EVALUATING THE USE OF THE CHILD AND ADOLESCENT INTELLECTUAL DISABILITY SCREENING QUESTIONNAIRE (CAIDS-Q) AS A SCREENING TOOL: A RETROSPECTIVE COHORT STUDY

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Background:
Diagnosing intellectual disability (ID) is time and resource intensive, with long waitlists for assessment. Children are often unable to access appropriate disability and educational supports until a diagnosis is confirmed. Depending on local requirements, moderate-to-severe can be diagnosed by paediatricians, whilst mild ID requires a formal diagnostic assessment. The aim of this study was to assess the validity of the CAIDS-Q (McKenzie et. al., 2012) as a screening tool for ID in children, to streamline assessment and expedite access to appropriate support.

Methods:
The study assessed a block sample of 41 children aged 8 to 18 years, who underwent diagnostic ID assessment at the Child Development Centre (CDC) at Waikato Hospital between 1st June 2017 and 1st June 2018. Using the answers supplied in the Weschler Intelligence Scale for Children, Adaptive Behaviour Assessment System and Vineland Adaptive Behaviour Scale questionnaires, the CAIDS-Q was retrospectively applied. These outcomes were then correlated with the results of the diagnostic ID assessment.

Results:
In the cohort studied, the CAIDS-Q questionnaire had sensitivity of 100% (95% CI 83.16% – 100%) and specificity of 33.33% (95% CI 14.49% – 56.97%), with a positive predictive value (PPV) of 58.2% and a negative predictive value (NPV) of 100%.

Conclusion:
Our study suggests that the CAIDS-Q is a useful screening tool for identifying children who are unlikely to have an ID. If used at triage or in Paediatric clinics, children deemed unlikely to have an ID by the CAIDS-Q would not require a formal assessment, thus improving access to diagnostic ID assessment and appropriate support services for those who need it. Our finding of low specificity and PPV for the CAIDS-Q are likely due to confounding from coexisting neurodevelopmental diagnoses and retrospective data collection, and suggests that some children will still require a formal diagnostic assessment for an ID to be excluded.

References: