

OTITIS MEDIA AND MY CHILD'S SPEECH & LANGUAGE DEVELOPMENT

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What is otitis media?

Otitis media is fluid in the middle ear (the area behind the eardrum) which is caused by an ear infection. It is one of the most common illnesses in children between birth and 3 years of age. Fluid in the middle ear acts like a sponge and prevents the ear from conducting sound properly. It also can interfere with normal hearing. The child with otitis media loses about 40% of speech in his environment. Even a mild temporary hearing loss can delay the development of language skills.

To understand what speech sounds like when the child has otitis media, plug your ears with your fingers or ear plugs. Now listen to another adult read aloud or speak to you, think about the following,

- What happens when the speaker is not facing you?
- What happens when background noise or other distractions are present?
- Did you get tired or bored with listening?

You probably would have had difficulty hearing **exactly** what was said. Also, hearing final consonants can be especially difficult in sounds like 'car or **cut**' or 'car' and '**cup**'. You may also have difficulty distinguishing word endings like 'play' or 'played' or 'cat' or '**cats**'.

Due to the difficulty with listening, it is not a surprise that children with otitis media often are described as mumblers or have unclear speech. Often, they produce speech without the use of final consonants or mispronounce words. Among Malay speakers, the child may often speak in half words (usually producing the stress or louder syllable) e.g. "cing" for kucing" and "mah for rumah".

What is recurrent otitis media?

When the child gets otitis media several times during the year, it is called recurrent otitis media. A pre-school child with recurrent otitis media frequently experiences a temporary loss of hearing. This may continue for up to six weeks after the infection is healed. During this time, the child may miss out on hearing speech and language needed for normal development.

Consequently, delay in speech and language development may occur. The hearing loss is usually mild to moderate in severity and fluctuating.

Because communication development is at its peak from 12 months to 4 years of age it is very important for doctors as well as parents to help identify the children who have difficulties with ear infections as they interfere with learning speech and language skills.

All children are susceptible to otitis media, but some groups of children are more prone to this i.e. children born with Down's syndrome and cleft lip and palate.

Some of the **common symptoms** of otitis media are:

- Earaches or draining of fluids from the ears
- Fever
- Partial loss of hearing
- Different response to speech and everyday sounds
- Changes in sleeping or eating habits
- Irritability
- Rubbing or pulling at the ears
- Having difficulty keeping balance, running or jumping
- Turning the television or radio up much louder than usual
- Frequently needs to have directions and information repeated
- Talking less than usual
- Unclear speech or is 'mumbly'
- Prefer using gestures rather than talking
- Has delayed speech and language development as compared to his peers
- Enjoys lying down on cold or soothing surfaces.

What problems can be caused by recurrent otitis media?

Children who have otitis media occasionally develop speech and language skills normally but children with recurrent otitis media over several months or years may develop

- Permanent hearing loss (if left untreated)
- Speech and language delay
- Problems focusing their attention and listening
- Problems with school work
- Poor self esteem
- Social problems

How can otitis media cause hearing loss?

There are 3 tiny bones in the middle ear that carry sound vibrations from the eardrum to the inner ear for it to be processed. When fluid is present, these vibrations cannot be passed on efficiently.

What can parents do to help?

Prompt and immediate medical attention is very important for a child with otitis media. If you notice one or more of the symptoms, contact your physician, paediatrician, otolaryngologist (ear nose and throat specialist) or an audiologist (specialist in testing hearing). There are many different types of treatment for otitis media. The two most common methods are the use of antibiotics to control the infection and the placement of a tube (grommet) in the ear to drain the fluids.

1. An audiologist (hearing specialist) will assess the severity or presence of any hearing impairment, (even in a young or uncooperative child) or will indicate if a middle ear disorder is present.
2. A speech language pathologist measures your child's specific speech and language skills and can recommend or provide a remedial programme when needed. In addition to medical treatment, young children with recurrent otitis media benefit from the intervention of a speech and language pathologist.

Working with a clinician, parents can help improve the child's speech and language skills with ease. This will ensure that the child develops age appropriate speech and language for interaction and social communication.

Conclusion

Children learn to develop speech and language through listening. Before a child can be labelled with having attention difficulties or behavioural difficulties, it is important that factors such as hearing and vision are ruled out as the cause of his/her difficulty developing speech and language.

