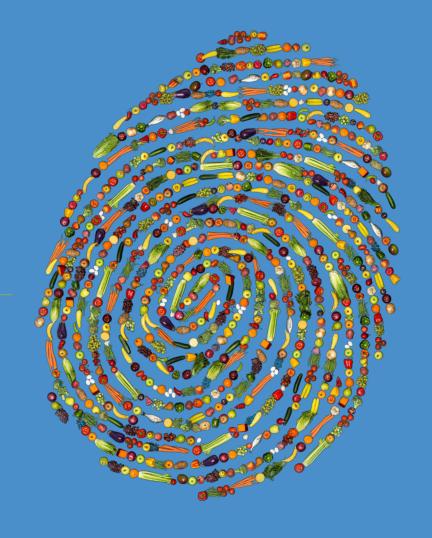
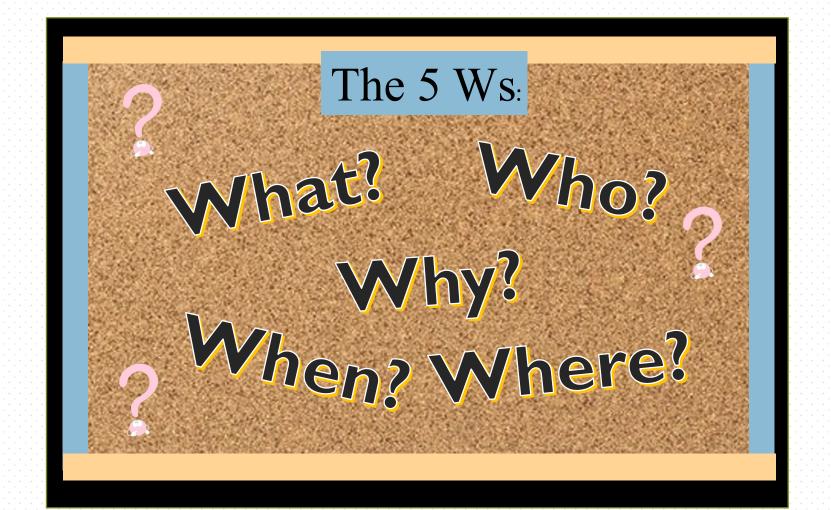
Epidemiology:

The story of disease







What is Epidemiology?

Where/When?

What?

"the study of the occurrence and distribution of health-related states or events

Who?

Why?

in specified populations, including the determinants influencing such states,

How?

and the application of this knowledge to control the health problem"

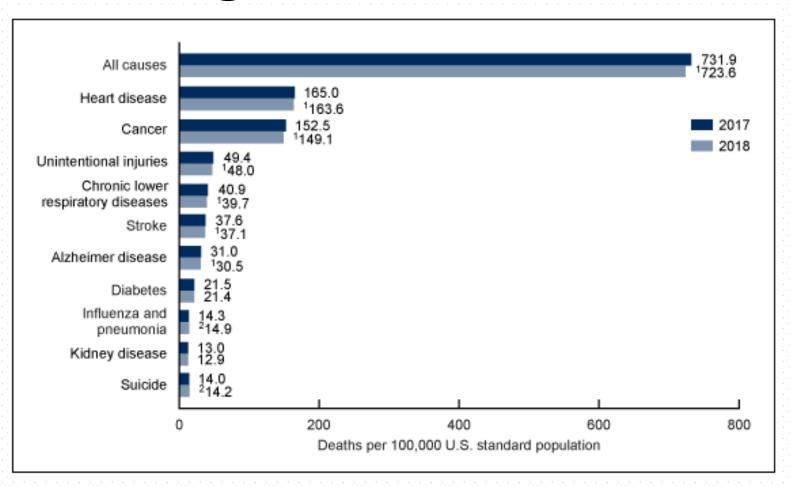
It is the story of a disease in order to improve health and wellbeing in a population

Medicine vs Epidemiology





What: Leading Cause of Death



Non-communicable (lifestyle)

VS

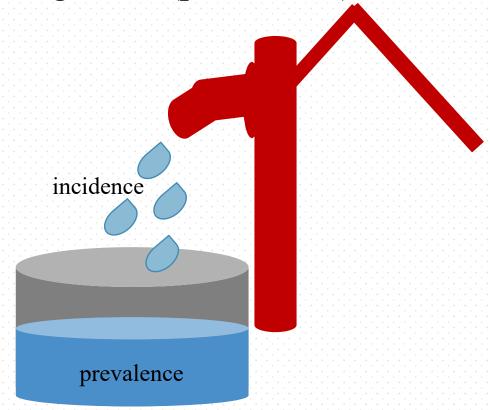
Communicable (spreadable)

Who:

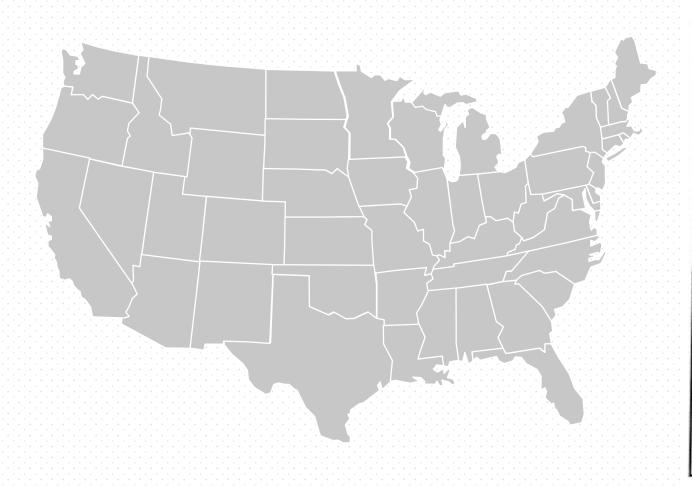


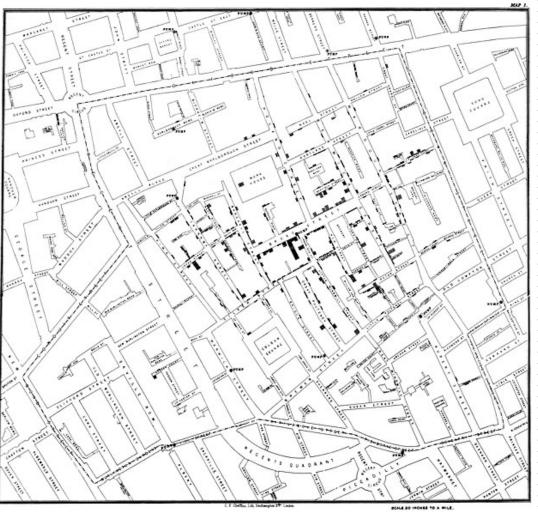
• New cases (incidence)

• Existing cases (prevalence)



Where/When:





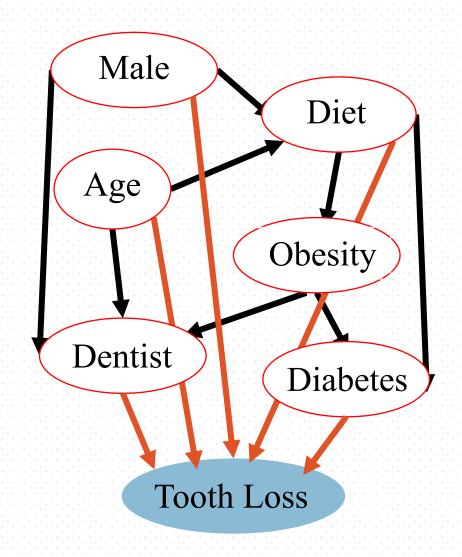
Why:

Cause A Outcome Z

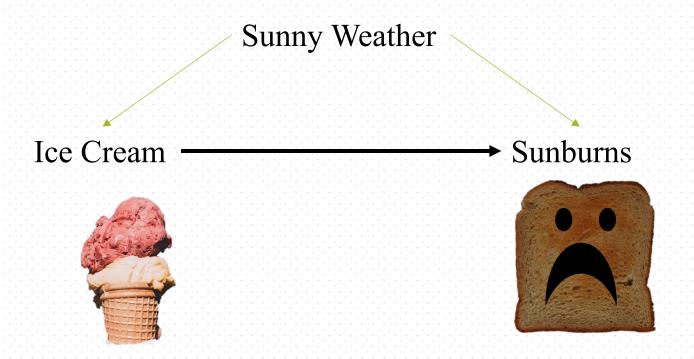
Cause A Outcome Z

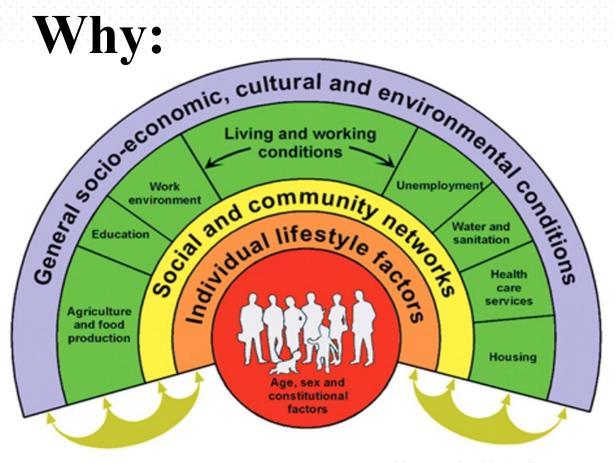
Factor G

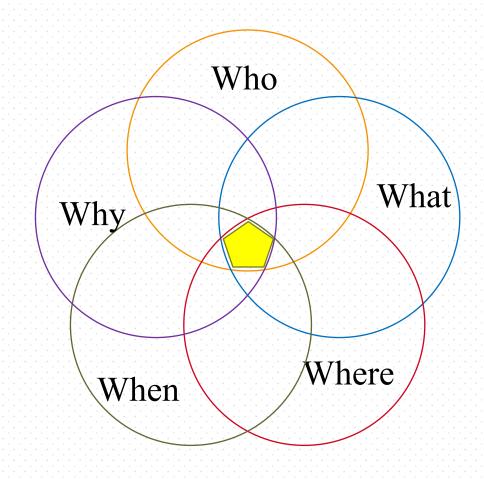
Cause A Outcome Z



Confounding



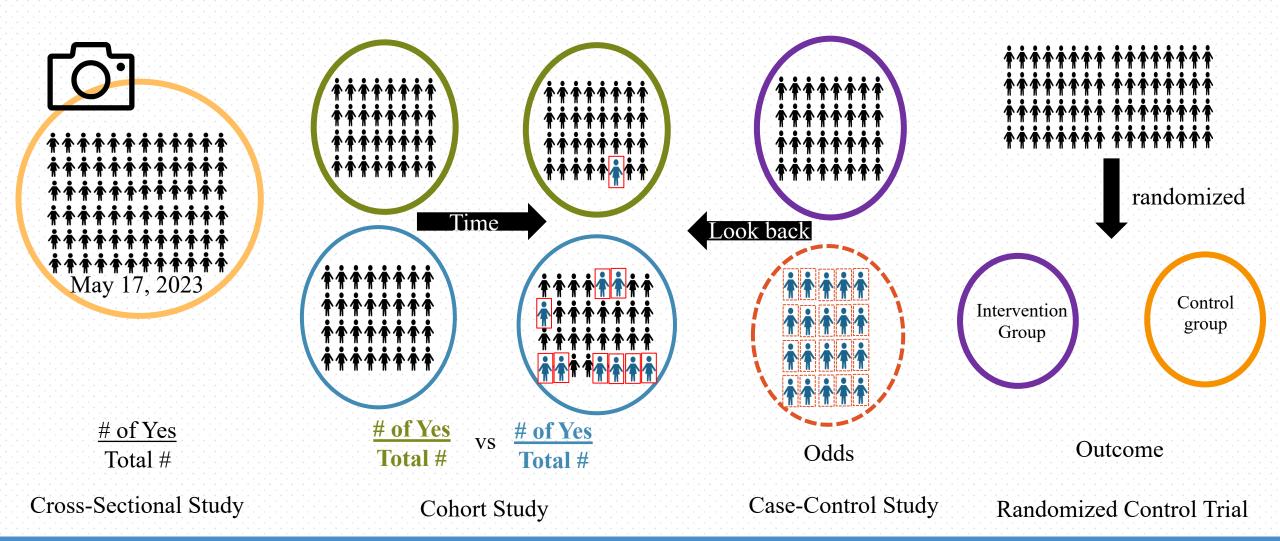


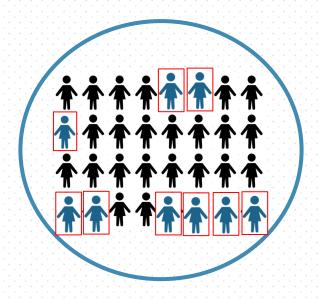


Dahlgren and Whitehead, 1991

Epidemiology is a Team Sport

How do we get the data?





Who:	-	•			-					-	
What:	-									-	
Where:	-								-	-	
When:									-	-	
Why:	-				-			-	-	-	

Cases were more likely to:

- Be within the blue circle
- Weight above normal range
- Under the age of 50
- 30 minutes of exercise per week
- Dislike all vegetables
- Never went to the doctor
- Male

(Associations)

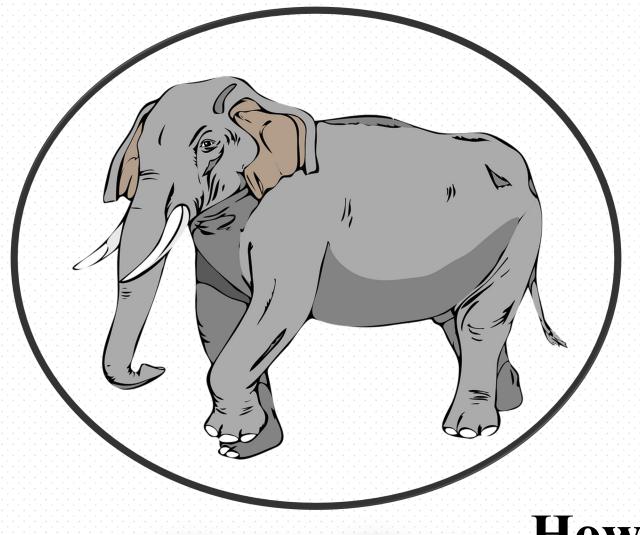
Association does not equal causation

How do we really get the why (causation)?

- Exposure came before outcome
- The relationship cannot be explained by any other factor

Epidemiology Bench / Clinical Epidemiology Science -ology Biochemist Genetics Molecular biologist

Epidemiology is *Really* a Team Sport



How to we fix it?

"foolish, drunken, and harebrained women most often bringforth children like unto themselves, morose, and languid"

Aristotle

"Spirituous Liquors... (are) too often the cause of weak, feeble and distempered children who must be, instead of an advantage and strength, a charge to their country"

- College of Physicians, London, 1725

"fetal alcohol syndrome"

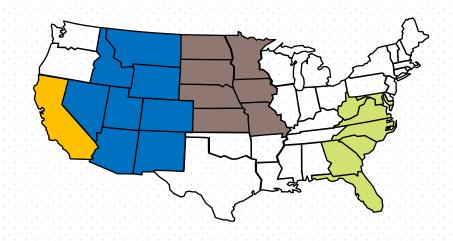
- Smith & Jones, 1973

What?

Fetal Alcohol Spectrum Disorders:

- Fetal alcohol syndrome (FAS)
- Partial fetal alcohol syndrome
 (PFAS)
- Alcohol-related neurobehavioral disorders (ARND)
- Alcohol-related birth defects (ARBD)

Who & where?



- Partnered with school districts
 - 1st grade children

Tier I: Growth Assessment

• Height, weight, head circumference

Tier II: Dysmorphology Exam

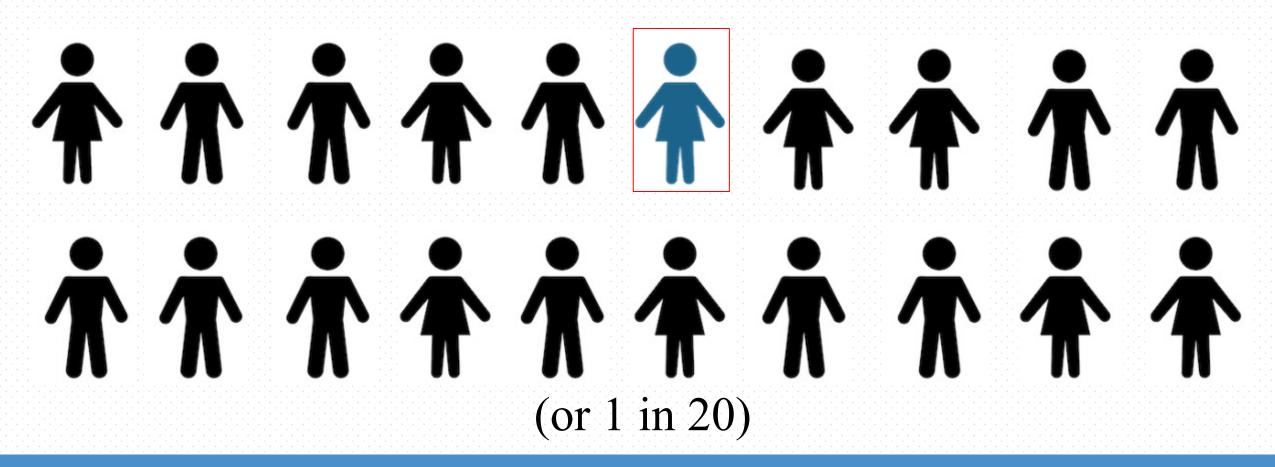
- Facial features
- Minor anomalies

Tier III: Further Assessment

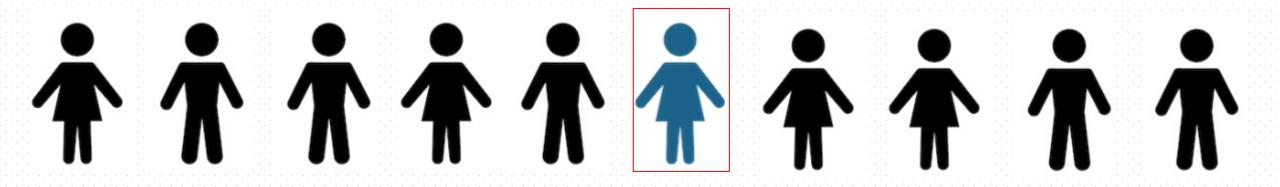
- Neurodevelopmental
- Maternal Interviews

Case Conference: Diagnosis

FASD conservatively affects 1% to 5% of school children



FASD may affect 3.1% to 9.8% of school children



(or 1 in 10)

Implications for North Carolina Schools

• Number of K-12 North Carolina Students: 1.48 Million

- Lowest possible estimate:
 - 1% of 1,480,000 = 14,800 children with FASD in NC schools.
- Conservate estimate:
 - 5% of 1,480,000 = 74,000 children with FASD in NC schools.

When & Why?

Fetal Alcohol Spectrum Disorders





Why?

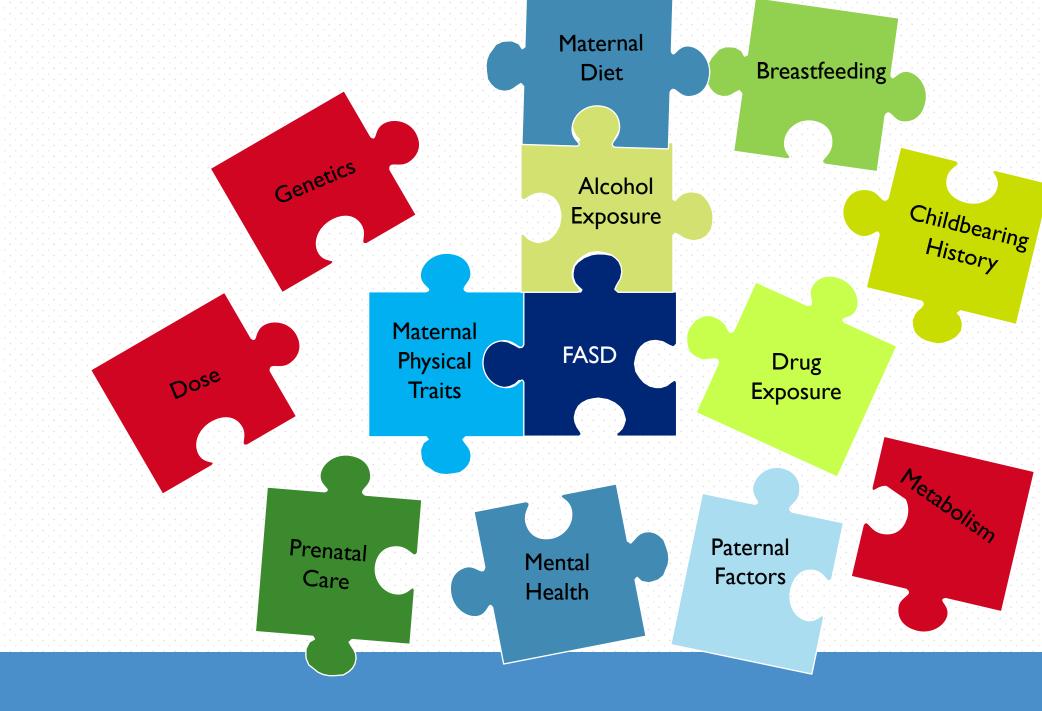
Mothers of children with FASD tend to be:

- Lower in weight / body mass index
- Poorer dietary intake
- •More likely to be nutrient insufficient
- •Less likely to take a prenatal vitamin

(Associations)



Why?





Contents lists available at ScienceDirec

Social Science & Medicine

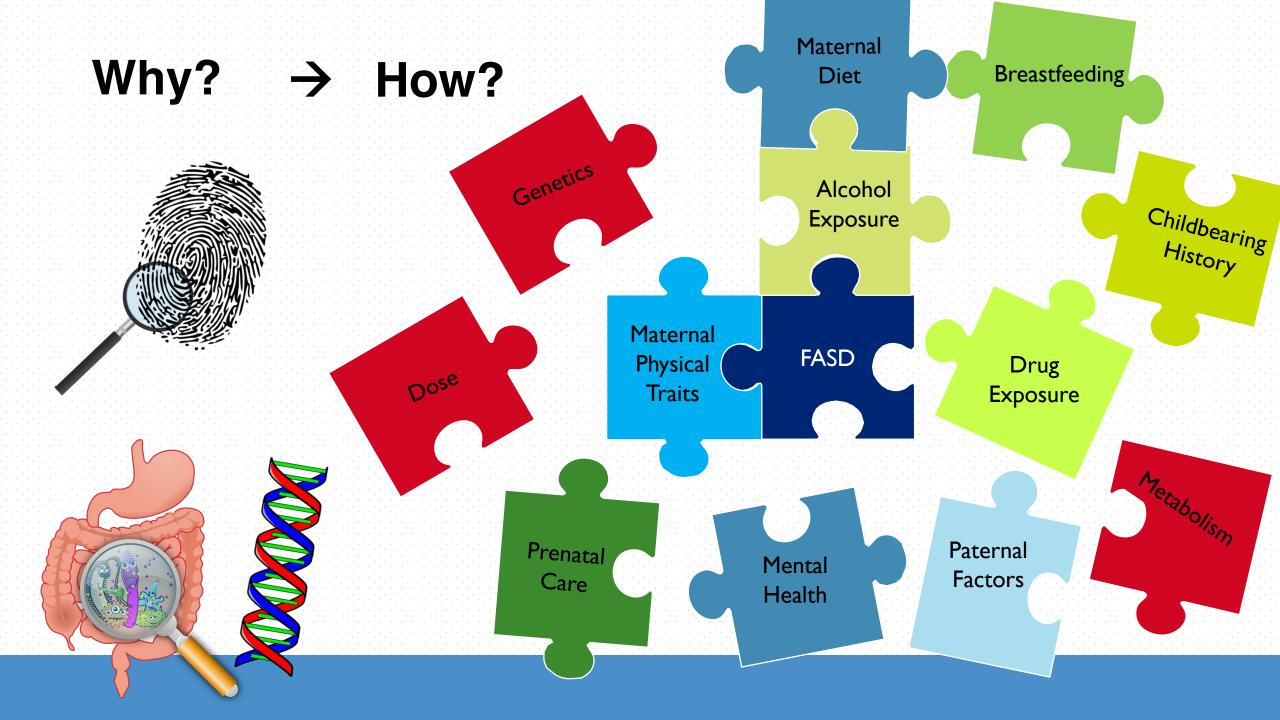


Attitudes toward alcohol use during pregnancy among women recruited from alcohol-serving venues in Cape Town, South Africa: A mixed-methods study



Olivia V. Fletcher^a, Philip A. May^b, Soraya Seedat^c, Kathleen J. Sikkema^{a,d}, Melissa H. Watt^{a,*}

- 1. Pregnancy was unplanned
- 2. Drinking because of stress or to cope with abuse or trauma
- 3. Reliance on drinking venue and fellow drinkers for support
- 4. Socialization
- 5. Feelings of invincibility







UNC NRI Participant Pool



https://uncnri.org/participant-pool/