

# Glossary

## A Concise Guide to Medical Terminology

This Guide is designed to help the reader decipher some unfamiliar terms used in the disorder descriptions. It is helpful to divide medical terms into their basic elements: prefix, root, and suffix. Following these examples are 249 commonly used medical prefixes, roots, and suffixes—over a dozen more than last edition.

**Example 1:** The medical term *microcephaly* is a combination of “micr(o),” meaning small, and “cephal(o),” which means head. Therefore, microcephaly denotes an abnormally small head. In contrast, “macr(o)” means large. Thus, *macrocephaly* indicates an unusually large head.

**Example 2:** The word *polydactyly* includes “poly,” meaning much or many, and “dactyl,” which refers to fingers or toes. Thus, the medical term *polydactyly* means the presence of extra fingers or toes. Accordingly, because “brachy” means short, the word *brachydactyly* indicates abnormally short fingers or toes.

**Example 3:** The term *myositis* is a combination of “my(o),” which denotes muscle, and “itis,” meaning inflammation. Therefore, *myositis* means muscle inflammation. When “cardi(o),” meaning heart, is added, forming the term *myocarditis*, the meaning becomes inflammation of heart muscle.

## Medical Prefixes, Roots, and Suffixes

A . . . . .	absence of, without	-cele . . . . .	hernia, protrusion, tumor
Ab . . . . .	away from	cent. . . . .	one hundred
Acou . . . . .	hear	centr(o). . . . .	center
aden(o). . . . .	gland	cephal(o) . . . . .	head
-algia . . . . .	pain	cerebr(o). . . . .	brain
all(o). . . . .	other, different	cervic . . . . .	neck
andr(o) . . . . .	man	chole. . . . .	bile
angi(o) . . . . .	vessel	chondr(o) . . . . .	cartilage
ankyl(o) . . . . .	bent, crooked	circum . . . . .	around
ante. . . . .	before	-coele . . . . .	body/organ cavity
anti. . . . .	against, counter	contra. . . . .	against, counter
arteri(o) . . . . .	artery	cost(o) . . . . .	rib
arthr(o). . . . .	joint	crani(o). . . . .	skull
audio . . . . .	hearing, sound	cry(o). . . . .	cold
auri. . . . .	ear	crypt(o) . . . . .	conceal, hide
aut(o) . . . . .	self	cyan . . . . .	blue
bacteri(o) . . . . .	bacteria	cyst(o) . . . . .	bladder
bio . . . . .	life	cyt(o) . . . . .	cell
blast(o). . . . .	bud, early embryonic budding	de . . . . .	away from, down
-blast . . . . .	formative cell, germinal layer	dent(o) . . . . .	tooth
blephar(o). . . . .	eyelid	dermat(o) . . . . .	skin
brachi(o). . . . .	arm	di . . . . .	two
brachy . . . . .	short	dia . . . . .	apart, through
brady . . . . .	slow	digit . . . . .	finger or toe
bronch(o) . . . . .	bronchi	dipl(o) . . . . .	double
bucc(o). . . . .	cheek	dors(o) . . . . .	back
carcin(o). . . . .	cancer	dys . . . . .	abnormal, bad
cardi(o). . . . .	heart	ect(o) . . . . .	outside, out of place

## GLOSSARY OF ACRONYMS

**Note:** Compound acronyms denote vaccine combinations.  
 ‘DTPHibHepIPV’, for example, denotes DTP, Hib, HepB and IPV vaccines combined.

AMC	advanced market commitment
aP	acellular pertussis vaccine
BCG	bacille Calmette-Guérin (vaccine against tuberculosis)
CBAW	childbearing-aged women; refers to ages 15-45 unless otherwise noted
Dip	diphtheria toxoid vaccine
DT	diphtheria toxoid
DTaP	diphtheria and tetanus toxoid with acellular pertussis vaccine
DTP	diphtheria and tetanus toxoid with pertussis vaccine
DTP1	first dose of diphtheria and tetanus toxoid with pertussis vaccine
DTP3	third dose of diphtheria and tetanus toxoid with pertussis vaccine
DTwP	diphtheria and tetanus toxoid with whole-cell pertussis vaccine
EPI	Expanded Programme on Immunization
GAVI	Global Alliance for Vaccines and Immunisation
GNI	gross national income (US)
H1N1	monovalent vaccine against the 2009 influenza A (H1N1) virus
HepA	hepatitis A vaccine
HepB	hepatitis B vaccine
HepB3	third dose of hepatitis B vaccine
HFRS	hemorrhagic fever with renal syndrome (hantavirus) vaccine
Hib	Haemophilus influenzae type b vaccine
Hib3	third dose of Haemophilus influenzae type b vaccine
HPV	human papilloma virus vaccine
IPV	inactivated polio vaccine
JE	Japanese encephalitis
MCV	measles-containing vaccine
MCV2	second dose of measles-containing vaccine
MenA	meningococcal A vaccine; this monovalent vaccine protects against meningitis serogroup A

## Disorders by Biologic System Affected

**Cardiovascular Disorders;** see also *Cardiovascular System*, page 993.

Aortic Stenosis  
Arrhythmias  
Atrial Septal Defects  
Coarctation of the Aorta  
Hypertrophic Cardiomyopathy  
Hypoplastic Left Heart Syndrome (HLHS)  
Kawasaki Disease  
Marfan Syndrome  
Noonan's Syndrome  
Patent Ductus Arteriosus  
Pulmonary Hypertension  
Pulmonary Valve Stenosis  
Syncope  
Tetralogy of Fallot  
Transposition of the Great Arteries  
Ventricular Septal Defects  
Williams Syndrome

**Connective Tissue Disorders;** see also *Cells*, page 995.

Childhood Dermatomyositis  
Ehlers-Danlos Syndrome  
Sarcoidosis  
Scleroderma

**Dental Disorders;** see also *Digestive System*, page 1000.

Dental Conditions  
Ectodermal Dysplasia  
Microdontia

**Dermatologic Disorders;** see also *Dermatologic System*, page 998.

Albinism  
Alopecia Areata  
Burn Injuries  
Childhood Dermatomyositis  
Cleft Lip and Cleft Palate  
Ectodermal Dysplasia  
Eczema  
Epidermolysis Bullosa  
Hemangiomas and Lymphangiomas  
Ichthyosis  
Keloids  
Neurofibromatosis  
Pemphigus  
Photosensitivity  
Pityriasis Rosea  
Tuberous Sclerosis  
Psoriasis

*This year's America's Children in Brief: Key National Indicators of Well-Being continues two decades of collaboration by agencies across the Federal Government to advance our understanding of our Nation's children and what may be needed to bring them a better tomorrow. Data used in this report were collected before the COVID-19 pandemic. While many of the data surveys reflected in this report have adapted to address data needs related to the pandemic, these data were not available for inclusion at the time of publication.*

Office of the Chief Statistician, U.S. Office of Management and Budget

## Introduction

The Federal Interagency Forum on Child and Family Statistics (Forum) was chartered in 1997 by Executive Order No. 13045. The Forum fosters collaboration among 23 Federal agencies that produce and use statistics on children and families and seeks to improve these Federal data. Each year, the Forum publishes a report compiling measures of well-being drawn from the most reliable Federal statistics.

## Conceptual Framework for Key National Indicators

The Forum has identified 41 indicators that describe the well-being of children. These indicators span seven domains: Family and Social Environment, Economic Circumstances, Health Care, Physical Environment and Safety, Behavior, Education, and Health. The indicators also must meet the following criteria:

- Easy to understand by broad audiences
- Objectively based on reliable data
- Balanced, so that no single area dominates the report
- Measured regularly so that they can be updated and show trends
- Representative of large segments of the population

Pending data availability, the Forum updates all 41 indicators annually on its website (<https://www.childstats.gov/>) and alternates publishing a detailed report, *America's Children: Key National Indicators of Well-Being*, with a summary version, *America's Children in Brief*, which highlights selected indicators.

## *America's Children in Brief, 2020*

This year's *America's Children in Brief* highlights selected indicators by metropolitan status to give the reader a closer look at how well-being is influenced by the type of community in which children and their families live. The *Brief* also provides a snapshot of the overall well-being of America's children through the At-a-Glance summary table displaying the most recent data for all 41 indicators.

The focus on metropolitan status is motivated by the long-standing recognition that there are substantial differences across communities and such differences may influence child well-being in diverse ways. Underlying characteristics of communities that affect child well-being reported in this *Brief* include the following types of factors:<sup>1-10</sup>

- **Demographic characteristics of the population.** The age, race, and ethnic composition of communities differ by metropolitan status.
- **Physical characteristics of natural and built environments.** Living environments influence the health and well-being of children and families in many ways, and living environments vary substantially by metropolitan status. Differences in housing types, conditions, and costs in different communities affect the prevalence of housing problems among the children and families who live there.

America's Children at a Glance

	Previous value (year)	Most recent value (year)	Change between years
<b>Demographic Background</b>			
<b>Child population*</b>			
Children ages 0–17 in the United States	73.3 million (2018)	73.0 million (2019)	↓
<b>Children as a percentage of the population*</b>			
Children ages 0–17 in the United States	22.4% (2018)	22.3% (2019)	↓
<b>Racial and ethnic composition*</b>			
Children ages 0–17 by race and Hispanic origin**			
White, non-Hispanic	50.5% (2018)	50.2% (2019)	↓
Black, non-Hispanic	13.7% (2018)	13.7% (2019)	NS
American Indian or Alaska Native, non-Hispanic	0.8% (2018)	0.8% (2019)	NS
Asian, non-Hispanic	5.0% (2018)	5.0% (2019)	NS
Native Hawaiian or Other Pacific Islander, non-Hispanic	0.2% (2018)	0.2% (2019)	NS
Two or more races, non-Hispanic	4.3% (2018)	4.4% (2019)	↑
Hispanic	25.4% (2018)	25.6% (2019)	↑
<b>Family and Social Environment</b>			
<b>Family structure and children's living arrangements</b>			
Children ages 0–17 living with two married parents	65% (2018)	66% (2019)	↑
<b>Births to unmarried women</b>			
Births to unmarried women ages 15–44	41.0 per 1,000 (2017)	41.1 per 1,000 (2018)	↑
Births to unmarried women among all births	39.8% (2017)	39.6% (2018)	↓
<b>Child care</b>			
Children ages 3–5, not yet enrolled in kindergarten with employed mothers, whose primary child care arrangement was nonparental care on a regular basis	88% (2012)	85% (2016)	NS
Children ages 3–5, not yet enrolled in kindergarten with employed mothers, who were in center-based care arrangements	67% (2012)	70% (2016)	NS
<b>Children of at least one foreign-born parent</b>			
Children ages 0–17 living with at least one foreign-born parent	26% (2018)	26% (2019)	NS
<b>Language spoken at home and difficulty speaking English</b>			
Children ages 5–17 who speak a language other than English at home	23% (2017)	23% (2018)	NS
Children ages 5–17 who speak a language other than English at home and who have difficulty speaking English	4% (2017)	4% (2018)	NS
<b>Adolescent births</b>			
Births to females ages 15–17	8 per 1,000 (2017)	7 per 1,000 (2018)	↓

\* Population estimates are not sample derived and are not subject to statistical testing. Change between years identifies differences in the proportionate size of these estimates as rounded.

\*\* Percentages may not sum to 100 because of rounding.

**Legend**

NS = No statistically significant change

↑ = Statistically significant increase

↓ = Statistically significant decrease

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## Description

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### 2 ACHONDROPLASIA

**Synonyms:** Chondrodystrophy, Fetal Rickets

**Involves the following Biologic System(s):**

Genetic/Chromosomal/Syndrome/Metabolic Disorders, Orthopedic and Muscle Disorders

Achondroplasia is a disorder of the skeletal system that occurs in about one of every 20,000 newborn infants. It belongs to a group of disorders known as chondrodystrophies. These disorders involve a disturbance in the cartilage at the ends of the body's long bones (arms and legs). In Achondroplasia, this disturbance interferes with the conversion of cartilage into bone in the regions known as epiphyses, where these bones normally grow in length. This occurs in infancy and childhood, preventing the bones from growing normally and resulting in shortened limbs and a short stature. Achondroplasia does not affect intelligence.

Achondroplasia is caused by a defect in a single, specific gene that permits the body to make a protein known as fibroblast growth factor-3 (FGF3). Normally, FGF3 limits bone growth, and a decline in the production of this protein is what permits growth during childhood and adolescence. The genetic defect in Achondroplasia, however, causes the body to continue to produce FGF3, leading to an excess of this protein that sharply limits growth. Genetically, Achondroplasia is called an autosomal dominant disorder, because the defective FGF3 gene needs to be inherited from only one parent for Achondroplasia to be present.

Symptoms and characteristic findings include a disproportionately large head with a protruding and prominent forehead (frontal bossing); a flattened nasal bridge; an underdeveloped upper jaw and prominent lower jaw (prognathism); a well-developed but shortened trunk; and short, bowed arms and legs. The upper portions of the arms and legs are proportionately shorter than the lower parts of these limbs, and the elbows may have a limited range of motion. Usually, the fingers and toes are also short, with a V-shaped gap between the third and fourth fingers, and the hands are relatively wide. As children with Achondroplasia grow, their pelvis tilts forward, resulting in a pronounced spinal curvature known as lumbar lordosis, that causes prominence of the abdomen and buttocks. Other effects of Achondroplasia can include decreased muscle tone and muscle weakness.

Diagnosis of Achondroplasia is made from physical examination and findings on X-ray images of the skeleton. Identification of this condition early in life facilitates family and medical planning for treatment and care.

Complications associated with Achondroplasia may include dental problems such as malocclusion, in which the upper and lower teeth do not meet in the proper alignment, and chronic and severe middle ear infections (otitis media) that can result in a loss of conductive hearing. Potentially life-threatening complications include temporary cessations of breathing during sleep, known as sleep apnea, caused by obstruction of the airways by the craniofacial abnormalities in Achondroplasia, and/or from compression of the spinal cord at the point where the cord passes from the spine into the skull. Additionally, this may obstruct the normal flow of cerebrospinal fluid (CSF) between the brain and spinal cord, resulting in hydrocephalus, a condition in which the cerebrospinal fluid collects in and around the brain, with potentially life-threatening effects.

Treatment with human growth hormone (HGH) is often used to improve growth and height in persons with Achondroplasia, and the availability of recombinant human growth hormone, or somatotropin, has revolutionized the treatment of short stature. Surgical lengthening of the limbs can produce improvement in some patients. Other treatment is directed at preventing or correcting complications of the condition. Monitoring head growth during infancy to insure normal growth limits is effective for detecting hydrocephalus. Physiotherapy, dental treatment and orthopedic appliances such as braces can correct or prevent a number of the complications caused by Achondroplasia. Appropriate counseling can provide emotional and psychological support to persons with the condition and their family members.

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## Government Agencies

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### 3 NIH/National Institute of Arthritis and Musculoskeletal and Skin Diseases

1 AMS Circle  
Bethesda, MD 20892

301-495-4484  
877-226-4267  
Fax: 301-718-6366  
TTY: 301-565-2966  
niamsinfo@mail.nih.gov  
www.niams.nih.gov

The mission of the NIAMS, a part of the NIH, is to support research into the causes, treatment and prevention of arthritis and musculoskeletal and skin diseases, the training of basic and clinical scientists to carry out this research, and the dissemination of information on research progress in these diseases.

Lindsey A. Criswell, MD, Director  
Rick Phillips, Executive Officer

### 4 NIH/National Institute of Environmental Health Sciences (NIEHS)

PO Box 12233  
Durham, NC 27709

984-287-3815  
www.niehs.nih.gov

NIEHS reduces the burden of human illness and dysfunction from environmental causes by defining how environmental exposures, genetics and age interact to affect an individual's health.

Chris Long, MPA, Executive Officer  
Mitch Williams, Deputy Executive Officer

### 5 NIH/National Institute on Drug Abuse (NIDA)

301 N Stonestreet Avenue  
Bethesda, MD 20892

301-443-1124  
www.drugabuse.gov

NIDA leads the nation in bringing the power of science to bear on drug abuse and addiction through support and conduct of research across all disciplines and rapid and effective dissemination of results of that research to improve drug abuse and addiction prevention and treatment.

Nora D. Volkow MD, Director  
Wilson Compton, MD, MPE, Deputy Director  
Joellen Austin, MP, Associate Director for Management

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## National Associations & Support Groups

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### 6 American Academy of Pediatrics

345 Park Blvd  
Itasca, IL 60143

800-433-9016  
Fax: 847-434-8000  
mcc@aap.org  
www.aap.org

The American Academy of Pediatrics and its member pediatricians are committed to the attainment of optimal physical, mental and social health and well-being for all infants, children, adolescents, and young adults.

Mark Del Monte, JD, CEO/Executive VP  
Lynn Olson, PhD, Vice President, Research  
Vera Tait, MD, FAAP, Chief Medical Officer

- 7 Human Growth Foundation**  
997 Glen Cove Avenue, Suite 5  
Glen Head, NY 11545  
800-451-6434  
Fax: 516-671-4055  
hgfl@hgfound.org  
www.hgfound.org

A voluntary, nonprofit organization whose mission is to help children and adults with disorders of growth and growth hormones through research, education, support and advocacy. The foundation is dedicated to helping medical science to better understand the process of growth. It is composed of concerned parents and friends of children and adults with growth problems; and interested health professionals.

Joel Steelman, MD, President  
Emily Germain-Lee, MD, Vice President

- 8 Little People of America**  
617 Broadway #518  
Sonoma, CA 95476  
714-368-3689  
888-572-2001  
Fax: 707-721-1896  
info@lpaonline.org  
www.lpaonline.org

A nonprofit organization that provides support and information to people of short stature and their families.

Deb Himsel, Executive Director  
Mark Povinelli, President

- 9 MAGIC Foundation: Major Aspects of Growth in Children**  
4200 Cantera Drive, #106  
Warrenville, IL 60555  
630-836-8200  
800-362-4423  
Fax: 630-836-8181  
contactus@magicfoundation.org  
www.magicfoundation.org

A national nonprofit organization providing support and education regarding growth disorders in children and related adult disorders. Provides educational information, networking, a national conference, a kids' program and an extensive medical library.

10,000 members

Dianne Kremidas, Executive Director  
Mary Andrews, CEO  
Teresa Tucker, Patient Advocacy

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## Libraries & Resource Centers

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- 10 NIH/National Library of Medicine (NLM)**  
8600 Rockville Pike  
Bethesda, MD 20894  
301-594-5983  
888-346-3656  
Fax: 301-402-1384  
TDD: 800-735-2258  
custserv@nlm.nih.gov  
www.nlm.nih.gov

NLM collects, organizes and makes available biomedical science information to scientists, health professionals and the public. The library's databases, including PubMed/Medline and MedlinePlus, are used extensively around the world. NLM conducts and supports research in biometric communications; creates information resources for molecular biology, biotechnology, toxicology, and environmental health; and provides grant support for training, medical library resources, and biomedical informatics.

Patricia Flatley Brennan, Director  
Betsy Humphreys, Deputy Director  
Paul Kiehl, Deputy Executive Officer

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## Conferences

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- 11 Adult Endocrine Disorders/GHD Educational Convention**  
Magic Foundation  
4200 Cantera Drive, #106  
Warrenville, IL 60555  
630-836-8200  
800-362-4423  
Fax: 630-836-8181  
contactus@magicfoundation.org  
www.magicfoundation.org

An educational program for adults who are affected with Growth Hormone Deficiency and/or other endocrine disorders.

June

Dianne Kremidas, Executive Director  
Rich Buckley, Chairman  
Mary Andrews, Chief Executive Officer

- 12 LPA National Conference**  
Little People of America  
617 Broadway #518  
Sonoma, CA 95476  
714-368-3689  
888-572-2001  
Fax: 707-721-1896  
info@lpaonline.org  
www.lpaonline.org

July

Deb Himsel, Executive Director  
Mark Povinelli, President  
Cuquis Robledo, Public Relations Director

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## Web Sites

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- 13 Achondroplasia UK**  
52 Vernham Grove  
Odd down, Bath, Avon, BA2 2  
admin@achondroplasia.co.uk  
www.achondroplasia.co.uk

Offers information on health supervision for children of all ages, divided into the following growth stages: newborn; infancy; early childhood; late childhood; and adolescence to early adulthood.

The Human Growth Foundation is a voluntary, non-profit organization whose mission is to help children and adults with disorders of growth and growth hormone through research, education, support, and advocacy.

Joel Steelman, MD, President  
Emily Germain-Lee, MD, Vice President

- 15 Little People of America**  
617 Broadway #518  
Sonoma, CA 95476  
714-368-3689  
888-572-2001  
Fax: 707-721-1896  
info@lpaonline.org  
www.lpaonline.org

A nonprofit organization that provides support and information to people of short stature and their families.

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Mark Povinelli, President  
Cuquis Robledo, Public Relations Director

- 16 MAGIC Foundation: Major Aspects of Growth in Children**  
4200 Cantera Drive, #106  
Warrenville, IL 60555  
630-836-8200  
800-362-4423  
Fax: 630-836-8181  
ContactUs@magicfoundation.org  
www.magicfoundation.org

Provides educational information regarding growth disorders.

Dianne Kremidas, Executive Director  
Mary Andrews, Chief Executive Officer  
Teresa Tucker, Patient Advocacy

**17 Medical College of Wisconsin**

8701 Watertown Plank Road  
Milwaukee, WI 53226

414-955-8296  
www.mcw.edu

A private, academic institution dedicated to leadership and excellence in education, research, patient care, and service.

John R. Raymond, Sr., MD, President/ CEO  
Joseph E. Kerschner, MD, Dean/ EVP  
Ravi Misra, PhD, Dean/ Professor of Biochemistry

**18 National Center for Biotechnology Information**

National Library of Medicine, 8600 Rockville Pike  
Bethesda, MD 20894

888-346-3656  
info@ncbi.nlm.nih.gov  
www.ncbi.nlm.nih.gov

NCBI's mission is to develop new information technologies to aid in the understanding of fundamental molecular and genetic processes that control health and disease.

Patricia Flatley Brennan, RN, PhD, Director  
James Ostell, PhD, Executive Secretary

**19 Online Mendelian Inheritance in Man**

McKusick-Nathans Institute of Genetic Medicine-JHU  
Baltimore, MD 21205 [www.omim.org](http://www.omim.org)

This database is a catalog of human genes and genetic disorders.  
Ada Hamosh, MD, Scientific Director

**20 Restricted Growth Association  
[www.rgaonline.org.uk](http://www.rgaonline.org.uk)**

[www.rgaonline.org.uk](http://www.rgaonline.org.uk)

Provides medical advice, welfare and counseling services with the support of Regional Coordinators, and offers contact with others and the sharing of helpful information through an information magazine, advisory booklets, meetings, social events and conventions.

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## Pamphlets

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**21 Achondroplasia**

Human Growth Foundation  
977 Glen Cove Avenue, Suite 5  
Glen Head, NY 11545

516-671-4041  
800-451-6434

Signs, causes, and prevention of achondroplasia.

## Description

### 2402 DEPRESSION

#### Involves the following Biologic System(s):

Developmental/Behavioral/Psychiatric Disorders

Depression refers to an emotional state characterized by exaggerated feelings of sadness, discouragement, loneliness, low self-esteem, and despair. These feelings may follow a recent loss or other tragic event. However, if feelings of depression worsen and are prolonged, or occur for no apparent reason, this may indicate a chronic (formerly called "endogenous") depressive disorder. Although clinical depression occurs more commonly among the adult population (2-3 times more common in females than in males, depression may be evident as early as infancy and is increasingly common among adolescents.

Symptoms and findings associated with depression are variable. It has a chronic course with relapses. The mood is typically depressed, irritable, and/or anxious, often accompanied by preoccupation with guilt, decreased ability to concentrate, diminished interest in usual activities (anhedonia), social withdrawal, hopelessness, and recurrent thoughts of death and suicide. Symptoms associated with depression in school-age children are similar to those seen in adults and include overwhelming feelings of sadness, crying, loss of interest in pleasurable activities, eating and sleeping irregularities, and, in some cases, suicidal thoughts (ideation). Some affected children may exhibit symptoms that belie a diagnosis of depression, such as overactivity and aggression. Adolescents with depression may have feelings of hopelessness and helplessness with no corresponding periods of happiness or well-being. However, inappropriate displays of euphoria together with such behavior as truancy, substance abuse, or other antisocial behaviors may also be symptomatic of depression. Other symptoms and findings associated with adolescent depression may include a decline in school grades, boredom, repetitive accidents, drug or alcohol abuse, absenteeism, feelings or delusions of guilt, and thoughts of suicide. Physical symptoms may sometimes include fatigue, headaches, and abdominal pain. Those who are psychotically depressed may experience delusions and hallucinations.

Depression in infants may be precipitated by such events as sudden separation from the mother or caregiver after six months of age (anaclitic depression of infancy) and may be manifested by ceaseless crying, panic, apprehension, withdrawal, and eating and sleeping disturbances. Eventually, indifference and unresponsiveness may develop and result in deficiencies in intellectual, physical, and social development. Endogenous depression may be caused by many different factors including genetic influences, hormonal disturbances, certain medications, infectious or neurologic disorders, physical conditions (i.e., stroke, etc.), certain tumors, nutritional influences, and psychosocial factors. In addition, depression may occur in association with other psychological disorders such as bipolar or other mood disorders (e.g., schizoaffective disorder).

Most persons with depression get treated as outpatients. Treatment of depression most often includes the administration of certain antidepressant medications. Most studies indicate that cognitive, interpersonal, and behavior therapy are effective, especially in combination with antidepressant medications. Electroconvulsive therapy (ECT) is effective but is usually reserved for severely depressed patients or patients who do not respond to or are not tolerant of medications. Children and adolescents with this disorder also often require individual psychotherapy and, in many cases, group and family therapy. Overall, the suicide rate is

estimated at 15%. All patients with depression should be asked gently but directly about suicidal ideas or plans. All communications about self-destruction should be taken seriously.

## Government Agencies

### 2403 NIH/National Institute of Mental Health

6001 Executive Blvd, Rm 6200, MSC 9663  
Bethesda, MD 20892

866-615-6464  
Fax: 301-443-4279  
TTY: 301-443-8431  
nimhinfo@nih.gov  
www.nimh.nih.gov

The mission of NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

Joshua A. Gordon, MD, PhD, Director  
Shelli Avenevoli, PhD, Deputy Director

## National Associations & Support Groups

### 2404 Agency for Healthcare Research & Quality

5600 Fishers Lane  
Rockville, MD 20857

301-427-1364  
howard.holland@ahrq.hhs.gov  
www.ahrq.gov

The Agency for Healthcare Research and Quality's (AHRQ) mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

David Meyers, Director  
Howard E. Holland, Communications Director

### 2405 American Academy of Pediatrics

345 Park Blvd  
Itasca, IL 60143

800-433-9016  
Fax: 847-434-8000  
mcc@aap.org  
www.aap.org

The American Academy of Pediatrics and its member pediatricians are committed to the attainment of optimal physical, mental and social health and well-being for all infants, children, adolescents, and young adults.

Lynn Olson, PhD, VP, Research  
Mark Del Monte, JD, CEO/Executive VP  
Vera Tait, MD, FAAP, Chief Medical Officer

### 2406 American Association of Suicidology

5221 Wisconsin Avenue  
Washington, DC 20015

202-237-2280  
800-273-TALK  
Fax: 202-237-2282  
julie.cerel@uky.edu  
www.suicidology.org

AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services.

Julie Cerel, PhD, Chair  
William Schmitz Jr., PsyD, President  
Amy Boland, CPA, Treasurer

### 2407 American College Counseling Association

www.collegecounseling.org

tknappgr@scad.edu  
www.collegecounseling.org

The American College Counseling Association is made up of diverse mental health professionals from the fields of counseling, psychology, and social work. Our common theme is working within higher education settings.

Tamara Knapp Grosz, President  
Sylvia E. Shortt, Ed.S./LPC, Treasurer  
Ky Heinlen, PhD, LPCC-S, Secretary

### 2408 American College Health Association

1362 Mellon Road, Suite 180  
Hanover, MD 21076

410-859-1500  
Fax: 410-859-1510  
contact@acha.org  
www.acha.org

To serve as the principal leadership organization for advancing the health of college students and campus communities through advocacy, education, and research.

Sarah Van Orman, MD, MMM, FACHA, President  
Keith Anderson, PhD, FACHA, Vice President  
Doyle E. Randol, MS, Col., Executive Director

### 2409 American Foundation for Suicide Prevention

120 Wall Street, 29th Floor  
New York, NY 10005

212-363-3500  
888-333-AFSP  
Fax: 212-363-6237  
info@afsp.org  
www.afsp.org

The American Foundation for Suicide Prevention (AFSP) is the leader in the fight against suicide. We fund research, create educational programs, advocate for public policy, and support survivors of suicide loss.

Nancy Farrell, M.P.A., Chair  
Yeates Conwell, M.D., President  
Robert Gebbia, CEO

### 2410 American Psychiatric Association

1000 Wilson Boulevard, Suite 1825  
Arlington, VA 22209

703-907-7300  
888-35-7924  
apa@psych.org  
www.psychiatry.org

It is a medical specialty society representing growing membership of more than 36,000 psychiatrists.

### 2411 American Psychological Association

750 First St. NE  
Washington, DC 20002

202-336-5500  
800-374-2721  
TTY: 202-336-6123  
www.apa.org

The mission is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives.

Arthur C. Evans Jr, PhD, CEO/EVP

### 2412 American Public Health Association

800 I Street, NW  
Washington, DC 20001

202-777-2742  
Fax: 202-777-2534  
TTY: 202-777-2500  
www.apha.org

APHA champions the health of all people and all communities. They aim to strengthen the public health profession and speak out for public health issues and policies backed by science.

Georges C. Benjamin, MD, Executive Director  
Kemi Oluwafemi, MBA, CPA, Chief Financial Officer  
Susan Polan, PhD, Associate Executive Director

### 2413 American School Counselor Association

1101 King Street, Ste 310  
Alexandria, VA 22314

703-683-2722  
asca@schoolcounselor.org  
www.schoolcounselor.org

The mission of ASCA is to represent professional school counselors and to promote professionalism and ethical practices.

Jill Cook, Executive Director  
Amanda Fitzgerald, Assistant Deputy Executive Director  
Kathleen M Rakestraw, Director of Communications

### 2414 American Society of Clinical Psychopharmacology

5034-A Thoroughbred Lane  
Brentwood, NJ 37027

615-649-3085  
Fax: 888-417-3311  
www.ascpp.org

The American Society of Clinical Psychopharmacology (ASCP) was founded in 1992 to advance the science and practice of clinical psychopharmacology. Its nearly 800 members are physicians who study and practice psychopharmacology, as well as doctoral level investigators of clinical psychopharmacology or of pharmacology. ASCP members are advocates for clinical psychopharmacology and for clinical research.

Maurizio Fava, MD, President  
John M. Kane, MD, Treasurer  
Leslie Citrome, MD, Board Member

### 2415 Anxiety Disorders Association of America

8730 Georgia Avenue, Suite 600  
Silver Spring, MD 20910

240-485-1001  
Fax: 240-485-1035  
information@adaa.org  
www.adaa.org

Offers resources and information for persons with anxiety and stress-related disorders.

Alies Muskin, Executive Director

### 2416 Anxiety and Depression Association of America

8701 Georgia Ave., Suite #412  
Silver Spring, MD 20910

240-485-1001  
Fax: 240-485-1035  
www.adaa.org

ADAA is a national nonprofit organization dedicated to the prevention, treatment, and cure of anxiety, depression, OCD, PTSD, and related disorders and to improving the lives of all people who suffer from them through education, practice, and research.

Mark H. Pollack, MD, President  
Alies Muskin, Executive Director  
Jean Kaplan Teichrow

### 2417 Depression & Related Affective Disorders Association

Meyer 3-181 600 N Wolfe Street  
Baltimore, MD 21287

410-955-4647  
Fax: 410-614-3241  
drada@jhmi.edu  
www.drada.org

Provides education, information and support services for individuals with depression of bipolar illness, their families and mental health professionals.

### 2418 Depression and Bipolar Support Alliance

730 N Franklin Street, Suite 501  
Chicago, IL 60654

800-826-3632  
Fax: 312-642-7243  
www.dbsalliance.org

Patient-directed organization focusing on the most prevalent mental illnesses- depression and bipolar disorder. Fosters an understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand.

Allen Doederlein, President  
Lisa Goodale, Vice President, Training  
Charlene Knox, Coordinator, Human Resources

### 2419 Depressives Anonymous: Recovery from Depression

329 E 62nd Street  
New York, NY 10065

212-689-2600

Individuals suffering from depression or anxiety. A self-help organization with meetings and sharing of experiences. Conducts research and offers classes. Disseminates information. Publications: Newsletter, three-four times a year. Brochures and pamphlets.

Dr. Helen DeRosis, Founder

**2420 Families for Depression Awareness**

395 Totten Pond Road, Suite 404  
Waltham, 2451

781-890-0220  
Fax: 781-890-2411  
www.familyaware.org

Families for Depression Awareness is a national nonprofit organization helping families recognize and cope with depression and bipolar disorder to get people well and prevent suicides.

Julie Totten, Founder  
Valerie Cordero, Interim Co-Executive Director  
Susan Weinstein, Interim Co-Executive Director

**2421 Family Service Association**

6960 Mumford Road, Suite 2069  
Halifax, NS NS B3

902-420-1980  
888-886-5552  
admin@fshalifax.com  
www.fshalifax.com/index.htm

They offer professional, confidential counseling and education services to enable people to function more effectively at home, in the community and in their work environment.

Mary Clancy, Chair  
Sean Reddick, Vice Chair  
Valerie Bobyk, Executive Director

**2422 Federation of Families for Children's Mental Health**

9605 Medical Center Drive, Ste 208  
Rockville, MD 20850

240-403-1901  
Fax: 240-403-1909  
ffcmh@ffcmh.org  
www.ffcmh.org

The National family run organization is dedicated exclusively to helping children with mental health needs and their families achieve a better quality of life.

Sandra Spencer, Executive Director  
Andrea Barnes, Policy and Research Assistant  
Emmett Dennis, Fiscal Officer

**2423 Injury Control Research Center for Suicide Prevention**

43 Foundry Avenue  
Waltham, MA 02453

800-273-TALK  
suicideprevention-icrc-s.org

The Injury Control Research Center for Suicide Prevention (ICRC-S) is a center-without-walls that promotes a public health approach to suicide prevention through a collaborative process of research, outreach, and education. Their goal is to draw suicide prevention directly into the domain of public health and injury prevention and link it to complementary approaches to mental health.

Eric Caine, MD, Professor & Chair  
Yeates Conwell, MD, Professor & Vice Chair  
Jerry Reed, PhD, MSW, VP & Director

**2424 NADD: National Association for the Dually Diagnosed**

12 Hurley Avenue  
Kingston, NY 12401

845-331-4336  
800-331-5362  
Fax: 845-331-4569  
info@thenadd.org  
www.thenadd.org

NADD is the leading North American expert in providing professionals, educators, policy makers, and families with education, training, and information on mental health issues relating to persons with intellectual or developmental disabilities.

Jeanne Farr, CEO  
Michelle Jordan, Office Manager  
Edward Seliger, Project Coordinator

**2425 National Alliance for Research on Schizophrenia and Affective Disorders**

60 Cutter Mill Road, Suite 404  
Great Neck, NY 11021

516-829-0091  
800-829-8289  
Fax: 516-487-6390  
info@bbrfoundation.org  
www.narsad.org

Raises and distributes funds for scientific research into the causes, cures, treatments, and prevention of severe mental illness, primarily schizophrenia and affective disorders.

Stephen A Lieber, Chairman of the Board  
Benita F Shobe, President & CEO  
Suzanne Golden, Vice President

**2426 National Alliance on Mental Illness (NAMI)**

4301 Wilson Blvd., Suite 300  
Arlington, VA 22203

703-524-7600  
800-999-6264  
info@nami.org  
www.nami.org

NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives.

Daniel H. Gillison, CEO  
David Levy, CFO  
Ken Duckworth, Chief Medical Officer

**2427 National Anxiety Foundation**

3135 Custer Drive  
Lexington, KY 40517

859-272-7166  
www.nationalanxietyfoundation.org

Offers information and help to persons with panic disorders, manic and depressive disorders and mental illness.

Stephen Cox, MD, President & Medical Director  
Linda Vernon Blair, VP  
C. Todd Strecker, Secretary-Treasurer

**2428 National Education Alliance for Borderline Personality Disorder**

**www.borderlinepersonalitydisorder.com**

neabpd@aol.com  
www.borderlinepersonalitydisorder.com

NEA.BPD National Education Alliance for Borderline Personality Disorder is a nationally recognized organization dedicated to building better lives for millions of Americans affected by Borderline Personality Disorder.

Perry D. Hoffman, PhD, President  
Patricia Woodward, MAT, Secretary/ Treasurer  
Alan E. Fruzzetti, PhD, Dir. Of Research

**2429 National Federation of Families for Children's Mental Health**

**www.ffcmh.org**

240-403-1901  
www.ffcmh.org

The National Federation of Families for Children's Mental Health is a national family-run organization linking more than 120 chapters and state organizations focused on the issues of children and youth with emotional, behavioral, or mental health needs and their families.

Teka Dempson, President  
Sherri Luthé, Vice President  
Sandra Spencer, Executive Director

**2430 National Foundation for Depression**

2 Penn Plaza, Suite 1981  
New York, NY 10121  
Amy Russell

212-268-4260

**2431 National Foundation for Depressive Illness**

PO Box 17598  
Baltimore, MD 21297

Fax: 443-782-0739  
info@ifred.org  
www.ifred.org

iFred is a 501c3 organization aiming to shed a positive light on depression throughout the world in order to prevent the onset, research causes and treatments, and rebrand the disease in a positive way.

Tom Dean, iFred President  
Susan Minamy, Secretary  
Kathryn Goetzke, Founder

**2432 National Multiple Sclerosis Society**

**www.nationalmssociety.org**

## Description

### 3109 FETAL ALCOHOL SYNDROME

**Synonyms:** FAS, Fetal alcohol effect (FAE), Alcohol-related neurodevelopmental, Alcohol-related birth defects

**Involves the following Biologic System(s):**

Genetic/Chromosomal/Syndrome/Metabolic Disorders

Fetal alcohol syndrome, or FAS, is a condition that is present at birth and the result of persistent maternal alcohol consumption during pregnancy. This condition is characterized by various birth defects such as low birth weight, short birth length, and an unusually small head (microcephaly) that may be associated with slowed development of the brain. Infants with FAS may also have several abnormalities of the face and skull including an unusually short opening between the margins of the upper and lower eyelids (palpebral fissures), vertical folds of skin that extend from the inner corners of the upper eyelids to the sides of the nose (epicanthal folds), an abnormally small lower jaw (micrognathia), or a poorly developed upper jaw (maxillary hypoplasia). Additional unusual features may include an abnormal opening in the roof of the mouth (cleft palate), a prominent forehead (frontal bossing), a flattened nasal bridge, and a thin, smooth upper lip. Other characteristic findings may include heart defects, abnormalities of the limbs and joints (e.g., dislocated hip, etc.), and irregular skin crease patterns on the palms of the hands. Within the first day of life, affected newborns may also exhibit characteristic symptoms of alcohol withdrawal such as tremor, increased irritability, muscle spasms, vomiting, or other problems. The development of the brain may also be impaired resulting in moderate to severe intellectual disabilities. Approximately 20 percent of newborns with fetal alcohol syndrome risk life-threatening symptoms and complications within the first few weeks of life.

Alcohol consumption during pregnancy affects the growth and development of the fetus within the uterus and may result not only in birth defects but, in some cases, miscarriage or stillbirth. Although it is believed that fetal alcohol syndrome results from persistent moderate or heavy drinking, no safe levels of alcohol intake during pregnancy have been established; therefore, pregnant women are counseled to avoid alcohol consumption. It has, however, been determined that the more alcohol consumed, the greater the chances of giving birth to children with associated abnormalities. Therefore, treatment is directed toward identification, counseling, and education of women at risk. Other treatment is symptomatic and supportive.

## Government Agencies

### 3110 NIH/ Eunice Kennedy Shriver National Institute of Child Health & Human Development

P.O. Box 3006  
Rockville, MD 20847

800-370-2943  
Fax: 866-760-5947  
www.nichd.nih.gov

Conducts and supports research on topics related to the health of children, adults, families and populations. Some of these topics include: developmental disabilities, growth and development, infant death, reproductive health and birth defects.

Diana W. Bianchi, Director  
Alison Cernich, PhD, Deputy Director

### 3111 NIH/National Institute of Mental Health

6001 Executive Blvd, Rm 6200, MSC 9663  
Bethesda, MD 20892

866-615-6464  
Fax: 301-443-4279  
TTY: 301-443-8431  
nimhinfo@nih.gov  
www.nimh.nih.gov

The mission of NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

Joshua A. Gordon, MD, PhD, Director  
Shelli Avenevoli, PhD, Deputy Director

### 3112 NIH/National Institute on Alcohol Abuse and Alcoholism (NIAAA)

5600 Fishers Lane  
Bethesda, MD 20892

301-443-3860  
877-266-4267  
niaaaweb-r@exchange.nih.gov  
www.niaaa.nih.gov

Established in 1970, NIAAA conducts research focused on improving the treatment and prevention of alcoholism and alcohol-related problems to reduce the enormous health, social, and economic consequences of this disease.

George F. Koob, PhD, Director

## National Associations & Support Groups

### 3113 American Academy of Pediatrics

345 Park Blvd  
Itasca, IL 60143

800-433-9016  
Fax: 847-434-8000  
mcc@aap.org  
www.aap.org

The American Academy of Pediatrics and its member pediatricians are committed to the attainment of optimal physical, mental and social health and well-being for all infants, children, adolescents, and young adults.

Lynn Olson, PhD, VP, Research  
Mark Del Monte, JD, CEO/Executive VP  
Vera Tait, MD, FAAP, Chief Medical Officer

### 3114 American Association for Pediatric Ophthalmology

655 Beach Street  
San Francisco, CA 94109

415-561-8505  
Fax: 415-561-8531  
aapos@aao.org  
www.aapos.org

AAPOS is the American Association for Pediatric Ophthalmology and Strabismus. The organization's goals are to advance the quality of children's eye care, support the training of pediatric ophthalmologists, support research activities in pediatric ophthalmology, and advance the care of adults with strabismus.

Jennifer Hull, Client Services Manager  
Brooke Lyon, Client Services Coordinator  
Maria A. Schweers, CO, Scientific Program Coordinator

### 3115 American Pregnancy Association

3007 Skyway Circle N., Ste 800  
Irving, TX 75038

800-672-2296  
info@americanpregnancy.org  
americanpregnancy.org

The American Pregnancy Association is a 501(c)(3) nonprofit organization committed to promoting pregnancy wellness through education, advocacy and community awareness.

### 3116 Arc of the United States

1825 K Street NW, Ste 1200  
Washington, DC 20006

202-534-3700  
800-433-5255  
Fax: 202-534-3731  
info@thearc.org  
www.thearc.org

The Arc of the United States advocates for the rights and full participation of all children and adults with intellectual and developmental disabilities. Together with a network of members and affiliated chapters, they improve systems of support and services; connect families; inspire communities and influence public policy.

Peter V. Berns, CEO

### 3117 Association of Reproductive Health Professionals

1330 Broadway, Suite 1100  
Oakland, CA 96412

202-466-3825  
ARHP@arhp.org  
www.arhp.org

It is a multidisciplinary association of professionals who provide reproductive health services or education, conduct reproductive health research, or influence reproductive health policy.

Nerys Benfield, Medical Director  
Alayna Florman, Associate Director of Development  
Megan A. Henszey, Program Manager

### 3118 Families Affected by Fetal Alcohol Spectrum Disorder

P.O. Box 427  
Pittsboro, NC 27312

919-360-7073  
adrienne@fafasd.org  
fafasd.org

It seeks to spread information, awareness, and hope for caregivers of people with FASD.

Becky Brantley, President  
Janet Schanzenbach, Vice-President  
Tina Andrews, Treasurer

### 3119 Family Empowerment Network: Supporting Families Affected by FAS/FAE

777 South Mills Street  
Madison, WI 53715

608-262-6590  
800-462-5254  
Fax: 608-263-5813  
www.fammed.wisc.edu/fen/index.html

Provides education, resources and referrals to families affected by Fetal Alcohol Syndrome (FAS/FAE) and other professionals involved with them.

Georgiana Wilton, PhD, Director  
Patricia Cameron, BS/FAS, Family Advocacy Specialist

### 3120 Fetal Alcohol Education Program

7 Kent Street  
Brookline, MA 02445

617-739-1424  
Fax: 617-566-4019

Works to educate the professional and community on the affects of alcohol consumption during pregnancy.

### 3121 Fetal Alcohol Syndrome Family Resource Institute

PO Box 2525  
Lynwood, WA 98036

253-531-2878  
800-999-3429  
Fax: 253-531-2668  
www.fetalalcoholsyndrome.org

Provides information packets, a statewide hotline for information, crisis and referral and a newsletter. Parents are available to give talks throughout the United States and Canada.

### 3122 March of Dimes Foundation

1550 Crystal Drive, Ste 1300  
Arlington, VA 22202

888-663-4637  
www.marchofdimes.org

March of Dimes help moms have full-term pregnancies and research the problems that threaten the health of babies. The March of Dimes also acts globally: sharing best practices in perinatal health and helping improve birth outcomes where the needs are the most urgent.

Stacey D. Stewart, President  
Alan Brogdon, SVP/COO/Board Officer  
Rahul Gupta, MD, SVP & Chief Medical/Health Officer

### 3123 Mental Health America

500 Montgomery Street, Ste 820  
Alexandria, VA 22314

703-684-7722  
800-969-6642  
Fax: 703-684-5968  
www.mentalhealthamerica.net

MHA, the leading advocacy organization addressing the full spectrum of mental and substance use conditions and their effects nationwide, works to inform, advocate and enable access to quality behavioral health services for all Americans.

Paul Gionfriddo, President/CEO  
Whitney Ball, Assoc. Dir., Marketing/Outreach  
Sachin Doshi, Sr. Dir, Finance/Operations

### 3124 National Alliance on Mental Illness (NAMI)

4301 Wilson Blvd., Suite 300  
Arlington, VA 22203

703-524-7600  
800-999-6264  
info@nami.org  
www.nami.org

NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives.

Daniel H. Gillison, CEO  
David Levy, CFO  
Ken Duckworth, Chief Medical Officer

### 3125 National Mental Health Consumers' Self-Help Clearinghouse

1211 Chestnut Street, Suite 1207  
Philadelphia, PA 19107

215-751-1810  
800-553-4539  
Fax: 215-636-6312  
selfhelpclearinghouse@gmail.com  
www.mhselfhelp.org

Offers information, support and appropriate referrals; and promotes public and professional education. Provides networking for those with special interests related to albinism. Promotes and supports research and funding that will improve diagnosis and management of albinism and hypopigmentation.

Joseph Rogers, Founder/Executive Director  
Susan Rogers, Director

### 3126 National Organization on Fetal Alcohol Syndrome

200 Eton Court, NW , Third Floor  
Washington, DC 20007

202-785-4585  
800-666-6327  
Fax: 202-466-6456  
www.nofas.org

Dedicated to eliminating birth defects caused by alcohol consumption during pregnancy and to improving the quality of life for those affected individuals and families.

Tom Donaldson, President  
Kathleen Tavenner Mitchell, MHS/LCADC, VP/National Spokesperson  
Kelly Raiser, MPH, Program Associate

### 3127 National Resource Center for Prevention of Perinatal Abuse of Alcohol

CSAP Division of Communications Programs  
5600 Fishers Lane, Building 2  
Rockville, MD 20857

301-443-9936

Offers information and resources to pregnant women on substance abuse, alcoholism and drugs pertaining to their unborn child's health.

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## Conferences

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### 3128 Arc Annual National Convention

Arc of the United States  
1825 K Street NW, Ste 1200  
Washington, DC 20006

202-534-3700  
800-433-5255  
Fax: 202-534-3731  
mckiernan@thearc.org  
www.thearc.org

Each year hundreds of members, staff, volunteers, professionals, experts, self advocates and their families gather for a dynamic convention to meet each other, learn from each other, and tackle the tough issues facing the intellectual and developmental disability (I/DD) community together.

Peter V. Berns, CEO  
Kristen McKiernan, Sr Exec. Offer, Comms & Marketing  
Liz Mahar, Director, Family/Sibling Initiative

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## Book Publishers

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### 3129 Alcohol, Tobacco and Other Drugs May Harm the Unborn

National Clearinghouse for Alcohol and Drug Info.  
PO Box 2345  
Rockville, MD 20847 800-729-6686

Presents the most recent findings of basic research and clinical studies conducted on the effects of alcohol, drugs and tobacco on the unborn.

### 3130 Congenital Disorders Sourcebook

Greg Mullin, author  
Omnigraphics  
615 Griswold Street, Ste 520  
Detroit, MI 48226 610-461-3548  
800-234-1340  
Fax: 800-875-1340  
contact@omnigraphics.com  
www.omnigraphics.com

Basic consumer health information on disorders aquired during gestation, including spina bifida, hydrocephalus, cerebral palsy, heart defects, craniofacial abnormalities and fetal alcohol syndrome.

664 pages  
ISBN: 0-780816-13-8

### 3131 Drugs and Pregnancy: It's Not Worth The Risk

American Council On Drug Education  
204 Monroe Street, Suite 110  
Rockville, MD 20850 800-488-3784

A scientific monograph for health care providers which teaches them to identify alcohol and drug problems in their patients.

48 pages

### 3132 Pregnancy and Exposure to Alcohol and Other Drug Use

National Clearinghouse for Alcohol and Drug Info.  
PO Box 2345  
Rockville, MD 20849 800-729-6686  
www.health.org

This report is for health care professionals presenting state-of-the-art information about preventing alcohol use among women of childbearing age.

### 3133 Prevention Resource Guide: Pregnant, Postpartum Women and Their Infants

National Clearinghouse for Alcohol and Drug Info.  
PO Box 2345  
Rockville, MD 20849 800-729-6686  
www.health.org

This resource guide targets health care providers, prevention program planners and counselors of pregnant and postpartum women between the ages of 15 and 44.

30 pages

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## Pamphlets

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### 3134 Effects of Alcohol on Pregnancy National Clearinghouse for Alcohol Information

PO Box 2345  
Rockville, MD 20847 301-468-2600

Free publications are available that discuss the effects of alcohol on pregnancy: Fetal Alcohol Syndrome; and The Fact Is Alcohol and Other Drugs Can Harm an Unborn Baby.

### 3135 Fetal Alcohol Syndrome

Hazelden  
PO Box 11  
Center City, MN 55012 651-213-4200  
800-257-7810  
Fax: 612-257-1331  
info@hazeldenbettyford.org  
www.hazelden.org

A source of information about the effects of drinking while pregnant.

Mark Mishek, President & CEO  
Sharon Birnbaum, Director of Human Resources  
Jim Blaha, VP, CFO & CAO

### 3136 Fight Drug Abuse at Home, Work, School and in the Community

American Council for Drug Education  
204 Monroe Street, Suite 110  
Rockville, MD 20850 800-488-3784

A catalog of print and video materials pertaining to substance abuse, alcoholism and drugs.

### 3137 Foods to Avoid or Limit During Pregnancy

March of Dimes Foundation  
1550 Crystal Drive, Ste 1300  
Arlington, VA 22202 914-997-4488  
Fax: 914-997-4763  
answers@marchofdimes.org  
www.marchofdimes.org/pregnancy/

Information about the effects of certain drugs, stress, pets, abuse, and hazardous materials. Each topic is an online article available under the link: During Your Pregnancy.

2014

### 3138 How to Take Care of Your Baby Before Birth

National Clearinghouse for Alcohol and Drug Info.  
PO Box 2345  
Rockville, MD 20849 800-729-6686  
www.health.org

A low-literacy brochure aimed at pregnant women that describes what they should and should not do during pregnancy.

## Cardiovascular System

The cardiovascular system, also known as the circulatory system, consists of the heart and the blood vessels. The functions of the cardiovascular system include the following:

- To maintain the continual flow of blood throughout the body to provide cells with oxygen and vital nutrients
- To assist in the removal of carbon dioxide and other waste products from cells

### The Heart

#### Anatomy

The heart, a hollow, muscular organ the approximate size and shape of a clenched fist, is an efficient pump that maintains the continuous flow of blood through the vessels to all areas of the body. It is located between the lungs in approximately the center of the chest, with its right margin located under the right side of the breastbone (sternum) and the remaining areas pointing toward the left. The “tip” or the lowest point of the heart, known as the apex, rests on the diaphragm and is situated beneath the left nipple.

The heart consists of four chambers and is divided into left and right sides by a thick, fibrous, central partition known as the septum. The upper chambers of the heart are known as atria, and the lower chambers are called ventricles. Each chamber is referred to by its location: i.e., the left and right atria and the left and right ventricles. The atria are smaller and have thinner walls than the ventricles. The walls of the chambers of the heart are composed of specialized cardiac muscle known as the myocardium, and their internal surfaces are lined with a thin layer of smooth membrane tissue called the endocardium.

The heart and the roots of its major blood vessels are surrounded by a membrane (pericardium) that consists of two fibrous layers. The pericardium has a tough outer layer (fibrous pericardium) that surrounds the heart like a loose-fitting bag, providing space for the heart to beat. The inner layer (serous pericardium) consists of an innermost “sheet” (visceral layer) that is attached to the heart and an outer most layer (parietal layer) that lines the inside of the fibrous pericardium. A space between the inner layers contains a thin film of fluid that lubricates the opposing surfaces of the inner membranes, enabling the heart to beat without friction.

#### Cardiac Function

Contraction of the heart muscle is termed systole, whereas relaxation is known as diastole. The atria and ventricles beat in a precise rhythmic pattern. One cycle of this pattern is known as a heartbeat. As the atria contract, they force blood into the ventricles. Once the ventricles fill with blood, they contract, pumping blood either to the lungs or out to the rest of the body.

The pumping action of the heart also involves the heart valves at the entrance to and exit from the ventricles. These valves control and direct the flow of blood through the heart. Two heart valves separate the atria from the ventricles (atrioventricular valves), preventing the backward flow of blood into the atria during ventricular contraction. The valves include the mitral or bicuspid valve, situated between the left atrium and left ventricle, and the tricuspid valve, located between the right atrium and right ventricle. In addition, two heart valves (semilunar valves) are situated between the

two ventricles and the large blood vessels that transport blood away from the heart during ventricular contractions. The aortic semilunar valve, located where the major artery of the body (aorta) arises from the base of the left ventricle, enables blood to flow from the left ventricle into the aorta while preventing the backward flow of blood into the ventricle. The pulmonary semilunar valve, situated where the pulmonary artery arises from the base of the right ventricle, enables blood to flow from the right ventricle to the lungs while preventing the backward flow of blood.

“Oxygen-poor” or deoxygenated blood that has circulated through the body enters the right side of the heart into the right atrium through two large veins (the superior and inferior vena cava). The blood is then pumped through the tricuspid valve into the right ventricle. When the ventricle contracts, blood is pumped through the pulmonary semilunar valve into the pulmonary artery and on to the lungs, where the exchange of oxygen and carbon dioxide occurs. Oxygen-rich blood is returned to the left atrium by way of four pulmonary veins and is pumped through the bicuspid valve into the left ventricle. When the ventricle contracts, blood is pumped through the aortic semilunar valve into the aorta for circulation to the body’s tissues.

The heart muscle or myocardium requires an ongoing supply of oxygen and other nutrients to function efficiently; thus, the coronary circulation transports vital oxygen-rich (oxygenated) and nutrient-rich arterial blood to the heart muscle and returns deoxygenated, nutrient-poor blood back to the venous system. Blood is transported to the myocardium by way of the left and right coronary arteries, which are the first branches of the aorta. Once blood is circulated to the myocardium, supplying the heart with oxygen and other nutrients, it passes into the cardiac veins, which then empty into the coronary sinus and into the right atrium.

Each heartbeat, also known as a cardiac cycle, consists of the contraction (systole) and relaxation (diastole) of the atria and ventricles. In order for the heart to pump efficiently, the different areas of the heart and the cardiac muscle fibers must work together in an exact sequence. Precise coordination is achieved through the transmission of electrical impulses originating from the heart’s “pace-maker” (the sinoatrial node at the apex of the right atrium). These signals are then relayed to the various areas of the heart via a complex system of fibers (atrioventricular node, bundle of His, and Purkinje fibers). The electrical transmissions are delivered with precision timing to various areas of the heart, resulting in a rhythmic beat.

### The Blood Vessels

Blood vessels are like a system of complex tubing of different sizes through which blood flows to various parts of the body. Different types of blood vessels have different purposes. For example:

- Some vessels ensure the movement of blood from one part of the body to another.
- Other much smaller vessels (i.e., the capillaries) facilitate the exchange of certain nutrients and waste products between the blood and the fluid surrounding cells within bodily tissues.

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