Revising and updating Australia's guidelines for assessment and diagnosis of fetal alcohol spectrum disorder: novel approaches to development of diagnostic criteria

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Issues: Prenatal alcohol exposure commonly occurs in the western world and one unintended outcome is the lifelong and whole-body condition of fetal alcohol spectrum disorders (FASD). Whilst forms of FASD have been diagnosed since the 70's, there is still no consensus internationally regarding the diagnostic criteria. The FASD field is not alone in experiencing challenges with coming to consensus regarding diagnostic criteria. All conditions without objective tests or biomarkers that rely on symptom-based diagnostic criteria face these same challenges.

Approach: As part of the process to revise and update Australian guidelines for the assessment and diagnosis of FASD we put forward a novel methodology to provide an evidence-based approach to developing diagnostic criteria. This approach utilizes the collection of feedback and input from a wide range of key stakeholders (i.e., clinicians, researchers, people with lived experience and cultural expertise) and a novel application of GRADE to the development of diagnostic criteria based on results of a comprehensive evidence review.

Key Findings: Input has been gathered from over 120 key stakeholders around Australia to inform the priorities of the review process and the values, preferences and equity issues informing the GRADE process. A transparent process for developing diagnostic recommendations using GRADE has been developed and applied and resulted in a draft set of diagnostic criteria.

Discussions and Conclusions: The results of this project demonstrate a novel application of GRADE for the development of diagnostic criteria. It is planned for the draft diagnostic criteria and revised guidelines to be released for public consultation in line with the NHMRC clinical practice guidelines development process.

Implications for Practice or Policy: The novel approach used in the development of diagnostic criteria for FASD has broad implications for improving diagnostic criteria for all conditions without specific tests or biomarkers.

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