

Education and Training and Services for the Communication and Swallowing Disorders in Egypt: A Short Report

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The practice of the specialty of human communicative disorders in Egypt is based on a model in which two professionals trained in speech-language pathology work together in a team, often with other specialists.

The two professionals are:

(a) a phoniatician (A physician working in the field of communication and swallowing disorders). In addition to the routine work of the assessment and rehabilitation of patients with communication and swallowing disorders, a phoniatician can prescribe drugs and perform micro-laryngosurgery and office-based laryngeal procedures.

(b) a logopedist (= speech-language pathologist/therapist).

The phoniatician/logopedist team co-operates, in turn, with other related disciplines to form a broader team that serves the rehabilitation needs of persons with communicative disorders.

The study of the profession combines an accumulation of knowledge from both medical (the anatomical, physiological, diagnostic and therapeutic principles of Otorhinolaryngology and also other medical disciplines (e.g., neurology, psychiatry, pediatrics, dentistry, orthodontics) and non-medical fields of science (e.g., linguistics, phonetics, psychology, behavior sciences, pedagogics, acoustics, communication sciences). All the Egyptian universities offer master's and doctorate degrees in phoniatics. The phoniatic resident can apply for the master's degree immediately

after his/her MBBCH graduation and passing his/her internship. The training for phoniatic residency is for three years. There are no Egyptian university programs for speech-language pathology. A two-year course for speech-language pathology at Ain-Shams faculty of medicine was the only one that trained graduates from the faculties of art or education (sections of linguistics, psychology).

The specialty of phoniatics and logopedics was completely lacking in Egypt before 1974. There were attempts to give services in special education for the deaf, blind, and mentally retarded. These services started in the mid-1930s with support from a Danish speech therapist, Breben Nim. Another attempt to help school pupils with speech problems was established in the form of a clinic attached to the teachers' high school. The categories handled were mainly dyslalia (speech) and stuttering.

The Phoniatic specialty (medical specialty of communication and swallowing disorders) was started in Egypt in 1974 by prof. Nasser Kotby, faculty of medicine, Ain Shams University, Cairo, Egypt. He established the first Phoniatic unit in the middle east under the ORL department. Then the specialty spread to other Egyptian universities, ministry of health hospitals, National Health Insurance Hospitals, and the Ministry of Defense and Police.

The Egyptian Society for Phoniatrians and Logopedics (ESPL) was founded in 1976, and it represents professionals who treat pathological conditions that involve voice, speech, language, swallowing, and hearing (Website: www.espl-egypt.org).

The statistical information that estimates the magnitude of communication disorders among Egyptian children is scarce. At Mansoura University, we did a prospective study in 2012 to identify communication disorders among nursery school children in Dakahlia governorate, Egypt (as a representative sample) to estimate the problem's size among Arabic-speaking Egyptian children (Gad-Allah et al., 2012).

A cross-sectional descriptive research design was used to include 852 nursery school children (out of 59000 regularly attending the nursery school) aged between three and less than six years from urban and rural areas and governmental and private nurseries. Two structured questionnaire sheets were designed to identify different types of communication disorders from caregiver and teacher perspectives. The results of the study were surprising and summarized as follows:

❑ 30.8 % of the sample children had DLD as follows::

- 19.7% of the sample children had DLD without apparent cause.
- 7% of the sample children had DLD due to ADHD/ADD.
- 2.8 % of the sample children had DLD due to ASD.
- 1.3% of the sample children had DLD due to HI.
- 8 % of the sample children had learning disabilities.

❑ 44.2 % of the sample children had speech disorders as follows:

- 24.1 % of the sample children had articulation errors and dyslalias (speech sound disorders).
- 2.8 % of the sample children had nasality problems.
- 17.8 % of the sample children had dysfluency disorders.

- ❑ 4.2% of the sample children had voice problems

From the previous date, a total of 44.4% of the studied sample of children who are regularly attending nursery schools in Dakahlia governorate, Egypt, had communication disorders due to different etiologies, i.e., 26196 out of the 59000 children who are regularly attending the nursery schools at Dakahlia governorate had a communication disorder. Moreover, 30.9% of the children that were identified with a communication problem –as reported by their caregivers – were missed by teachers.

The scope of practice of communication and swallowing disorders in Egypt

The professionals working in the field of communication and swallowing disorders in Egypt manage the following problems:

A) Developmental and acquired language disorders (e.g., Hearing impairment, intellectual disabilities, autism spectrum disorders (ASD), cerebral palsy, attention deficit hyperactivity disorder (ADHD), aphasia...etc.).

B) Learning disabilities and dyslexia.

C) Speech disorders (e.g., dyslalia (speech sound disorders), nasality problems, dysarthrias, and dysfluency disorders).

D) Voice disorders (e.g., hyperfunctional dysphonia of childhood).

E) Feeding and swallowing disorders in infants and children (Mansoura University was the first university in Egypt that started that service in 1998 and then spread to other Egyptian hospitals).

The diagnostic and assessment processes include the following (according to the case):

A) Evaluation of verbal and nonverbal communication, including Arabic language test, articulation test, Phonological processes tests ...etc. (Mansoura University published many Arabic tests in that domain e.g.

- Mansoura Arabic Articulation Test (MAAT) (Abou-Elsaad et al, 2009)

- Mansoura Arabic Test for Phonological Processes (MATPP) (Abou-Elsaad et al., 2019).

- Mansoura Arabic Screening Aphasia Test (MASAT) (Abou-Elsaad et al., 2018).

B) Evaluation of cognitive and social abilities.

C) Vocal tract examination and endoscopic evaluation of the larynx and velopharyngeal port

D) Neurological, laboratory, genetic, and radiological examinations/investigations.

E) Feeding and swallowing assessment including:

- Bedside assessment.

- Modified barium Swallow (Videofluoroscopy) (MBS).

- Fiberoptic Endoscopic Evaluation of the Swallowing (FEES)

The treatment and (re)habilitation procedures include the following:

A) Family/patient counseling.

B) Speech/language/voice/swallowing therapy sessions.

The (re)habilitation programs' sessions are provided either:

- Intensively (daily sessions) or regularly (2-3 sessions/week).

- On an individual basis or in group therapy sessions.

C) Alternative and augmentative communication (AAC).

D) Surgical management, e.g., vocal fold injection and phonosurgery.

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