Psychosocial Profile of Preschool Stuttering Children with Comorbid Psychiatric Disorders

Hanan Elsayed[1] and Hemmat Baz[2]

[1]Lecturer of Psychiatry, Mansoura University, Egypt and [2]Lecturer of Phoniatrics, ENT Dept., Mansoura University, Egypt.

Date received: 24/3/2010
Date accepted: 26/11/2010

Background: This study was conducted to explore a characteristic psychosocial profile for stuttering children who are more prone to develop co-morbid psychiatric disorders.
Subjects & Methods: The study was carried on 104 preschool children, 65 stuttered children (mean age 50.92 months, mean IQ 92.63) and 38 children as a control group (mean age 59.12 months, mean IQ 95.11), the children in both group were subjected to psychometric evaluation, language test, speech evaluation including stuttering severity tests as well as the initial assessment for the prevalence of psychiatric disorders and variable psychosocial factors, then the children in stuttering group were subdivided into two groups: stuttering only (Group A) and stuttering with comorbid psychiatric disorder (Group B). Both groups were compared as regard their communication functions and variable psychosocial factors.
Results: Statistically significant relations were detected between stuttering with comorbid psychiatric disorders and certain psychosocial factors as well as the duration and severity of stuttering.
Conclusion: Childhood stuttering disorder is a heterogeneous disorder which could be viewed along spectrum with different subtypes. The comorbidity with psychiatric disorders may be considered as a specific subtype which unfortunately missed during the assessment although its great impact on the course and prognosis of the disorder.

Keywords: Stuttering, Comorbidity, Temperament.

Abbreviations:
ASHA: American Speech-Language Hearing Association
SES: Socioeconomic Standard
ADHD: Attention Deficit Hyperactivity Disorder
OCD: Obsessive Compulsive Disorder
APA: Auditory Perceptual Assessment
SSI-3: Stuttering Severity Instrument for Children and Adults
KID-SCID: Structured Clinical Interview for DSMIV-Childhood Diagnoses
PARI: Parenting Attitude Research Inventory

Egypt. J. Psychiatry, Jan 2011; 32(1): 17-25

INTRODUCTION

American Speech- Language Hearing Association (ASHA) defined stuttering as a speech event that contains intraphonemic disruption, part-word repetitions, monosyllabic whole word repetitions, prolongations and silent fixations (blocks). This may be or may be not accompanied by secondary behaviors used to escape and/or avoid these speech situations (ASHA, 1999). Stuttering affects approximately 1% of the general population (Conture, 2000). The onset of stuttering may occur at any time during childhood between the beginning of multiword utterances (around 18 months) and puberty (11 or 12 years). It is most likely to occur between ages 2 and 5 years (Andrews, et al. 1983 and Craig, et al. 2002). Eighty percent of these cases persist after 6 years of age and its effect on personality life is significant and considerable if isn't deleterious (Craig, et al. 2002) .

Stuttering is a complex multidimensional disorder that its presentation is due to complex and dynamic cooperation of several factors like genetic predisposition, motor ability, language skills, cognition and temperament (Blood, et al. 2003). This contemporary view of the interaction between internal factors (i.e., representing biological, psychiatric and psychological domains) and external factors (i.e., representing socioeconomic standard (SES) and psychosocial domains) in stuttering development among preschool children. So the particular external environment in which the child lives (e.g., home and family setting) will provide a positive or negative degree of stimulation for the child's genetic potential (Yaruss, 2004).

Data from clinical and epidemiological samples show that stuttering often comorbid with Axis I psychiatric disorders such as anxiety and anxiety related disorders (Blood, et al. 2003), Attention Deficit Hyperactivity Disorder (ADHD) (Healey and Reid, 2003), Depression (Costa and Kroll, 2000), Obsessive Compulsive Disorders (OCD) and Conduct disorders (Blood, et al. 2007 and Messenger, et al. 2004). Unfortunately, the expected number of individuals with co-morbid disorders is somewhat unclear and seems to vary considerably among studies (Nippold, 1990). Different explanations have been proposed to understand the etiology of this comorbidity Could it be that a stuttering isn't really coming from the speech disorder but it rather some sort of ADHD manifestations as the child has decreased capacity to suppress inappropriate approach responses or may be problem of OCD where