

# DEVELOPMENTAL SURVEILLANCE AND SCREENING IN GENERAL PEDIATRIC PRACTICE

Weerasak Chonchaiya and Chandhita Pruksananonda

Department of Paediatrics, Chulalongkorn University, Bangkok, Thailand

Developmental and behavioral problems are relatively common conditions, with a prevalence of approximately 10%-25% in general pediatric practice (Council on Children with Disabilities, 2006; Glascoe and Marks, 2011; Lipkin, 2011). In which early detection and appropriate management of such problems can lead to better developmental and behavioral outcomes in children (Council on Children with Disabilities, 2006; Glascoe and Marks, 2011; Lipkin, 2011). However, these problems frequently remain undetected or are even overlooked by primary pediatric healthcare professionals, particularly in settings where there are major time constraints (Council on Children with Disabilities, 2006; Glascoe and Marks, 2011; Leppert, 2011; Lipkin, 2011).

Developmental surveillance, generally recommended to be performed at every well child visit, is a flexible, longitudinal, continuous and cumulative process aimed at identifying children who may have developmental problems (Council on Children with Disabilities, 2006; Lipkin, 2011). This is in contrast to developmental screening, which is the administration of a brief, standardized tool for the identification of children at risk of developmental disorders at specific ages (Council on Children with Disabilities, 2006; Glascoe and Marks, 2011; Lipkin, 2011). Children with positive developmental screening should be referred for

developmental evaluation, which is aimed at identifying specific developmental disorders with related medical etiologies and/or associated medical problems (Council on Children with Disabilities, 2006; Leppert, 2011; Lipkin, 2011).

Currently, only approximately 25%-30% of children with developmental delay are detected prior to school entry by primary care providers (Glascoe and Marks, 2011). In practice, brief well-child visits to healthcare facilities have several agendas, such as physical examination, anticipatory guidance, safety and prevention counseling, and developmental promotion. Therefore, developmental problems are likely to be undetected at such visits. In 2002, the AAP periodic survey found that developmental surveillance was done by pediatricians in 71%; however, in only 23% of those reported that developmental screening was formally assessed, which may have been due to time constraints, lack of staff, or inadequate reimbursement for performing the screening (Lipkin, 2011).

Furthermore, the reasons that developmental problems are undetected in primary care in the US include: non-standard administration of standardized screening and informal milestone checklists, failure to continually check on developmental progress, clinical judgment mainly based on cases' dysmorphology, requirement of repeated screening test failure prior to

# Screening And Surveillance In General Practice

**John L. Pfenninger, Grant C. Fowler**



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