Published in final edited form as:

Pediatrics. 2009 January ; 123(1): . doi:10.1542/peds.2007-3219.

Predicting stuttering onset

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Stuttering starts in childhood, usually shortly after language onset. However, there is little published information about a child's speech between when language starts and when stuttering starts. Reilly et al.'s study provides much-needed information. I have two comments.

Speech characteristics were not examined as prospective factors for risk of stuttering (Reilly et al. made no recordings before stuttering onset). Information about stuttering onset was provided by parental report: 71% of parents reported that onset of stuttering was abrupt and 97.1% reported that stuttering started when the child began to produce utterances of more than one word. Although parents were instructed on what features to look out for, the criteria supplied by the authors on onset of stuttering are not unanimously agreed. The list included whole-word repetitions. However Conture² considers these symptoms ambiguous, and Wingate³ rejects them, as diagnostic features of stuttering. It would be valuable to analyze all symptoms on the recorded session made shortly after stuttering onset for the children reported to be stuttering in order to verify the parental reports. The reported association between stuttering onset and growth in language development also has the limitation that it is based on parental-report. It would be useful to analyse the recordings from the session *after* stuttering onset, as verification of the parents' reports.

1619 participants were included in the study, from a cohort of 1911 who were sent the original questionnaires. Data (but no analyses) are presented that can be used to see if there was selective attrition between the cohort and test samples (e.g., whether children with certain risk factor were more likely to have been excluded from the study than others). As the authors note, more mothers had degrees in the participant, than the non-participant, group. Using the data in Table 1, there is a significant association between mother's education level and whether the sample was from the participant or non-participant group ($\chi^2=8.51, df=2$). This qualifies Reilly et al.'s finding that high maternal education was a risk factor for stuttering onset.

Acknowledgments

This work was supported by Wellcome Trust grant 072639.

REFERENCES

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TABLE 1**Characteristics of Participants Versus Nonparticipants**

Variables	Participants (<i>N</i> = 1619)^a	Nonparticipants (<i>N</i> = 292)^b
Gender		
Male, <i>n</i> (%)	824 (50.9)	142 (48.6)
Female, <i>n</i> (%)	795 (49.1)	150 (51.4)
Twin birth, <i>n</i> (%)	42 (2.6)	11 (3.8)
Premature birth, <i>n</i> (%)	47 (2.9)	12 (4.1)
Birth weight, mean (SD), kg	3.4 (0.5)	3.4 (0.6)
Birth order		
First child, <i>n</i> (%)	820 (50.8)	134 (46.5)
Second child or more, <i>n</i> (%)	795 (49.2)	154 (53.5)
Family history		
No problem, <i>n</i> (%)	1213 (74.9)	222 (76.0)
Speech/language/reading problems only, <i>n</i> (%)	312 (19.3)	60 (20.5)
Stuttering problem, <i>n</i> (%) ^c	94 (5.8)	10 (3.4)
SEIFA disadvantage score, mean (SD)	1037 (61)	1033 (60)
Mother's education level		
Did not complete year 12, <i>n</i> (%)	359 (22.4)	72 (25.2)
Completed year 12, <i>n</i> (%)	628 (39.2)	130 (45.5)
Degree/postgraduate qualification, <i>n</i> (%)	615 (38.4)	84 (29.4)
Maternal mental health score, mean (SD)	3.2 (2.9)	3.1 (2.9)

^aThe number of participants ranged from 1469 to 1619.

^bThe number of nonparticipants ranged from 242 to 292.

^cChildren with a family history of stuttering may also have reported family histories of speech/language and/or reading problems.