ORIGINAL ARTICLE

Association of Screen Time in Autistic and Non-Autistic Patients and Their Prognosis

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ABSTRACT

Objective: To recognize whether screen time have any impact on the delayed speech of autistic and non-autistic children and on their outcome.

Methodology: A cohort study was designed and we selected 10 patients of Autism of 4—6 years of age and 10 patients of other causes of delayed speech having screen time 1 to 6 hours/day. Then we gave them speech therapy, physio-therapy and behavioural therapy to both groups for 3 to 6 months and saw their prognosis.

Results: Improvement in delayed speech was seen 35% to 50% in both groups.

Conclusion: There is No Impact of screen time in autistic children

Key words: Autism, delayed speech, speech therapy, physio-therapy and behavioural therapy etc.

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SFM: Designed the research Pattern and drafted the manuscript.

Introduction

The pervasive integration of digital technology into daily routines has precipitously escalated screen time among the pediatric populations. Consequently, it is incumbent upon educators and guardians to critically evaluate the adverse implications of excessive media consumption on early language acquisition and linguistic proficiency.[1]

Screen time does not cause autism, as Autism Spectrum Disorder (ASD) is primarily rooted in genetics and biology. However, research indicates an association between the heavy, early-life screen exposure (more than 04 hours / day) and the development of autism-like symptoms, delayed social skills, and exacerbated behavioral issues. [2]

Research suggests children with subtle, the early signs of autism (or a genetic predisposition) may be more drawn to the screens, leading to the heavier use than neurotypical children. [2]

For children already diagnosed with ASD, excessive daily screen viewing can worsen communication delays, the short attention spans, and sensory / behavioral challenges.

The danger of screen media in early developpment lies in distraction. It can isolate children from crucial face-to-face social interactions and distract caregivers from engaging with the child. [3]

Leading pediatric and autism research organizations emphasize regulating media intake to prevent developmental setbacks.

The American Academy of Pediatrics (AAP) recommends strictly avoiding screen media (aside from video chatting) for children younger than 18 to 24 months, and limiting use to no more than one hour per day for children ages 2 to 5.

If screens are used, the caregivers should have co-view programs with the child to promote learning and social interaction, rather than using screens as a passive babysitting tool. [3]

Objective

To recognize whether screen time have any impact on the delayed speech of autistic and non-autistic patients and outcome.

Methodology

A cohort study was designed and we selected 10 patients of Autism of 3—5 years of age and 10 patients of other causes of delayed speech having screen time 1 to 6 hours/day. Then we gave them speech therapy, physiotherapy and behavioural therapy to both groups for 3 to 6 months and saw their prognosis during my Clinical Practice as speech Therapist at Bashir Health Services, Sialkot and at my own clinic in Sialkot.

Results;

No significant difference seen in both groups. No describable impact of screen time in seen in autistic patients as for as delayed speech in concern, whether a child have screen time one hour or six hour.

Distribution of cases according to screen time in autistic patient:

Screen Time	**No. of Patients**	**Percentage %**
0-3 Hours	05	50%
4-6 Hours	05	50%

	Autism Group	**delayed speech group**
Age	3 to 5 years	3 to 5 years
Socio-Economic Status		
High	05	03
Inter	04	04
Low	01	03
Geographic status		
Urban	08	06
Rural	02	04
Prognosis	0—10 No. 35% to 50%	0—10 No. 35% to 50%

Discussion

High volumes of digital media consumption can detrimentally influence a child's linguistic, physical, and socio-emotional trajectories. To mitigate these risks, the American Academy of Pediatrics (AAP) advises total avoidance of digital media for infants under 18 to 24 months, and a strict limitation of one hour per day for children aged 2 to 5 years[4].

Empirically supporting these constraints, recent cohort data evaluating early media exposure identified a statistically significant correlation between prolonged screen viewing in 1-year-old males and a subsequent diagnosis of the Autism Spectrum Disorder (ASD) at age 3. Notably, however, precise threshold of daily exposure and the longitudinal duration required to precipitate such diagnostic outcomes remain un-qua-ntified in the literature.

"Although the association between autism and screen time is still being studied, it's important for parents to regulate and control their child's screen time, especially among babies and toddlers,".[5]

Furthermore, prolonged media exposure can impede a child's socio-emotional and interpersonal development. Pervasive engagement with digital devices, including smartphones, tablets, computers, and televisions substantially diminishes opportunities for interactive play with peers and primary caregivers. Investigating intersection of media usage and developmental disorders, researchers evaluating the correlation bet-ween screen time, symptom severity, and developmental quotients in children with Autism Spectrum Disorder (ASD) determined that

increased screen duration directly correlates with heightened ASD symptom severity, particularly regarding sensory processing deficits. This compounding developmental delay was most pronounced in younger cohorts with elevated screen exposure, specifically manifesting within the linguistic domain [6,7].

Crucially, however, the direction of causality remains a subject of ongoing empirical debate. The literature indicates that older children presenting with more profound autistic phenotypes frequently exhibit a higher propensity for media consumption due to pre-existing deficits in reciprocal social interaction. Consequently, these observations may reflect the baseline severity of the underlying pathology rather than a direct consequence of digital media exposure [6,7].

Beyond total duration, the qualitative attributes of digital content serve as a critical variable. Exposure to suboptimal linguistic environments, such as rapid-paced animations characterized by sparse dialogue, fails to provide the structural linguistic stimulation requisite for normative communication development. Compounding this, the chronological age of initial exposure serves as a critical predictor for subsequent language delays, with contemporary literature reinforcing that media exposure during the first 24 months of life is associated with adverse developmental outcomes[8,9].

Conclusion

No impact of screen time is seen in autism. Autism is a genetic disorder and is not curable. However, it is manageable with speech therapy, physio-therapy and behavioural therapy for the whole life like other causes of delayed speech.

Recommendations

Digital media should not function as a surrogate caregiver; utilizing screen time purely as a mechanism for behavioral distraction frequently detracts from its potential educational utility. When media consumption occurs, it must be highly intentional and strictly regulated. Notably, in response to the escalation of device usage during global public health crises:

a. **Establish Structural and Spatial Boundaries:** Implementing clear limitations and designating strict screen-free zones, particularly during meals and within bedrooms, prioritizes high value, interactive behaviors such as shared reading and cooperative play.
b. **Prioritize Qualitative Content Selection:** Empirical evidence suggests that the qualitative attributes of media programming may exert a more profound influence on language acquisition than the total viewing duration. Caregivers should select evidence-based educational applications that stimulate active cognitive engagement and offer robust linguistic modeling, rather than passive entertainment that serves merely to distract.
c. **Practice Active Co-Viewing and Joint Media Engagement:** Engaging in co-viewing allows caregivers to provide verbal commentary, pose open-ended questions, and maintain a running dialogue during media use. Literature indicates that children who experience dyadic interaction during screen exposure demonstrate superior linguistic outcomes, reinforcing the premise that interpersonal verbal exchange remains indispensable for communication development.
d. **Maintain a Balanced Behavioral Ecology:** Media consumption must be carefully balanced with rich, real-world experiences. Ensuring that children regularly participate in unstructured outdoor play, peer socialization, and tactile, hands-on activities provides critical, multimodal communication opportunities that cannot be replicated by digital interfaces.

e. **Model Healthy Media Practices:** Because pediatric populations learn behaviors through observational modeling, caregivers must demonstrate regulated, healthy media habits themselves.
f. **Nuanced Cognitive Benefits of Structured Media Exposure;** Conversely, when properly managed, digital media can yield positive effects on cognitive development, higher-order language acquisition, and literacy skills, particularly in children over 24 months of age. Longitudinal observations indicate that sufficient, repetitive exposure to pedagogical content enhances problem-solving capabilities, imitative learning, and lexical acquisition.

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