

A Note on Speech Development Delay

Yunfang Zheng*

Department of Communication Disorders, Central Michigan University, USA

ABSTRACT

Developmental delay is diagnosed when a child does not attain normal developmental milestones at the expected age. Speech is the sound produced, while language is a measure of comprehension. The acquisition of intelligible speech and language is a useful marker for the child's overall development and intellect.

Keywords: Speech, Language delay, Cognitive problems

INTRODUCTION

Developmental delay is diagnosed when a child does not attain normal developmental milestones at the expected age. Speech is the sound produced, while language is a measure of comprehension[1]. The acquisition of intelligible speech and language is a useful marker for the child's overall development and intellect. Speech delay is defined as when the child's conversational speech sample is either more incoherent than would be expected for age or is marked by speech sound error patterns not appropriate for age.

Evidence implies that untreated speech and language delay can persist in 40%–60% of the children and these children are at a higher risk of social, emotional, behavioral, and cognitive problems in adulthood[2]. Prevalence of speech delay has been difficult to estimate because traditionally there is a belief that speech delay may run in families and it is not a cause of alarm. Often a “wait-and-watch” policy leads to late diagnosis and intervention for speech delay. Primary care clinicians and family physicians are the first point of contact for children with speech and language delay. It thus becomes their responsibility to identify obvious speech and language delay and address parental concerns[3].

Hearing loss is a well-documented etiology of speech delay. However, the causes of speech–language delay are compound and represent an intricate relationship between the biological development and social environment in which the child learns to speak.

Speech delay may be a manifestation of numerous disorders [4-7].

CAUSES OF SPEECH DELAY

Mental retardation

Mental retardation is the most common cause of speech delay, accounting for more than 50% of cases a mentally retarded child demonstrates global language delay and also has delayed auditory comprehension and delayed use of gestures. In general, the more severe the mental retardation, the slower the acquisition of communicative speech.

Hearing loss

Intact hearing in the first few years of life is vital to language and speech development. Hearing loss at an early stage of development may lead to profound speech delay. Hearing loss may be conductive or sensorineural conductive loss is commonly caused by otitis media with effusion, malformations of the middle ear structures and atresia of the external auditory canal. Sensorineural hearing loss may result from intrauterine infection, Kernicterus, ototoxic drugs, bacterial meningitis, hypoxia, intracranial haemorrhage.

Maturation delay

Maturation delay (developmental language delay) accounts for a considerable percentage of late talkers. In this condition, a delay occurs in the maturation of the central neurologic process required to produce speech. The condition is more common in boys, and a family history of “late bloomers” is often present. The prognosis for these children is extremely good and they usually have normal speech development by the age of school entry.

Correspondence to: Yunfang Zheng, Department of Communication Disorders, Central Michigan University, USA; E-mail: zheng3y@cmich.edu

Received: January 08, 2021, **Accepted:** January 21, 2021, **Published:** January 28, 2021

Citation: Yunfang Zheng (2021) A Note on Speech Development Delay. J PhonetAudiol. 7: 153.

Copyright: © 2021 Zheng Y, This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Expressive language disorder

Children with an expressive language disorder (developmental expressive aphasia) fail to develop the use of speech at the usual age. These children have normal intelligence, normal hearing, good emotional relationships, and normal articulation skills. The primary deficit appears to be a brain dysfunction that results in an inability to translate ideas into speech. A child with expressive language disorder needs active intervention to develop normal speech as it is not self-correcting. They are also at a risk for language learning disabilities (dyslexia).

Bilingual

A bilingual home environment may cause a temporary delay in the onset of both languages. The bilingual child's comprehension of the two languages is normal for a child of the same age however, and the child usually becomes proficient in both the languages before the age of 5 years.

Psychosocial deprivation

Physical deprivation and social deprivation have an adverse effect on speech development. Abused children who live with their families do not seem to have a speech delay unless they are subjected to neglect.

Autism

Autism is a neurologically based developmental disorder, onset before the age of 36 months. Autism is characterized by delayed and deviant language development, failure to develop the ability to relate to others and ritualistic and compulsive behaviors, including the stereotyped repetitive motor activity. A variety of speech disorders have also been described, such as echolalia and pronoun reversal. The speech of some autistic children has an atonic, wooden, or a sing-song quality. Autistic children in general, fail to make eye contact, smile socially, and respond to being hugged or use gestures to communicate.

Elective mutism

Elective mutism is a condition in which children do not speak because they do not want to. Typically, children with elective mutism will speak when they are on their own, with friends and sometimes with their parents, but they do not speak in school, public situations or with strangers. It is seen more commonly in girls than in boys. The basis of mutism is usually family psychopathology. The children are negativistic, shy, timid, and withdrawn. The disorder can persist for months or years.

Receptive aphasia

A deficit in the comprehension of spoken language is the primary problem of receptive aphasia. The speech of these children is not only delayed but also sparse, agrammatic, and indistinct in articulation. Most children with receptive aphasia develop a speech of their own, understood only by those who are familiar with them.

Cerebral palsy

Delay in speech is common in children with cerebral palsy. Speech delay occurs most often in those with an athetoid type of cerebral palsy. The speech delay may be due to hearing loss, spasticity of the muscles of the tongue, coexisting mental retardation or a defect in the cerebral cortex.

CONCLUSION

Severe speech and language disorders represent serious threats to children's social, emotional, educational, and employment outcomes. Severe speech and language disorders are debilitating at any age, but their impacts on children are particularly serious because of their widespread adverse effects on development and the fact that these negative consequences cascade and build on one another over time. Severe speech and language disorders may be one of the earliest detectable symptoms of other serious neurodevelopmental conditions; for this reason, they represent an important point of entry to early intervention and other services. It is critically important to identify such disorders for two reasons: first, because they may be an early symptom of other serious neurodevelopmental disorders, and second, so that interventions aimed at forestalling or minimizing their adverse consequences can be undertaken.

REFERENCES

1. Blum NJ, Baron MA. Speech and language disorders. In: Schwartz MW, ed. *Pediatric primary care: a problem oriented approach*. St. Louis: Mosby. 1997; 845-9.
2. Ansel BM, Landa RM, Stark-Selz RE. Development and disorders of speech and language. In: Oski FA, DeAngelis CD, eds. *Principles and practice of pediatrics*. Philadelphia: Lippincott. 1994; 686-700.
3. Schwartz ER. Speech and language disorders. In: Schwartz MW, ed. *Pediatric primary care: a problem oriented approach*. St. Louis: Mosby. 1990; 696-700.
4. Archibald LM & Gathercole SE. The complexities of complex memory span: Storage and processing deficits in specific language impairment. *Journal of Memory and Language*. 2007;57: 177-194.
5. Crais ER, Roy VP & Free K. Parents' and professionals' perceptions of the implementation of family-centered practices in child assessments. *American Journal of Speech-Language Pathology*. 2006; 15: 365-377.
6. Akca OF, Ugur C, Colak M, Kartal OO, Akozel AS, Erdogan G, Uslu RI. Underinvolved relationship disorder and related factors in a sample of young children. *Early Human Development*. 2012; 88(6):327-332
7. Dale PS, Price TS, Bishop DV & Plomin R. Outcomes of early language delay: Part I. Predicting persistent and transient language difficulties at 3 and 4 years. *Journal of Speech, Language, and Hearing Research*, 2003; 46: 544-560.