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TICS WING PANS IDD ESES
 CSWS ADD AUTISM ATTENTION 22Q11 DEL
 HYDROCEPHALUS ENCEPHALITIS MAPP CHARGE
 TOURETTE EPILEPSY TUBEROUS SCLEROSIS KANNER OCDEDA
 ESSENCE VITAMIN D NVLD FRAGILE X
 ADHD EXECUTIVE FAS ODD SUBSTANCE USE
 SOCIAL MOEBIUS COHERENCE NEVILLE PREMUTATION SLI CSWS
 BIEDERMAN FASD LANDAU-KLEFFNER ADHD DUCHENNE MBD
 FEBRILE SEIZURES DCD MIND TICS BOURGERON
 VERBAL LD ASPERGER COLEMAN COMMUNICATION
 DAMP OCD CP EPILEPSY CRIMINALITY FEBRILE SEIZURES VALPROIC PERCEPTION
 PREMATUREITY PANDAS BORDERLINE TOURETTE
 DCD RAD BARKLEY ADD
 MEMORY CP HELLER
 IDD
 CHARGE
 PANS
 CD

ESSENCE 2018

GOTHENBURG | SWEDEN | 10-11 APRIL
 AT THE SWEDISH EXHIBITION AND CONGRESS CENTRE

PROGRAM



Gillberg Neuropsychiatry Centre
 Sahlgrenska Academy



UNIVERSITY OF
 GOTHENBURG

Objectives: To translate the ESSENCE-Q screening instrument for neurodevelopmental disorders into South Slavic languages, namely Bosnian, Bulgarian, Croatian, Macedonian, Montenegrin, Serbian, and Slovenian.

Methods: The ESSENCE-Q (12 items, possible total scores 0-24) was translated into languages abovementioned in a multiple-step process. Afterwards, it was administered via interviews with one parent for a total of 112 children under the age of 6 assessed for developmental difficulties. Forty of the screened children had one or more neurodevelopmental disorders (NDDs).

Results: The translated questionnaires have appropriate content and face validity, with sound conceptual, item, semantic, and operational equivalence with the original. Only two items were found to be incomprehensible ("Motor development/milestones" and "Funny spells/absences"). Thus, slight modifications were applied, preserving the original meaning. On average, children with NDDs had significantly higher scores than healthy children or children with psychological symptoms not related to NDDs ($F(df) = 38.27(2)$, $p < 0.001$). Based on receiver operating characteristics analysis, an optimal cut-off of ≥ 4 had 85% sensitivity and 72.2% specificity.

Conclusions: The ESSENCE-Q versions developed in this study have promising measurement properties when screening for children with NDDs in countries speaking South Slavic languages.

3871065 - P04
CATEGORY: SCREEN

Screening for neurodevelopmental disorders in clinical settings with the ESSENCE-Q South Slavic language versions

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Objectives: To test the sensitivity and specificity of the parent form of the ESSENCE-Q South Slavic language versions as a screening instrument for neurodevelopmental disorders (NDDs) in clinical settings.

Methods: Children under the age of 6 assessed for developmental problems from seven centers in Bosnia and Herzegovina, Bulgaria, Croatia, Macedonia, Montenegro, Serbia, and Slovenia were included. Forty eight children had one or more NDDs, while 86 were of normal development. One parent per child completed the ESSENCE-Q with 12 items (possible scores 0-24).

Results: Cronbach's alpha for the total score was 0.91. The area under the curve (AUC) was 0.96, where an optimal cut-off ≥ 3 had sensitivity of 0.96 (95% confidence interval [CI]: [0.86, 0.99]) and specificity of 0.84 (95% CI: [0.75, 0.91]). The diagnostic accuracy was similar when screening boys and girls separately (Youden index was 0.78 and 0.79, respectively), while it was greater when screening children aged 12-36 months than children aged 37-72 months (Youden index was 0.86 and 0.57, respectively).

Conclusions: The ESSENCE-Q South Slavic language versions completed by parents could be used as a screening tool to identify children with NDDs in clinical settings. The screening instrument might have greater diagnostic accuracy when screening younger than older children, but this trend should be further confirmed.

3871326 - P05
CATEGORY: SCREEN

Comparing the evidence and "lessons learned" with developmental and social-emotional screening between Scandinavia and the USA

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Objectives: What are the "lessons learned" and research opportunities to improve the early identification of developmental-behavioral delays and at-risk conditions using the Ages & Stages Questionnaire (ASQ) and ASQ:Social-Emotional (ASQ:SE) in Scandinavian and United States (US) populations?

Methods: A comparative review was performed investigating the use of the ASQ and ASQ:SE in Denmark, Norway, Sweden and the US. Selection criteria included peer-viewed studies over the past 20 years in the birth-through-five-year age group.

Results: The Danish, Norwegian and Swedish ASQ have not been properly re-normed and validated. The ASQ:SE is only available in Danish. The Norwegian ASQ is out-of-date. The Swedish ASQ is not commercially available. Danish ASQ and ASQ:SE studies show promise for home visit and preschool settings. In US medical settings, periodically administering the ASQ and ASQ:SE has been proven to be feasible, and dramatically improves early detection and intervention rates. In Scandinavia and the US, there is insufficient evidence that screening improves outcomes over time.

Conclusions: US studies highlight many practical lessons about implementing the ASQ and ASQ:SE. In Scandinavia, research opportunities exist to improve early detection rates with universal screening. Randomized controlled trials are needed to investigate outcomes in screened versus unscreened cohorts.