

Screening tools to identify developmental delay in healthy young children not beneficial

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The Canadian Task Force on Preventive Health Care recommends against using a screening tool to identify developmental delay in children aged 1 to 4 years who have no apparent signs or parental concerns, according to a new guideline published in *CMAJ* (*Canadian Medical Association Journal*).

Developmental delay is characterized by delay in age-appropriate functioning, including motor skills, speech and language, social skills, daily living activities and/or cognition. Risk factors for [developmental delay](#) may include [low birth weight](#), premature birth and birth complications, family history and other factors.

This recommendation applies to [children](#) with no visible signs of developmental delay. Screening differs from developmental surveillance, in which a physician regularly monitors a child's development, [parental concerns](#) and [risk factors](#), and from case finding, which identifies cases of developmental delay in children with one or more risk factors.

"Clinicians should perform developmental surveillance on an ongoing basis and consider the possibility of developmental delay in children with signs that may suggest a delay in a developmental domain, those whose parents, caregivers or clinicians have concerns about their development, or those with significant risk factors," states Dr. Patricia Parkin, a pediatrician at The Hospital for Sick Children (SickKids) and member of the developmental delay guideline working group, with coauthors.

The guideline found no evidence from randomized controlled trials (RCTs) indicating that use of a [screening](#) tool for developmental delay in primary care improves outcomes for children. Most screening tools are standardized parent-completed checklists.

"The lack of RCT evidence demonstrating any clinical benefits associated with screening for developmental delay and the relatively poor diagnostic properties of available screening tools warrant a strong recommendation against population-based screening," write the authors.

In addition, screening tools for developmental delay are not accurate, and can lead to a high number of false-positive results that can cause parental anxiety as well as incorrect labeling of children who are developing normally. These false-positive results would likely lead to further testing, referral and diagnosis that might be better focused on children with true developmental delay.

"Primary care providers should remain vigilant in monitoring a child's development at each clinical encounter (i.e., developmental surveillance) and should focus on confirming the diagnosis of developmental delay among children in whom it is suspected," the task force concludes.

More information: *Canadian Medical Association Journal*,
www.cmaj.ca/lookup/doi/10.1503/cmaj.151437

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