

ASD Screening in Clinical Practice: Considerations for the USPSTF



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NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

Brief Summary Statement

The USPSTF concludes that the 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.

(elsewhere described as “asymptomatic”)

Pitfalls with “no concerns”

Parental concern or lack of concern is not infallible

- many parents do not recognize signs of developmental delay in walking, talking, etc.¹
- reasons behind this are several including lack of knowledge and cultural factors^{2,3}

¹King et al, J Dev Behav Pediatr 2005; 26:293-303

²Mazurek et al, J Dev Behav Pediatr 2014;35:561-569.

³Zuckerman et al, J Dev Behav Pediatr 2014;35:522-532



Pitfalls with “no concerns”

Physician concern or lack of concern is not infallible

- Clinical impression / developmental surveillance is not as accurate as formal screening ¹
- Children with ASD may not display ASD behaviors during course of visit ²
 - May display typical behavior up to 89% of time
 - Expert raters may miss diagnosis up to 40% of time

¹ Werner et al, Child Dev 1968;39:1063-1075.

² Gabrielsen et al, Pediatrics 2015; 135:e330-e338.

Pitfalls with “no concerns”

“In general, children identified through screening rather than through case finding are likely to be younger and possibly less severely affected... It is therefore unclear whether young children with ASD detected by screening and not because of parental or teacher concern will experience similar, or any, benefit.”

Pitfalls with “no concerns”

- Most evidence suggests that more mildly affected children respond even more positively to treatment ¹
- There is no evidence that children with autism who are identified through systematic screening, rather than expression of parent concern, are less severely impaired.

¹ Warren et al, A systematic review of early intensive intervention for autism spectrum disorders. *Pediatrics* 2011;127(5): e1303–e1311



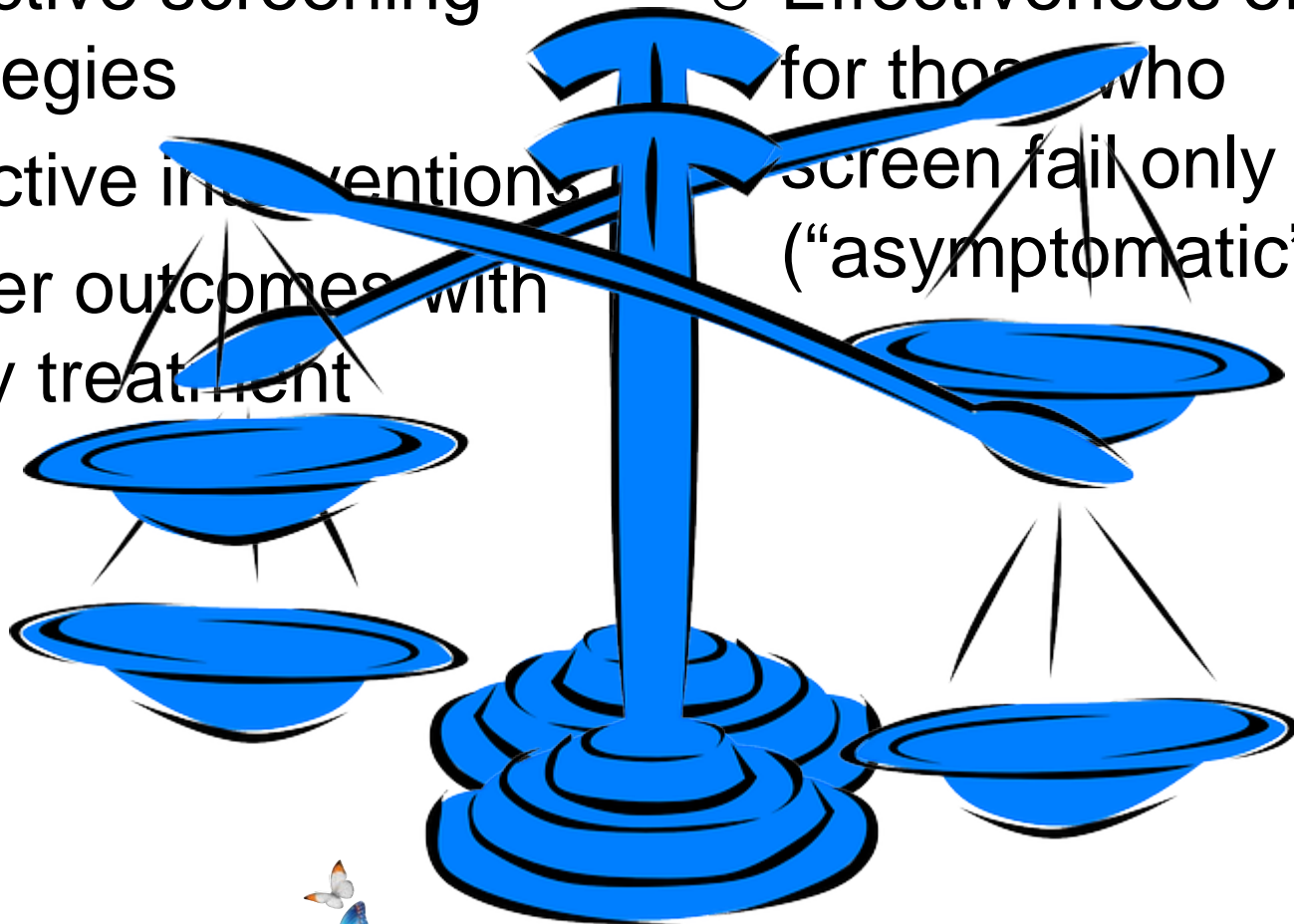
The USPSTF concludes there is insufficient evidence to assess the benefits of screening for ASD. The balance of benefits and harms cannot be determined.

Evidence is Present

Evidence is Lacking

- ✓ Effective screening strategies
- ✓ Effective interventions
- ✓ Better outcomes with early treatment

- Effectiveness of EI for those who screen fail only (“asymptomatic”)



Unintended Consequences

- The wording regarding insufficient evidence is too easily interpreted as “there is no need to do this”
- We do have evidence that we are already missing children with developmental and ASD concerns with our current screening processes; we should not be making this worse

Unintended Consequences

- Under the Affordable Care Act, insurers must cover the full cost of preventive services that are recommended by the task force on the basis of strong evidence.
- If its recommendation is based on evidence that gets an A or B, then federal law requires insurers to go along.
- If, however, the evidence is weaker and gets a C or worse, then there's no mandate for free coverage. Screening in general may decrease, worsening the current situation.