



# Orofacial function of persons having Severe language impairment

## Report from questionnaires

The survey comprises 25 Questionnaires.

**Estimated occurrence:** 1–2% of all preschool-aged children. 2–4 times more common among boys. It is estimated that 5% of all 3-5 year olds have speech and language disorders and of these 0.5-1% have severe language disorders.

**Etiology:** The cause of speech and language disorders is still unknown. Many research studies have shown that hereditary factors play an important role in the development of language disorders. Oftentimes a number of members of the same family exhibit delayed speech and language development and/or reading and writing difficulties. No association between repeated ear infections and language disorders has been found. Speech and language disorders seldom occur as isolated functional impairments. A number of different contributing factors have been discussed, among them: complications during pregnancy/birth, preterm birth, growth impaired/ malnurtured at birth.

**General symptoms:** Severe language disorders are characterized by problems at a variety of language levels, such as phonology, lexicon, grammar, language comprehension and pragmatics. Oftentimes there are also other difficulties, such as attention and concentration deficits, problems with motor skills and difficulties in social relations.

**Orofacial/odontological symptoms:** Children with speech and language disorders have no specific problems with their teeth or bite, but oral motor difficulties often occur. Children with speech and language disorders commonly have dyspraxia. *Verbal dyspraxia* is distinguished from *oral dyspraxia*. In the former, the difficulties are associated with the planning or programming of motor-speech movements required to produce speech, whereas in the latter the child has general difficulties in volitional control of oral motor processing.

**Orofacial/odontological treatment:** It is important that children with speech and language difficulties be evaluated and treated by a speech therapist at an early age. Early help has been shown to be an important factor in determining speech development in children with speech and language disorders. Children with oral/ verbal dyspraxia need continual speech training in order for speech to become automatized. The child should have regular contact with a speech-language pathologist that both conducts treatment and can instruct parents and school personnel in how to help the child to train at home and at school.

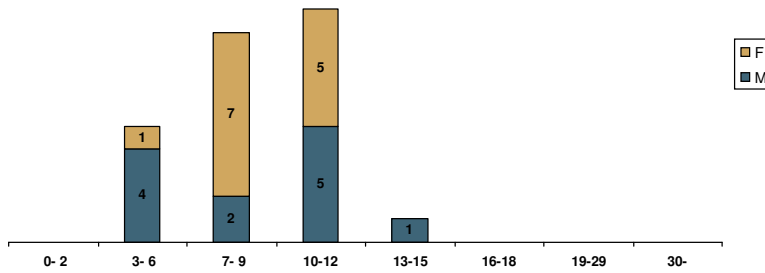
### Sources:

Ågrenska's Newsletter (Swedish)

MHC-basen - Mun-H-Center's database of orofacial manifestations in rare disorders.

Selassie GR et al. Comorbidity in severe developmental language disorders: neuropsychiatric and psychological considerations. *Acta Paediatr.* 2005 Apr; 94(4):471-8.

Age distribution

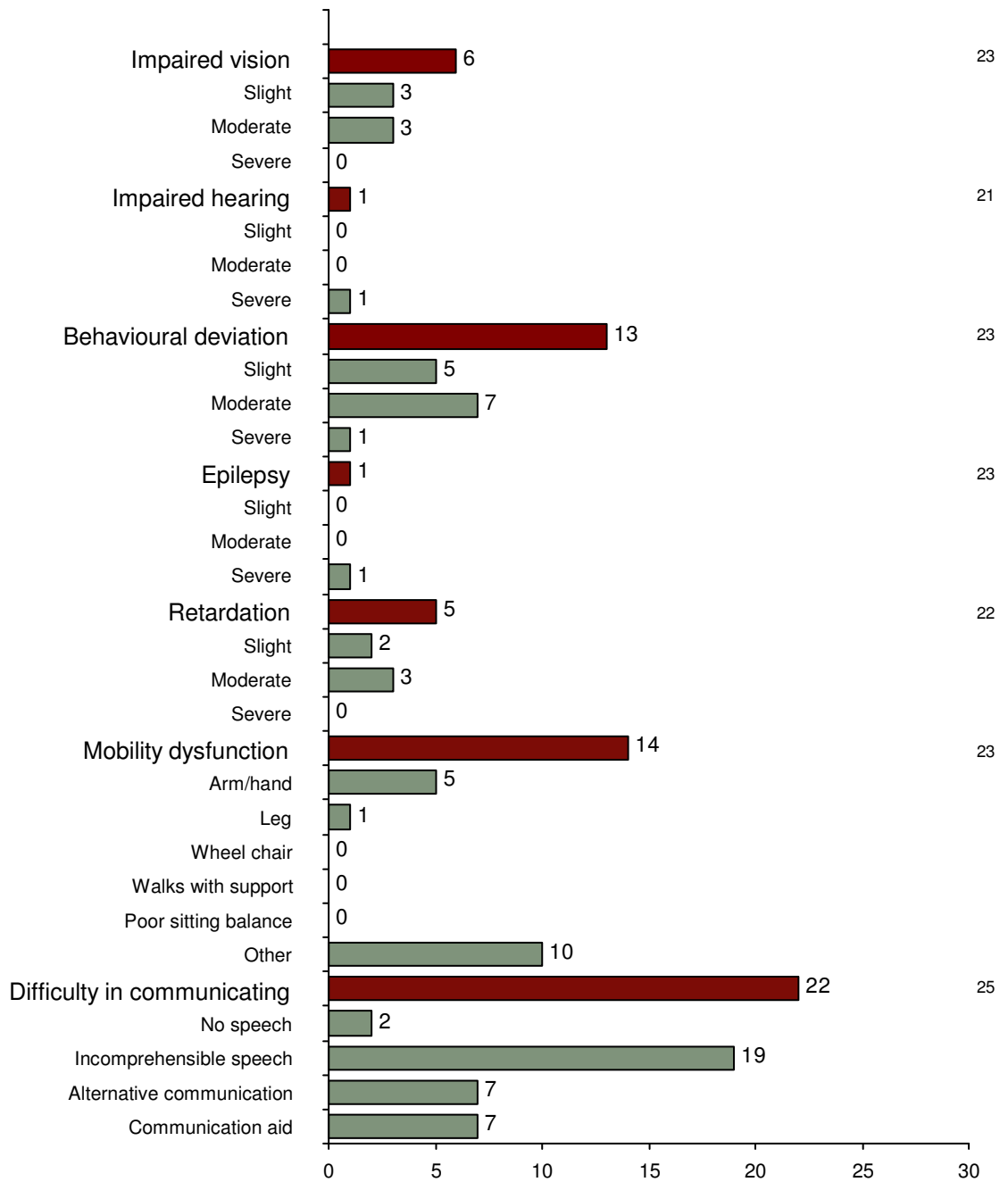


Number: 25

Ages: 5 -- 13 years

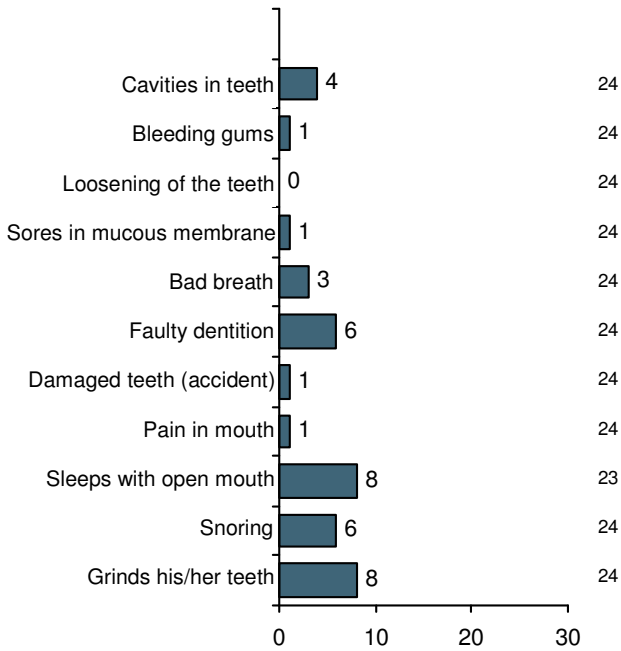
Sex: M (12) + F (13)

General disabilities

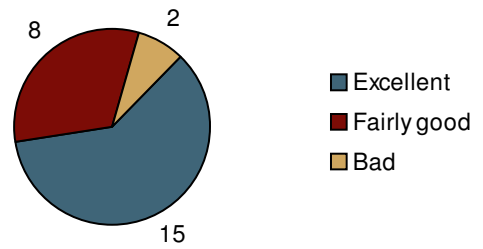


# About dental health

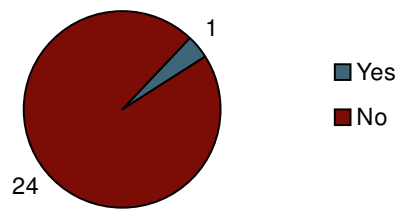
About dental health - problems



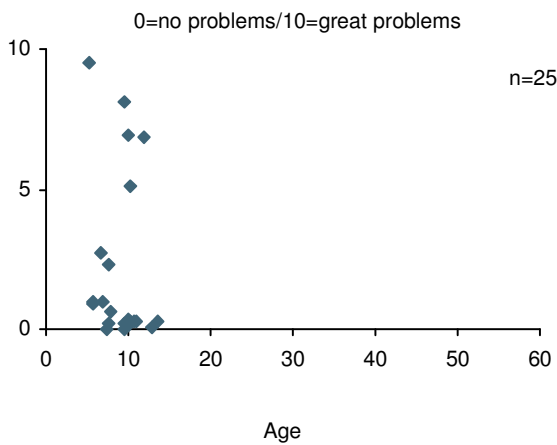
Oral health



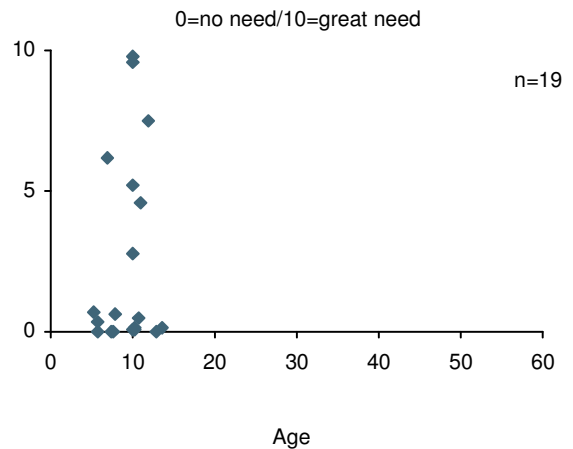
Has NN received orthodontic treatment?



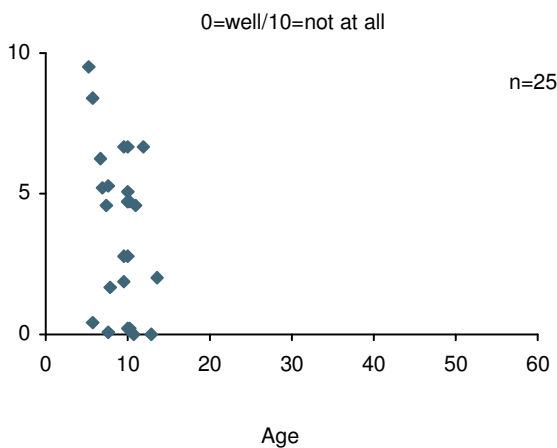
How does NN experience the dental care received?



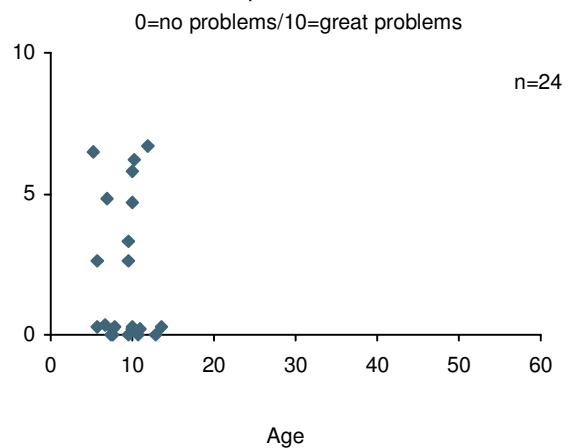
NN is considered to be in need of orthodontic treatment



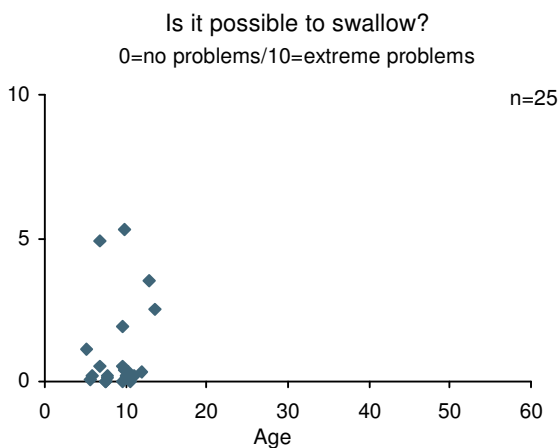
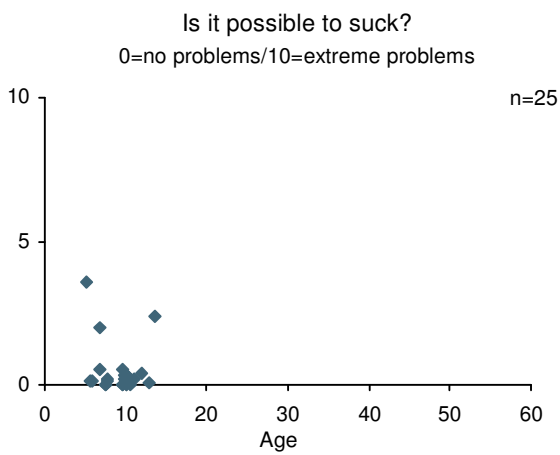
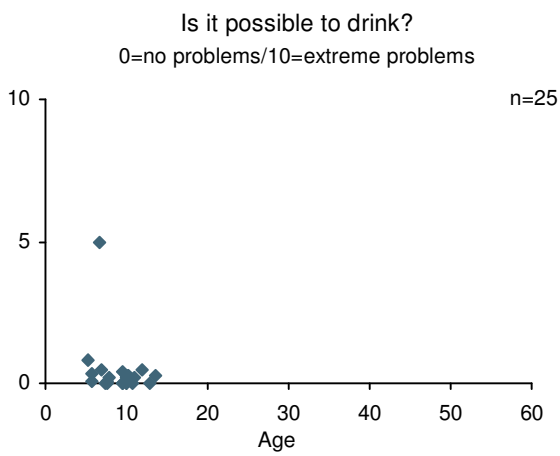
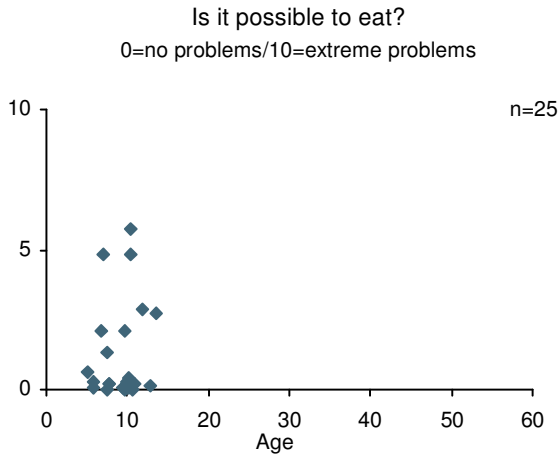
How does NN manage to brush his/her teeth?



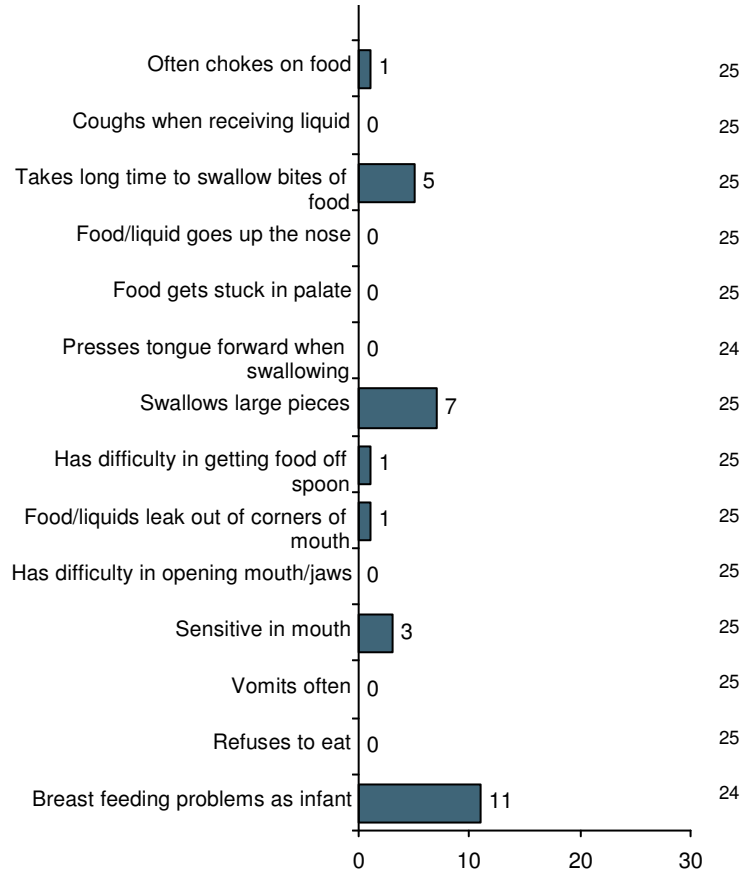
If help is needed with brushing teeth, how does it proceed?



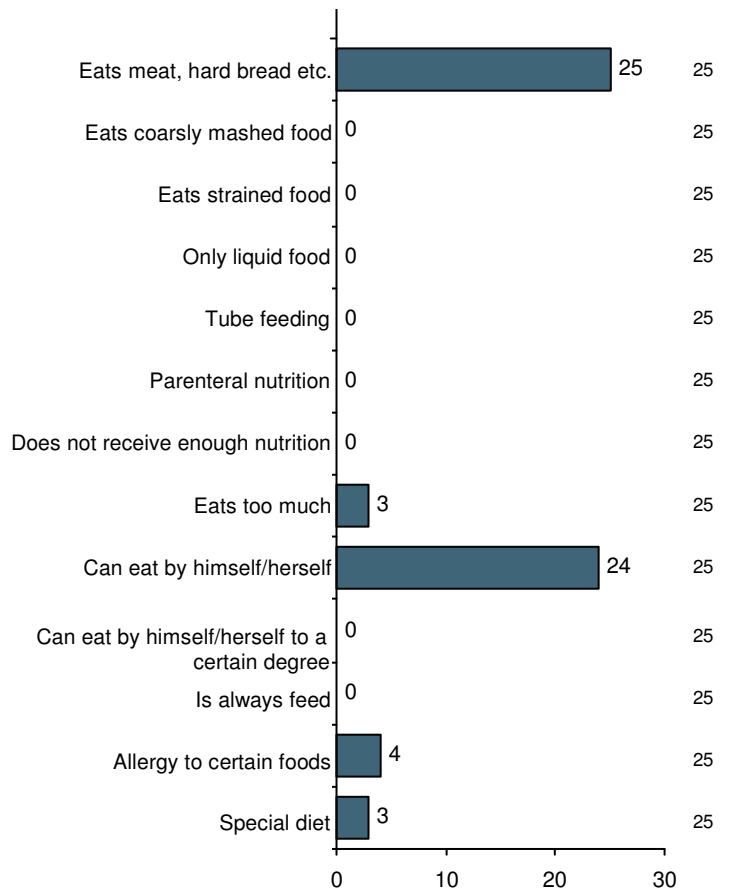
## About eating habits



### About eating habits - problems



### Food habits



# About drooling

