

O. Chugh

**PRELIMINARY MEDICAL REPORT ON THE YOUNG
INNUS, GRACE FACILITY**

Preamble

The primary goals of the medical evaluation done and still ongoing with the young Innus at the Grace Facility beginning January 9, 2001 were:

- 1) To evaluate and document each individual's general physical health and, if possible, his or her psychological health.
- 2) To determine the physical and psychological effects of solvent abuse.
- 3) To determine if there are pre-existing/primary medical disorders in each individual.

The above goals were personally set as achievable in the context of the minimal background information available to the medical staff as to the overall concept, aims, process, programs, likely outcomes and long-term plans at the initiation of the "Grace/Innu Detoxification Program."

With the above goals in mind, each young Innu had a general medical physical examination done within 24 hours of admission to the Grace Facility by a qualified paediatrician. Most of the young people were initially assessed by me (T. O. Rosales), and those initially seen by the other paediatricians were also re-examined by me 2 – 3 days later after their admission.

Standard public health hygiene checks were carried out by the physicians and Public Health nurses, and as indicated, appropriate measures undertaken.

Keeping in mind the 3 primary medical goals set, within 1 – 3 days of admission, each individual had baseline laboratory evaluative studies done and/or scheduled to be done as soon as possible.

These studies were meant to supplement the ongoing clinical assessment by the nurses, social workers and other professionals involved with each young Innu. From a medical perspective, it was important that no preconceived notion was predetermined as to the etiology of each individual's problems. Thus, the laboratory evaluative studies done were as complete and exhaustive as possible within the limit of available resources. Nevertheless, the studies done on each individual and some selected individuals as indicated covered some rare medical possibilities.

On each young Innu the following studies were done:

- Complete blood count.
 - BUN.
 - Creatinine.
 - Electrolytes.
 - Liver function test,
 - Creatinine phosphokinase.
 - Calcium phosphorus, alkaline phosphatase.
 - Random blood sugar.
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- Hepatitis screen.
 - Urine toxic screen.
 - Urinalysis.
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- Chest X-ray.
 - Cranial CAT scan.

Blood lead levels were done on selected individuals—some selected individuals based on relevant histories had either:

- Brain MRI.
- Chromosome studies.
- Or both.

All females except a few had pregnancy test soon after admission.

Several individuals had dental assessment and treatment.

Many individuals had been arranged to have ENT evaluations.

A few had dermatological assessment.

One young Innu is being followed closely for a pregnancy.

Several individuals have had formal psychiatric evaluation.

To the extent possible during her short initial stay, (PHN – DD) assessed as many of the young people to better assess, even grossly, each individual's behavioural, social and cognitive skills appropriate for chronological age and native culture.

Additionally and as important, each responsible social worker's input and observation of multiple youth support workers (YSW) were noted for each young Innu to the extent these observations were relevant to the subsequent clinical conclusions made.

Multiple meetings of the clinical team took place to share relevant information on each individual. Nevertheless, it should be noted that except for two individuals wherein prior adequate medical background information was available, all the young Innus' medical background information was, at best, sketchy.

Medical Findings:

a) Acute problems:

- 1) All the initial 34 young Innu assessed, except one, smelled strongly of gasoline when first seen. To a varying degree, this smell dissipated within 3 – 4 days after initial assessment.
- 2) A number had evidence of nosebleeds which recurred on and off in several individuals during the first 1 – 3 weeks on their stay. A coagulation work-up/profile was done on one of them to be sure an occult bleeding diathesis medical problem was not the cause. The results were completely normal.
- 3) The majority of the individuals were noted to have hypertrophic boggy nasal mucosa likely a reactive change from gas sniffing.
- 4) Several individuals had evidence of chronic otitis media. One had acute otitis media on admission and was treated appropriately.
- 5) Many had evidence of dry/eczema-like patchy skin and were provided appropriate topical treatment. One individual had chronic keratosis of both feet. She did not want to see a dermatologist.
- 6) Dental caries were referred and managed by the dentist as indicated.
- 7) In addition to the above, as expected, the majority of the young people developed and suffered an influenza illness which started roughly from the beginning of February to the end of February 2001. Two were fairly ill and needed hospitalization at the Janeway. Some needed to be on antibiotics and bronchodilators for associated problems. Most needed only antipyretics (Acetaminophen) and insurance of adequate fluid intake.

8) Several of the adolescent females were found to have mild iron deficiency anaemia. They were started on treatment with iron pills.

All of the above positive findings were not of major or unusual significance in this age group and the given environment. The only unusual finding was that the majority had hypertrophic boggy nasal mucosa likely associated with the use of inhaled solvents.

b) Identifiable primary/chronic medical disorders:

Since January 9, 2001, my medical perspective was as stated in my 3 goals.

Ideally, the start of any good medical evaluation is the completion of as complete as possible medical history which would include the individuals' personal health information, relevant family and social information and whatever educational evaluation is available relevant to the individual.

In almost all of the young Innu, we have only bits and pieces of this information obtained from multiple sources.

If complete information would be available in each of them in the future, likely better individual planning can be formulated.

To date, March 2, 2001, all the tests on the first 35 young Innu, the results are back except for the chromosome studies done on some. I anticipate these results to be normal.

Regarding the diagnosis of FAS/FAE/ARND:

To date, there is no specific test for making the diagnosis of FAS/FAE/ARND. The clinical basis for making the diagnosis is as outlined in the Institute of Medicine, Executive Summary (1996)—attached. The full monograph is available for those interested.

Also included is to me the best available Canadian Summary on the subject (Fetal Alcohol Syndrome: Implications for Correctional Service by Fred V. Boland et al, July 1998). A copy of a study—FAS and FAE: A Report on Prevalence and Prevention Activities in Labrador and Newfoundland by Nicole Smith and Dr. T. O. Rosales is attached to give background in our province.

Some literature on inhalant use/abuse is included to give perspective as to the rational of the steps taken in the medical evaluation of the young Innu. To my knowledge, chronic solvent abuse is usually compounded by existing primary medical and/or social disorder. Treatment has been uniformly disappointing if other concurrent medical and social issues are not addressed.

Young Innu with diagnosis of Fetal Alcohol Syndrome/Alcohol Related**Neurodevelopmental Disorder (FAS/ARND):**

<u>Name:</u>	<u>D.O.B:</u>	<u>Age:</u>
1) [REDACTED]		11

2)	[REDACTED]	14
3)	[REDACTED]	11
4)	[REDACTED]	12
5)	[REDACTED]	11
6)	[REDACTED]	14

Young Innu with diagnosis of Partial Fetal Alcohol Syndrome/Alcohol Related

Neurodevelopmental Disorder (PFAS/ARND):

	<u>Name:</u>	<u>DOB:</u>	<u>Age:</u>
1)	[REDACTED]		11
2)	[REDACTED]		13
3)	[REDACTED]		11
4)	[REDACTED]		18
5)	[REDACTED]		13
6)	[REDACTED]		10
7)	[REDACTED]		10
8)	[REDACTED]		16
9)	[REDACTED]		14
10)	[REDACTED]		13
11)	[REDACTED]		17
12)	[REDACTED]		18
13)	[REDACTED]		15

Young Innu with questionable diagnosis of Possible Alcohol Related
Neurodevelopmental Disorder (ARND) but not enough clinical information to
support it or other primary psychological/psychiatric problem may exist:

<u>Name:</u>	<u>DOB:</u>	<u>Age:</u>
1) [REDACTED]	[REDACTED]	14
2) [REDACTED]	[REDACTED]	15
3) [REDACTED]	[REDACTED]	[REDACTED]
4) [REDACTED]	[REDACTED]	18
5) [REDACTED]	[REDACTED]	13
6) [REDACTED]	[REDACTED]	17
7) [REDACTED]	[REDACTED]	16
8) [REDACTED]	[REDACTED]	14
9) [REDACTED]	[REDACTED]	16

Young Innu whose primary diagnosis of psychological disorder (if any) remains
obscure at this time:

<u>Name:</u>	<u>DOB:</u>	<u>Age:</u>
1) [REDACTED]	[REDACTED]	18
2) [REDACTED]	[REDACTED]	16
3) [REDACTED]	[REDACTED]	17
4) [REDACTED]	[REDACTED]	11
5) [REDACTED]	[REDACTED]	15
6) [REDACTED]	[REDACTED]	13
7) [REDACTED]	[REDACTED]	15

8)

17

It should be emphasized that the differentiation between FAS, partial FAS and ARND is artificial in terms of severity of being affected. The central nervous system effects of alcohol in the fetus is a continuum, and the observable physical changes (phenotype) do not correlate with mildness and /or severity of the associated brain damage.

Again, it should be reiterated that the follow-up of these young Innu would be crucial in further delineating the degree of affectation of each individual.

Program and Programming in Newfoundland and Labrador:

Please see the enclosed article by Smith and Rosales.



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Date: _____

Feb 5, 2001