SDBP response to USPSTF draft recommendation on screening for ASD in young children

"The U. S. Preventive Services Task Force (USPSTF) concludes that current evidence is insufficient to assess the balance of benefits and harms of screening for autism spectrum disorder (ASD) in children for whom no concerns of ASD have been raised by their parents or clinical provider. "

Early intervention for ASDs has been shown to optimize long-term outcomes and to reduce ASD-related costs for families and systems of care. Multiple studies have demonstrated that "clinical judgment" is insufficient to identify children with developmental disabilities in pediatric practice, and a large body of evidence documents that systematic developmental screening is essential to identify developmental delays and disabilities in a timely manner. As time constraints of general pediatric practice grow, this concern is ever more pressing. Formal screening tools are thus necessary to identify children with developmental differences in general and ASD specifically. In addition, parents with limited knowledge of child development may not raise concerns spontaneously with health care providers. The administration of formal screening instruments during routine primary care visits has the potential to minimize the documented disparities due to SES and ethnicity in the identification and treatment of ASD (Durkin et al, PLOS, 2010; Thomas et al, Autism, 2012).

The USPSTF statement contradicts itself. It indicates that there is "adequate evidence that currently available screening tests can detect ASD in children ages 18 to 30 months." The Task Force acknowledges the efficacy of early intensive behavioral and developmental interventions, and asserts that the potential harms of screening and behavioral treatment are "no greater than small." The USPSTF report concludes that there is insufficient evidence to recommend routine ASD screening because there is a lack of randomized controlled trials of outcomes in screened populations of children. However, this conclusion would be contrary to the Task Force's correct assessment of the advantages of early identification and intervention.

The Society for Developmental and Behavioral Pediatrics (SDBP) is an international organization of health care providers dedicated to improving the health of infants, children, and adolescents by promoting research, teaching and clinical practice in developmental and behavioral pediatrics. We appreciate the recommendations of the USPSTF for more research to help elucidate the potential benefits of early screening for ASD in young children. However, a randomized controlled trial would not be feasible to answer this question, and might be unethical given that evidence supports the efficacy of early intensive intervention. SDBP has encouraged primary care providers to screen all children at 18 and 24 months for ASD and

developmental differences, but the extent to which this recommendation is followed remains unknown. Perhaps a closer look at the prevalence of screening would be informative, and may provide a means for comparing outcomes among children who were and were not screened. Another avenue for research is a comparison between autism specific screening tools and general developmental screening instruments in identifying ASD at a young age and ultimate outcomes.

Therefore, SDBP continues to strongly recommend screening for ASD in primary care practices for all children at 18 and 24 months unless definitive evidence emerges that this practice causes harm, is ineffective in ameliorating the symptoms of autism, or fails to enhance the efficacy of general developmental screening tools in identifying the early signs of autism. Routine screening diminishes the current ASD diagnostic disparity linked to social disadvantage, and ultimately has the potential to improve outcomes and decrease the family and societal burdens of our growing ASD population.

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