Publicity regarding the recent article by Reilly et al., “Natural history of stuttering to 4 years of age: A prospective community-based study”: Response from the Australian Stuttering Research Centre

Australian Stuttering Research Centre
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A recent report in the journal *Pediatrics* on the epidemiology of stuttering (1), published by Australian researchers, including two from the Australian Stuttering Research Centre, has attracted a lot of interest worldwide. Unfortunately, much of the publicity and discussion about the article in the press, in the social media and even in the professional literature has been misleading.

The Reilly et al. study is part of a larger community study of children in three areas of Melbourne, Australia. Children and their parents were recruited to the study at their universal visit to maternal and child health nurses at age 8 months. Recruitment occurred over a 6-month period. The children were then assessed regularly by researchers to identify the natural course of language development and to document the onset (incidence) of stuttering.

The Reilly et al. article reports the findings for those children who had started to stutter by age 4 years. The most important finding is that many more children started to stutter than previously thought. This is likely because children were first assessed prior to the onset of stuttering, meaning that all (or nearly all) children in the community who started to stutter were identified.

The second finding is that at 4 years of age the group of children who had started to stutter did not score lower that the rest of the children when assessed for language development and quality of life. Again, this is likely because the study captured *all* children who had started to stutter, not just those who presented at a clinic. This is the finding that has been so widely misrepresented. It has been reported that the authors have said that this means that treatment for early stuttering should be withheld.

This is not the case. In their report, Reilly and colleagues endorse the evidence-based guidelines for the Lidcombe Program about when to start treatment (2). The Lidcombe Program was developed in Australia and is the only treatment for stuttering in preschoolers that is supported by clinical
trials. The guidelines clearly state that (a) delaying the program for a year after the onset of stuttering is unlikely to jeopardize a child’s responsiveness, but (b) the program should be instigated earlier than this if “the child is distressed, there is parental concern, or the child becomes reluctant to communicate” (see Reilly et al., page 446).

In summary, while epidemiological studies provide information about the incidence and course of disorders or conditions in the community, in clinical practice the welfare of the individual is always of prime concern. A child who starts to stutter should be assessed by a speech pathologist, who can advise on the best course of action, taking into account the individual circumstances of the child and family.

References


(2) Packman A, Onslow M, Attanasio, J. The timing of early intervention with the Lidcombe Program. In M. Onslow, A. Packman, & E. Harrison (Eds.) *The Lidcombe Program of early stuttering intervention: A clinician’s guide* (pp. 41-55). Austin, TX: Pro-Ed.