10 Best DBP Articles of 2024

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Disclosures

We have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity.

We do not intend to discuss any unapproved/investigative use of a commercial product / device in my presentation.

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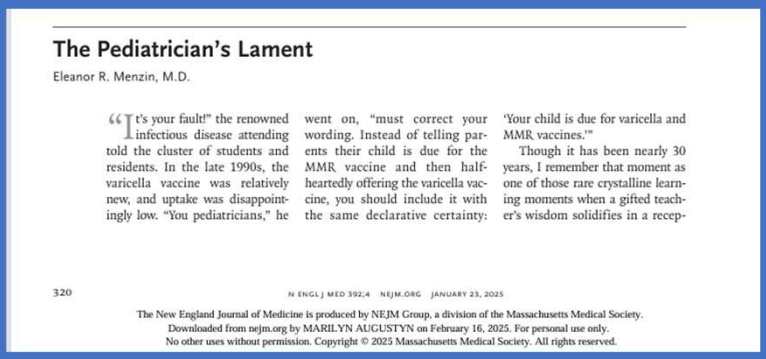
Menzin ER. The Pediatrician's Lament. N Engl J Med. 2025 Jan 23;392(4):320-321. doi: 10.1056/NEJMp2414640. Epub 2025 Jan 8. PMID: 39778184.



The Pediatrician's Lament

Eleanor R. Menzin, M.D.

"It's your fault!" the renowned infectious disease attending told the cluster of students and residents. In the late 1990s, the varicella vaccine was relatively new, and uptake was disappointingly low. "You pediatricians," he went on, "must correct your wording. Instead of telling parents their child is due for the MMR vaccine and then half-heartedly offering the varicella vaccine, you should include it with the same declarative certainty: 'Your child is due for varicella and MMR vaccines.'"

Though it has been nearly 30 years, I remember that moment as one of those rare crystalline learning moments when a gifted teacher's wisdom solidifies in a recep-

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What To Do Differently on Monday

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Friedman, Sandra et al. Attention-Deficit/Hyperactivity Disorder in Medication Treated Preschool-Age Children Without and With Autism Spectrum Disorder: A Developmental-Behavioral Research Network Study. Journal of Developmental & Behavioral Pediatrics 45(4):p e372-e377, July/August 2024.

Brief Report

See the Video Abstract at www.jdbp.org

Attention-Deficit/Hyperactivity Disorder in Medication Treated Preschool-Age Children Without and With Autism Spectrum Disorder: A Developmental-Behavioral Research Network Study

Sandra L. Friedman, MD, MPH,* Justine Shults, PhD, MS,† William Barbaresi, MD,‡ Ami Bax, MD,§ Jaclyn Cacia, MS,† Alexis Deavenport-Saman, DrPH,|| Angela LaRosa, MD,¶ Irene M. Loe, MD,** Shruti Mittal, MD,†† Douglas L. Vanderbilt, MD, MS,|| Nathan Blum, MD,† Elizabeth Harstad, MD, MPH‡‡

ABSTRACT: ***Objectives:*** **The study objective was to compare preschool children with attention-deficit/hyperactivity disorder without autism spectrum disorder (ADHD − ASD) with those with ADHD and ASD (ADHD + ASD), treated with stimulant or alpha-2-agonist (A2A) medications.** ***Methods:*** **Retrospective electronic health record review of 497 children from 7 developmental behavioral pediatrics research network sites. Children were younger than 72 months when treated with medication for ADHD from January 1, 2013, to January 7, 2017. We analyzed differences in children with ADHD − ASD versus ADHD + ASD treated with stimulants or A2As, including demographics, coexisting conditions, medication effectiveness, medication, discontinuation factors, and adverse effects.** ***Results:*** **Of the 497 preschool-age children with ADHD, 389 had ADHD − ASD and 108 had ADHD + ASD. No statistically significant differences were found in demographics between the groups. At baseline, ADHD + ASD group reported more sleep problems. For the ADHD − ASD group, stimulant medication was significantly more effective than A2As; no significant differences were found in medication effectiveness of stimulants versus A2As for the ADHD + ASD group. Children with ADHD − ASD experienced more appetite suppression and stomachaches on stimulants. No associations were found between ASD status and rates of common adverse effects for children initiated on A2As.** ***Conclusion:*** **We found more similarities than differences when comparing ADHD − ASD preschool-age children with those with ADHD + ASD. For children with ADHD − ASD, stimulant medications were significantly more effective than A2As. Overall, there was notable overlap in presentation, response to medication, coexisting conditions, and effectiveness of medication classes.**

J Dev Behav Pediatr 45:e372–e377, 2024) **Index terms:** attention-deficit/hyperactivity disorder, preschool-age, autism spectrum, stimulants, alpha-2 adrenergic agonists.

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What to do differently on Monday

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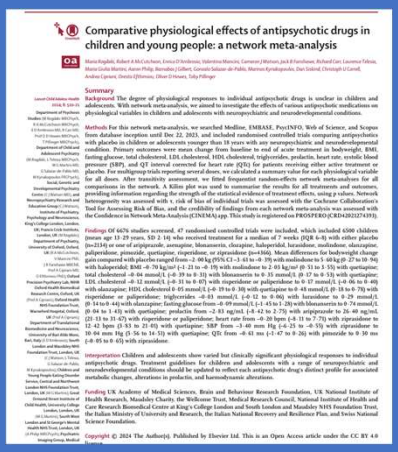
Rogdaki M, McCutcheon RA, D'Ambrosio E, Mancini V, Watson CJ, Fanshawe JB, Carr R, Telesia L, Martini MG, Philip A, Gilbert BJ, Salazar-de-Pablo G, Kyriakopoulos M, Siskind D, Correll CU, Cipriani A, Efthimiou O, Howes OD, Pillinger T. Comparative physiological effects of antipsychotic drugs in children and young people: a network meta-analysis. Lancet Child Adolesc Health. 2024 Jul;8(7):510-521.



Comparative physiological effects of antipsychotic drugs in children and young people: a network meta-analysis

OA

Maria Rogdaki, Robert A McCutcheon, Enrico D'Ambrosio, Valentina Mancini, Cameron J Watson, Jack B Fanshawe, Richard Carr, Laurenza Telesia, Maria Giulia Martini, Aaron Philip, Barnaba J Gilbert, Gonzalo Salazar-de-Pablo, Marinos Kyriakopoulos, Dan Siskind, Christoph U Correll, Andrea Cipriani, Orestis Efthimiou, Oliver D Howes, Toby Pillinger

Summary

Background The degree of physiological responses to individual antipsychotic drugs is unclear in children and adolescents. With network meta-analysis, we aimed to investigate the effects of various antipsychotic medications on physiological variables in children and adolescents with neuropsychiatric and neurodevelopmental conditions.

Methods For this network meta-analysis, we searched Medline, EMBASE, PsycINFO, Web of Science, and Scopus from database inception until Dec 22, 2023, and included randomised controlled trials comparing antipsychotics with placebo in children or adolescents younger than 18 years with any neuropsychiatric and neurodevelopmental condition. Primary outcomes were mean change from baseline to end of acute treatment in bodyweight, BMI, fasting glucose, total cholesterol, LDL cholesterol, HDL cholesterol, triglycerides, prolactin, heart rate, systolic blood pressure (SBP), and QT interval corrected for heart rate (QTc) for patients receiving either active treatment or placebo. For multigroup trials reporting several doses, we calculated a summary value for each physiological variable for all doses. After transitivity assessment, we fitted frequentist random-effects network meta-analyses for all comparisons in the network. A Rücker plot was used to summarise the results for all treatments and outcomes, providing information regarding the strength of the statistical evidence of treatment effects, using p values. Network heterogeneity was assessed with τ, risk of bias of individual trials was assessed with the Cochrane Collaboration's Tool for Assessing Risk of Bias, and the credibility of findings from each network meta-analysis was assessed with the Confidence in Network Meta-Analysis (CINEMA) app. This study is registered on PROSPERO (CRD42021274393).

Findings Of 6676 studies screened, 47 randomised controlled trials were included, which included 4500 children (mean age 13·29 years, SD 2·14) who received treatment for a median of 7 weeks (IQR 6–8) with either placebo (n=2134) or one of aripiprazole, asenapine, blonanserin, clozapine, haloperidol, lurasidone, molindone, olanzapine, paliperidone, pimozide, quetiapine, risperidone, or ziprasidone (n=1366). Mean differences for bodyweight change gain compared with placebo ranged from −2·00 kg (95% CI −3·61 to −0·39) with molindone to 5·60 kg (0·27 to 10·94) with haloperidol; BMI −0·70 kg/m² (−1·21 to −0·19) with molindone to 2·03 kg/m² (0·31 to 3·75) with quetiapine; total cholesterol −0·04 mmol/L (−0·39 to 0·31) with blonanserin to 0·35 mmol/L (0·17 to 0·53) with quetiapine; LDL cholesterol −0·12 mmol/L (−0·31 to 0·07) with risperidone or paliperidone to 0·17 mmol/L (−0·06 to 0·40) with olanzapine; HDL cholesterol 0·05 mmol/L (−0·19 to 0·30) with quetiapine to 0·48 mmol/L (0·18 to 0·78) with risperidone or paliperidone; triglycerides −0·03 mmol/L (−0·12 to 0·06) with lurasidone to 0·29 mmol/L (0·14 to 0·44) with olanzapine; fasting glucose from −0·09 mmol/L (−1·45 to 1·28) with blonanserin to 0·74 mmol/L (0·04 to 1·43) with quetiapine; prolactin from −2·83 ng/mL (−8·42 to 2·75) with aripiprazole to 26·40 ng/mL (21·13 to 31·67) with risperidone or paliperidone; heart rate from −0·20 bpm (−8·11 to 7·71) with ziprasidone to 12·42 bpm (5·93 to 21·01) with quetiapine; SBP from −3·40 mm Hg (−6·25 to −0·55) with ziprasidone to 10·64 mm Hg (5·56 to 14·51) with quetiapine; QTc from −0·41 ms (−1·47 to 0·26) with pimozide to 9·30 ms (−0·05 to 0·45) with ziprasidone.

Interpretation Children and adolescents show varied but clinically significant physiological responses to individual antipsychotic drugs. Treatment guidelines for children and adolescents with a range of neuropsychiatric and neurodevelopmental conditions should be updated to reflect each antipsychotic drug's distinct profile for associated metabolic changes, alterations in prolactin, and haemodynamic alterations.

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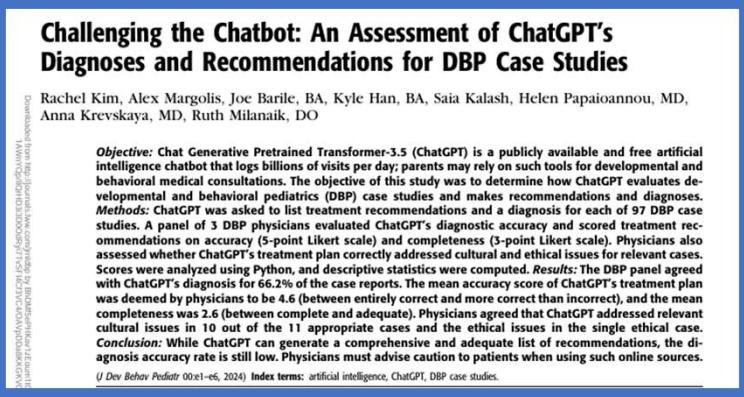
7

Kim R, Margolis A, Barile J, Han K, Kalash S, Papaioannou H, Krevskaya A, Milanaik R. Challenging the Chatbot: An Assessment of ChatGPT's Diagnoses and Recommendations for DBP Case Studies. J Dev Behav Pediatr. 2024 Jan 1;45(1):e8-e13.



Challenging the Chatbot: An Assessment of ChatGPT's Diagnoses and Recommendations for DBP Case Studies

Rachel Kim, Alex Margolis, Joe Barile, BA, Kyle Han, BA, Saia Kalash, Helen Papaioannou, MD, Anna Krevskaya, MD, Ruth Milanaik, DO

Objective: **Chat Generative Pretrained Transformer-3.5 (ChatGPT) is a publicly available and free artificial intelligence chatbot that logs billions of visits per day; parents may rely on such tools for developmental and behavioral medical consultations. The objective of this study was to determine how ChatGPT evaluates developmental and behavioral pediatrics (DBP) case studies and makes recommendations and diagnoses.** ***Methods:*** **ChatGPT was asked to list treatment recommendations and a diagnosis for each of 97 DBP case studies. A panel of 3 DBP physicians evaluated ChatGPT's diagnostic accuracy and scored treatment recommendations on accuracy (5-point Likert scale) and completeness (3-point Likert scale). Physicians also assessed whether ChatGPT's treatment plan correctly addressed cultural and ethical issues for relevant cases. Scores were analyzed using Python, and descriptive statistics were computed.** ***Results:*** **The DBP panel agreed with ChatGPT's diagnosis for 66.2% of the case reports. The mean accuracy score of ChatGPT's treatment plan was deemed by physicians to be 4.6 (between entirely correct and more correct than incorrect), and the mean completeness was 2.6 (between complete and adequate). Physicians agreed that ChatGPT addressed relevant cultural issues in 10 out of the 11 appropriate cases and the ethical issues in the single ethical case.** ***Conclusion:*** **While ChatGPT can generate a comprehensive and adequate list of recommendations, the diagnosis accuracy rate is still low. Physicians must advise caution to patients when using such online sources.**

J Dev Behav Pediatr 00:e1–e6, 2024) **Index terms:** artificial intelligence, ChatGPT, DBP case studies.

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What To Do Differently on Monday

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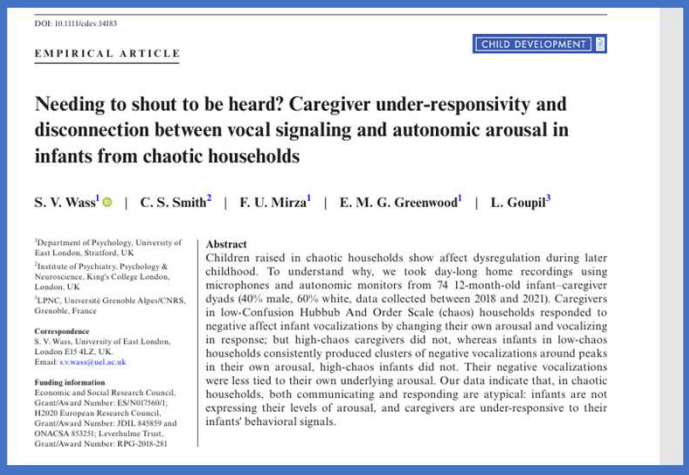
Wass SV, Smith CS, Mirza FU, Greenwood EMG, Goupil L. Needing to shout to be heard? Caregiver under-responsivity and disconnection between vocal signaling and autonomic arousal in infants from chaotic households. Child Dev. 2024 Nov 8.



DOI: 10.1111/cdev.14183

EMPIRICAL ARTICLE

CHILD DEVELOPMENT

Needing to shout to be heard? Caregiver under-responsivity and disconnection between vocal signaling and autonomic arousal in infants from chaotic households

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Abstract
Children raised in chaotic households show affect dysregulation during later childhood. To understand why, we took day-long home recordings using microphones and autonomic monitors from 74 12-month-old infant–caregiver dyads (40% male, 60% white, data collected between 2018 and 2021). Caregivers in low-Confusion Hubbub And Order Scale (chaos) households responded to negative affect infant vocalizations by changing their own arousal and vocalizing in response; but high-chaos caregivers did not, whereas infants in low-chaos households consistently produced clusters of negative vocalizations around peaks in their own arousal, high-chaos infants did not. Their negative vocalizations were less tied to their own underlying arousal. Our data indicate that, in chaotic households, both communicating and responding are atypical: infants are not expressing their levels of arousal, and caregivers are under-responsive to their infants' behavioral signals.

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What to do differently on Monday?

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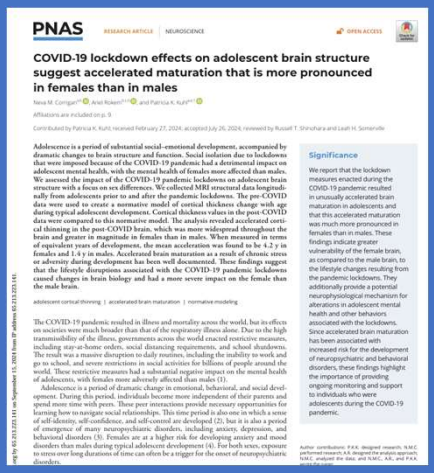
Corrigan NM, Rokem A, Kuhl PK. COVID-19 lockdown effects on adolescent brain structure suggest accelerated maturation that is more pronounced in females than in males. Proc Natl Acad Sci U S A. 2024 Sep 17;121(38):e2403200121.



PNAS RESEARCH ARTICLE | NEUROSCIENCE OPEN ACCESS

COVID-19 lockdown effects on adolescent brain structure suggest accelerated maturation that is more pronounced in females than in males

Nina M. Corrigan[a,b], Ariel Rokem[a,c], and Patricia K. Kuhl[a,b]

Affiliations are included on p. 9

Contributed by Patricia K. Kuhl; received February 27, 2024; accepted July 26, 2024; reviewed by Russell T. Shinohara and Leah H. Somerville

Adolescence is a period of substantial social–emotional development, accompanied by dramatic changes to brain structure and function. Social isolation due to lockdowns that were imposed because of the COVID-19 pandemic had a detrimental impact on adolescent mental health, with the mental health of females more affected than males. We assessed the impact of the COVID-19 pandemic lockdowns on adolescent brain structure with a focus on sex differences. We collected MRI structural data longitudinally from adolescents prior to and after the pandemic lockdowns. The pre-COVID data were used to create a normative model of cortical thickness change with age during typical adolescent development. Cortical thickness values in the post-COVID data were compared to this normative model. The analysis revealed accelerated cortical thinning in the post-COVID brain, which was more widespread throughout the brain and greater in magnitude in females than in males. When measured in terms of equivalent years of development, the mean acceleration was found to be 4.2 y in females and 1.4 y in males. Accelerated brain maturation as a result of chronic stress or adversity during development has been well documented. These findings suggest that the lifestyle disruptions associated with the COVID-19 pandemic lockdowns caused changes in brain biology and had a more severe impact on the female than the male brain.

adolescent cortical thinning | accelerated brain maturation | normative modeling

Significance

We report that the lockdown measures enacted during the COVID-19 pandemic resulted in unusually accelerated brain maturation in adolescents and that this accelerated maturation was much more pronounced in females than in males. These findings indicate greater vulnerability of the female brain, as compared to the male brain, to the lifestyle changes resulting from the pandemic lockdowns. They additionally provide a potential neurophysiological mechanism for alterations in adolescent mental health and other behaviors associated with the lockdowns. Since accelerated brain maturation has been associated with increased risk for the development of neuropsychiatric and behavioral disorders, these findings highlight the importance of providing ongoing monitoring and support to individuals who were adolescents during the COVID-19 pandemic.

The COVID-19 pandemic resulted in illness and mortality across the world, but its effects on societies were much broader than that of the respiratory illness alone. Due to the high transmissibility of the illness, governments across the world enacted restrictive measures, including stay-at-home orders, social distancing requirements, and school shutdowns. The result was a massive disruption to daily routines, including the inability to work and go to school, and severe restrictions in social activities for billions of people around the world. These restrictive measures had a substantial negative impact on the mental health of adolescents, with females more adversely affected than males (1).

Adolescence is a period of dramatic change in emotional, behavioral, and social development. During this period, individuals become more independent of their parents and spend more time with peers. These peer interactions provide necessary opportunities for learning how to navigate social relationships. This time period is also one in which a sense of self-identity, self-confidence, and self-control are developed (2), but it is also a period of emergence of many neuropsychiatric disorders, including anxiety, depression, and behavioral disorders (3). Females are at a higher risk for developing anxiety and mood disorders than males during typical adolescent development (4). For both sexes, exposure to stress over long durations of time can often be a trigger for the onset of neuropsychiatric disorders.

Author contributions: P.K.K. designed research; N.M.C. performed research; A.R. designed the analysis approach; N.M.C. analyzed the data; and N.M.C., A.R., and P.K.K. wrote the paper.

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What do you do differently on Monday?

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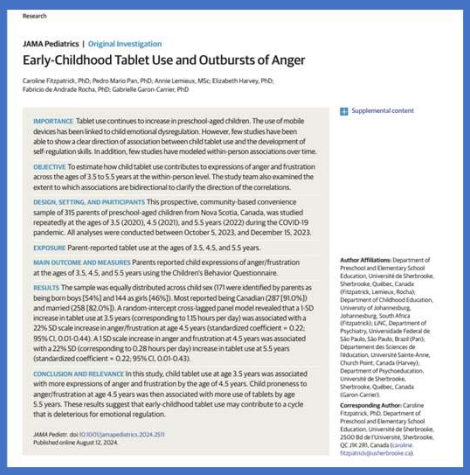
Fitzpatrick C, Pan PM, Lemieux A, Harvey E, Rocha FA, Garon-Carrier G. Early-Childhood Tablet Use and Outbursts of Anger. JAMA Pediatr. 2024 Oct 1;178(10):1035-1040. doi: 10.1001/jamapediatrics.2024.2511. Erratum in: JAMA Pediatr. 2024 Oct 1.



Research

JAMA Pediatrics | Original Investigation

Early-Childhood Tablet Use and Outbursts of Anger

Caroline Fitzpatrick, PhD; Pedro Mario Pan, PhD; Annie Lemieux, MSc; Elizabeth Harvey, PhD; Fabricio de Andrade Rocha, PhD; Gabrielle Garon-Carrier, PhD

IMPORTANCE Tablet use continues to increase in preschool-aged children. The use of mobile devices has been linked to child emotional dysregulation. However, few studies have been able to show a clear direction of association between child tablet use and the development of self-regulation skills. In addition, few studies have modeled within-person associations over time.

OBJECTIVE To estimate how child tablet use contributes to expressions of anger and frustration across the ages of 3.5 to 5.5 years at the within-person level. The study team also examined the extent to which associations are bidirectional to clarify the direction of the correlations.

DESIGN, SETTING, AND PARTICIPANTS This prospective, community-based convenience sample of 315 parents of preschool-aged children from Nova Scotia, Canada, was studied repeatedly at the ages of 3.5 (2020), 4.5 (2021), and 5.5 years (2022) during the COVID-19 pandemic. All analyses were conducted between October 5, 2023, and December 15, 2023.

EXPOSURE Parent-reported tablet use at the ages of 3.5, 4.5, and 5.5 years.

MAIN OUTCOME AND MEASURES Parents reported child expressions of anger/frustration at the ages of 3.5, 4.5, and 5.5 years using the Children's Behavior Questionnaire.

RESULTS The sample was equally distributed across child sex (171 were identified by parents as being born boys [54%] and 144 as girls [46%]). Most reported being Canadian (287 [91.0%]) and married (258 [82.0%]). A random-intercept cross-lagged panel model revealed that a 1-SD increase in tablet use at 3.5 years (corresponding to 1.15 hours per day) was associated with a 22% SD scale increase in anger/frustration at age 4.5 years (standardized coefficient = 0.22; 95% CI, 0.01-0.44). A 1 SD scale increase in anger and frustration at 4.5 years was associated with a 22% SD (corresponding to 0.28 hours per day) increase in tablet use at 5.5 years (standardized coefficient = 0.22; 95% CI, 0.01-0.43).

CONCLUSION AND RELEVANCE In this study, child tablet use at age 3.5 years was associated with more expressions of anger and frustration by the age of 4.5 years. Child proneness to anger/frustration at age 4.5 years was then associated with more use of tablets by age 5.5 years. These results suggest that early-childhood tablet use may contribute to a cycle that is deleterious for emotional regulation.

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Supplemental content

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What to do differently Monday

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Olfson M, McClellan C, Zuvekas SH, Wall M, Blanco C. Mental Health Impairment and Outpatient Mental Health Care of US Children and Adolescents. JAMA Psychiatry. 2024 Jun 1;81(6):606-610.

JAMA Psychiatry | Brief Report

Mental Health Impairment and Outpatient Mental Health Care of US Children and Adolescents

Mark Olfson, MD, MPH; Chandler McClellan, PhD; Samuel H. Zuvekas, PhD; Melanie Wall, PhD; Carlos Blanco, MD, PhD

IMPORTANCE Despite a federal declaration of a national child and adolescent mental health crisis in 2021, little is known about recent national trends in mental health impairment and outpatient mental health treatment of US children and adolescents.

OBJECTIVE To characterize trends in mental health impairment and outpatient mental health care among US children and adolescents from 2019 to 2021 across demographic groups and levels of impairment.

DESIGN, SETTING, AND PARTICIPANTS Survey study with a repeated cross-sectional analysis of mental health impairment and outpatient mental health care use among youth (ages 6-17 years) within the 2019 and 2021 Medical Expenditure Panel Surveys, nationally representative surveys of US households. Race and ethnicity were parent reported separately from 15 racial categories and 8 ethnic categories that were aggregated into Black, non-Hispanic; Hispanic; Other, non-Hispanic; and White, non-Hispanic.

EXPOSURE Time period from 2019 to 2021.

MAIN OUTCOMES AND MEASURES Age- and sex-adjusted differences between 2019 and 2021 in mental health impairment measured with the Columbia Impairment Scale (a score ≥16 indicates severe; 1-15, less severe; and 0, no impairment) and age-, sex-, and Columbia Impairment Scale strata-adjusted differences in the use of any outpatient mental health care in 2019 and 2021.

RESULTS The analysis involved 8331 participants, including 4031 girls and 4300 boys; among them, 1248 were Black and 3385 were White. The overall mean (SE) age was 11.6 (3.4) years. The percentage of children and adolescents with severe mental health impairment was 9.7% in 2019 and 9.4% in 2021 (adjusted difference, −0.3%; 95% CI, −1.9% to 1.2%). Between 2019 and 2021, there was also no significant difference in the percentage of children and adolescents with less severe impairment and no impairment. The overall annual percentages of children with any outpatient mental health care showed little change: 11.9% in 2019 and 13.0% in 2021 (adjusted difference, 1.3%; 95% CI, −0.4% to 3.0%); however, this masked widening differences by race. Outpatient mental health care decreased for Black youth from 9.2% in 2019 to 4.0% in 2021 (adjusted difference, −4.2%; 95% CI, −7.3% to −1.4%) and increased for White youth from 15.1% to 18.4% (adjusted difference, 3.0%; 95% CI, 0.0% to 6.0%).

CONCLUSIONS AND RELEVANCE Between 2019 and 2021, there was little change in the overall percentage of US children and adolescents with severe mental health impairment. During this period, however, there was a significant increase in the gap separating outpatient mental health care of Black and White youth.

Supplemental content

Author Affiliations: Department of Psychiatry, College of Physicians and Surgeons, Columbia University, New York, New York (Olfson, Wall); New York State Psychiatric Institute, New York (Olfson, Wall); Agency for Healthcare Research and Quality, Rockville, Maryland (McClellan, Zuvekas); National Institute on Drug Abuse, Bethesda, Maryland (Blanco)

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What would you do differently on Monday?

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Pezalla AE, Davidson AJ. "Trying to remain calm…but I do reach my limit sometimes": An exploration of the meaning of gentle parenting. PLoS One. 2024 Jul 31;19(7):e0307492.

PLOS ONE

RESEARCH ARTICLE

"Trying to remain calm. . .but I do reach my limit sometimes": An exploration of the meaning of gentle parenting

Anne E. Pezalla[1]*, Alice J. Davidson[2]

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Abstract

Raising young children has always been hard, but evidence suggests that it may be getting harder. The isolation of the pandemic, the pressures to fulfill exacting parenting standards, and the explosion of "expert" parenting advice on social media have fueled the rise of "gentle parenting," an approach that pivots away from older, discipline-heavy parenting typologies and which promises the development of happier, healthier children. Despite the popularity of gentle parenting, it has received no empirical scrutiny. The current study represents the first systematic investigation of what gentle parenting entails. Data were gathered from a sample (*N* = 100) of parents of at least one child between the ages of 2 and 7 from the Midwest, Southeast, and Southwest. Approximately half (*n* = 49) of the sample identified as "gentle parents." Inductive analyses identified this approach as one that emphasizes high levels of parental affection and parents' and children's emotion regulation. Gentle parenting appears to be distinct from other established measures of parenting approaches in its emphasis on boundaries, yet the enactment of those boundaries is not uniform. Overall, gentle parents reported high levels of parenting satisfaction and efficacy, but a subset of gentle parents who were highly critical of themselves reported significantly lower levels of efficacy than the rest of the sample. Statements of parenting uncertainty and burnout were present in over one-third of the gentle parent sample. Implications are discussed for future research and increased support for those who identify as gentle parents.

OPEN ACCESS

Citation: Pezalla AE, Davidson AJ (2024) "Trying to remain calm. . .but I do reach my limit sometimes": An exploration of the meaning of gentle parenting. PLoS ONE 19(7): e0307492. https://doi.org/10.1371/journal.pone.0307492

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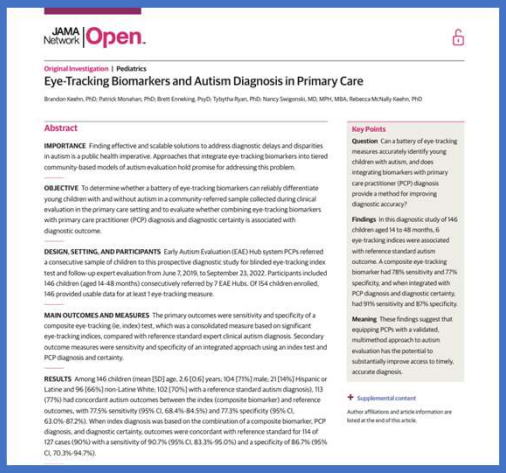
What to do differently Monday

19

Keehn B, Monahan P, Enneking B, Ryan T, Swigonski N, McNally Keehn R. Eye-Tracking Biomarkers and Autism Diagnosis in Primary Care. JAMA Netw Open. 2024 May 1;7(5):e2411190.



JAMA Network | Open.

Original Investigation | Pediatrics

Eye-Tracking Biomarkers and Autism Diagnosis in Primary Care

Brandon Keehn, PhD; Patrick Monahan, PhD; Brett Enneking, PsyD; Tytlythia Ryan, PhD; Nancy Swigonski, MD, MPH, MBA; Rebecca McNally Keehn, PhD

Abstract

IMPORTANCE Finding effective and scalable solutions to address diagnostic delays and disparities in autism is a public health imperative. Approaches that integrate eye tracking biomarkers into tiered community-based models of autism evaluation hold promise for addressing this problem.

OBJECTIVE To determine whether a battery of eye-tracking biomarkers can reliably differentiate young children with and without autism in a community-referred sample collected during clinical evaluation in the primary care setting and to evaluate whether combining eye-tracking biomarkers with primary care practitioner (PCP) diagnosis and diagnostic certainty is associated with diagnostic outcome.

DESIGN, SETTING, AND PARTICIPANTS Early Autism Evaluation (EAE) Hub system PCPs referred a consecutive sample of children to this prospective diagnostic study for blinded eye-tracking index test and follow-up expert evaluation from June 7, 2019, to September 23, 2022. Participants included 146 children (aged 14-48 months) consecutively referred by 7 EAE Hubs. Of 154 children enrolled, 146 provided usable data for at least 1 eye-tracking measure.

MAIN OUTCOMES AND MEASURES The primary outcomes were sensitivity and specificity of a composite eye-tracking (ie, index) test, which was a consolidated measure based on significant eye-tracking indices, compared with reference standard expert clinical autism diagnosis. Secondary outcome measures were sensitivity and specificity of an integrated approach using an index test and PCP diagnosis and certainty.

RESULTS Among 146 children (mean [SD] age, 2.6 [0.6] years; 104 [71%] male; 21 [14%] Hispanic or Latine and 96 [66%] non-Latine White; 102 [70%] with a reference standard autism diagnosis), 113 (77%) had concordant autism outcomes between the index (composite biomarker) and reference outcomes, with 77.5% sensitivity (95% CI, 68.4%-84.5%) and 77.3% specificity (95% CI, 63.0%-87.2%). When index diagnosis was based on the combination of a composite biomarker, PCP diagnosis, and diagnostic certainty, outcomes were concordant with reference standard for 114 of 127 cases (90%) with a sensitivity of 90.7% (95% CI, 83.3%-95.0%) and a specificity of 86.7% (95% CI, 70.3%-94.7%).

Key Points

Question Can a battery of eye-tracking measures accurately identify young children with autism, and does integrating biomarkers with primary care practitioner (PCP) diagnosis provide a method for improving diagnostic accuracy?

Findings In this diagnostic study of 146 children aged 14 to 48 months, 6 eye-tracking indices were associated with reference standard autism outcome. A composite eye-tracking biomarker had 78% sensitivity and 77% specificity, and when integrated with PCP diagnosis and diagnostic certainty, had 91% sensitivity and 87% specificity.

Meaning These findings suggest that equipping PCPs with a validated, multimethod approach to autism evaluation has the potential to substantially improve access to timely, accurate diagnosis.

+ Supplemental content

Author affiliations and article information are listed at the end of this article.

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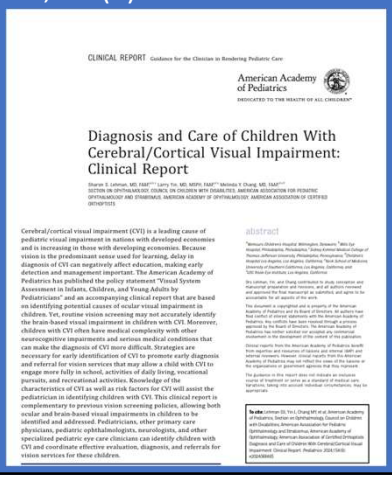
Lehman SS, Yin L, Chang MY; SECTION ON OPHTHALMOLOGY; COUNCIL ON CHILDREN WITH DISABILITIES; AMERICAN ASSOCIATION FOR PEDIATRIC OPHTHALMOLOGY AND STRABISMUS, AMERICAN ACADEMY OF OPHTHALMOLOGY; AMERICAN ASSOCIATION OF CERTIFIED ORTHOPTISTS. Diagnosis and Care of Children With Cerebral/Cortical Visual Impairment: Clinical Report. Pediatrics. 2024 Dec 1;154(6):e2024068465.



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