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SPEECH FUNCTION DISORDERS IN CHILDREN WITH COCHLEAR IMPLANTS

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Annotation: In addition to hearing development, the main goal of cochlear implantation in children is the acquisition of oral speech. Cochlear implants (CIs) have proven to be very effective in allowing many children with severe to profound hearing loss to acquire oral language through post-implantation intervention. As might be expected, the first waves of research focused on the effectiveness of cochlear implantation on oral language production in children as a group and then on identifying individual differences in oral language outcomes.

Key words: Cochlear implants, congenital deafness, speech disorder.

Actuality of the subject

One important factor in the variability of language outcomes is the age of implantation. Children who received implants between 16 and 24 months of age had expected outcomes that appeared to be consistent with their hearing peers' scores on the expressive portion of the Preschool Language Scale (PLS) at ages 4–6 years, while children those implanted later performed worse than their peers. even with the same duration of CI use.

Materials and methods

Similar results were found for most language sample measures, particularly for early implants with mean preimplant thresholds above 65 dB. However, a closer examination of standard expressive PLS scores (4; 6) for children who received implants at 18 months. (36 months of use) appears to be 1 standard deviation below the mean, and many children score even lower

Discussion

This level of performance is typically characterized by language impairment. Children with CIs (5–15 years) had age-appropriate scores on a range of language measures, but overall scores were consistently lower than those of age-matched controls. Early implantation results in better language outcomes as measured by standardized tests than later implantation. Other variables such as duration of use, residual hearing, bilateral versus unilateral implants, and average pure tone thresholds before implantation may also influence results.

Results

Thus, although group data indicate successful oral language outcomes for CIs, with many children achieving age-appropriate language abilities and typical growth rates for language acquisition, many other children with CIs fare less well. Early implantation results in better language outcomes as measured by standardized tests than later implantation. Other variables such as duration of use, residual hearing, bilateral versus unilateral implants, and average pure tone thresholds before implantation may also influence results.

Conclusion

The specific deficits experienced by children with CIs include phonology, morphology, syntax, and lexical development. Speech intelligibility remains low after four to six years of implant use (63.5%) and even after seven years (70%) of experience (Tobeyetal ., 2003; Pengetal ., 2004). Age of implantation and speech encoding strategy predict intelligibility scores.

LITERATURE

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