

PATTERN OF SPEECH AND LANGUAGE DISORDERS IN UNIVERSITY COLLEGE HOSPITAL, IBADAN.

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Abstract

188 patients referred for speech therapy at U.C.H. Ibadan were analysed for types of speech pathology.

Having ascertained the Ear, Nose and Throat conditions of the patients and with no significant medical indications, patients were promptly referred for Speech/Language assessment and therapy.

The incidence of Speech/Language impairment was found to be higher in children (0-10 years) while delayed speech was found to be more prevalent.

The import of public education on forms, causes, prevention and correction of speech and language defects was suggested.

Introduction

Variations in the pattern of speech and language disorders help us in finding the etiology and identifying the inherent problems. Previous studies^(1,2) have revealed various patterns with which speech and language disorders are presented. The pattern of cases seen in the Ear, Nose and Throat clinic of University College Hospital, Ibadan are hereby presented.

They are those who report to doctors and referred for speech therapy. There are of course in our society many children and adults who stutter, have delayed speech as well as articulatory defects to mention a few who do not report in the hospital. As a result of this, true prevalence of speech defects in this country is unknown unlike in the United States of America where about 6% of the total population are said to suffer from defects of speech.³ This study is therefore an attempt to characterise this problem in our society.

Clinical Material and Methods

This study comprised confirmed cases of speech and language disorders referred to the ENT Out-Patient clinic of UCH Ibadan during a period of two years,

October 1989 and October 1991. Detailed history of pregnancy, delivery, prenatal and postnatal periods were obtained from the mothers where patients were children and directly from older patients. Special attention was paid to each patients family, developmental and social history. Usual examinations like free field audiometry, pure tone audiometry and tympanometry were also carried out.

Results

The 188 patients for this study comprised 106 males and 82 females. They were found to have speech and language pattern of delayed speech (38.29%), hearing impairment (29.25%), articulation disorders (10.63%), laryngeal (7.44%), voice disorders (5.85%), language disorders (4.78%), resonance disorders (2.12%) and fluency disorders (1.59%) in order of frequency (Table 1). The 0-10 age group was the most affected while the 21-30 and 61-70 age groups were the least affected. See (Table 2).

Many of the cases seen were profoundly deaf (29.25%) after Speech Delay as a result of a serious febrile illness in early life. Many patients especially the children had apparently normal organs of speech and hearing but because of either mental retardation or cerebral palsy, they were unable to use them properly. In many of the children, speech was merely delayed.

Table 1 Pattern of Speech and Language Disorder in U.C.H., Ibadan

| Pattern | No | 0% |
|------------------------|----|-------|
| Delayed Speech | 72 | 38.29 |
| Hearing Impairment | 55 | 29.25 |
| Articulation Disorders | 20 | 10.63 |
| Alargngeal | 14 | 7.44 |
| Voice Disorders | 11 | 5.85 |
| Language Disorders | 9 | 4.78 |
| Resonance Disorders | 4 | 2.12 |
| Fluency | 3 | 1.59 |

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Table 2

**Speech and Language Pattern: Age
Distribution and Percentage Involved**

| Age Range | Number of Patients | Percentage |
|-----------|--------------------|------------|
| 0 - 10 | 145 | 77.12 |
| 11 - 20 | 12 | 6.38 |
| 21 - 30 | 3 | 1.59 |
| 31 - 40 | 5 | 2.65 |
| 41 - 50 | 8 | 4.25 |
| 51 - 60 | 11 | 5.85 |
| 61 - 70 | 4 | 2.12 |
| Total | 188 | 100 |

Discussion

The study showed that of the different kinds of speech and language disorders, delayed speech was by far the most common (Table 1). Studies in the U.S. have shown that apart from the delayed speech, articulation disorders constitute between 50 and 75 percent.⁴ In our study, the percentage was found to be lower than that of the delayed speech and that resulting from hearing impairment. This is because Nigerian mothers always attribute inability to speak to tongue-tie. They hardly bring their children to the hospital because of stammering or resonance problem except it interferes too much

with intelligibility of the speech. Study also show that some mothers brought their children to the hospital not because of their inability to speak but for other deficits like mental retardation. Male preponderance was recorded as 106 of the 188 patients were males. This confirms results from other studies that more males suffer from speech disorders than females.^{16,61}

Conclusion

Our study shows that the pattern of speech and language defects is similar to that of other studies in Nigeria and other parts of the world. However, attitudes towards these impairments differ. The Nigerian patient only come to the hospital when the disorder is so serious that he cannot communicate but the counterpart in other countries would come out as soon as a slight deviation from normal is observed.

The general public should therefore be educated on the various forms, causes, prevention and correction of speech and language defects. The need for early presentation to hospitals and rehabilitation centres should be emphasized as well as the establishment of more assessment and rehabilitation centres as is being done in other countries.

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