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MEDICAL MEMO

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What Is Stuttering? How Do I Get Help?

The Stuttering Foundation of America (SFA) is a truly excellent resource reachable by calling 1-800-992-9392 or on the internet at www.stutterSFA.org I strongly recommend contacting this not for profit organization if you have even the slightest concern or question. I have been very impressed by the information and tips they have available. SFA has very good free brief brochures for teachers, parents, and for children, teens and adults who stutter. They have inexpensive booklets and videos giving more information and tips costing from $2 to $10. I have borrowed from SFA and other sources in preparing this article.

First let's summarize some general knowledge about stuttering. A susceptibility to stuttering seems at least partly inherited. It occurs four times more often in boys than girls. Injuries to the brain or other central nervous systems disorders are associated with a higher incidence. Up to 25% of all children (equal numbers of boys and girls) go through a period of normal disfluencies

(see below) bad enough to concern their parents. About 4 % of children go through a period of actual stuttering that lasts six months or more. Three quarters of those will recover by late childhood, leaving about 1% of the population with a long term problem. Thus, over 3 million Americans stutter. People who stutter are generally as intelligent and well adjusted as non stutterers. Stuttering can become an increasingly disruptive problem as working and dating begins. Speech therapy is not an overnight success; but virtually anyone who works at it can overcome or improve stuttering significantly. We do not yet understand exactly how stuttering works in the brain's speech and muscle control centers.

A partial list of some famous people who worked to overcome stuttering: James Earl Jones, John Stossel, Bill Walton, Mel Tillis, Carly Simon, Ken Venturi, Bob Love, John Updike, Lewis Carroll, King George VI, Winston Churchill, Bo Jackson, Annie (Mrs. John) Glenn, and Marilyn Monroe.

Now let's discuss more about what stuttering is. Stuttering is actually a repetitive and troubling speech

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Also in this issue:

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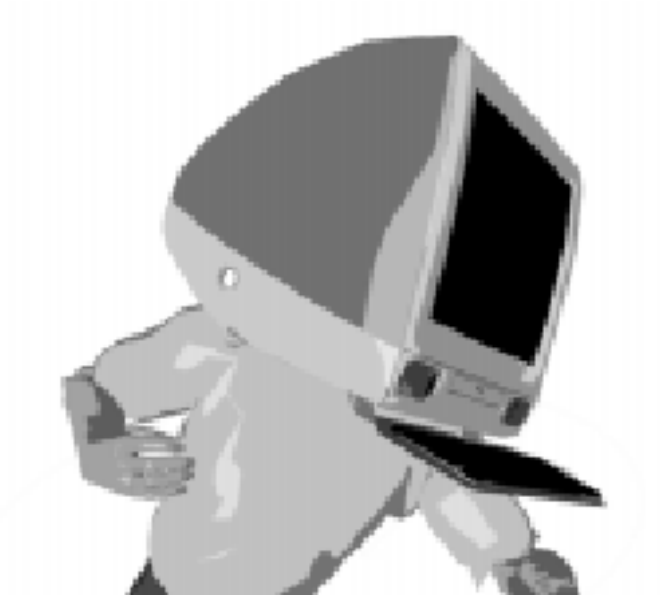
STIGMA: One Doctor's Opinion



Newspaper, radio, magazine, internet, and TV headlines and specials dramatize rampant youth and adult abuse of stimulants like Ritalin, Adderall, and Dexedrine. Peter Jennings starts the ABC nightly news with the headline "Antidepressants like Prozac and Zoloft, are they safe long term?", implying of course, that they are not. The media reports that prescriptions of medicines for ADHD, depression, and anxiety have doubled in the past 5 to 10 years. 60 Minutes, Dateline, and 20/20 do shows on the potential struggles of Paxil withdrawal or portray only the most extreme examples of youth Bipolar Disorder, Obsessive Compulsive Disorder, Tourette's Syndrome, or other psychiatric conditions. This is not to mention the common theme that psychiatric patients are typically volatile, unstable, dangerous, and responsible for many of the ills and crimes of society.

Untruths and half truths. Yes, stimulant medicines can be abused but that is unusual, not epidemic, and far less of a problem than abuse of the much more easily obtained narcotic pain killers. The long term safety of antidepressants are as well or better known (and looks better) than almost all medicines doctors prescribe. Discontinuation (inaccurately called "withdrawal") side effects of Paxil or Effexor are possible, may be unpleasant, aren't dangerous, and rarely occurs if patients follow the advice to not skip doses and not to stop suddenly without tapering off. At least 15% of the population has a diagnosable psychiatric disorder at any given time. The vast majority are hard working, responsible, caring, good citizens. Extreme dramatic illness is not usual and violence is no more common amongst psychiatric patients than amongst the general population. Many new effective medicines and therapy techniques have been developed in the last five to ten years. The frequency of psychiatric illnesses is no higher now than when I began training 25 years ago, we're just getting to help more people.

Although there are balanced and positive media portrayals of mental health patients and treatments, frequently sensationalistic, distorted, biased, and even wrong reports are emphasized and remembered. The media doesn't pick Percodan, Lipitor, Claritin, Cardizem, insulin, Vancenase, Sinemet, propanolol, Tagamet, or Vasotec to bash. Notice none of these are psychiatric medicines and each are either more abused, less safe, or their long term effects are less good, or are less or no better known.

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STIGMA *(From Page 2)*

Many more such medicine examples could be given.

The January 17, 2001 issue of the Journal of the American Medical Association (JAMA) pages 261-2 carries an article entitled "Stigma" that describes how blamed a family felt and how poorly their insurance covered treatment for their son when he experienced a devastating psychiatric illness. It goes on to recount how incredibly different their experience was later when the same son had an unrelated severe medical illness. The parents, son, and siblings were now sympathized with, supported, helped, and never in any way made to feel responsible for their son's condition or its effects on the family. Their insurance kicked in immediately and extensively, without much of the hassles, limits, and extra costs associated with mental health coverage.

I appreciate my patients who have allowed third year medical students from the University of Arizona Medical School to sit in with me one half day a week. I am thus able to expose almost every U of A medical student to a hopefully non blaming, caring, and service oriented psychiatric practice experience. I am glad that only a few are at first inclined to blame most parents for their child's problems and need education on this point.

It is still a too frequent experience that my own patients' progress is held back by their own shame, self blame, or buying into the myth that mental health problems merely reflect laziness or moral weakness. We don't need such notions to motivate work on better parenting, self-sufficiency, responsibility, and perseverance. People can usually accept the biologic basis of heart, lung, liver, skeletal, and other organ system health disorders. They can often even accept that tumors, seizures, strokes, or migraines reside in the physical organ called the brain. Too many have trouble accepting that much of depression, anxiety, attention deficit hyperactivity disorder, alcohol or drug dependence, and multiple other mental health conditions are brain disorders that are often aided by medicine and/or therapy. When I see these people turn down, avoid, or have trouble accessing psychotherapy, medicines, and other mental health treatments I remember how far we still have to go to end the effects of stigma.

Important Parenting Tips

A recent study by the National Center On Addiction and Substance Abuse published characteristics of parenting approaches that were shown to dramatically reduce the risks of a teen getting into drug, alcohol, and nicotine use, abuse, or dependence. Even more important, these characteristics also are noted clinically to greatly reduce precocious and unsafe sexual activity and markedly promote self esteem while producing more responsible, successful, and self sufficient youth. At least 12 of the following must be true to have the desired impact. These are (with edits):

1) Don't use drugs or nicotine yourself. If you drink, drink responsibly.*

- See Parenting Tips, Page 4

Parenting Tips *(from Page 3)*

2) Know where your kids are after school and during weekends and holidays.
3) Have an adult present when the teen (and younger children) come home from school.
4) Be aware of your teen's (and younger children's) academic performance.
5) Eat dinner with your teen (and younger children) 6 or 7 nights a week.
6) Turn the TV off during dinner.
7) Assign regular chores for your teen.
8) Monitor and limit what your kids are watching on TV.
9) Monitor and limit their use of the internet.
10) Monitor and limit their use of video and computer games.*
11) Don't put TV's, phones, computers, or video games in your child's or teen's bedrooms.*
12) Spend both quality and quantity time with your youth while he or she is a child, preteen, and as a teen.*
13) Put restrictions on the CDs they buy or listen to.
14) Impose a curfew.
15) Ensure you are told the truth about your teenager's whereabouts and activities.
16) Make it very clear you would be extremely upset if your teen used any drug, including marijuana.

In short, all of these emphasize the constructive benefits of being truly involved, but not intrusive or controlling with your kids, at all ages and levels of development. This involvement shows love, demonstrates caring, teaches parenting, and builds the skills needed for independence. This requires balance, effort, and rewarding sacrifice which will almost certainly benefit you and your child much more than you expend. Begin early, from birth or sooner. Kids who have not had your involvement early will be more reluctant to let you in later.

** indicates characteristic I added*

Internet Updates

American Foundation for Suicide Prevention (AFSB)
(www.afsb.org)
American Association of Suicidology (AAS)
(www.suicidology.org/index.html)

Both AFSB and AAS are not-for-profit advocacy and public education organizations that have a lot to offer. These web sites are excellent with in depth information about the epidemeology (risk factors including age, gender, race, etc.), prevention of suicide, warning signs, advice for how the media can improve their coverage of this topic without worsening things, and resources for Survivors (those left behind by a loved one's completed suicide). They are the two best I have seen focusing on this important topic.

Updated Tucson School Charts

Tucson's Private and Charter School 2001 Charts are now posted on my website. Link from my home page at http://www.leeheymd.com.

What is Stuttering?

(From P. 1)

"disfluency". **Disfluency** means a hesitation, interruption, or disruption in speech. It may be a normal phase of speech development or, when more substantial as in stuttering, abnormal.

Disfluencies are common when the child's speaking is progressing from 2 word utterances to the use of complex sentences, generally between 18 months and 7 years of age. The child may repeat the first sound or syllable or even first word of a "sentence" 2 or 3 times ("I-I-I can't"; "l-l-like"; "I want...I want...") or use fillers such as "um" or "er" or "uh". When these disfluencies are part of normal development they are occasional (less than once every ten sentences), brief, not accompanied by obvious emotional or physical tension or strain in the child, they are not severe, they tend to come and go, they are more frequent when the child is tired, excited, talking about complex new topics, asking or answering questions, or talking to unresponsive or impatient listeners, and typically they don't bother the child. Parents and others should not comment, laugh, call attention to, or correct the child. Developmental disfluencies resolve by age 5 to 7 in 80% of children affected with no other interventions needed. In other words, 80% of young children with normal disfluencies do not progress to stuttering. The line between normal disfluencies and mild stuttering is; however, a gray one. Please read on.

Mild stuttering evolves from normal disfluencies and are marked by higher frequency, 4-5 repetitions of sounds syllables or short words, and occasional prolongations of sounds. The child, teen, or adult is now troubled by the stutter and will close eyes, blink, look to the side, or show some muscle tension around the lips or mouth associated with the stutter. Mild stutters still come and go but are more often present than absent.

Severe stuttering is quite frequent (10% or more of speech) with long repetitions of sounds, syllables, and words. Frequent sound prolongations and blockages are disturbing. The stutters occur in most speaking situations. The child, teen or adult are often now very embarrassed and fearful of speaking.

Speech and language therapy is strongly advised for severe stuttering and is desirable for mild stuttering as well. Speech therapy for the child, and parent counseling on how to help the child is most often able to help eliminate stuttering when the treatment begins before the child has developed a serious social and emotional response to the stuttering. A speech therapy evaluation with treatment advice to the child and especially to the parents in developmental disfluency may help prevent progression to stuttering, as well.

There are no **medications** that are proven consis-

- See Stuttering, Page 6

Did You Know?

20% of substance abusers in treatment have used drugs other than alcohol with their parents.

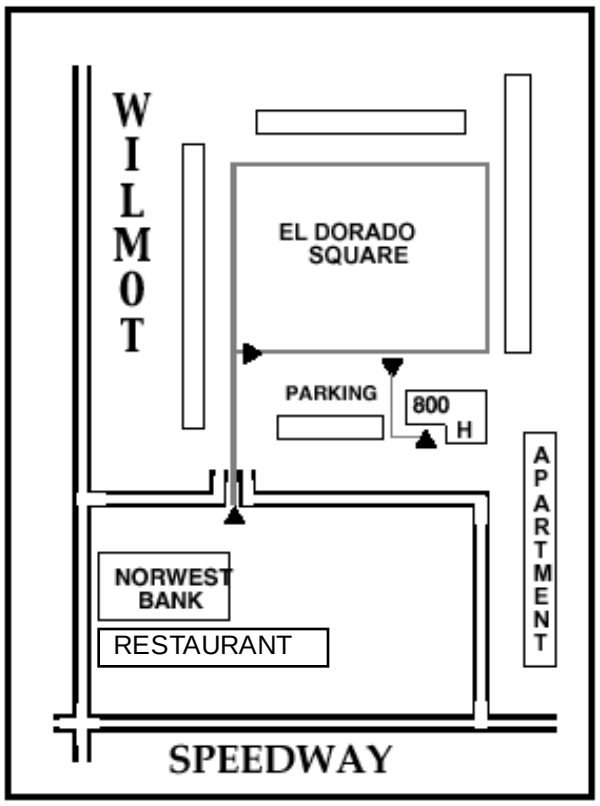
1% of users in treatment were introduced to drugs by a dealer, vs. 19% who started using with a relative.

- Time magazine
Sept. 4, 2000

Stuttering

(from page 5)

tently helpful for stuttering. Some researchers have hypothesized that stuttering may be a tic or compulsion and thus have tried medicines typically used for those conditions such as pimozide (Orap) or serotonin medicines like Prozac, Zoloft , Paxil, etc. Except in a few isolated cases where the child may also have an anxiety disorder, Tourette's syndrome or other condition, the medicines have not helped. Psychological counseling or **therapy** often helps with the embarrassment, social avoidance, and self esteem problems associated with stuttering, when present.



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