

Emerge



Believing
in a Child's
Potential to
Flourish

A Child's Place

May 2013

Occupational Therapy •
Speech Therapy •

Phone:
(919) 928-0204

Fax:
(919) 928-9423

3905 University Drive
Durham, NC 27707

Serving children from
birth to adolescence

Using therapy to improve
conditions such as:

Delayed Speech
Developmental Coordination
Disorder
Speech Impairments
Non-communicative Speech
Oral/Verbal Apraxia
Language Disorders
Feeding Difficulties
Autism/Asperger's/PDD
Developmental Delay
Cerebral Palsy
Sensory Integration
Disorders
Sensory Modulation
Disorders
Handwriting Impairments
Fine & Gross Motor Delays

A Private, Independent
Provider



www.EmergeAChildsPlace.com



Sibling Recurrence Risk for ASD Much Higher than Previously Thought



Bonnie Hacker, MHS, OTR/L
Founder / Director

The CDC has revised its autism spectrum disorders prevalence estimate to 1 in 88 people - with high variance from state to state and county to county.¹ It is well known that having a sibling with ASD greatly increases the chance that a child will have ASD. In current practice, commonly cited literature quotes a sibling recurrence risk as low as 3% and as high as 14%.²⁻⁸ Previous studies on this issue have several common limitations. Some used methodology that failed to account for "stoppage," meaning if a family stopped having children, that was counted as having no other children with ASD. Some used clinical records and/or parent reporting to diagnose the ASD, introducing large potential for under/over identification bias. Small numbers of participants and retrospective design were also common in previous study designs.



Recently, *Pediatrics*, the journal of the American Academy of Pediatrics, published the largest, prospective investigation of ASD sibling recurrence to date.⁹ Sally Ozonoff and colleagues overcame previous study limitations by directly evaluating 664 children, at age 36-months, who had an older sibling with ASD. Key findings include:

- Sibling ASD recurrence rate is 18.7% - 34% higher than the highest previous estimate. The authors note that the almost 19% recurrence rate is probably understated, because they evaluated younger siblings at age 36 months. While assessments at this age have excellent diagnostic stability, tests performed at age 36 months prove less sensitive to milder forms of ASD.
- If the younger sibling is male, the recurrence rate is much higher, 25.9%.
- If there is more than one older sibling with ASD, the recurrence risk is 32.2%.
- Two previous studies find that if the older, affected sibling is female, the risk of recurrence is greater.^{3,8} However, the current study, like Goin-Kochel and colleagues in 2007,¹⁰ did not support these findings. The two more current studies find that the ASD recurrence rate is roughly the same regardless of the sex of the older sibling.
- Similarly, sibling IQ, autism severity, race, ethnicity, birth order, parental education, and parental age did not seem to affect ASD recurrence rates.

The current study affects the way doctors will explain risk factors when discussing future pregnancies with parents. Since many parents become pregnant again within 24 months of their first birth, this study highlights the importance of early and routine screening for ASD - so parents can be aware of risk factors for future pregnancies. Any red flags identified should be followed immediately by referral for infant intervention - rather than using a "wait and see" approach. **When developmental delay is suspected, children can benefit from pediatric occupational and speech therapy even prior to an official ASD diagnosis.** Early, specialized intervention is considered best practice for ASD,^{11,12} and offers the best hope for reducing symptoms and overall disability in high-risk children who are developing ASD.¹³

Affordable Care at Emerge – A Child's Place

Many parents find that insurance coverage for pediatric occupational or speech therapy is often limited. In these cases, Emerge has even more to offer in addition to uncompromising quality of care and excellent facilities. Even though the quality of care at Emerge is at the highest levels, you will find the fees at Emerge to be the most affordable.



Please tell parents about Emerge – A Child's Place
Believing in a Child's Potential to Flourish

References

1. Gillberg C. The epidemiology of childhood disorders. In: Gillberg C, editor. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
2. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
3. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
4. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
5. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
6. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
7. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
8. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
9. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
10. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
11. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
12. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
13. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
14. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
15. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
16. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
17. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
18. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
19. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.
20. Gillberg C, Steingard M, Gillberg M, et al. *Developmental Neuropsychiatry*. London: Churchill Livingstone; 1992. p. 1-16.