

Autism Test Highly Predictive of Diagnosis at Age 3

BY ROBERT FINN
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SAN FRANCISCO — An 18-month-old child who scored above the threshold for autism spectrum disorders on the Autism Diagnostic Observation Schedule was more than six times as likely to have a clinical diagnosis of autism spectrum disorder at the age of 3 years than one who scored lower, Dr. Lonnie Zwaigenbaum reported in a poster presentation at the annual meet-

ing of the Pediatric Academic Societies.

Nevertheless, scores on the Autism Diagnostic Observation Schedule (ADOS) must be interpreted with caution in children who are 18 months old, wrote Dr. Zwaigenbaum of McMaster University, Hamilton, Ont., and his colleagues. ADOS scores should be interpreted in the context of an overall clinical assessment, because the test has a high sensitivity but a relatively low specificity, missing more than 50% of the children with diagnoses at 3 years.

The study involved 101 children who were at increased risk of autism by virtue of having an older sibling with autism. Also included in the trial were 42 control children with no increased risk of autism.

The children were assessed with ADOS and the MacArthur Communicative Development Inventory at the average age of 18 months, and they received a blinded diagnosis by an expert clinician at an average age of 39 months. This diagnosis was based on the clinician's best judgment fol-

lowing a comprehensive assessment that included the ADOS, the DSM-IV, and the Autism Diagnostic Interview-Revised.

The ADOS scoring algorithm includes one cutoff score for autism spectrum disorders (ASD) and a higher cutoff score for autism. Only one of the control children scored in the ASD range at 18 months, but that child was in the not ASD range at 24 months and did not have a diagnosis of ASD at 3 years. Using the autism cutoff, the 18-month assessment identified 9 of 20 children who ended up with a clinical diagnosis at 3 years (sensitivity of 45%) and 6 of 81 children who did not receive a diagnosis at age 3 (specificity of 93%). The meeting was sponsored by the American Pediatric Society, Society for Pediatric Research, Ambulatory Pediatric Association, and American Academy of Pediatrics. ■

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Comorbidities Common in Autistic Kids

SAN FRANCISCO — Data from a large national survey document very high levels of comorbidity among children with autism, James G. Gurney, Ph.D., reported at the annual meeting of the Pediatric Academic Societies.

Compared with children aged 3-17 years without autism, those with autism are 21 times more likely to be in poor health; are about 40 times more likely to be receiving speech therapy, behavioral treatment, or counseling; and are 11 times more likely to be using long-term medication.

"Children with autism present with unusually complex emotional, behavioral, and medical needs," said Dr. Gurney of the University of Michigan, Ann Arbor. "Generalists may need to coordinate care among a variety of subspecialty consultants and service providers. And given the increasing prevalence of autism, pediatricians may find that they have to confront this type of situation much more than they used to."

Dr. Gurney and his colleagues used data from the Centers for Disease Control and Prevention's National Survey of Children's Health, a cross-sectional, population-based sample from 2003-2004 of more than 100,000 parents. Extrapolated to the entire U.S. population with stratified weighted sampling fractions, the investigators estimated the prevalence of autism at 46 per 100,000 children, an estimated total of 324,000 children nationwide.

In general, parents of children with autism judged their child's health to be significantly worse than did parents of children without autism. Parents judged 3.5% of their children with autism to be in poor health and 7.9% to be in fair health, compared with 0.4% and 2.9%, respectively, among nonautistic children.

"Although not directly addressed in the study, these results speak to the heavy responsibilities that parents bear in caring for a child with autism," Dr. Gurney said at the meeting.

—Robert Finn