

# INPLASY

## Scope Review: Early signs and symptoms of Social (Pragmatic) Communication Disorder

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### ADMINISTRATIVE INFORMATION

**Support** - None.

**Review Stage at time of this submission** - Data analysis.

**Conflicts of interest** - None declared.

**INPLASY registration number:** INPLASY2024100005

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 1 October 2024 and was last updated on 1 October 2024.

### INTRODUCTION

**Review question / Objective** Systematically map the research done in this area, as well as to identify any existing gaps in knowledge about first signs in Social Pragmatic Communication Disorder. The following research question was formulated: What is known from the literature about the first signs for this disorders, and which initial symptoms differ between the disorders?"

**Background** Children who exhibit symptoms that cannot be better explained by Autism Spectrum Disorder (ASD), without the absence of a history of restricted and repetitive behavior patterns, but who display persistent impairments in social communication and social interaction, marked by deficits in the social use of language and communication from early childhood, may receive a diagnosis of Social Pragmatic Communication Disorder (SPCD) (APA, 2013). Estimating the incidence and prevalence of SPCD accurately

remains a challenge, as many investigations rely on diverse populations and employ inconsistent or ambiguous definitions. To date, it has been estimated that the prevalence of this disorder can range from 0.49% to 7.5% in the school-age population, with a higher incidence in boys than girls (2.6/1) (KETELAARS et al., 2016; KIM et al., 2014). Like in ASD, despite progress in identifying genetic markers for structural language problems and pragmatic language difficulties, the diagnosis of SPCD is clinical, as there are still no biomarkers to confirm it (RUGGERI et al., 2014).

The diagnostic criteria for SPCD are characterized by a central difficulty with pragmatics, which refers to rules or a set of rules related to the principle of cooperation and linguistic relationships between the speaker and the listener, as well as deficits in understanding or adhering to social rules in communication (APA, 2013; NORBURY, 2014). Additionally, it is important to note the absence of restricted/repetitive patterns of behavior, interests, and activities (ADAMS et al., 2012; APA, 2013;

GIBSON et al., 2013; NORBURY, 2014; SWINEFORD et al., 2014).

The importance of this new disorder lies in the diagnostic possibility for individuals with this set of impairments to access appropriate treatments, as well as in fostering scientific research and the development of new dimensional assessment tools (APA, 2013; BISHOP, 2010; FREED et al., 2015; NORBURY, 2014; SIKORA et al., 2008; SWINEFORD et al., 2014).

**Rationale** Learning about this disorder can help clinicians understand how to screen for certain symptoms more accurately.

Currently, there may be a fragmented understanding of the existing literature on the signs and symptoms of this disorder, and doing so will help fill gaps in areas that require further investigation. the diagnostic possibility for individuals with this set of impairments to access appropriate treatments, as well as in fostering scientific research and the development of new dimensional assessment tools (APA, 2013; BISHOP, 2010; FREED et al., 2015; NORBURY, 2014; SIKORA et al., 2008; SWINEFORD et al., 2014).

## METHODS

**Strategy of data synthesis** (((((Social (pragmatic communication disorders) OR (SPCD) OR (Social communication disorders)) OR (pervasive developmental disorder–not otherwise specified)) OR (PDD-NOS)) AND (english[Language])) AND (("2013/06/01"[Date - Entry] : "2023/07/01"[Date - Entry]))).

**Eligibility criteria** To be included in the review, papers needed to measure or focus on specific terms of the disorders (e.g. initial signs and symptoms described). Peer-reviewed journal papers was included if they were: published between the period of 2013–2023, written in English, involved human participants and described the first signs or symptoms. Quantitative, qualitative and mixed-method studies were included in order to consider different aspects of measuring signs and symptoms. Papers were excluded if they did not fit into the conceptual framework of the study."

**Source of evidence screening and selection** A systematic literature search was conducted in the PubMed, LILACS, and Cochrane databases using relevant controlled vocabulary and key terms. The review was conducted and reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Moher et

al., 2009), as shown in Figure 1. Publications over a 10-year period were included to ensure the inclusion of all potentially relevant articles up until June 2023. All searches were restricted to articles written in English, conducted with human participants, and published in peer-reviewed journals. The systematic search was supplemented by a manual examination of reference lists from the retained articles by the research team and members of the Neuroscience Center of the Pelé Pequeno Príncipe Research Institute.

**Data management** To be included in the review, articles needed to measure or focus on specific aspects of the disorders (e.g., initial signs and symptoms). To meet these criteria, articles had to include an objective measure of initial signs or symptoms. Studies were also required to analyze and present data separately for individuals with or without Social Communication Disorder (or equivalent diagnoses such as pervasive developmental disorder–not otherwise specified (PDD-NOS)). The samples had to consist of children or toddlers aged 7 years old or younger. Studies were included if 50% or more of the total sample was under 10 years old, in order to maximize the number of included studies. Studies that examined language deficits in the context of other medical conditions (e.g., brain injury, brain tumor, birth defects such as Down syndrome, fragile X syndrome, or cerebral palsy), poor nutrition, or fetal alcohol syndrome were excluded to provide a homogeneous evidence base. Case studies and tools developed solely to address autism or Social Communication Disorder were also excluded to allow for better generalizability of the findings.

**Language restriction** English.

**Country(ies) involved** Brazil.

**Keywords** Social Pragmatic Communication Disorder (SPCD), initial signs, initial symptoms, Social Communication Disorder.

### Contributions of each author

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