

SPEECH AND 22Q

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SPEECH LANGUAGE THERAPISTS

CLEFT LIP AND PALATE TEAM, MIDDLEMORE HOSPITAL

WHY SPEECH LANGUAGE THERAPISTS?

- *Speech Language Therapists look at both feeding and communication*
- *Speech Language Therapist often first to suspect 22q in absence of cardiac anomaly*
- *Appropriate intervention at appropriate time*
- *Refer to paediatrician*
- *Refer to cleft team to consider speech surgery*

FEEDING AND COMMUNICATION

- *Eating and drinking issues*
- *Impairment of verbal communication in 22q*
- *Velopharyngeal Impairment (VPI)*
- *Speech*
- *Language*
- *Pragmatics*

FEEDING IN 22Q

- *Palate & pharyngeal anomalies (VPI)*
- *Cardiac anomaly*
- *Gastrointestinal (reflux, constipation)*
- *Airway anomalies*
- *Swallowing disorder*

FEEDING ISSUES

- *Sucking problem*
- *Nasal emission of food/fluid*
- *Swallowing disorder due to incoordination of suck- swallow-breathing pattern*
- *May require tube feeding for weeks/years*
- *Need specialised feeding to avoid aspiration and provide nutrition*
- *Fussy about textures and/or tastes*

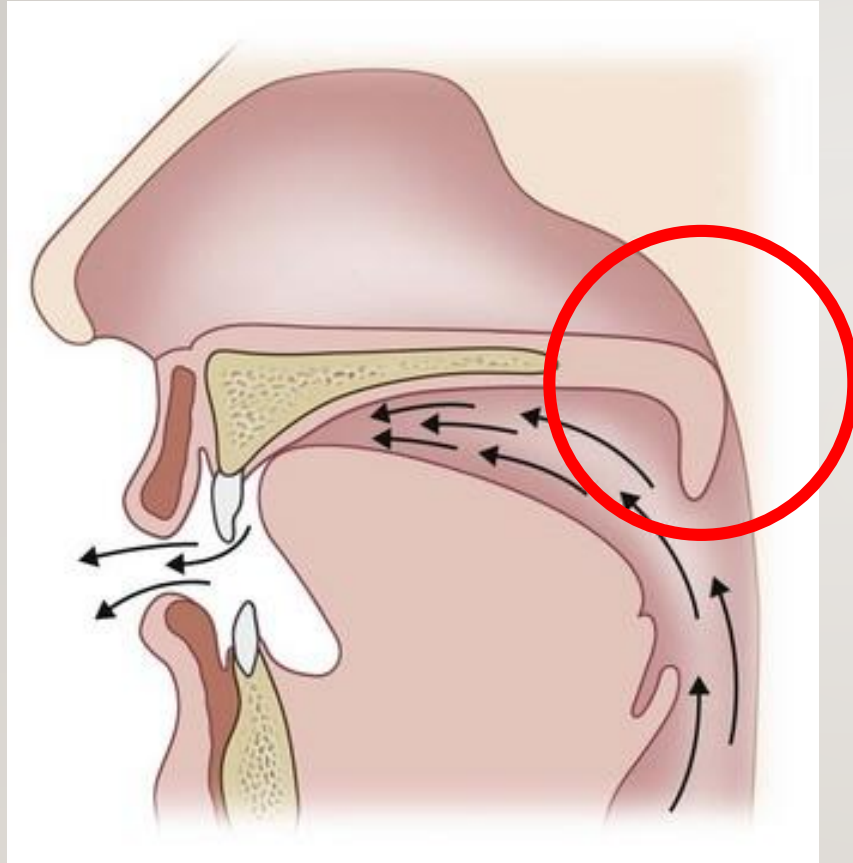
MANAGEMENT OF FEEDING

- *Following assessment of swallow the SLT may provide/advise:*
 - *Specialised feeding bottles*
 - *Upright positioning*
 - *Thickened fluids may be easier than fluids*
 - *Sticky textures often more problematic*

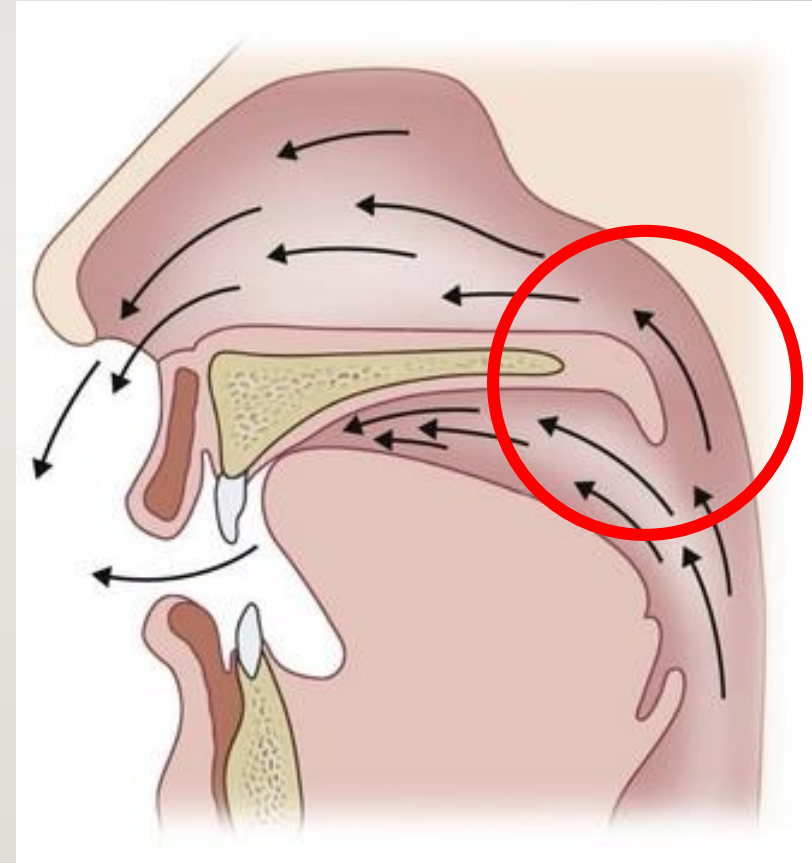
COMMUNICATION

- *Delayed onset of language*
- *Language delay*
- *Velopharyngeal Impairment*
- *Hearing impairment*
- *Apraxia of speech*
- *Social skills*

Airflow during typical speech



Airflow during atypical speech
(nasal tone)



VELOPHARYNGEAL IMPAIRMENT (VPI)

- *Hypernasal resonance*
- *Nasal emission on pressure sounds*
- *Cleft type speech substitutions*
 - *Glottal articulation (glottal stop for plosives /p b t d k g/)*
 - *Pharyngeal fricative for fricatives /s sh z f/*
 - *Backing pattern*
 - *Weakened plosives*
 - *Nasalised plosives/fricatives*
- *Food or fluid leaking out nose*

VPI IN 22Q

- *As a result of :*
 - *Cleft palate*
 - *Submucous cleft palate*
 - *Large VP gap*
 - *Poor VP function*
- *Surgery for VPI*
 - *Cleft palate or submucous cleft palate repair*
 - *Pharyngoplasty*
 - *Pharyngeal flap*
 - *Pharyngeal implant*
- *Often delayed response to speech surgery*

SPEECH SURGERY IN 22Q

- *Should reduce hypernasality*
- *Enable child to create oral pressure for speech sounds*

Surgery is considered when:

- *VPI is confirmed by videofluoroscopy or nasendoscopy*
- *Significant communication impairment*
- *Benefits of surgery outweigh the risks*

BEHAVIOUR AND PRAGMATICS

- *May have problems with anxiety*
- *Can be shy and withdrawn*
- *Can be impulsive*
- *May be oversensitive to failure*
- *May not always understand subtleties in language.
Take things literally*
- *Can be obsessive /compulsive*
- *Can go on to have issues in teenage years and beyond*

MANAGEMENT OF SPEECH

- *Early intervention for speech and language*
- *Working on placement of speech sounds*
- *Front sounds before back*
- *Word final might be easier than word initial*
- *Use gentle lengthened production of sound*

WORKING WITH THE SLTS

- Cleft Team SLTs and Community-based SLTS
- Therapy should be:
 - *Individual*
 - *Specific*
 - *Regular with practise at home*
 - *Repetitive*
 - *Fun*
 - *May need signing*

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