Understanding Task Force Recommendations

Screening for Speech and Language Delay and Disorders in Children Aged 5 Years or Younger

The U.S. Preventive Services Task Force (Task Force) has issued a final recommendation statement on Screening for Speech and Language Delay and Disorders in Children Aged 5 Years or Younger.

This final recommendation statement applies to children aged 5 or younger. It does not apply to young children who already have been diagnosed with a speech or language problem. It also does not apply to situations where parents or health care professionals have already raised concerns about a child’s speech or language.

The final recommendation statement summarizes what the Task Force learned about the potential benefits and harms of screening for speech and language problems: There is not enough evidence to determine whether screening with formal tools in primary care settings would help identify speech or language problems in children younger than 5 who aren’t already thought to have problems.

What are speech and language delays and disorders?

Speech and language delays happen when a child develops speech and language at a slower-than-normal pace.

Delays are different from speech and language disorders, which happen when a child’s speech and language are not typical (such as stuttering or having trouble pronouncing words).

Facts about Speech and Language Delays and Disorders

Children with a speech or language delay take longer to begin speaking than other children their age. This is different from a speech and language disorder, which occurs when the child’s speech and language development is not typical. Stuttering, lisping, or having trouble pronouncing words are examples of speech disorders. Some speech and language problems can make it hard for a child to learn and do well in school.

Boys, children whose parents have a low level of education, and children with family members who have a history of speech and language problems are at increased risk for these problems. Prematurity, low birth weight, and difficulties during birth also can increase the risk of speech and language problems.

Doctors and nurses often ask questions about a child’s speech and language during routine checkups. Parents and caregivers also may notice speech and language problems.

Potential Benefits and Harms of Screening

Formal screening for speech and language delays and disorders usually consists of brief surveys completed by parents or given by a doctor or nurse. These surveys can include questions about how often the child speaks, the words they use, how clearly the child speaks, and other aspects of speech and language development.
The Task Force reviewed studies and did not find enough evidence to make a recommendation for or against using these formal speech and language screening tools with children aged 5 and younger who do not have signs of speech or language problems.

The Task Force recognizes childhood speech and language delays and disorders are important health issues and encourages more research on formal screening for all young children.

The Final Recommendation on Screening for Speech and Language Delays and Disorders: What Does It Mean?

The final recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. The grade is based on the quality and strength of the evidence about the potential benefits and harms of the screening.

When there is not enough evidence to judge benefits and harms of screening, the Task Force does not make a recommendation for or against—it issues an I Statement. The Notes below explain key ideas about this recommendation. Task Force recommendation grades are explained in the box at the end of this fact sheet.

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.

Notes

1. current evidence is insufficient

The Task Force did not find enough information from studies to determine the potential benefits and harms of screening for this purpose in this population.

screening

Using tests to identify children who may have problems with speech or language.

speech

The physical process of making sounds that form words.

language

A way of communicating messages using words and gestures.

delay

When a child develops speech and language more slowly than normal.

disorder

When a child’s speech and language development is not typical (e.g., stuttering or having trouble pronouncing words).
Should Your Child be Screened for Speech or Language Delays or Disorders?

Getting the best health care means making smart decisions about what screening tests, counseling services, and preventive medicines to 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. The Task Force recommendations do not cover diagnosis (tests to find out why a person is sick) or treatment of disease. Task Force recommendations also apply to some groups but not others. For example, this recommendation applies only to children who have no signs of speech or language delay or disorders.

Deciding Whether to Have Your Child Tested for Speech or Language Delay or Disorders

If you have any concerns or questions about your child’s speech or language development, talk to your child’s doctor or nurse. Ask whether testing might be useful. Consider your child’s health and your personal beliefs and preferences for health care. And consider scientific recommendations, like this one from the Task Force.
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.

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