

Academy stands by its screening recommendations

by **Melissa Jenco** • News Content Editor

The Academy continues to recommend screening children for developmental disorders following a national panel's findings that more research is needed on such tests.

"Certainly what we want is to not miss any children who may have a delay and ... we have done studies (showing) that formal screening as well as formal surveillance enhances a physician's, a pediatrician's clinical judgment," said Michelle Macias, M.D., FAAP, immediate past chair of the AAP Section on Developmental and Behavioral Pediatrics Executive Committee.



Dr. Macias

Dr. Macias' comments come in response to the U.S. Preventive Services Task Force (USPSTF) recommendation statement released July 7 saying there is not enough evidence to assess the benefits and harms of speech and language screenings for asymptomatic children 5 years and younger. The statement applies to cases in the primary care setting in which the parents and doctor do not have specific concerns about the child's speech, language, hearing or development.

Screening for Speech and Language Delays and Disorders in Children Aged 5 Years or Younger: US Preventive Services Task Force Recommendation Statement appears in the August issue of *Pediatrics* (2015;136:e474-e481; <http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2015-1711>) along with a review article and commentary.

Dr. Macias agrees more research on screenings is needed, but said they are a valuable tool even for children who are asymptomatic.

"We do have evidence early intervention leads to improved outcomes," she said.

The Academy recommends a minimum of three developmental screenings by 3 years of age as well as a screening just before the child starts school. Doctors also should continue to perform

surveillance at each well visit, according to the policy. That policy is being updated, but will continue to support developmental screening, Dr. Macias said.

She pointed out the USPSTF only looked at speech and language screening, not the broader developmental screening commonly used in clinical practice. It also did not include autism despite its ties to language delays. The USPSTF said it plans to make a separate recommendation on autism.

In addition, the studies in the review do not take into account that repeated screenings increase accuracy and identification rates.

Dr. Macias said developmental screening tools are continuing to improve and so are the rates of pediatricians using them and making referrals for early intervention.

Without formal screening, children with a significant developmental delay still may be able to be identified, she said. However, others with mild delays may fall through the cracks, especially if pediatricians are counting on reports from parents who may not recognize something is wrong.

"We still want to identify all the children," Dr. Macias said. "But it's the ones with the milder delays that are going to get missed until later."

RESOURCES

- AAP policy on screening, <http://pediatrics.aappublications.org/content/118/1/405.full>
- Birth to 5: Watch Me Thrive! initiative, <http://www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive>
- Bright Futures, <https://brightfutures.aap.org>