AAP stands by recommendations on universal developmental screening
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One in four children ages 0-5 years is at risk for a developmental delay, according to the Centers for Disease Control and Prevention (CDC). Developmental surveillance is an integral component of the pediatric preventive care visit to identify children with delays and get them treatment early.

The Academy and CDC continue to recommend universal developmental screening using a standardized instrument at regular intervals during early childhood, despite recent recommendations to the contrary from the U.S. Preventive Services Task Force (USPSTF).

Studies have shown that early intervention can significantly improve outcomes for children with developmental delays and their families. Failure to screen can lead to delays in further evaluation, diagnosis and treatment, as well as burden families with unnecessary stress and uncertainty. Later interventions are less effective and costlier.


Building on the importance of the developmental surveillance and screening policy, the Academy released a clinical report in 2013 (Pediatrics. 2013;131:e2016-e2027, http://bit.ly/2arqeLj) that focused on early identification of children with motor disorders, such as cerebral palsy, muscular dystrophies and spinal muscular atrophy. This report emphasized that pediatricians should use a standardized tool at the 9-, 18-, 30- and 48-month visits to screen for subtler motor disorders, such as developmental coordination disorder.

When a motor disorder is suspected, the pediatrician should simultaneously begin the diagnostic process, refer to a specialist for final diagnosis and refer for therapy. With this process, it is hoped that diagnoses and treatment can be instituted earlier, with improved outcomes.

An intriguing recent study by Ghassabian, et al. (Pediatrics. 2016;138:e20154372, http://bit.ly/2aMmbI0) found that earlier achievement of gross motor milestones was associated with higher developmental achievement, including adaptive skills and cognitive ability, and may be an important predictor of later development in childhood. Particularly, the earlier achievement of standing with assistance predicted better developmental skills
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overall. This observed association should drive increased interest in tracking motor development by both pediatricians and families (see resources).

In 2015, however, the USPSTF stated that the evidence is insufficient to assess the balance of benefits and harms of screening for speech/language delay in asymptomatic children 0-5 years of age and did not recommend universal screening. In February, the USPSTF released a similar statement, which concluded that there is not enough evidence to assess the benefits and harms of screening for autism spectrum disorder in asymptomatic children ages 18-30 months.

In both cases, AAP leadership responded to the USPSTF.

"... strong evidence already exists on the benefit of formal screening using standardized tools," AAP President Benard P. Dreyer, M.D., FAAP, said after the USPSTF issued its recommendation on autism screening. "This type of screening can identify children with significant developmental and behavioral challenges early, when they may benefit most from intervention, as well as those with other developmental difficulties. For screening to be effective, by design it must be applied to all children -- not only those who exhibit overt symptoms, or those an individual clinician judges would benefit."

No evidence has emerged that efforts at early identification have resulted in harm. The formal, standardized, validated screening process is needed to ensure all children have timely access to developmental diagnoses and treatments.

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Resources

- AAP tools to help families track their child's developmental progress and discuss development with their pediatrician
- CDC tools to help families track their child's developmental progress and discuss development with their pediatrician

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