Editorial

To Diagnosis or Not to Diagnosis?

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This editorial is being written from the perspective of a clinician, educator, and researcher who began the treatment and diagnosis of autism in 1970. As is well known there is a reported increase in the incidence of the diagnosis of Autism Spectrum Disorder (ASD). The Centers for Disease Control and Prevention reports the increase from 1 in 150 in 2000 to 1 in 68 in 2012 [1]. Is this an accurate statistic or is it due to a change in the diagnostic criteria, a bias because of funding considerations to either researchers or parents, or some other extrinsic changes? Perhaps an answer can be derived from the application of signal detection theory by weighing the benefits of making a diagnosis against the adverse effects of making a diagnosis [2].

Certainly we must make every effort to provide remediation and assistance to anyone with a disability. The desire to help must be viewed through the prism of labeling any child in a way that can lead to life-long consequences of poor self-image, loss of confidence, self-filling prophecy of failure, and thus even overall well-being [3].

In summary, the primary concern of a parent, health care practitioner, or educator is the welfare of his child, patient, or student, respectively. Accordingly, the short and long term benefits versus potential adverse effects should be evaluated before making a diagnosis and treatment. It is hoped that in the near future, with breakthroughs in genetics and electronic diagnostic equipment, there will be an even more effective understanding, treatment and diagnosis of ASD.

References

1. Centers for Disease Control and Prevention.
6. Trachtman JN.
12. FDA Consumer Updates. 2107.