Learning disabilities: Pediatricians should step back

Point of View by Robert D. Cunningham Jr., M.D., FAAP

A few years ago during a job interview for a position as a developmental pediatrician, I was asked what role a pediatrician should play in the evaluation of a child with a learning disability. And my shocking reply was: "They don't have a role. Unless there is a concern regarding a co-occurring behavioral problem, such as an attention deficit disorder, or some accompanying medical condition, the pediatrician has nothing useful to contribute to the routine evaluation of a child for a suspected learning disability." I think I thoroughly shocked my interviewers, but they also appreciated my candor.

Although there are differences among learning disability definitions, central to most is the demonstration of a discrepancy between the child’s observed performance on an academic achievement test and the performance level expected from the child, a prediction based on the child's age and IQ. Therefore, the minimum data needed for diagnosis of a learning disability is intelligence testing and academic achievement tests. Children with learning disabilities perform significantly more poorly on academic achievement testing than one would expect based upon the child's measured IQ and age. This makes the diagnosis of learning disability an educational diagnosis, not a medical diagnosis. Although ruling out hearing and visual deficits is important, the general physical examination usually contributes nothing to the diagnosis of a learning disability. Although soft neurologic signs are more frequently seen in children with learning disabilities compared to children without learning disabilities, occurrence of these soft signs does not have sufficient individual predictive value to be useful in diagnosing a learning disability in a particular child.

The interventions for children with learning disabilities are a range of educational approaches. The treatments for learning disabilities are not within the realm of medicine. Apart from developmental and behavioral pediatricians and child psychiatrists, few pediatricians have been trained to administer academic achievement or intelligence tests, the two components required to diagnose a learning disability. Children enrolled in public schools are by law entitled to a learning disabilities evaluation through their school system for free. Because such services should be readily available in every community, why should a medical insurer feel obligated to pay for such services to be performed in the private sector?

In her letter in November’s AAP News, Dr. M. Lachiewicz laments the reluctance of third-party payers to pay for the evaluation of children with learning disabilities in the private sector. Dr. Lachiewicz’s position gets little sympathy from me. Children enrolled in private schools may have no choice but to turn to the private sector for evaluation of possible learning disabilities. In many public schools, the waiting list for testing services is quite long, requiring children to wait for several months after referral before getting the testing they need. In order for these children to be evaluated for a learning disability and to obtain appropriate services as expeditiously as possible, it may be necessary for families and school systems to turn to the private sector to meet their testing needs.

But this does not mean that these services must be made available by the medical community. However, medical clinics specializing in the evaluation of children with learning disabilities seem to be a cottage industry in some parts of the country. Whole teams descend upon the child and the family. A psychologist performs IQ testing. A special educator performs academic testing. Perhaps an occupational therapist evaluates fine motor skills. A speech therapist looks for speech and language deficits. A social worker interviews the family. And a pediatrician or neurologist performs a medical evaluation. Such an intensive evaluation can cost over $2,000, as opposed to an evaluation for free performed by the school.

Frequently, the main reason for the presence of physicians on these mega-teams seems to justify the costs of these evaluations to a health insurer, as a legitimate medical expense, despite the fact that the physician’s examination usually contributes little to the diagnosis of a learning disability. Some clinics engage in the dubious practice of substituting such medical-sounding diagnoses as "static encephalopathy" for learning disability, in order to get insurers to provide a higher reimbursement rate for evaluating these children. I believe that this, at the very least, is an abuse of the system.

Dr. Lachiewicz tries to rationalize medical evaluation for children with learning disabilities on the grounds that a genetic syndrome might be uncovered. I think it is the consensus of the medical community that children with mental retardation and autism should be evaluated for the presence of genetic etiologies. But identifiable genetic syndromes are rarer in children with learning disabilities, and as best I can tell, there is no consensus recommending that all children with learning disabilities undergo a genetic evaluation. Similarly, all relatives of individuals with autism caused by a genetic syndrome should receive some form of genetic evaluation, regardless of whether they have a suspected learning disability. The possible presence of a learning disability really does not change the tenor of evaluation indicated in either of these two cases.

Dr. Lachiewicz seems to state that learning disabilities in many children are secondary to prenatal cocaine exposure. Current data do not appear to support such a statement. This seems more the myth connected to the epidemic of severely affected cocaine babies, a myth that should be put to rest.

What role should a pediatrician have in the diagnosis of a learning disability? As a developmental pediatrician, I refuse to evaluate children for learning disabilities.