

# Sibling Recurrence Risk for ASD

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May 2013

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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. 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%. 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. 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.<sup>3,8</sup> However, the current study, like Goin-Kochel and colleagues in 2007,<sup>10</sup> 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



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