical activity [9].

As research continues to unveil the intricate relationships between FASD, adaptive behavior, sleep, and physical activity, future studies could explore the long-term trajectories of these domains and their interactions. Longitudinal research could offer insights into the dynamic nature of these interconnections and inform the timing and nature of interventions. Additionally, collaborative efforts between researchers, clinicians, educators, and families are essential for refining and implementing effective interventions that cater to the unique challenges faced by adolescents with FASD [10].

Conclusion

Adolescents with FASD navigate a complex landscape where adaptive behavior, sleep patterns, and physical activity intertwine to shape their developmental journey. The interplay between these domains underscores the need for a holistic understanding of FASD and its impacts. By recognizing the interconnections and tailoring interventions to address the multifaceted challenges faced by these individuals, we can strive to enhance their quality of life, foster adaptive skills, promote healthy sleep patterns, and facilitate meaningful engagement in physical activities as they transition into adulthood. Disruptions in adaptive behavior, sleep patterns, and physical activity can compound the difficulties they experience. A deeper understanding of these interconnections can inform targeted interventions and support strategies to enhance the overall quality of life for individuals with FASD during their crucial adolescent years.

Acknowledgement

None

Conflict of Interest

None

References

- Alexander H, Ingmar F, Bastian S, Matthias VK, Egbert H, et al. (2020) Preterm birth and sustained inflammation: consequences for the neonate. Semi Immunopathol 42: 451-468.
- Asai T, Nagata A, Shingu K (2008) Awake tracheal intubation through the laryngeal mask in neonates with upper airway obstruction. Paediatr Anaesth 18: 77-80.
- Asai T, Shingu K (2004) Difficulty in advancing a tracheal tube over a fibreoptic bronchoscope: incidence, causes and solutions. Br J Anaesth 92: 870-881.
- Parotto M, Cooper RM, Behringer EC (2020) Extubation of the Challenging or Difficult Airway. Curr Anesthesiol Rep 4: 1-7.
- Patel MR, Piazza CC, Martinez CJ, Volkert VM, Christine MS (2002) An evaluation of two differential reinforcement procedures with escape extinction to treat food refusal. J Appl Behav Anal 35: 363-374.
- 6. Bernard-Bonnin AC (2006) Feeding problems of infants and toddlers. Can Fam Physician 52: 1247-1251.
- Davies WH, Satter E, Berlin KS (2006) Reconceptualizing feeding and feeding disorders in interpersonal context: the case for a relational disorder. J Fam Psychol 20: 409-417.
- Poppert KM, Patton SR, Borner KB (2015) Systematic review: mealtime behavior measures used in pediatric chronic illness populations. J Pediatr Psychol 40: 475-486.
- Gitte H, Paula LH, Marie BH, Henrik H, Klaus R, et al. (2021) Danish premature birth rates during the COVID-19 lockdown. Arch Dis Fetal Neo Ed 106: 93-95.
- Ocheke IE, Antwi S, Gajjar P, McCulloch MI, Nourse P (2014) Pelvi-ureteric junction obstruction at Red Cross Children's Hospital, Cape Town:a six year review. Arab J Nephrol Trans 7: 33-36.