Developmental Disorders

in Children <36 Months of Age



FAST FACTS

1 – 3% prevalence of global

developmental delay

1 in 54

children in the US with autism spectrum disorder

1 in 6

children 3 to 17 years old with a developmental disability

WHEN TO REFER

Refer to your state's early intervention program, and outpatient therapy if indicated, as soon as a developmental concern is detected.

Refer all patients with speech/ language delays to Cincinnati Children's Audiology.

Refer children with frequent disruptive behavior to behavior therapy.

Refer to Cincinnati Children's Developmental & Behavioral Pediatrics (DDBP) if you suspect ASD or GDD (i.e., failed 2+ areas).

Refer to Cincinnati Children's Neurology for muscle tone/CP concerns and to Genetics for genetic disorder concern.

If you have urgent clinical questions about patients with these disorders, call the DDBP specialist on call through the Physician Priority Link 1-866-636-7997. Developmental disorders are a group of conditions characterized by an impairment in physical, learning, language, or behavior that result in functional limitations in major life activities. Children with these disorders benefit from early intervention services to address developmental and behavioral challenges.

In children <36 months of age, it is important to identify Autism Spectrum Disorder (ASD) and/or Global Developmental Delay (GDD). Deficits in social-communication and repetitive behaviors, suspect ASD. Significant deficits in 2+ of the following: motor, language, cognitive, personal-social, and activities of daily living (ADL), suspect GDD. Persistent GDD as a child ages may predict an Intellectual Disability diagnosis.

ASSESSMENT

Perform a medical and developmental history and physical exam. At 9, 18, and 30-month well child visits, administer standardized developmental screening. At 18 and 24 months, perform autism-specifc screening.

HPE RED FLAGS

- · Any parent/caregiver or early childhood professional concerns
- Risk factors, including:
 - Family history of ASD, intellectual disability or other developmental/learning issues
 - Perinatal complications including prematurity and in utero substance exposure
 - Neurologic conditions myelomeningocele, congenital brain anomalies, and epilepsy
 - Complex congenital heart disease
 - Other genetic or chronic medical conditions
 - Adverse childhood events
- Autism-specific red flags does not smile at others; lack of response to name; delayed speech and language skills; repeats words/phrases over and over (echolalia); does not point or look where you point; odd mannerisms or play; gets upset by minor changes; avoids eye contact; engages in repetitive movements or body posturing; has unusual reactions to sounds, textures, or other sensory stimuli

MANAGEMENT/TREATMENT OF DEVELOPMENTAL DISORDERS

When there are developmental concerns, recommend:

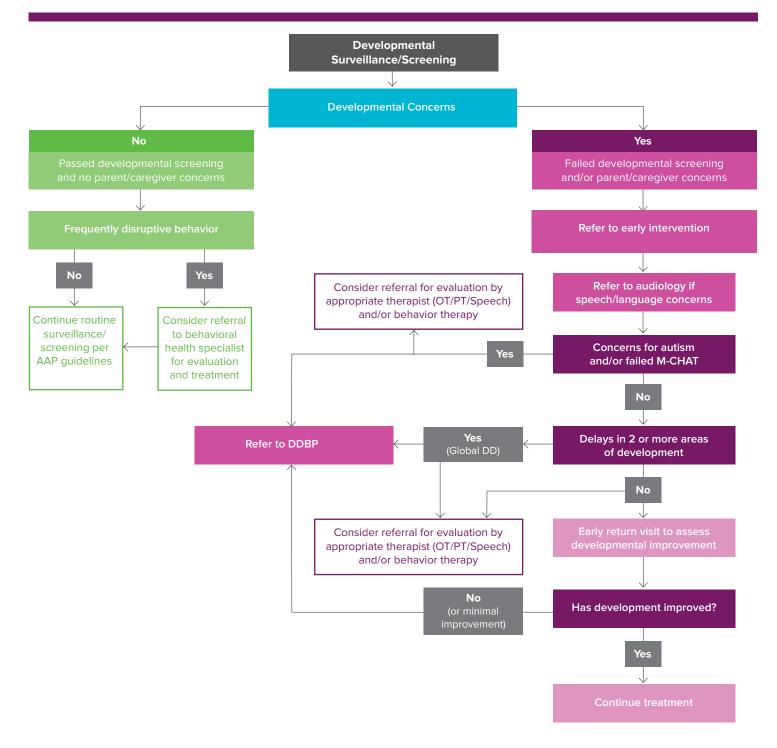
- Hearing and vision evaluation
- Review newborn metabolic screening
- Review growth, including head circumference
- Motor/tone abnormalities: consider brain MRI; hypotonia CK and TSH

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

Tool developed through a partnership between community practice physicians and specialists at Cincinnati Children's, and staff in the James M. Anderson Center for Health Systems Excellence. Developed using expert consensus and informed by Best Evidence Statements, Care Practice Guidelines, and other evidence-based documents as available. For Evidence-Based Care Guidelines and references, see www.cincinnatichildrens.org/evidence.

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For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link at 1-888-636-7997.