COMMENT. After a detailed history and examination, a consensus-based staged approach to the evaluation of the child with global developmental delay is suggested. The timing of this evaluation is often a problem, a subject that needs further study. State-based newborn screening programs will identify some metabolic disorders shortly after birth. All states screen for phenylketonuria and congenital hypothyroidism, and most screen for sickle cell disease and galactosemia. (Pediatrics 2000;106:383-427). Thirty two states require universal newborn hearing screening. All children with GDD should have auditory and visual testing. Based on diagnostic yield, the MRI (nonenhanced) had the highest yield (55%), and metabolic screening the lowest (1%). The Committee emphasizes that the report is meant as an educational service, and is not meant to exclude alternative individualized evaluations of GDD.

EARLY DIAGNOSIS OF FRAGILE X SYNDROME

Surveys from 274 families with at least one child with fragile X syndrome (FXS) were used to determine factors associated with the discovery of the diagnosis in a study at the University of North Carolina, Chapel Hill, NC. The average age at first concern was 15.6 months, professional confirmation was at 25.9 months, entry into early intervention or special services was at 32 months, the FXS test was ordered at 56.2 months, and the diagnosis was made at 60 months. Variability of the timing of these steps in diagnosis was considerable; the average age of diagnosis ranged from 6 months to 30 years. Children born later than 1990 were identified much earlier; for boys, the average age at diagnosis was 31.5 months. Girls were identified with FXS about 6 months later than boys. Many families had additional children with FXS before becoming aware of increased risk. Parents of children with FXS perceive the discovery of the diagnosis to take too long, leading to delays in interventional services, including counseling. Future solutions to the delay in diagnosis may include universal newborn screening. (Bailey DB Jr, Skinner D, Sparkman KL. Pediatrics February 2003;111:407-416). (Reprints: Donald B Bailey Jr, PhD, Frank Porter Graham Child Development Institute, CB #8180, University of North Carolina, Chapel Hill, NC 27599).

COMMENT. The authors predict that the diagnosis of FXS is a challenge to current criteria for newborn screening candidates. Despite the growing emphasis on early diagnosis of mental retardation syndromes, most children with disabilities are not identified at birth. Greater attention to parental concerns, and regular developmental screening might enhance the earlier diagnosis of children with disabilities.

ANATOMICAL CORRELATES OF DYSLEXIA

The relation between measurements of the posterior temporal lobe, inferior frontal gyrus, cerebellum and whole brain, determined by MRI, and measures of reading, spelling, verbal intelligence and language skills was studied at the University of Florida, Gainesville, FL. Dyslexic children (14 males, 4 females) and controls (19 males, 13 females) in grades 4-6 were selected from a family genetics study. Dyslexics had specific deficits in word reading relative to the population mean and verbal IQ. Dyslexics had