Quality Developmental Screenings Are Essential to Quality Surveillance

There is much to praise in the American Academy of Pediatrics’ Clinical Report, “Motor Delays: Early Identification and Evaluation” (Pediatrics. 2013;131:e2016–e2027). The expert panel provided helpful guidance, useful resources, and placed invaluable emphasis on a 48-month visit to evaluate fine motor and other skills essential to school success. Nevertheless the panel erred considerably in stating, “The most commonly used developmental screening instruments have not been validated on children with motor delays.” In fact the measures cited have multiple discriminant validity studies, illustrating that Parents’ Evaluation of Developmental Status1 and the Ages and Stages Questionnaire2–3 are able to detect children with motor delays with 84% to 100% sensitivity. Both tools also enjoy powerful predictive validity studies showing that developmental status across domains is prognostic over time.1–3

Use of quality screening tools doubles identification rates of children with problems and increases significantly enrollment in needed interventions.4,5 Surveillance without accurate screening is known to be ineffective.4,5 Motor delays as detected by quality screens, especially when scored before an encounter, serve as a critical alert enabling clinicians to adjust their history taking and physical examination accordingly.

Accurate screening tests are the science of developmental-behavioral pediatrics in primary care. Surveillance is the art. It is unwise to ignore the decades of research behind screening tests because screens clearly facilitate providers’ ability to perform thoughtful surveillance. Both screening and surveillance are needed and complementary.

Nevertheless, even the most solicitous screening and surveillance process is insufficient to render complete uptake on referrals. Clinicians and families need help navigating the bewildering array of services and varying eligibility criteria. The troubling time lag from diagnosis to intervention is not a function of screening with accurate tools but rather a reflection of referral challenges.4,5

The neuromotor screening statement will gain more traction if the algorithm includes a step for referral coordination (eg, Help Me Grow) with links to services and a step for following up with families to discern whether additional explanation or referral assistance is needed. We encourage the panel to continue working on its paradigm and to carefully scrutinize both the evidence and logistics of early detection in primary care.

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Conflict of Interest:

Drs Squires and Glascoe are the authors of the 2 screening tests mentioned in the article and are familiar with research on these tools, whether written by us or by others. We write to clarify problematic comments in the article.

REFERENCES


Authors’ Response: Re: My Concerns About the American Academy of Pediatrics Clinical Report on “Motor Delays: Early Identification and Evaluation”

We thank Drs Marks, Glascoe, and Squires for their thoughtful commentaries on our recently published clinical report, “Motor Delays: Early Identification and Evaluation.” We appreciate this opportunity to respond to their concerns.

First, we respect the expertise of Drs Glascoe and Squires as authors of the ASQ and PEDS and appreciate their openly disclosed conflicts of interest. However, their concerns and those of Dr Marks about the validity of currently available developmental screening tools to detect motor delays miss the major point of our report. Moreover, because less than half of US children are formally
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