

Screening For Autism Spectrum Disorder In Young Children

The U.S. Preventive Services Task Force (Task Force) has issued a **final recommendation statement** on *Screening for Autism Spectrum Disorder in Young Children*.

This final recommendation statement applies to children ages 3 and younger who have no obvious signs or symptoms of autism spectrum disorder (ASD) or developmental delay and whose parents, caregivers, or doctors have no concerns about the child's development.

Parents who do have concerns about the way their young child moves, plays, talks, interacts with others, and learns should tell their child's doctor. Doctors and other health care professionals who care for children should listen to parents' concerns and follow up, as appropriate.

What is autism spectrum disorder?

Autism spectrum disorder (ASD) is a condition that affects a person's ability to communicate and interact with others. Signs of ASD generally emerge early in life.

The Task Force reviewed research studies on the potential benefits and harms of ASD screening in young children who do not have obvious signs or symptoms of ASD. They looked at whether screening all children for ASD helps with their development or quality of life. The final recommendation statement summarizes what the Task Force learned: There is not enough evidence available on the potential benefits and harms of ASD screening in all young children to recommend for or against this screening.

This recommendation statement is not a recommendation against screening; it is a call for more research.

Facts about Autism Spectrum Disorder

All children develop at different rates. However, certain milestones in how children play, learn, speak, behave, and move are signs of typical development. Some milestones, like walking, are physical skills. Other milestones, such as babbling and pointing to draw another person's attention to something, are related to communication and social interaction. Young children with developmental disorders, such as ASD, may miss some of these milestones. Or, they may develop these skills but lose them later.

Children with ASD have difficulties with social interaction and communication. For example, they may not make eye contact or appear not to understand words or simple instructions. They may show a lack of interest in people, become fixated on certain objects or subjects, get extremely upset at a change in routine, or repeat certain movements (such as rocking back and forth or flapping their hands).

The learning and thinking abilities and behaviors of children with ASD vary greatly. Some children may be mildly affected and need only a little help in their daily lives. Others can be profoundly challenged and need significant help.

It is thought that about 1 in 68 children in the United States has ASD. It is more common in boys than in girls, in some regions of the United States, and in some races and ethnicities than in others. Scientists do not know what causes ASD, though it is likely that genetics and environmental factors both play a role.

Currently, there is no medical test for ASD. Doctors can diagnose a child who has signs or symptoms by taking a detailed medical history, observing the child's behavior, and using questionnaires.

Treatments for ASD aim to help children improve behaviors that may interfere with their development and quality of life. Effective treatments may vary from child to child, depending on their individual needs.

Benefits and Harms of Screening for Autism Spectrum Disorder

The goal of screening is to identify children who may have signs or symptoms that suggest ASD so that it can be diagnosed and treated. Screening is generally done with a questionnaire that a parent fills out. The questionnaire asks about a child's communication and social interaction abilities. If the screening suggests ASD may be a possibility, then follow-up tests are done to diagnose the condition.

The Task Force reviewed studies on screening very young children for ASD during routine visits with a clinician. It focused on evidence for children who show no obvious signs or symptoms of ASD and whose parents have not raised any concerns about their child's development.

The Task Force found only limited evidence on potential benefits of ASD screening in this group of young children with no symptoms. This is because most studies focus on the benefits of treating older children who have been identified through concerns raised by parents, caregivers, or teachers.

The Task Force also found little evidence about potential harms of screening very young children for ASD. Screening young children who have no obvious symptoms of ASD could lead to anxiety for parents if an initial screening test result suggests ASD. Overall, however, the potential harms of screening and treating children identified through screening are likely to be low.

The Task Force cares deeply about the challenges that children and their families face in getting the care and support they need. Autism awareness and research have increased greatly over the past few decades. So far, research has focused on developing tools to diagnose autism and on treatments for children who are most severely affected. This research is extremely important and helps provide support and care for children and families across the country.

The Task Force believes that more research on the impact of screening and treatment in very young children whose parents or doctor have not raised concerns about ASD is an important next step to helping all children. These types of studies will allow us to ultimately make a recommendation.

The Final Recommendation on Screening for Autism Spectrum Disorder: What Does it Mean?

Here is the Task Force's final recommendation on screening for autism spectrum disorder. Recommendation statements have letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against—it issues an **I Statement**. The Notes explain key ideas.

Visit the Task Force Web site to read the full [final recommendation statement](#). The statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the studies the Task Force reviewed.

1 The USPSTF concludes that the *current evidence is insufficient* to assess the balance of benefits and harms of *screening for autism spectrum disorder (ASD)* in children for whom no *concerns of ASD* have been raised by their parents or a *clinician*. **I Statement**

Notes

1 *current evidence is insufficient*
The Task Force did not find enough evidence to make a recommendation for or against ASD screening in this population.

screening for autism spectrum disorder

Having parents fill out a questionnaire to identify children who may have communication or social problems that suggest ASD.

concerns of ASD

Problems with communication or social interaction, such as not making eye contact, interacting with parents or other children, repeating actions over and over, or losing skills he once had (such as saying words he had learned).

clinician

Doctor, nurse, or other health care professional who cares for the child.

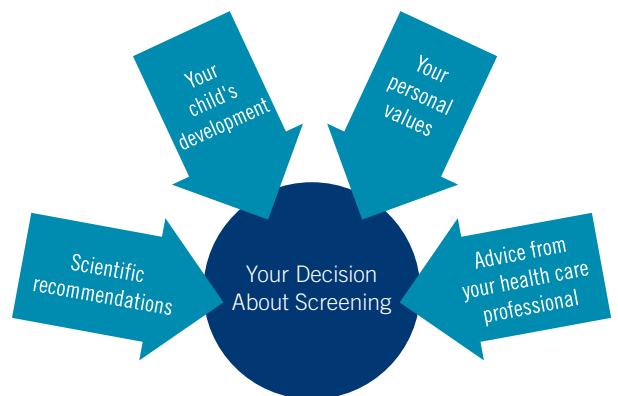
Talking to your Child’s Doctor about Autism Spectrum Disorder Screening

Getting the best health care means making smart decisions about the screening tests, counseling services, and preventive medicines you and your family should get and when to get them. Many people don’t get the tests or counseling they need. Others get tests or counseling they don’t need or that may be harmful to them. Task Force recommendations can help you learn about screening tests, counseling services, and preventive medicines. These services can keep you and your family healthy and prevent disease.

Autism experts believe that identifying the signs and symptoms of autism and treating them early in a child’s development can help improve the child’s ability to communicate, lessen the development of symptoms, and improve quality of life.

Currently, doctors diagnose autism by taking a detailed medical history, observing a child’s behavior, and using questionnaires. Some evidence suggests that autism can be diagnosed around age 2. However, most children with autism are diagnosed at or after age 4.

As a parent, you know your child best. If you have any concerns about the way your young child moves, plays, talks, interacts with others, and learns, tell your child’s doctor or nurse. Make sure your questions and concerns are answered. Think about your personal beliefs and preferences for health care. And consider scientific recommendations, like this one from the Task Force. With this information, you and your doctor can decide together whether autism screening is right for your child.



What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the **final recommendation statement**. To learn more, visit the [Task Force Web site](#).

| Task Force Recommendation Grades | |
|----------------------------------|--|
| Grade | Definition |
| A | Recommended. |
| B | Recommended. |
| C | Recommendation depends on the patient's situation. |
| D | Not recommended. |
| I statement | There is not enough evidence to make a recommendation. |

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