

## OUTCOME OF INTENSIVE SPEECH THERAPY FOR MANAGEMENT OF CONSONANT PRODUCTION ERRORS AND VELOPHARYNGEAL HYPODYNAMISM IN VELOPHARYNGEAL DYSFUNCTION

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**OBJECTIVES:** Consonant production errors (CPE) and velopharyngeal hypodynamism (VPH) in individuals with velopharyngeal dysfunction (VPD) require behavioral management. The purpose of this study was to document outcome of an intensive speech therapy program combining the behavioral and prosthetic approaches for management of CPE and VPH. **METHODS:** Twenty-four patients (8 females, 16 males, ages between 3y and 49y) participated in intensive speech therapy program: 21 presented with operated cleft palate and 3 with congenital VPD. The program involved 15 days of speech therapy offered 2 to 4 times daily. Auditory-perceptual evaluation of speech was the tools used by the SLPs for monitoring treatment outcome. Data before and after treatment were retrieved from patients' charts. **RESULTS:** Patients were treated with speech bulbs and therapeutic strategies emphasizing manipulation of oral and nasal air pressure and airflow and when possible biofeedback of velopharyngeal function with nasoendoscopy was used. A total of 804 therapy sessions were conducted. After the program, for the group of patients only with VPH, 2 (25%) patients eliminated VPH and 6 (75%) VPH (Table 1). For the group of patients with VPH and CPE, 2 (12%) eliminated CPE and VPH; 3 (19%) improved CPE and VPH; 4 (25%) maintained both CPE and VPH; 3 eliminated only CPE but improved VPH; 3 (19%) eliminated one aspect and improved another; 3 (19%) improved only CPE; 1(6%) improved only VPH. **CONCLUSIONS:** Complete elimination of the speech disorder after 15 days of intensive speech therapy was possible for 4 (17%) patients (2 with only VPH and 2 with VPH and CPE) while improvement was observed for 16 (66%). No improvement was observed for the 4 patients.

Support: CAPES