CHARACTERISTIC DIFFERENCES BETWEEN STUTTERING AND OTHER DISORDERS OF SPEECH FLUENCY

SUMMARY

The purpose of this work was to differentiate stuttering from other disorders of speech fluency on the basis of symptomatology and factors of impairment, disability and handicap. Described were some of the most occurent symptoms and disabilities in which as a primary or frequent symptom appears speech dysfluency: disorders of speech fluency under the influence of stress situations; stuttering; neurogenic stuttering; cluttering; palilalia; Parkinson’s disease; aphasia; dysarthria; apraxia; spastic dysphonia and Tourette’s syndrome. The analysis of symptomatology of these disorders and sicknesses has shown that the speech repetitions are the most frequent joint symptom which also leads to misinterpretations in differential diagnosis of stuttering and other phenomena of dysfluency. On the other side are the accompanying symptoms of stuttering such as avoiding visual contact with a listener and speech avoiding, characteristics which are able to dissolve stuttering from other speech fluency disorders. The most similarity in symptomatology is shown in stuttering and in spastic dysphonia which is (probably because of the similarity) often called ‘laryngeal stuttering’. When we established ‘impairment’, ‘disability’ and ‘handicap’ (Prins, 1991) as a differential criterion, we noticed that the ‘handicap’ criterion differentiates the best stuttering from other disorders of speech fluency, and that again the most similar are stuttering and spastic dysphonia.

Key words: stuttering, dislalia, speech fluency
Apraxia of Speech (AOS) happens when the neural pathway between the brain and a person’s speech function (speech muscles) is lost or obscured. The person knows what they want to say; they can even write what they want to say on paper; however the brain is unable to send the correct messages so that speech muscles can articulate what they want to say, even though the speech muscles themselves work just fine. The National Institute on Deafness and Other Communication Disorders estimates that three million Americans stutter, and reports that of the up-to-10-percent of children who do stutter, three-quarters of them will outgrow it. It should not be confused with cluttering. Like other fluency disorders, SLPs can have a huge impact on improving or eliminating cluttering. The most frequent speech disorders are those that disturb the child’s acquisition or learning of language. Studies of large numbers of children with developmental language disorders have shown that at least two chief classes of these disorders may be distinguished: general language disability from genetic factors with a familial (inherited) pattern chiefly from the paternal side, and acquired language disorders due to damage sustained before, during, or shortly after birth (i.e., perinatally). These latter perinatal damages encompass the gamut of toxic, infectious, traumatic, nutritional, hormonal, and other damages that may hurt the growing fetus or young infant. Major and minor birth injury is not an infrequent factor. Speech disorders are usually identified using a combination of hearing tests and physical exams. Physicians then recommend specialized evaluation by speech-language pathologists, who can best establish an accurate diagnosis. A stuttering diagnosis is established on the basis of the type, frequency, and duration of speech dysfluency. Speech-language pathologists use many different approaches to treat voice problems. Functional voice disorders can often be successfully treated by voice therapy. Stuttering often is referred to as a fluency disorder because it disrupts the smooth flow of speech. Over 3 million Americans stutter, and most began stuttering between the ages of 2 and 6. Stuttering can have social and emotional consequences.