## Developmental Disorders

#### in Children 3 to 5 Years Old



#### **FAST FACTS**

1 in 6

children 3 to 17 years old with a developmental disability

1 in 36

children in the United States with ASD

#### WHEN TO REFER

- Refer to Audiology if there are speech/language delays.
- Refer to suitable therapist (OT/PT/ speech) for assessment of area(s) of developmental delay.
- Refer to Developmental and Behavioral Pediatrics (DDBP) to evaluate for ASD and/or GDD.
- Refer to Behavioral Medicine and Clinical Psychology (BMCP) or community mental health to address frequently disruptive behavior. If diagnostic clarification of ADHD needed in very young children, <4 years old, also refer to DDRP
- Refer to Neurology if there are motor/tone abnormalities or you suspect cerebral palsy.
- Refer to Genetics if there is concern about specific genetic disorder.

If you have urgent clinical questions about these disorders, contact the on-call Developmental and Behavioral Pediatrics (DDBP) specialist through the Physician Priority Link® 1-866-636-7997.

Developmental disorders cause physical, behavioral, learning or language impairments that lead to functional limitations in major life activities. Children with these disorders benefit from targeted educational services and supplemental community therapies.

In children 3 to 5 years old, it's important to identify autism spectrum disorder (ASD) and/or global developmental delay (GDD). Social-communication deficits and repetitive behaviors are signs of ASD, while GDD is associated with delays in two or more areas of development (motor, language, cognitive, personal-social or activities of daily living). As a child nears age 5, persistent GDD is more likely to predict a diagnosis of intellectual disability (ID).

Developmental disorders occur in all racial, ethnic, and socioeconomic groups. However, children from minoritized and low-income groups are often diagnosed later. Developmental screening/surveillance are key to timely diagnosis.

#### **ASSESSMENT**

Perform a medical, developmental and emotional/behavioral history and a physical exam. Consider behavioral measure (e.g., Vanderbilt) as clinically indicated.

#### HISTORY AND PHYSICAL EXAM RED FLAGS

- · Any parent/caregiver or early childhood professional concerns.
- Previous referral to (or engagement with) Early Intervention services, or current receipt of special education services such as an individualized education program (IEP).
- Frequent or intense tantrums, especially with harm to self or others.
- Risk factors including family history of ASD, ID or other learning issues; perinatal
  complications such as prematurity or substance exposure; congenital neurologic
  disorders or heart disease; genetic or chronic conditions; adverse childhood events.
- Autism-specific red flags: unusual or limited interest in social interactions; communication difficulties; unusual or obsessive interests and rituals; limited pretend play; repetitive behaviors or speech patterns (e.g., echolalia or scripting).

#### MANAGEMENT/TREATMENT OF DEVELOPMENTAL DISORDERS

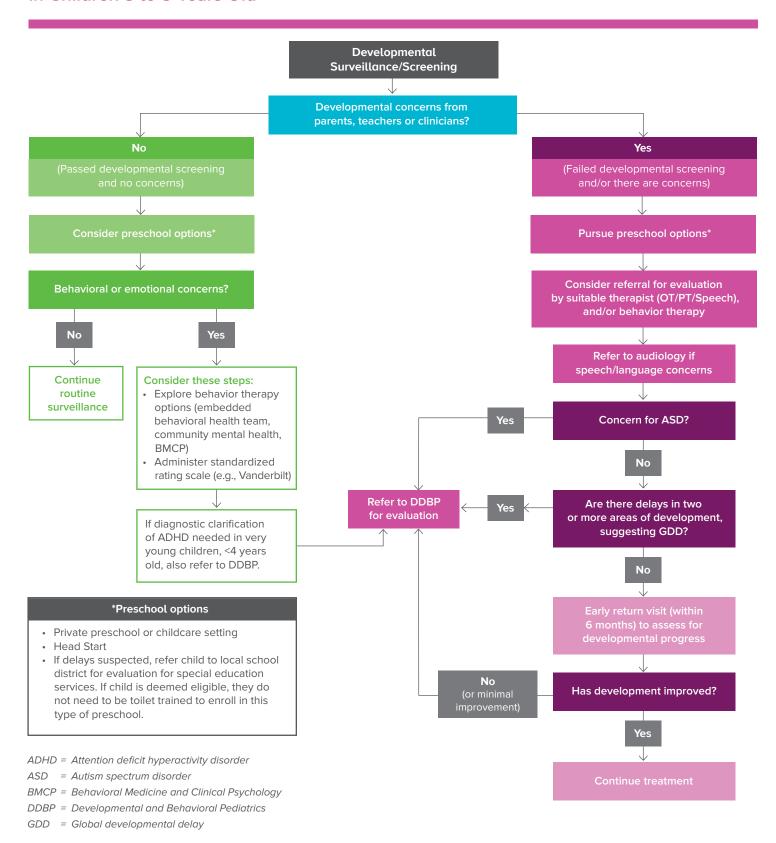
- · Order hearing and vision evaluation.
- Review growth (including head circumference) and newborn metabolic screening.
- Consider brain MRI for motor/tone issues; check CK and TSH if there is gross motor delay/hypotonia.
- Encourage participation in structured preschool programming (see reverse).
- Encourage participation in parent education programs specific to children with developmental disorders.

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 by Cincinnati Children's physician-hospital organization (known as Tri-State Child Health Services, Inc.) 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. This tool is presented for the purpose of educating providers. It should not be considered inclusive of all proper methods of care or exclusive of other reasonable methods of care. The ultimate judgment regarding care of a particular patient must be made by the physician in light of the patient's individual circumstances.

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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.