

Screening for Autism Spectrum Disorder in Young Children: Clinical Summary

Population	Children aged 18 to 30 months for whom no concerns of autism spectrum disorder (ASD) have been raised by their parents or a clinician
Recommendation	No recommendation. Grade: I (insufficient evidence)

Risk Assessment	Although a number of potential risk factors for ASD have been identified, there is insufficient evidence to determine if certain risk factors modify the performance characteristics of ASD screening tests, such as the age at which screening is performed or other characteristics of the child or family.
Screening Tests	The most commonly studied tool is the Modified Checklist for Autism in Toddlers (M-CHAT) and its subsequent revisions. A positive finding should lead to a follow-up interview, which, if positive, should lead to a full diagnostic workup for ASD.
Treatment and Interventions	Treatments for ASD include behavioral, medical, educational, speech/language, and occupational therapy and complementary and alternative medicine approaches. Treatments for young children are primarily behavioral interventions, particularly early intensive behavioral and developmental interventions.
Balance of Benefits and Harms	The USPSTF concludes that there is insufficient evidence to assess the balance of benefits and harms of screening for ASD in young children for whom no concerns of ASD have been raised.
Other Relevant USPSTF Recommendations	The USPSTF has made a recommendation on screening for speech and language delays and disorders among children 5 years or younger. This recommendation is available on the USPSTF Web site (www.uspreventiveservicestaskforce.org).

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to www.uspreventiveservicestaskforce.org.