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Follow-up After Screening

The USPSTF concluded: “We found no evidence to answer the overarching question of whether screening for speech and language delay or disorders improves speech and language outcomes.”

Although we advocate for developmental screening, we recognize the many uncertainties about speech-language screening found by the USPSTF. Much research remains to be done. Future reviews should recognize that the yield of screening depends in large part on the prevalence of delay in the sample under study.

Another aspect addressed less frequently is the importance of follow-up after screening and referral. In the 3 most recent studies, the proportion of children referred for evaluation who were evaluated and who qualified for services (the predictive value of a referral) was 33% (86/261),¹ 23% (26/115),² and 56% (64/81).³ To improve these figures will require work across our systems and in all our communities.

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Conflict of Interest:
None declared.

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Author’s Response

We appreciate the comments from Dr Marks and Dr Glascoe. As primary care physicians and members of the US Preventive Services Task Force (USPSTF), we share their dedication to improving the health of all children, including those with possible language and other developmental problems. We would like to emphasize that the USPSTF is not arguing against screening for speech delays or disorders. Instead, the USPSTF identified a critical gap in the evidence needed to demonstrate that routinely screening all children for language delays and disorders in primary care might improve language outcomes. Dr Marks and Dr Glascoe point to the potential benefits of broadband screening instruments for identifying a wide array of neurodevelopmental problems in

children. Although such screening might be of value, its use goes beyond the specific aims of this USPSTF evaluation, which focused specifically on language. The USPSTF has not evaluated the use of broadband screening instruments or surveillance over time to identify neurodevelopmental problems, and therefore cannot make a recommendation about these approaches.

The USPSTF applies a high standard when interpreting available evidence and translating the evidence into recommendations. It considers not only the validity of screening tests but also the evidence regarding the outcomes in cases detected through screening compared with the outcomes that would occur in the absence of screening. The question is not just about the psychometric characteristics of specific screening tests but whether their routine use in primary care improves outcomes in children. The USPSTF issues an “I statement” when the evidence is not adequate to allow this comprehensive assessment. I statements are not recommendations against screening but calls for more research and better evidence. We believe that such statements are the best representations of current evidence and will ultimately lead to the information needed to provide the best care for children and their families.

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