

Population profile of the Evaluation and Prevention Group of Language Disorders (EPGLD)

Perfil populacional de Grupo de Avaliação e Prevenção de Alterações de Linguagem (GAPAL)

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ABSTRACT

Purpose: To characterize and analyze the population profile of an evaluation and prevention group of language disorders (GAPAL) in a clinic school. **Methods:** It was a retrospective study from related database of GAPAL from the period of the 1st half/ 2002 through 1st half/ 2013. 261 users were analyzed by age, gender, hometown, referrals and complaints. **Results:** It was found a higher occurrence of complaints related to language in males and aged 25-30 months. The city of origin of most users was Campinas. In terms of referrals, the major part of them was made from health professionals, mostly pediatricians, who reported language delay. **Conclusion:** The study enable to characterize the population who are assisted by this service and reaffirm the importance of language promotion and prevention actions, especially with families. However, this analysis also showed limitations and difficulties in the recording of data, pointing the need to readequate database, so they can be taken as a guide for (re) organization actions and management of services in clinical speech and language with a view to the improvement of Speech and Language Pathology for this population group.

Keywords: Speech, Language and Hearing Sciences; Child language; Health services Accessibility; Database; Health management

RESUMO

Objetivo: Caracterizar e analisar o perfil dos usuários atendidos em um Grupo de Avaliação e Prevenção de Alterações de Linguagem (GAPAL) de uma clínica-escola. **Métodos:** Pesquisa retrospectiva de banco de dados do GAPAL, do primeiro semestre/2002 ao primeiro semestre/2013. Foram analisados 261 usuários, quanto à idade, gênero, procedência, encaminhamentos e queixas apresentadas. **Resultados:** Houve maior incidência de queixas relacionadas à linguagem no gênero masculino e na faixa etária de 25 a 30 meses de idade. A cidade com maior procedência de usuários foi Campinas. Quanto aos encaminhamentos, a maior parte foi realizada por profissionais de saúde, em sua maioria pediatras, sendo o relato mais ocorrente o de queixa de atraso de linguagem. **Conclusão:** O estudo possibilitou a caracterização da população assistida, reiterando a importância de ações de promoção e prevenção das alterações de linguagem, principalmente junto às famílias. Também evidenciou limitações e dificuldades quanto ao registro dos dados, indicando a necessidade de readequação dos registros para nortear ações de (re)organização e gestão dos serviços na clínica de linguagem, tendo em vista o aprimoramento das ações de fonoaudiologia para esse grupo populacional.

Descritores: Fonoaudiologia; Linguagem infantil; Acesso aos serviços de saúde; Base de dados; Gestão em Saúde

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INTRODUCTION

There is a great incidence of complaints related to language disorders^(1,2) in the child speech and language therapy clinic. Studies show that changes in the development of language and speech affect from 5 to 10% of children, and can interfere significantly in their social and scholar life. In these cases, early identification of the problem, followed by appropriate intervention, it is really important to minimize the emotional, cognitive and social effects^(3,4) as much as possible.

Many studies address the importance of early detection of delayed language development and the need for appropriate intervention^(4,5). This work is focused on the study of population profile of users of the Evaluation and Prevention Group of Speech and Language Disorders (EPGLD), which proposal follows this perspective.

EPGLD was idealized, in 2001, by a group of professionals clinical faculty and has worked as a pilot project up until 2003, allowing the multidisciplinary team, composed by a Speech and Language Pathologist (SLP), an educator and a psychologist, to gather experience so that the proposal would be added to the internship grid of the SLP and Audiology undergraduation major in a school-clinic in São Paulo state countryside, in order to “implement a group project that would allow, at the same time, promote the participation, interaction and the emergence of the language and would constitute an evaluation and monitoring space of the development”⁽⁶⁾.

Considering the EPGLD operating time, the characterization of the profile of its members appears to be quite relevant in order to facilitate access to information that can be articulated as to decision making in the planning and management of services, as highlighted by several authors^(7,8), in addition to “allow a better understanding of the real needs of the community and injuries and disease factors”⁽⁹⁾, making possible the development of consistent strategies and policies better assist people who look for the service^(10,11).

Thus, the purpose of this study was to characterize and analyze the profiles of users who are being attended in a group of assessment and prevention of language disorders (EPGLD) of a school clinic.

METHODS

Research conducted in a school clinic of an undergraduate major in SLP and Audiology in São Paulo state countryside. It followed the ethical aspects of research with human beings, under Resolution 196/96 of CONEP and it was approved by the Research Ethics Committee of the *Universidade Estadual de Campinas* (UNICAMP), School of Medical Sciences under nº 291.150/2013.

It is a retrospective and quantitative research, transversal approach, conducted from information contained in a computerized database, from the period of the first half/2002 to the

first half/2013, managed by one of the teachers responsible for the Evaluation and Prevention Group of Language Disorders (EPGLD). During that time, 261 members were assisted by the program. To analyze the service profile, the information contained in the database of all users assisted in the mentioned period has been considered, to characterize in terms of age, gender, hometown, referrals and initial complaints.

For the study of the presented complaints, analysis categories were established in order to group together similar occurrences. Thus, in the “language delay” category, complaints, such as: “doesn’t talk much”, “speaks a little”, “practically doesn’t speak”, “speaks isolated words”, “mumbles only”, “speech delay” and “language delay” were included.

In “speech and oral language disorder” category, comprehension and oral language difficulties were included, in addition to those involving language changes in the aspects of phonology, morphology, syntax and pragmatics. Therefore, complaints as: “unintelligible speech”, “speech substitutions”, “doesn’t speak properly” and “speech disorder” were placed in this category.

In the “neuropsychomotor development delay” category, the complaints already described or diagnosed as such, were placed together. In “feeding or alimentary difficulties” were considered complaints related to the presence of alternative ways of eating, breastfeeding difficulties and eating that require intervention and could be related and/or influence language development.

Complaints such as “sialorrhoea”, “tongue-tied” and “incorrect positioning of the tongue” were grouped in “orofacial myofunctional disorders”. Associated complaints as: “language delay and feeding difficulty”, “syndroms and/or malformations” and “voice” were placed in separate categories.

The obtained data were analyzed quantitatively by descriptive statistics for further discussion.

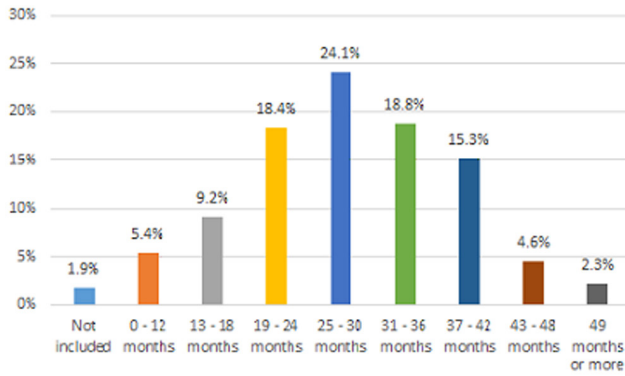
RESULTS

In order to standardize the delineation of EPGLD users into age group, the age of entry for children in the service was taken as a reference; the results obtained are detailed in Figure 1. As to gender, there was predominance of males (67%) over females (33%).

The distribution of EPGLD users, having the hometown as a reference, has demonstrated that the majority (52.1%) came from the city of Campinas (SP), followed by surrounding cities such as Sumaré and Hortolândia (Figure 2).

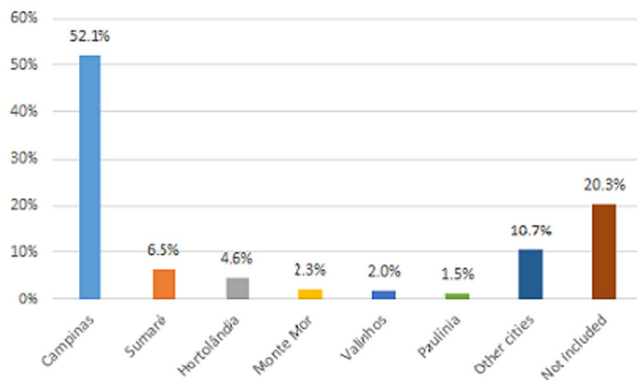
As to referral, it has been verified, within the studied period, that the majority (62%) came from health professionals from the same institution EPGLD is associated with, as shown in Figure 3. There was also high occurrence of non-verification, by the service, of the referral source (13.1%).

Regarding the distribution of initial complaints, which prompted the search for the service, most cases (63.6%) were



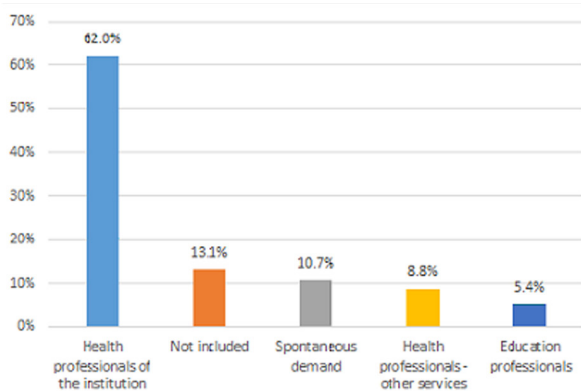
Note: EPGLD = Evaluation and Prevention Group of Language Disorders

Figure 1. Distribution of EPGLD users regarding age groups



Note: EPGLD = Evaluation and Prevention Group of Language Disorders

Figure 2. Distribution of EPGLD users regarding hometown



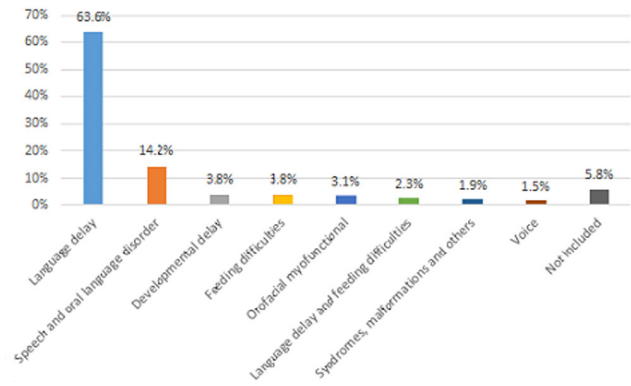
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Figure 3. Distribution of referrals to EPGLD

related to language delay, according to Figure 4, representing the objectives proposed by EPGLD.

DISCUSSION

The findings of this survey indicated predominance of males in the population attended by EPGLD, during the studied period, which was similar to other researches about the



Note: EPGLD = Evaluation and Prevention Group of Language Disorders

Figure 4. Distribution of initial complaints of EPGLD users

demand for SLP services^(5,10-16), some of which^(5,10,12) found a proportion of two to three boys for every girl. The authors have posed hypothesis that could justify such occurrence and, even without any scientific proof, the fact that boys present slower brain maturation than girls, apart from the possible influence of genetic factors, seem to justify the higher incidence of complaints in this gender.

The major age range in the service was from 19 to 36 months. The authors⁽¹⁷⁾ punctuate that, “in the early stages of language acquisition process, more specifically in the period between 14 and 30 months, the beginning of the seek from parents and pediatricians for atypia verification in the language process was observed, and the concern that becomes evident is the absence of the appearance of speech”, according to the results found in this study.

As to EPGLD users hometown, the greatest demand comes from the city of Campinas, followed by other surrounding cities, such as Sumaré and Hortolândia. These data relate to the location of the service and the institution to which it is linked, also being reference to other cities of the metropolitan region.

The predominance of referrals to speech and language pathology service by health professionals also matches with data previously pointed out by different authors. Some studies^(5,12,18) show similar results to those presented here, as to the origins of the referrals to speech and language pathology, especially pediatricians, referred to as main sources of referrals. According to these authors^(5,12,18), great part of referrals from health professionals, especially from the medical field, leads to the hypothesis that health care is one of the gateways to the speech and language pathology services most used by the population⁽¹⁸⁾, which is consistent with the results found in this study.

Also, referrals from health professionals from other services, were observed, such as from school area, in addition to the great spontaneous demand, suggesting that the services offered by EPGLD are well known beyond the institution limits.

As to the presented complaints, a greater incidence in language delay was noticed, which coincides with the findings of

other studies of SLP demand, in child language clinics⁽¹⁴⁾. The authors⁽¹⁷⁾ approach that, even before the first year of life, the baby is able to present some communicative behaviors which constitute a support for the start of dialogical exchanges, and, during the first year of life, such behaviors evolve to more complex forms, emerging vocalizations, babbling, verbal comprehension and finally the speech. However, this evolution of language development does not always occur according to the expected trajectory and the rhythm, featuring, thus, delayed language acquisition.

Nonetheless, other researches dealing with the characterization of speech and language pathology demand in public service units have different results regarding complaints in seeking such care. One study⁽¹⁰⁾ points out that most cases correspond to language complaints. Other authors⁽¹¹⁾ indicate language delay in third place among the most frequent complaints of their research. There are studies^(12,18), which find a greater predominance of speech disorders followed by language delay. It should be mentioned that this diversity of results may be related to the fact that the studies address different population groups and age groups and not only the assessment and prevention of language disorders, which is focus of this study.

The correlation between eating difficulties and language disorders found in this study as part of the complaints in the speech and language pathology clinic of child language, was also described by other studies⁽¹⁹⁾. According to these authors, children with difficulties eating related, as the presence of alternative way of eating, for example, are more likely to have language disorders, if compared to the population that doesn't present such difficulties.

The relevance of the characterization and analysis of the assisted population for planning, improvement and service management is highlighted by several authors^(7,8,20). However, the practice of records in the database, as their examination in the light of epidemiology, still amounts to little settled practice in speech and language pathology, so that the data from these studies are still hardly used in professional practice, for the purpose to which they apply^(7,21).

The epidemiological survey to characterize and analyze the users profile attended at EPGLD, during the studied period, reaffirmed the importance of prevention and promotion of adopted actions and those in development, in speech and language pathology, by the team⁽⁶⁾, mainly regarding the inclusion of family members and caregivers in care advocacy groups and empowerment of these subjects, observing the deconstruction of the pathology of children, providing integral and humanized attention.

The findings of this survey show the incompleteness in the record of users data, indicating the necessity for more systematization and standardization in information storage, as approached by some authors⁽⁷⁾. The lack of data or the incomplete information can interfere in the service profile analysis so as in the strategy planning and health care actions for this population,

limiting the knowledge and possibilities of readjustment that the professional may have about the procedures developed in clinical practice⁽⁸⁾.

CONCLUSION

The study allowed the characterization of the population assisted by EPGLD, showing that the greatest demand is for age group and complaints compatible with the proposed objectives of this service. The need for evaluation of adopted practices for database creation was also reaffirmed, given its importance as a resource for (re)organization and management of services for this population group.

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