

Putting Prevention into Practice

An Evidence-Based Approach

Screening for Speech and Language Delay and Disorders in Children Five Years and Younger

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See related U.S. Preventive Services Task Force Recommendation Statement at <http://www.aafp.org/afp/2015/0815/od1.html>.

This PPIP quiz is based on the recommendations of the USPSTF. More information is available in the USPSTF Recommendation Statement and the supporting documents on the USPSTF website (<http://www.uspreventiveservicestaskforce.org>). The practice recommendations in this activity are available at <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/speech-and-language-delay-and-disorders-in-children-age-5-and-younger-screening>.

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CME This clinical content conforms to AAFP criteria for continuing medical education (CME). See CME Quiz Questions on page 869.

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Case Study

A two-year-old girl presents to your office for a routine well-child visit. She has had one ear infection in the past year but is otherwise healthy. Her mother has no specific concerns about her speech and language development. There is no family history of congenital disorders or developmental delay. Her mother says that a neighbor's child was referred for early speech therapy.

Case Study Questions

1. Which one of the following is not a risk factor associated with speech and language delays and disorders in young children?
 - A. Low parental education level.
 - B. Female sex.
 - C. Prematurity.
 - D. Family history of speech and language impairment.
2. According to the U.S. Preventive Services Task Force (USPSTF), early interventions for children with speech and language delays or disorders have been found to improve which one of the following outcomes?
 - A. Academic achievement.
 - B. Behavioral competence.
 - C. Socioemotional development.
 - D. Speech development.
 - E. Quality of life.
3. According to the USPSTF, which of the following statements about speech and language delays are correct?
 - A. There is inadequate evidence on the accuracy of active monitoring by primary care clinicians for speech and language delays.
 - B. It is important to screen for speech and language delays in all children at 24 and 36 months of age.
 - C. There is inadequate evidence on the harms of screening for speech and language delays and disorders in the primary care setting.
 - D. If clinicians or parents have specific concerns about a child's speech, language, hearing, or development, the child should be evaluated and treated as indicated.

Answers appear on the following page.

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Answers

1. **The correct answer is B.** The USPSTF reviewed 31 cohort studies and found several risk factors that were associated with speech and language delays and disorders. These include male sex, family history of speech and language impairment, low parental education, and perinatal risk factors (e.g., low birth weight, prematurity, birth difficulties).

2. **The correct answer is D.** The USPSTF determined that there was inadequate evidence on the effectiveness of early interventions in children with speech and language delays or disorders who are detected by screening in primary care settings. The USPSTF found evidence that interventions improve some measures of speech and language for some children. However, the USPSTF determined that there was inadequate evidence on the effectiveness of outcomes not specific to speech, such as academic achievement, behavioral competence, socio-emotional development, and quality of life.

3. **The correct answers are A, C, and D.** Information on the natural history of speech and language delays and disorders is limited. The USPSTF found inadequate evidence that active monitoring or surveillance is an accurate way for primary care clinicians to identify children at risk of speech and language delays or disorders. According to the USPSTF, the harms of screening for speech and language delays or disorders are not well studied, and the evidence is considered inadequate. Potential harms of screening and interventions for speech and language disorders in young children in primary care include the time, effort, and anxiety associated with further testing after a positive screening result, as well as the potential detriments associated with diagnostic labeling. However, the USPSTF found no studies on these harms. The USPSTF concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening for speech and language delays and disorders in asymptomatic children five years and younger. However, any concerns that are identified by the caregivers or clinicians should be addressed appropriately.

The views expressed in this work are those of the authors, and do not reflect the official policy or position of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. government.

SOURCES

U.S. Preventive Services Task Force. Screening for speech and language delay and disorders in children aged 5 years or younger: U.S. Preventive Services Task Force recommendation statement. *Pediatrics*. 2015;136(2):e474-e481. Wallace IF, Berkman ND, Watson LR, et al. Screening for speech and language delay in children 5 years old and younger: a systematic review. *Pediatrics*. 2015;136(2):e448-e462. ■

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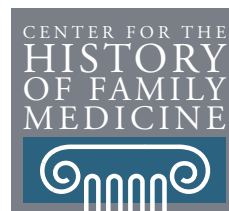


Mead Johnson "Doctor's Office A Century Ago" Exhibit at AAFP Headquarters. 1975-1984, from CHFM photo collections.

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