What does the USPSTF recommend?

**Children 5 years or younger without signs or symptoms of speech and language delay and disorders:**
The USPSTF found that the current evidence is insufficient to assess the balance of benefits and harms of screening for speech and language delay and disorders in children.

To whom does this recommendation apply?

- This recommendation applies to asymptomatic children 5 years or younger whose parents or clinicians do not have specific concerns about their speech, language, hearing, or development.
- This recommendation does not apply to children with another condition that may cause speech or language impairment (e.g., autism spectrum disorder).

What’s new?

- This updated recommendation is consistent with the 2015 USPSTF recommendation on screening for speech and language delay and disorders in children 5 years or younger.

How to implement this recommendation?

- There is insufficient evidence to recommend for or against screening for speech and language delay and disorders in younger children. The USPSTF is calling for more research on the benefits and harms of screening for speech and language delays and disorders, especially in populations known to have the highest burden (Black and Hispanic/Latino children and children from households with low incomes).
- Clinicians should use their clinical judgment regarding whether and how to screen for speech and language delay and disorders. Clinicians should also be aware of signs and symptoms of speech and language delays and disorders and listen to any caregiver concerns.
What additional information should clinicians know about this recommendation?

- The estimated prevalence of speech and language disorders ranges between 3% and 16% of US children and adolescents aged 3 to 21 years. Boys are more than twice as likely to be affected than girls.
- There are notable disparities in the prevalence of speech and language delays and disorders, with Black and Hispanic/Latino children and children from households with low incomes having higher rates of speech and language delays and disorders compared with White children.
- The USPSTF found adequate evidence on the accuracy of screening tools to detect speech and language delay and disorders. However, there was limited and inconsistent evidence on the effectiveness of interventions on intermediate outcomes such as speech and language domains (e.g., fluency, articulation, and expressive and receptive language) and health outcomes (e.g., improved school performance, social/emotional function, or quality-of-life).

Why is this recommendation and topic important?

- Evidence suggests that many younger children identified with speech and language delay go on to recover without intervention.
- However, school-age children with speech and language delays and disorders may be at increased risk of learning and literacy disabilities, including difficulties with reading and writing. Studies also suggest that children with these conditions may be at higher risk for social and behavioral problems in addition to learning problems, some of which may persist through adulthood.

Where to read the full recommendation statement?

Visit the USPSTF website or the JAMA website to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.