News
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June 19, 1978

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******Clinical Genetics Division at UTHSCD offers counseling on potential hereditary problems.

DALLAS--"Was this your mother's mother's mother? Did your mother's mother's father have hearing problems?"

It sounds suspiciously like a family reunion, but some of the people poring over the old family album are wearing blue lab coats and it's no picnic--it's the Genetic Counseling Clinic at The University of Texas Health Science Center at Dallas.

Pat Pearson was helping her 76-year-old grandmother move recently and in the process found the old photo album dating back to 1886. In the album she recognized possible clues related to her son Jeff's Mobius' syndrome, diagnosed here five and one-half years ago. Patients with the set of symptoms called Mobius' syndrome, usually not hereditary, suffer from paralysis of the facial muscles as evidenced by droopy eyelids.

In addition to Mobius' syndrome Jeff has a hearing defect and is developmentally delayed. In the hope of learning more about his condition, Mrs. Pearson brought the photos to Dr. Jan Friedman, head of the new Division of Clinical Genetics and assistant professor of obstetrics/gynecology and pediatrics, and Dr. Mary Jo Harrod, assistant professor of obstetrics/gynecology.

The old photographs and Mrs. Pearson's hesitant report of hearing difficulties that she, her mother and her grandmother are having may yield new information for the counselors. Mrs. Pearson told of her occasional problem of distinguishing different word sounds and at other times a feeling of disorientation, lasting a split second or a few seconds at the most. Dr. Friedman indicated that these could be neurological problems and thus could be effects of the same gene involved in Jeff's problems.

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"Most of the conditions we see in counseling are rare. If somebody has a baby with a birth defect, they want to know what caused it. We deal with what happened, how it affects the child and what to expect in a future pregnancy. Many times we can say it's not likely to happen again," said Dr. Freidman.

"Some couples decide not to have children on the basis of misinformation. Usually when people come in for genetic counseling, they get much better news than they thought," said Dr. Harrod.

Mrs. Pearson said she was not particularly concerned during her pregnancy with her 17-month-old son because she had been told she had only a five percent chance of having another baby with Mobius' syndrome. The baby and her 10-year-old daughter are apparently normal.

"I knew it would be tough, but I knew I could handle another baby like Jeff. Jeff is a neat little guy," she said.

In medical genetics, Dr. Friedman says the emphasis is on counseling. "We don't just tell you what's wrong but what it means and how it happened," he said.

A deaf couple wondered what their chances were of having a deaf baby. Genetically they had very little risk of having a deaf child.

Another patient who has a brother with cystic fibrosis wanted to know if her children would have cystic fibrosis. She was told that unless she marries a close relative or the brother of somebody with cystic fibrosis, her risk is very low.

"A perfectly healthy normal couple with no family history of genetic disease doesn't need genetic counseling. There is no need to have a 'genetic checkup' before having children. But if a couple is worried about something in the family, they do need counseling," said Dr. Harrod.

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Not everyone gets good news. Some couples may have a 25 or 50 percent risk of having a genetically abnormal baby. For example, a couple with a child born with Tay-Sachs disease finds the chance for another child having the disease to be one out of four.

For diseases such as Tay-Sachs and Down's syndrome that can be diagnosed prenatally, the counseling clinic works closely with the amniocentesis clinic. Diagnosis through amniocentesis (drawing amniotic fluid from around the fetus) and genetic testing is possible for less than one-fifth of the women who have had a child with a birth defect. There is no prenatal test available for the remaining diseases.

In 1978 the clinic will perform about 150 amniocentesis tests. There are probably 2,500 women at risk due to their age or previous history in the north and west Texas region served by the clinic. Women over 40 having a baby are at a higher risk than average for having a child with Down's syndrome (mongolism).

"Since some women in this group consider abortion on the fear of having an abnormal child, amniocentesis is a life-saving test most of the time. In the six years we've been doing amniocentesis, only six women out of more than 200 have had abnormal fetuses and have chosen to end their pregnancies," said Dr. Harrod.

The counseling team includes social worker Elizabeth Hunter, who helps patients deal with their feelings. Ms. Hunter also works with the birth defects clinic and the craniofacial clinic at Children's Medical Center.

"Genetic disease is very emotionally charged. There's a lot of guilt associated with transmitting an abnormal gene, and there's anger and frustration. People need more than the hard facts," said Dr. Friedman.

third add genetic counseling

Dr. Friedman came here in April from Northwestern University Medical School where he was on the faculty. He received his M.D. from Tulane University and served a residency in pediatrics at Children's Memorial Hospital in Chicago. He was a fellow in medical genetics and received a Ph.D. in genetics at the University of Washington at Seattle. Dr. Friedman's research interests include immunogenetics and clinical genetics.

The Genetic Counseling Clinic is newly located in the Department of Obstetrics/ Gynecology. Department Chairman Dr. Norman Gant said, "We want to provide patients from the surrounding area with total care--including genetic counseling as well as quality prenatal care and prenatal diagnosis."

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