iStutter
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THE CHILD WHO STUTTERS

INFO FOR PEDIATRICIANS

INTRODUCTION

When parents detect signs of speech and language disfluencies, a pediatrician is usually the first professional to whom they turn for help.

Early intervention for stuttering can be a determinant factor to avoid a life-long problem. Thus, pediatricians should refer these children to speech therapists for evaluation, counselling and potential treatment.

ETIOLOGY

There's a strong evidence that stuttering emerges from different constitutional and environmental factors.

A susceptibility to persistent stuttering may be inherited (numerous genes have already been identified) and it is common to find several people who stutter in the same family (according to the Stuttering Foundation, there is strong evidence that about 60% of children who stutter have a family member who stutters as well). Supporting this view, it is possible to find structural and functional differences amongst children who stutter and fluent children, mostly in speech and language dimensions.

Despite the predisposition to stutter, there are key linguistic development periods in which the environment and the child's characteristics (e.g., temper) can contribute to the emergence of speech disfluencies (temporary or permanent).

DIFFERENTIAL DIAGNOSIS

Normal development disfluency and early signs of stuttering are usually hard to differentiate. The following table highlights the main differences:

	Normal disfluency	Stuttering
Behaviors	Repetitions of sounds, syllables, and words, especially at the beginning of sentences (about once in every ten sentences), without any associated physical tension; Repetitions, prolongations, fillers or blocks; The presence of the latter is usually more evident when the child is tired, excited or talking about new topics.	Frequent and potentially longer repetitions, prolongations, fillers or blocks (> 1 second); Physical tension may emerge; Abnormal blocks in discourse; Speech may be associated with other behaviors (e.g., eye blinks, eye closing, looking away, raising the voice excessively); It is present in the great majority of speaking interactions.
Child's reaction	Apparently, none.	It may vary. While some children do not show particular concern, others feel ashamed and/or fear.
Counselling	Referral to a speech therapist when parents start to become concerned or questioning themselves about the child's real problem.	Referral to a speech therapist.

RISK FACTORS

1. **Family history of stuttering:** direct family member(s) that currently stutter
2. **Age at onset:** After age 3 ½
3. **Time since onset:** Stuttering for 6 months or longer
4. **Gender:** Male. Girls are more likely than boys to outgrow stuttering
5. **Language Skills:** Advanced level, delayed or disorder

REFERRAL

Whenever a child presents signs of stuttering (repetitions, prolongations, fillers or blocks) and/ or risk factors, it is advised the referral to a speech therapist for a detailed evaluation. In those situations where a pediatrician believes that the child is undergoing a normal disfluency period but the parents are overly concerned, it is also beneficial a referral to a speech therapist for an evaluation and continued reassurance.

CONTACTS

www.istutter.center

References: "The child who stutters: to the pediatrician (5th edition) – The Stuttering Foundation, 2013" and "Differential Diagnosis – The Stuttering Foundation, 2019"