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Deficits in Executive Function and Academic Performance in Children and Adolescents Exposed to Methamphetamine and other Recreational Drugs

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BACKGROUND

Effects of Prenatal Methamphetamine Exposure

- ❖ Pregnancy complications including low maternal weight gain, increased premature delivery, and neonatal mortality (Eriksson et al., 1981)
- ❖ Abnormalities in emotional development (Billing et al., 1980)
- Lower IQ (Billing et al., 1985)
- ❖ Physical and Emotional Aggression (Billing et al., 1994).
- Shorter stature and low weight in females (Cernerud et al., 1996)
- ❖ Increased likelihood to fall behind a grade in school (Cernerud et al., 1996)

OBJECTIVES

Goals of Study

OHSU

- To examine the effects of prenatal exposure to methamphetamine and other recreational drugs on psychopathology and executive function in children and adolescents
- To investigate the degree to which behavior abnormalities in children exposed to drugs prenatally can be attributed to methamphetamine as opposed to other recreational drugs (i.e. alcohol and nicotine)
- To determine how executive function and behavior problems related to drug exposure change as a function of age

METHODS

Parents and guardians of children ages 5 to 18 were recruited to complete an anonymous online survey administered through REDCap, a secure, web-based application. The survey included a child development questionnaire created to gain information about the prenatal and postnatal environment of the child, as well as the Behavior Rating Inventory of Executive Function (BRIEF), an established scale used to measure executive function in children. Exclusion criteria were children with FAS, severe brain trauma, head injury or any other medical condition that could interfere with cognitive assessments. Subjects were recruited on a voluntary basis and were not offered an incentive for their participation. All analyses were conducted using SPSS, version 16.0 with data expressed as mean (\pm SEM). A significance level of p<.05 was considered statistically significant for all tests.

RESULTS

Characteristics of the Biological mother

| | Meth -, Alc – | N | Meth-, Alc+ | N | Meth+ | N |
|---------------|---------------|-----|-------------|----|-----------------------|----|
| Caucasian | 80.5% | 326 | 79.5% | 83 | 81.5% | 60 |
| Age at | | | | | 23.9 | |
| Pregnancy | 24.9 (0.35) | 321 | 27.1 (0.76) | 79 | (0.76) | 54 |
| Pregnancy inc | | | | | | |
| (<35K) | 62.6% | 318 | 59.7% | 77 | 94.0% ^{A, B} | 36 |
| Current | | | | | | |
| income (<35K) |) 40.6% | 320 | 32.5% | 80 | 44.2% | 52 |
| Education of | | | | | | |
| B.M. | | | | | | |
| (College +) | 69.4% | 330 | 71.0% | 63 | 17.0% A, B | 52 |
| ADD/ADHD | 7.6% | 331 | 12.0% | 83 | 13.3% | 60 |
| Exercise | | | | | | |
| During | | | | | | |
| Pregnancy | 69.3% | 327 | 65.4% | 83 | 19.4% ^{A, B} | 58 |

Characteristics of the Child

| | Meth -, Alc – | N | Meth-, Alc+ | N | Meth+ | N |
|-------------|---------------|-----|---------------------|----|-----------------------|----|
| Sex | | | | | | |
| (%Female) | 40.9% | 331 | 49.5% | 83 | 45.0% | 60 |
| Caucasian | 81.8% | 330 | 75.6% | 82 | 81.6% | 60 |
| Age | 10.2 (0.24) | 331 | 10.2 (0.45) | 83 | 8.9 (0.45) | 60 |
| Premature | | | , , | | | |
| Birth | 16.0% | 327 | 5.1% ^{A,B} | 80 | 18.2% | 60 |
| Living with | | | | | | |
| B.M. | 95.7% | 331 | 78.3% ^A | 83 | 28.3% ^{A, B} | 60 |
| Avg Psych | | | | | | |
| Diagnoses | 0.9 (0.08) | 331 | 1.2 (0.22) | 83 | $1.7 (0.25)^{B}$ | 60 |
| ADD/ | | | | | | |
| ADHD | 21.8% | 331 | 15.7% | 83 | 26.7% | 60 |

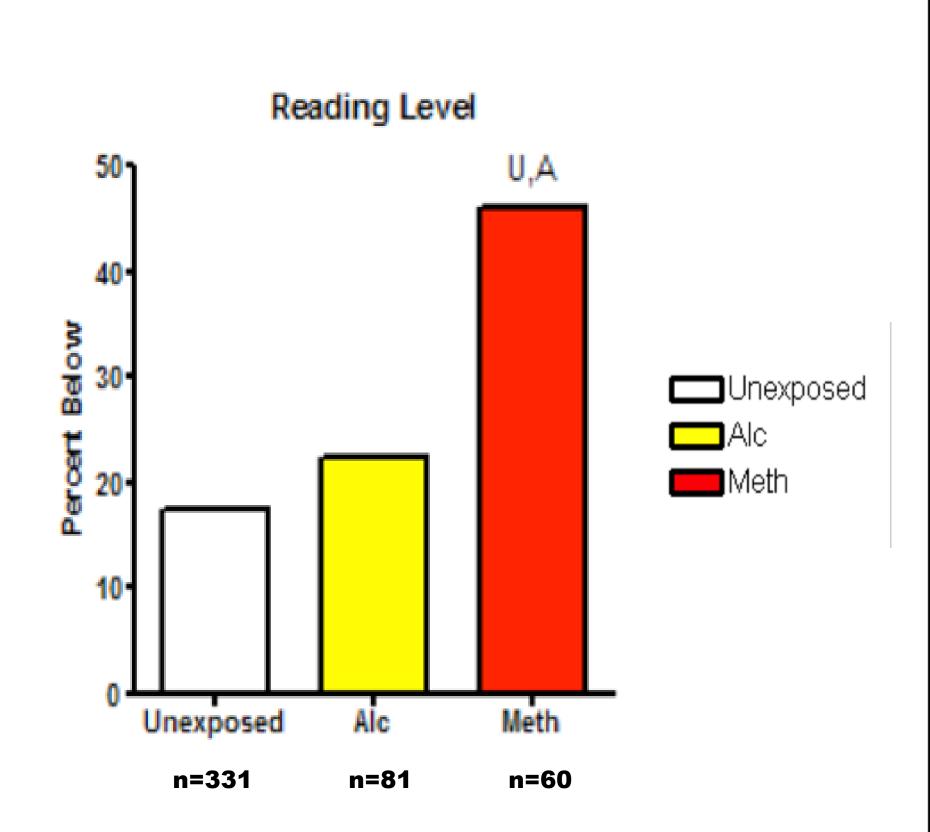
Prenatal Drug Exposure

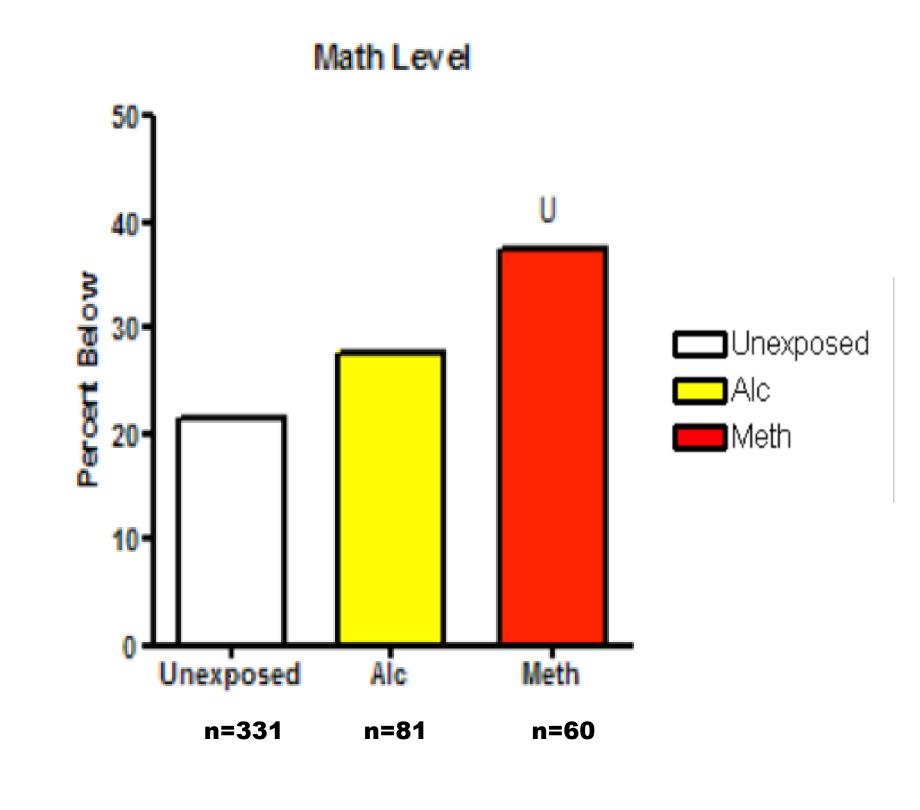
| | Meth -, Alc - | N | Meth-, Alc+ | N | Meth+ | N |
|-----------|---------------|-----|---------------------|----|-----------------------|----|
| Prenatal | | | | | | |
| vitamins | 74.6% | 330 | 66.3% | 83 | 8.3% A, B | 60 |
| Alcohol | 0.0% | 331 | 100.0% ^A | 83 | 68.0% ^{A, B} | 59 |
| Cocaine | 0.9% | 331 | 4.8% ^A | 83 | 23.3% A, B | 60 |
| Marijuana | 8.5% | 331 | 22.9% ^A | 83 | 40.0% A, B | 60 |
| Meth | 0.0% | 331 | 0.0% | 83 | 100.0% A, B | 60 |
| Nicotine | 20.2% | 329 | 36.3% ^A | 82 | 88.4% ^{A, B} | 60 |

Alcohol Exposure

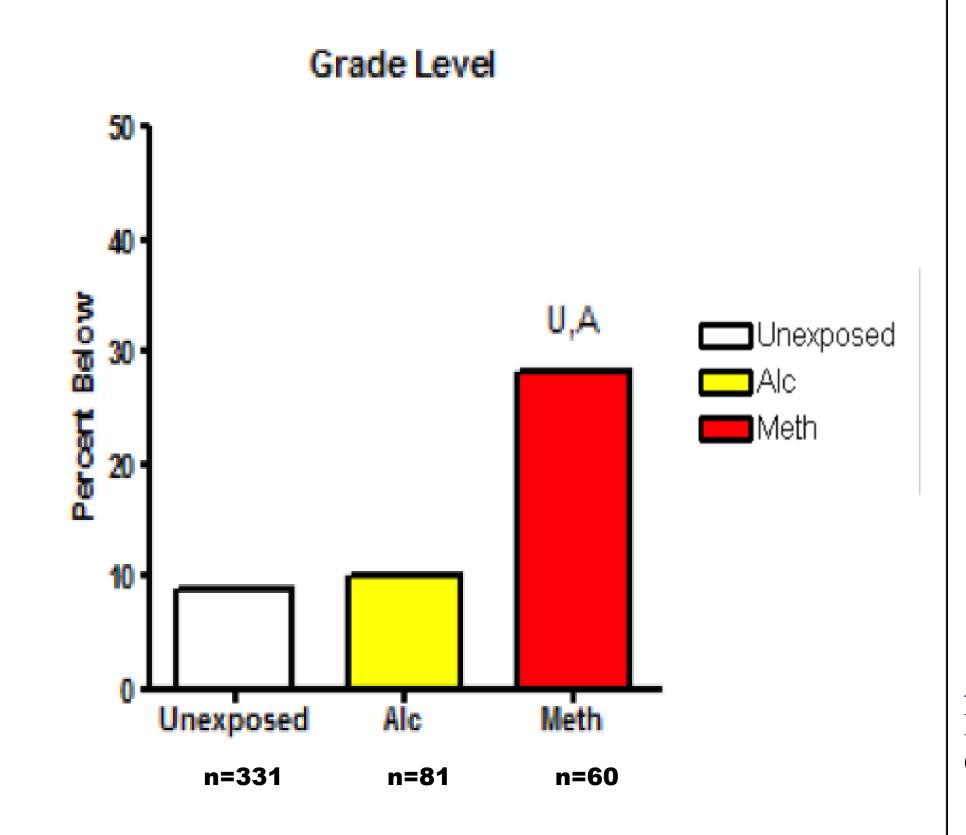
| | Meth -, Alc – | N | Meth-, Alc+ | N | Meth+ | N |
|---------------|---------------|-----|---------------------|----|-----------------------|----|
| Alc during | | | | | | |
| pregnancy | 0.0% | 331 | 100.0% ^A | 83 | 68.0% ^{A, B} | 59 |
| >5 drinks in | | | | | | |
| one sitting | 0.0% | 331 | 23.4% | 77 | 69.3% ^B | 24 |
| Alc during | | | | | | |
| 3rd trimester | 0.6% | 331 | 55.7% ^A | 79 | 46.7% ^{A, B} | 24 |
| Alc daily | 0.0% | 331 | 7.9% | 76 | 50.0%B | 24 |

Children exposed to methamphetamine were more likely to fall behind grade level in math and reading

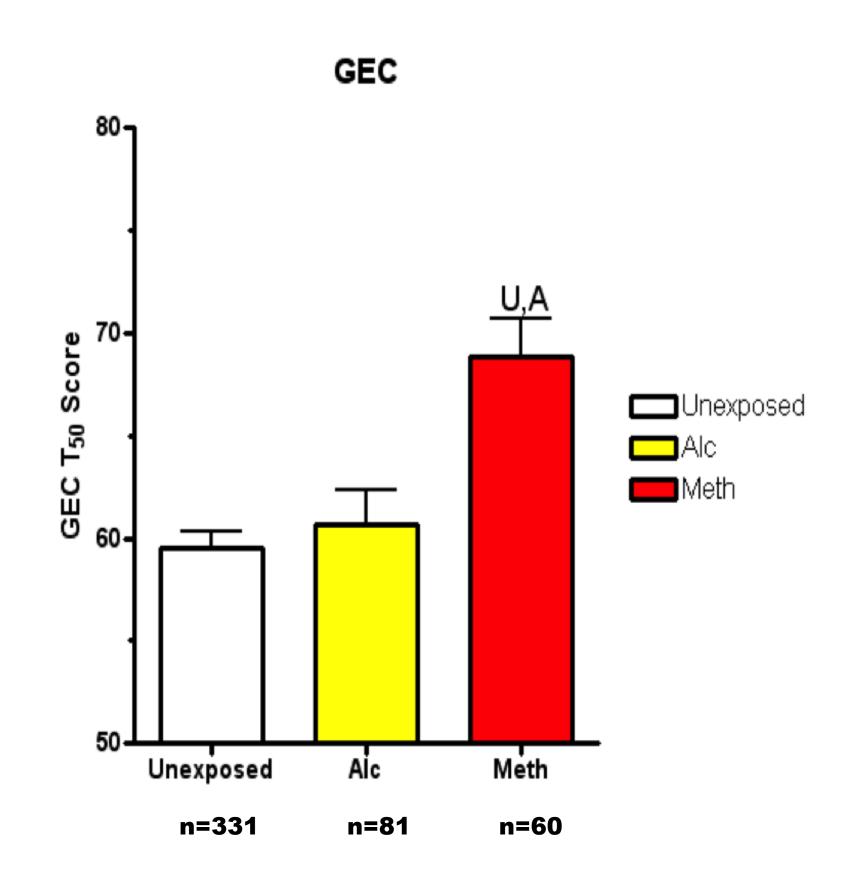




Children exposed to methamphetamine were nearly three times more likely to fall a full grade level behind in school



Children who were prenatally exposed to methamphetamine exhibited significant deficits in executive function



CONCLUSIONS

❖ Children exposed to methamphetamine were significantly more likely to fall behind their grade level in math and reading and nearly three times as likely to fall a grade behind in school compared to children who were not exposed to methamphetamine ❖ Children exposed to methamphetamine had greater deficits in executive function compared to children who were not exposed to methamphetamine

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