

# Fetal Alcohol Spectrum Disorders (FASD) and Confabulation

**Received:** December 29, 2020; **Accepted:** January 12, 2021; **Published:** January 19, 2021

## Fetal Alcohol Spectrum Disorders

In general medicine, Feinstein has defined comorbidity as, any separate and supplementary disorder that has coexisted or that may occur while the patient is suffering from the index disease under study. In recent times this expression is frequently used in clinical psychiatry to describe patients who receive a medical diagnosis in addition to their psychiatric disorder but much more frequently patients who are diagnosed with two or more psychiatric disorders. Dual diagnosis are associated with a number of undesirable sequels comprising higher dose and/or number of medicines, non-compliance, psychosocial problems, depression, deliberate self-harm, relapse, increased load on family and vagrancy. In addition, they often have a poorer treatment outcome than those with a single diagnosis of a mental disorder.

Despite these findings, there is paucity of well-planned studies in order to determine the prevalence and correlates of these co-morbid disorders. Furthermore, conclusive studies have not been done on the treatability of such conditions, although it is widely recognized that without comorbid schizophrenia these disorders are eminently treatable. Apart from all this, these co-morbid conditions may increase the infirmity of such patients as well.

In classical phenomenology, certain unusual mental experiences are objectified as psychiatric symptoms which in turn form the components of classification. However mental experiences may also be seen as stages in a psychopathological process. The role of affect in schizophrenia has recently been a focus of psychological accounts of positive symptoms like hallucinations and delusions.

FASD is a life-long condition characterized by permanent brain injury, arising as a result of Prenatal Alcohol Exposure (PAE) the scope and severity of FASD symptoms varies from individual to individual resulting from complex interactions between a variety of internal and external factors. These can include factors such as the timing and dosage of alcohol exposure, genetics and epigenetics, antenatal and maternal health and other factors such as later trauma. In the United States, FASD is an umbrella term used to encompass multiple neurodevelopmental disorders resulting from PAE including Fetal Alcohol Syndrome (FAS) and Alcohol Related Neurodevelopmental Disorder (ARND).

One of the potential consequences of this disorder with its combination of cognitive, social, and adaptive functioning symptoms is that individuals with FASD are likely at elevated risk of confabulation. Confabulation occurs when an individual inadvertently believes and reports inaccurate or false information regarding their memory of an event or events. It is unintentional; arising from the introduction of real or imagined events/information that the individual comes to believe is both accurate and true. Confabulation is not synonymous with lying but is often construed this way by others. Confabulation differs from lying as the individual is not consciously or deliberately attempting to deceive or conceal information; rather they are providing accounts which they have come to believe are true. Confabulation can refer to modest distortions of reality to larger, elaborate creations of multiple, complicated memories. Confabulations can be about matters that range from the mundane to the vitally important

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**Citation:** Paul A (2021) Fetal Alcohol  
Spectrum Disorders (FASD) And  
Confabulation. Dual Diagn Open Acc Vol. 6  
No. 1: e002.

Despite high levels of impairment, typically, FASD and impairments arising from PAE present without any obvious physical markers or characteristics. For example, sentinel facial features associated with FASD are only present in less 20% of those with heavy prenatal alcohol exposure and those features can become less distinct with age. Without any obvious physical characteristics, FASD is a condition that is very difficult to accurately detect and diagnose. In fact, most individuals with FASD go undiagnosed or are misdiagnosed with other conditions, meaning that most do not receive appropriate treatment or support for their condition.

Pathological confabulation as a clinical sign has been most strongly associated with Ventromedial Prefrontal Cortex (vmPFC) damage

and neuroimaging studies have shown that individuals with FASD have reduced cortical volume in the vmPFC. The prefrontal cortex plays a critical role in executive function and is theorized to edit inaccurate memories during memory retrieval to produce a veridical memory trace. Individuals with FASD often have executive dysfunction and inaccurate memory retrieval finally, individuals with low IQ scores tend to be more vulnerable to acceptance of false memories, and individuals with FASD tend to have lower IQ scores even if they are not found to be significantly impaired. Thus, there is an abundance of circumstantial evidence linking FASD to confabulation; however, robust empirical studies have yet to directly confirm that individuals with FASD produce more confabulations than individuals without the condition.