



Article Summary: Diagnosis of ASD

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Levy, S. et.al., 2020. Screening tools for autism spectrum disorder in primary care: A systematic evidence review. *Pediatrics*, 145 (s1), 47-59.

This article was designed to review and critique studies designed to describe and recommend screening tools used to identify children with symptoms of Autism Spectrum Disorder (ASD). Following a thorough search of relevant research articles, 27 articles were identified to answer the following four questions:

1. Was the screening tool readily available to providers?
2. Did the screening tool accurately identify those children with ASD?
3. Did the use of the screening tool lead to positive outcomes for the child and family?
4. Was there any identifiable harm in using the screening tool?

Following this review of articles, the authors determined that the MCHAT-R/F screening tool was the most accurate in identifying children with symptoms of ASD, with over 50% of children identified as at risk for ASD found to be later diagnosed with ASD. Additionally, those that were not diagnosed with ASD were found to be diagnosed with other developmental delays in an additional 25% of the children. This tool is designed to be used with children 16 to 30 months, with proven evidence that early intervention started after the diagnosis of ASD shows better outcomes than if intervention is delayed. Other screening tools were found to be less accurate, less available, and not readily used outside of the clinic setting. The authors also found that children living in poverty or from minority groups were more likely to be identified with false positive results, and more likely to not receive follow-up evaluations. This raises questions regarding continued health disparities and supports the idea that screening beyond clinical settings may increase opportunities for improved screening in these groups. Finally, this study points out the lack of screening tools for ASD for those children above 30 months of age, and if missed during the 16-to-30-month time frame, may lack services for months to years. The recommendation is to increase screenings in primary care and childcare centers, and to increase research into screening tools for children over 40 months.