

LEARNING OBJECTIVE 20

Childhood-Onset Fluency Disorder

Provide counseling regarding childhood-onset fluency disorder.

Quick Points

Remember

- Childhood-onset fluency disorder (more commonly known as stuttering):
 - DSM-5 criteria
 - Disturbances in normal fluency and time patterning of speech that are inappropriate for age and language skills and persist over time
 - Disturbance causes anxiety and impacts functioning
 - Onset is in early developmental period (most begin by 5–6 years of age)
 - Disturbance is not attributable to another deficit or medical condition
 - Up to 75–80% of children with stuttering recover completely
- Developmental stuttering
 - Frequent occurrence in young children
 - Includes phrase or whole word repetitions, interjections, and incomplete phrases
 - If it progressively worsens with age, childhood-onset fluency disorder is more likely

Evaluate

- Detailed history (including prenatal, medical, family, and social)
 - Increased risk if 1st degree biological relative had childhood-onset fluency disorder
 - Stuttering can occur as a side effect of medications—will correlate with a temporal history of exposure to the medication
- Complete physical exam
- Hearing screen
- Psychosocial screen

Manage

- Refer to a speech/language pathologist if
 - symptoms persist > 4–8 weeks,
 - stuttering causes anxiety or avoidance, or
 - family history is positive for childhood-onset fluency disorder.
- Cognitive behavioral therapy

TOPIC SUMMARY

Childhood-onset fluency disorder, more commonly known as stuttering, is any speech disorder that affects the timing, cadence, or choice of words in speech that persists over time. Additional DSM-5 criteria state that the disturbance causes anxiety and impacts functioning, the onset occurs in the early developmental period (most begin by 5–6 years of age), and the disturbance is not attributable to another deficit or medical condition. These patients have anxiety about the dysfluencies and avoid certain words or speaking situations. Typically, the dysfluencies are absent during singing or oral reading and they tend to worsen with stress.

Developmental stuttering, consisting of phrase or whole word repetitions, interjections, and incomplete phrases, is seen frequently in young children. However, if this stuttering persists and worsens with time, childhood-onset fluency disorder is more likely.

Evaluation consists of a thorough history, including prenatal, medical, family, and social. There is a 3× increased risk for childhood-onset fluency disorder if a 1st degree relative suffered from the disorder. In addition, remember that stuttering can be a side effect of certain drugs. The clue is the temporal correlation of the stuttering with exposure to the medication. Evaluation of stuttering also includes a complete physical examination, hearing screen, and psychosocial screen.

Refer patients to a speech/language pathologist if symptoms are severe or last > 4–8 weeks, if stuttering causes anxiety or avoidance, or if there is a family history of the disorder. Treatment options include speech therapy and cognitive behavioral therapy. Parental support and involvement are essential for treatment success.

Resource

Laiho A, Elovaara H, et al. Stuttering interventions for children, adolescents, and adults: a systemic review as a part of clinical guidelines, *J Commun Disord*. 2022 Sep-Oct;99:10624299.
https://www.researchgate.net/publication/234012054_Behavioral_Stuttering_Interventions_for_Children_and_Adolescents_A_Systematic_Review_and_Meta-Analysis