ლიზებული იყვნენ ბარძაყის ძვლის პროქსიმალური ნაწილის მოტეხილობის შემდეგ. მონაცემები სიცოცხლის გამოსავლის შესახებ შეკრებილ იყო სამჯერ – 2015, 2016 და 2017 წწ., სატელეფონო კონტაქტით პაციენტებთან ან მათ ნათესავებთან. ანალიზი ჩატარდა ასაკის, სქესის, მოტეხილობის სახეობის, თანმხლები პათოლოგიის არსებობის გათვალისწინებით. პაციენტებზე დაკვირვების საშუალო პერიოდმა შეადგინა 121,3 [30,6-143,9] თვე: 143,4 [133,4-150,0] თვე – გადარჩენილი პაციენტებისათვის, 49,4 [10,2-120,3] თვე – გარდაცვლილებისათვის. ქალებმა შეადგინეს ყველა პაციენტის 64% და სარწმუნოდ მეტი ასაკის იყვნენ მამაკაცებთან შედარებით. საშუალო ასაკმა გარდაცვალების მომენტისათვის შეადგინა 81,2 [72,2-85,1] წელი და სარწმუნოდ მეტი იყო ქალებში (82,0 [72,9-86,8]), მამაკაცებთან შედარებით (76,8 [66,3-84,8] წელი; Z=2,0; p=0,04), თუმცა, კვლევის დასრულების მომენტისათვის არ განსხვავდებოდა გადარჩენილთა მაჩვენებლებისაგან (79,2 [72,8-89,4] წელი.

საშუალო ასაკი გარდაცვალების მომენტისათვის იყო 81,2 [72,2-85,1] წელი და სარწმუნოდ უფრო მაღალი იყო ქალებში. ჰოსპიტალური ლეტალობის მაჩვენებელმა შეადგინა 1,3%, 6-თვიანი, 1-, 5- და 10-წლიანი ლეტალობისა – 11,8%, 18,4%, 36,8% და 48,2%, შესაბამისად. 80-89 წლის ასაკის მამაკაცებში ლეტალობის მაჩვენებელი მეტი იყო, ამასთან, ლეტალობაში სარწმუნო განსხვავება მოტეხილობის სახეობასთან დამოკიდებულებით არ გამოვლინდა. გადარჩენის მაჩვენებლები არ აღმოჩნდა დამოკიდებული სქესსა და მოტეხილობის ტიპზე და სარწმუნოდ უფრო მაღალი იყო (p=0,004) 70 წელზე მეტი ასაკის პირთა ჯგუფში.

STUTTERING: INITIATING FACTORS, EVOLUTION, HEALING PERSPECTIVES

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The stuttering represents the speech disorder caused by involuntary spasmodic contractions of articulation muscles, primarily of the vocal cord and the mouth upper lip. Due to unconscious twitches of the voice producing muscles, pronunciations of separate speech constituents under stuttering are delayed and disturbed, while of others are on the contrary hastened, but are disorders also. Throughout the total world population the stuttering rate in children approximates 10%, while 4% among preserves the complaint in adulthoods also [5]. According to the more contemporary statistics, about 1% of the general world population, mostly of children and adolescents, suffers from the stuttering [4], while 0.8% and 0.2% from are males and females, respectively [12]. 55 million subjects stutter worldwide in sum [2]. Professionally speaking, the stuttering is a symptom, but not a disease, although the term *stuttering* usually refers to both the symptom and the illness [2].

As stated by the American Speech-Language-Hearing Association [19], the major stuttering signs are as follow: (a) Adding up to the speech materials the sounds or words, labeled as interjections; (b) Repetition of word parts; (c) Repetition of one-syllable words; (d) Speech locks or stops; (e) Prolonged sounds; (f) Repetition of words; (g) Repetition of phrases; (h) Changes of words in sentences, labeled as revisions; (i) Uncompleted thoughts. The stuttering may be accompanied by other hints also, e.g. by the head nodding and the eye blinking. Being stutterer excited or feeling rushed, vocal muscle frustrations and/or tensions can exaggerate the speech hindrances further.

Rather similar set of guidelines were offered regarding the stuttering symptoms by the German Association of Otorhinolaryngology, Head and Neck Surgery [12]: (a) Repletion of sounds, syllables, one-syllable words; (b) Pauses between syllables within the words; (c) Lengthening of sounds; (d) Audible/inaudible speech blocks; (e) Repetition of words and/or phrases; (f) Uncompleted words; (g) Pauses in speech courses filled by extra-sounds or mutes; (h) Revision of words and/or utterances.

By the same German Association group [12] the stuttering escorted symptoms and psychological reactions to are outlined as follow: (a) Physical tensions; (b) Speech supplemented respiration changes; (c) Physical concomitants; (d) Speaking mode changes; (e) Speech avoidance efforts: preventive paraphrasing, rephrasing, attempts to substitute the feared words; (f) Insertion of sounds/syllables; (g) Insertion of words and phrases; (h) Conspicuous changes in communications; (i) Uncompleted sentences, repeated phrases, stop-and-go trials (recoil); (j) Avoidance of particular situations; (k) Fear, embarrassment, shame; (l) Vegetative reactions.

By the German Otorhinolaryngology, Head and Neck Surgery Association gathering [12] the stuttering covert symptoms are summarized into three points: (a) Avoidance of peculiar situations; (b) Emotional reactions and psychosocial stresses; (c) Cognitive reactions.

The etiology of the stuttering seems not completely clear till now [4]. The most of the stuttering signs are displayed up to the age of five years with about equal illness rates in both genders [20]. Recovery from the ailment is nevertheless about four times less in boys than in girls, that being attributed to the higher degree of language hemisphere lateralization in males vs. females [2]. The stuttering initiation is provided by the inner and/or the outer factors [1, 5]. The principal ailment determinants in children are [11]: (a) Genetic cues, when mother or father suffers or suffered earlier from the stuttering; (b) Complicated pregnancy and/or delivery that can affect the child's nervous system and can disturb its steadiness to the outer influencing agents; (c) Frequent and/or complicated somatic disorders in early childhood, which can exert exhausting effects upon the nervous system and can deteriorate the latter's stability to the irritants around;

(d) The deviant functioning of the nervous system that can prolong and disturb the phrase completion span and can retard consequently the speech formation process; (e) Regular supply of the child by parents and/or other social encirclement persons with complicated speech material that being hard to process, in general, for children of early ages, in particular; (f) The tense and conflicting family situations. The stuttering in adults can be associated with a substantial psychological morbidity including the low quality of life and the dropped social activity [13], although there were many stutterers, e.g. *Winston Churchill* and *Charles Darwin*, who became famous, despite the early-aged serious stuttering.

Developmental and acquired, by other terminology idiopathic and neurogenic stuttering types are differentiated [2]. The developmental stuttering involves mostly the children of 2-5 years of age without any apparent brain impairment or other known causes, while the acquired stuttering follows the definable brain damage, e.g. the stroke, intracerebral hemorrhage, head trauma [2, 16]. More than 5% of adult subjects exhibit after the stroke the neurogenic stuttering, while in about 3% the speech disorder persists during more than six months [16]. In rare cases the acquired psychogenic stuttering is initiated by the psycho-trauma or psychological illness [12]. The developmental stuttering, as compared with the acquired one, is particularly prominent at starting parts of words or phrases as well as with respect to extended words. Nonetheless, the distinctions between either stuttering types are not always simple, as far as they use to overlap each other [2].

The distorted basal ganglion activity in stutterers' brain and normalization of the shifts after the successive treatment were verified in previous studies [8, 18]. The hyperactivity of the lateral premotor cortex [3] and of the cerebellum [6] was also detected. The right hemisphere was additionally proved to be more excitable in stutterers than in healthy individuals [2]. It has been furthermore noted that the stuttering underlining mechanisms dominantly cover the temporal and frontal speech-language hemisphere centers as well as the motor and association premotor regions [2].

The listed as well as other similar factors can influence the child's nervous system and can intensify its reactivity to the outward signals. As a result, even scant irritant may become capable to create the neurotic disorders, generally, the stuttering, particularly. The stuttering prevention is more available before its setting up, while the problem negligence just during the pathology initiation phase can lead to more serious and steady disturbances [11].

Generating and supporting items of the stuttering are numerous. The irritants producing sensitive fears appear dominating among. The degree of the fear and the functional state of accepting nervous system are both involved in stuttering extent gradation. Under sensitive psychological background, the disorder can be initiated by the thunderstorm, heavy knocking on a door, loud shouting, a dog barking, to be lonely in a dark room [17]. Due to the indefinite reasons, the stuttering can arise instantaneously even.

Excitation and inhibition, two principal constituents of the nervous functioning are regularly substituting each other. The replacements accompany the speech processes also. When affected by the strong irritants, the neural reactions to are intensified that can violate the excitation/inhibition ratio, while just the stuttering may be the outcome of disproportions followed [14]. The respective case can be recalled from the own practice. The children in a group manner were returning from the school. The barking dog started suddenly to succeed them in an aggressive manner. All children were more or less frightened and began to run. Afterwards one from started to exhibit the stuttering. When inquiring the parents, it was ascertained that the specific emotional predisposing factor had already affected this child previously. Due to this reason, just he appeared to possess the heightened risk for the stuttering origin.

The imbalance in coupled excitation/inhibition ratios can degrade the nervous functioning. It can particularly happen when the subject tries to suppress something in own feelings and to hide the restraints from others. A relevant example from the private practice is presented beneath. The little boy had no positive respects to the stepfather and avoided any contacts with him. However he tried to hide his negative attitudes from surroundings as far as had the sense that the denying outlooks hurt his mother emotionally. Due to perpetual accumulation of negative emotions and hindrances in their expression, the stuttering was developed in this child later, at the age of ten years.

The psycho-disturbances can lead to the neurotic state that can per se initiate the stuttering. The respective example may be reminisced from the private practice also. The mother wanted to lay the child for a sleep in a bed, while the grandmother insisted to take him outside for the pre-sleep walk. The child was confused in decision: to the mother or the grandmother has he to obey. The stuttering followed to his stressful state.

Another occasion can be recalled from the own experience. The child was left-handed, while the parents insisted to correct his faulty likely habit. Correspondingly, they forced him in impelling situations instead of the favored left hand to utilize the less dominating in this concrete case right one. In right-handed majorities the left hemisphere, while in left-handed minorities the right hemisphere is prevailed, with respect to the speech function particularly. When the left-handed person is appealed to use the non-preferred right hand instead of the favored left one, he is forced to affect the dominance of the right hemisphere speech function and to realize the relevant duties through the leader participation of the left hemisphere, that being less adapted for speech just in left-handed individuals. Under such peculiar stressful situations dyslexia and dysgraphia may be created in some left-handed, i.e. right-hemisphere dominant individuals, while the stuttering can occur in others. Just stuttering was followed to the outward situation in the commented case.

The peculiar stuttering type has an imitative character. Some emotional children mostly unconsciously mimic the stutterers around. If the child's parents are not disorder-carrying individuals, hereditary and imitative stuttering variances are not easy to distinguish.

Genuine and provocative stuttering types are also hard to discern, while in some individuals delimitation is impossible even. These two stuttering variances are usually interrelated, the dominating effect of any one against another being better manifested at initial pathology stage mostly.

The stuttering covers physical and psychological symptoms [17]. The physical set includes the contractions of speech muscles, i.e. the principal stuttering outlooks. Under contractions, the muscles exhibit momentary or prolonged convulsive twitches, just to which the weakened and/or delayed and/or suspended speech is associated. The convulsions may persist tens of seconds, while in severe cases their length can approximate to the minute span even.

The stuttering associated muscle contractions are of a tonic or a clonic character. The tonic twitches are more intricate stuttering attributes than the clonic ones. The convulsions of isolated

types happen however rare: mostly they have the tonic-clonic, i.e. the mixed, but predominantly of the tonic, or the clonic-tonic, i.e. also the mixed, but predominantly of the clonic character. Convulsions of both groups involve speech and respiratory muscles in the main globally. Therefore, they participate in stuttering composition mostly in combined manner, while in rare cases separately also.

Under heightened emotional background, the speech concomitant involuntary muscle contractions may concern the non-speech structures also: head, neck, shoulders, hands, legs, body. Stuttering associated non-speech muscle contractions are caused by spreading of excitation from speech muscle hemisphere center to the neighbor areas, representing the muscles just of mixed and/or non-speech natures [17]. The speech concomitant mixed and/or non-speech muscle contractions further complicate the stutterer's state.

Psychological consequences of the stuttering are of an individual character. They use to include mental misbalances, negative emotions, inferiority complex, loneliness feeling, pessimistic mood, and difficulties in contacts with others, including the family members as well as the crèche and/or the kinder-garden and/or the school mates.

The stuttering symptoms are partly conditioned by alterations of the vegetative nervous system. Under various neural disorders, including the stuttering, the governed influence of the hemisphere cortex upon the vegetative nervous system can weaken, that may be followed by the respective complaints. The vegetative dysfunctions under stuttering are primarily manifested in arterial pressure rise and heart rate acceleration as well as in an excessive sweating. Along with intensification of muscle convulsions, the vegetative disorders are enhanced and widened in parallel. By the mechanism of the reversed influence the vegetative dysfunction can exaggerate in back the muscle twitches. The listed stuttering manifestations occur at starting pathology phases already. Just they have to judge therefore as the leader stuttering signs [17].

Along with dysphonia, many stutterers hold logophobia, the fear to the own speech processing. It can be associated with all verbal constituents or with particular vowels/consonants in. The fear to the speech actions usually accompanies the vegetative disorders. It further complicates the sufferer's state. In some stutterers the obsessive ideas are evanescing, while in others are permanent that tortures the holder's mood. The stuttering dramatically modifies the child's temper. Many stutterers avoid speech contacts with others, while some reject the relationships of any kinds. The stutterer child is mostly an introvert, plays alone, and violates the contacts with healthy mates even. The accessary emotions may result in more tense psychological distresses than the stuttering itself. All related negative psycho-feelings directly or throughout are nevertheless just the stuttering outcome.

According to the disorder manifestations, the stutterers are divided into three groups [15]. In associates of the first sample the pathology is exhibited in muscle convulsions solely, while no evidence of logo-neurosis exists at all. The stutterers of the second group, besides speech muscle contractions, endure logophobia but of the moderate degree only. The stutterers of the third species along with muscle convulsions suffer from sharply expressed obsessive fears. Herewith, they do not believe in healing chances and are correspondingly pessimistic with respect to the own ailment future.

Both physical and psychological stuttering symptoms are usually of long-lasting negative dynamics. The cure manager has not to wait however for the pathology endpoint and has to start an active treatment immediately, up to the accomplishment of inherent symptoms.

Considering the genuine factors, the stuttering is divided into the neurotic and the neurotic-like types [10]. The stuttering of the neurotic type arises on the background of psychological disorders. Before the event manifestations, the involved subjects are characterized by high sensitivity, while are suffered from disturbed sleep and appetite lack. In labile neural state persons the stuttering provocative factor can be the faint psychotrauma even. The initial ailment signs can be complicated by additional symptoms, e.g. by phobias and over-pessimistic estimations of own problems. In most sufferers the stuttering associates are intensified sometimes, while are weakened afterwards. Such a wavy course is more characteristic for the neurotic stuttering type.

The neurotic stuttering corresponds to the labeling by manifestations only: via the specific diagnostic approaches the brain lesion is confirmed just in these stuttering type patients [9]. The pathology essence is also validated by the anamnesis, particularly by indication on delayed speech commencement as well as on mother's toxic pregnancy and/or complicated delivery. Such children usually begin to speak belatedly, after the age of three years only.

The coupling of the neurotic stuttering with any definite factor is mostly difficult and conditional. The pathology has usually the slow course, while the remissions are not characteristic for [15]. Due to the organic brain lesions, the neurotic stuttering, as compared with the non-neurotic one, requires more argent and more qualified service.

The stuttering demands the team examination and estimation. Speech therapist, audiologist, psychologist, neurologist, psychiatrist are warranted to take part in an inspection process. The survey has to start with an anamnesis collection. Information has to get on mother's pregnancy and the delivery course. It has to ascertain, when the stuttering was initiated and what could be its reason. Taking into account the generating factor, it has to decide, whether the stuttering is of the neurotic or the neurotic-like type. The data have to acquire regarding the child's life conditions, routine daily behavior, relations between family members. The collected details promote the adequate planning of the pathology cure. When gathering the anamnesis, it has to learn what kind of treatment has been fulfilled previously and how successful its results were. The stutterer's attitude to the own problems has to establish in parallel. At the next stage, the sufferer's speech status is defined and the type of the muscle spasms is estimated. It is ascertained, whether the unintentional muscle contractions are associated with a speech and whether the stutterer is hurt from phobias. Particular attention has to draw to speech fluency and rhythms. The articulation state has to determine under loud and expressive readings also. When analyzing the acquired data, the stutterer's personal characteristics have to take into account also. Considering the results of the global inspection, the adequate habilitation/rehabilitation strategy is delineated.

The stuttering therapy aims to reduce the accompanying disturbances, to cancel the psycho-emotional stresses, to improve the stutterer's life quality, to expend the social involvements.

Among stuttering cure methods the composite approach is validated nowadays. Under the treatment processes, the pathology is considered as a compound speech disorder that being related with stutterer's nervous functioning, personal features, and life conditions. Habilitation/rehabilitation procedures include

the pedagogical and medical means aiming the recovery of the whole organism, while predominantly of the nervous system. Psychotherapy, speech therapy, optimization of social environments, improvement of life conditions are the principal items of the utilized procedures. Regular psychological impacts are also required. The stuttering in adults can be associated with substantial psychological morbidity including the low quality of life and the dropped social activity [13]. Both for stutterer children and adults the speech therapy appears the recovery mainstay [7, 13].

Affecting on the stutterer's nervous system is essential within the general therapy outlooks also. Due to the blockage of associated neurosis and of vegetative dysfunctions, the stutterer's speech status is improved, the inner calmness is strengthened, and the mood is stabilized. The stutterer begins to believe in own betterment. The treatment covers either physiotherapeutic approach and medicament therapy and is managed preferentially by the neurologist in a close cooperation with the specialists of relative topics as well as with the stutterer child's parents.

The peaceful family conditions are saliently important: under the tense household situations the cure results are delayed, appear less positive or totally unproductive even. In normalization of the nervous activity the important targets seem to be the selection of optimal working and resting balance, quiet night sleeping, systematic walking on a fresh air, and regular involvement in sports, preferably in their less emotional disciplines, e.g. the cycle racing, running, swimming. Organization of the child's relevant lifestyle without an active participation of parents and of other family members is difficult or impossible.

The stuttering associated somatic disorders negatively affect the stutterer's nervous system that can be followed by the speech function worsening. Stuttering blockage chances are reduced respectively. Prompt and regular treatment of the stuttering concomitant disorders is essential thus, that has been naturally executed by the specialists of the relevant topics.

Psychotherapy aims to alter the stutterer's attitude to the personal speech defects, to overcome the inferiority complex, to feel the own person as a faultless individual. Elimination of psycho-disorders and of phobias has to succeed primarily. Under reducing or disappearance of the phobias the speech muscle convulsions are gradually weaken, become rare, or disappear even. Just the blockage of psychological shifts and the abolishment of phobias are the principal targets of stuttering treatment efforts utilized.

Psychotherapy of stutterers covers rational/reasonable and inspirational/suggestive fields. In explanation/conviction form the rational approach is focused upon the influence on stutterer's mentality. The sufferer is provided by the information on convinced or supposed reasons of the pathology and on planned treatment procedures. The aimed approaches are explained in details. The significance of the stutterer's attitude to the personal problems as well as of the efforts for beneficial treatment output is emphasized. Psychotherapy intends to influence the stutterer's awareness. Hypnosis is also considered as the substantial psychology supporting item. The speech therapy is the principal ingredient of the cure service that is realized by logo-therapist in a close cooperation with sufferer child's parents, remainder family members, and other persons around. Optimization of coordinated functioning of the stutterers' vocal, articulatory, and respiratory systems is the primary aim of the speech habilitation/rehabilitation means applied. In speech medication trials the special attention has to draw to unforced inclusion of voice, peaceful uttering of words, and proper regulation of breathing. Under speech education trials the stutterer child is guided to accept logo-exercises. A healthy speech that is achieved via qualified approach should be consolidated by regular repetitions. As a result, the stutterer begins the systematic handling just of the mastered speech.

The treatment of the stutterer child via phonic exercises has to start through pronouncing of particular speech materials by the logo-therapist and the stutterer simultaneously. The imitative approach is utilized then. The regular rhythmic speech is inculcated at last. Weakening, rarefaction, and overcoming of speech spasms in the process of logo-exercises offer the positive psychological influence on the stutterer and prepare the basement for further cure achievements. The stutterer should regularly be involved in loud and expressive readings of particular texts. The respective procedures can naturally be applied in those cases only in which the stutterer child is already familiar with reading experiences. As far as the speech rate and the rhythm are disturbed primarily under the stuttering, in utilized habilitation/rehabilitation procedures particular attention has to draw to normalization just of logo-rates and logo-rhythms. Successes achieved in speech exercises have to extend systematically over everyday life situations.

The selection of an adequate tactic for the stuttering therapy is especially valid at starting treatment stages. The proper choose of restore means is particularly important under rapidly and sharply developed stuttering that being mostly the consequence of psychotraumas. In such cases, the speech organ of the stutterer child has to offer regular relaxation pauses. Consequently, the parents should be instructed at distinct initial management time spans to ensure the speech isolation periods of the stutterer child.

Various medicaments are employed for the stuttering treatment. The ailment was confirmed to be relieved under administration of neuroletpics, e.g. *haloperidol, risperidone, olanzapine* [2]. *Lidcombe* therapy was proved to have conspicuous effects in preschool children, while no indication exists until now for any favorable medication for pupils aged 6-12 years [12]. Rather high stuttering defeat rates are indicated in modern reviewing essays [20].

The providing of a stutterer child with peaceful social environments is particularly essential for the illness conquest. Correspondingly, the speech therapist has to involve in utilized affairs the sufferer child's parents as well as other family members. Regular efforts for establishment of stutterer's quite life conditions have to continue over all long-lasting treatment period.

A set of habilitation/rehabilitation procedures should be realized in each stutterer. The speech that is acquired under non-adequate treatment procedures is often forgotten soon. In such cases, the speech muscle twitches happen to reappear, while under vigorous manifestations even.

The stuttering blockage procedures have to fulfill continuously. The intervals between should be 20-30 days. During the pauses, the exercises executed by speech therapist have to continue under home conditions. In such combined situations the child's speech happens to restore significantly. Discontinuation of treatment affairs can result in the stuttering renewal. The evidence does not support the efficacy of pharmacotherapy, rhythmic speaking, breathing regulation, hypnosis as isolated stuttering treatment forms: just the combined application of various, while reasonable means provide the definite chance in attainment of optimal cure results [12].

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SUMMARY

STUTTERING: INITIATING FACTORS, EVOLUTION, HEALING PERSPECTIVES

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Despite high amount of incidents, no scientific paper existed up to now in Georgia dealing with the stuttering. In present essay the views over are collated. It is confirmed that the phenomenon reflects the speech rate and/or the rhythm distortions created by convulsive type involuntary contractions of voice-producing muscles. The disorder is either congenital or acquired. Complicated pregnancy and/or delivery, heavy and/or recurred somatic diseases, speech-formation delay, conflicting social situations appear the main provoking/supporting factors of. The stuttering covers physical and psychological symptoms. The physicals are manifested in speech muscle twitches, while the psychological in phobias. Neurotic and neurotic-like stuttering types are differentiated. The neurotics arise on the background of psychological disorders, the linkage of the neurotic-likes with any concrete factor being mostly difficult or impossible. It is emphasized that the stuttering treatment demands the complex application of pedagogical and medical means and aims the cure of the whole organism, while predominantly of the nervous system, and improvement of mode-of-life conditions of the sufferer. The necessity of the cure of associated diseases is emphasized. It is stated that the stuttering psychotherapy implies the blockage of mental disturbances, while the speech recovery trials intends the establishment of adequate voice, articulation, and respiratory functions. In utilized habilitation/rehabilitation means the particular attention has to draw to initiation of well-balanced logo-rhythms. The regulation of hemisphere speech-center function is a primary target of the vocal exercises applied. Achievements attained in study sessions are regularly spread over the vital situations. The favorable social environment is also regarded as an important item for the pathology defeat. The significance of the systematic cure interventions is emphasized the frequent and/or long-term pauses between being judged as the cause of habit remissions happened. Just compound and customary treatment and active involvement of parents and other family members in applied efforts ensure the better chances for the positive care output.

K**eywords:** Stuttering, initiating factors, pathogenesis, manifestations, evolution, treatment strategy, habilitation/rehabilitation means, healing perspectives.

РЕЗЮМЕ

ЗАИКАНИЕ: ПРОВОЦИРУЮЩИЕ ФАКТОРЫ, ТЕЧЕНИЕ, ПЕРСПЕКТИВЫ ИЗЛЕЧЕНИЯ

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Несмотря на широкую распространенность, по сей день в Грузии не было научной публикации по заиканию. В представленной работе охарактеризована данная патология. Поясняется, что заикание отражает нарушения темпа и ритма речи, продуцируемые конвульсивного типа непроизвольными сокращениями артикуляционных мыщц. Подчеркивается, что феномен бывает наследственным или приобретенным. Перечислены факторы, провоцирующие недуг: осложнения беременности и/или родов, тяжело протекающие и/или частые соматические заболевания, отставание в формировании речи, конфликтные ситуации в семье. Симптомы заикания делятся на физические и психологические. Физические проявляются в спазмах мышц, вовлеченных в речеобразовании, психологические - в фобиях. Дифференцированы невротические и неврозоподобные типы заикания. Невротические возникают на фоне психических

расстройств, связать же неврозоподобные с каким-либо конкретным фактором сложно или невозможно. Подчеркивается, что лечение заикания требует применения педагогических и медицинских средств и предусматривает психотерапию, улучшение бытовых условий пациента и санацию всего его организма, в первую очередь, нервной системы. Декларирована необходимость лечения сопутствующих заболеваний. Заявляется, что психотерапия направлена на блокирование когнитивных сдвигов, целью же логопедии является обеспечение синхронного и корректного функционирования голосового, артикуляционного, дыхательного аппаратов заики. Особое внимание уделяется регулированию логоритмики. Задачей речевых упражнений объявляется нормализация активности слухо-речевого мозгового центра. Достижения, зафиксированные в логосеансах, распространяются на жизненные ситуации. Указывается, что существенным моментом преодоления недуга является создание благоприятной социальной среды вокруг заики. Подчеркивается важность систематики лечебных процедур: частые и/или длительные межпроцедурные паузы могут стать причиной ремиссии патологии. Именно планомерное лечение и вовлечение родителей и других членов семьи в процессы габилитации/регабилитации являются основными факторами желаемого исхода.

რეზიუმე

ენაბლუობა: გამომწვევი ფაქტორები, მიმდინარეობა, განკურნების პერსპექტივები

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ენაბლუობის ფართო გავრცელებულობის მიუხედავად, სადღეისოდ საქართველოში არ ყოფილა გამოქვეყნებული სამეცნიერო ნაშრომი ამ თემატიკაზე. წინამდებარე პუბლიკაციაში პათოლოგიის შესახებ არსებული შეხედულებები არის შეჯერებული და მრავალწლიანი საკუთარი გამოცდილება განზოგადოებული. განმარტებულია, რომ ენაბლუობა სამეტყველო აპარატის კუნთთა კონვულსიური ტიპის უნებლიე შეკუმშვებით ინიცირებულ მეტყველების ტემპისა და რიტმის დარღვევებს წარმოადგენს. ხაზგასმულია, რომ ფენომენი თანდაყოლილი შეიძლება იყოს და შეძენილი. ჩამოთვლილია ენაბლუობის მაპროვოცირებელი ფაქტორები: გართულებული ორსულობა და/ან მშობიარობა, მძიმედ მიმდინარე და/ან ხშირი სომატური დაავადებები, მეტყველების განვითარებაში ჩამორჩენა, დაძაბული სოციალური გარემო. მინიშნებულია, რომ ენაბლუობის ფიზიკური სიმპტომოკომპლექსი მეტყველების პროცესში ჩართულ კუნთთა სპაზმებს, ხოლო ფსიქოლოგიური – ფობიებს მოიცავს. დიფერენცირებულია ენაბლუობის ნევროზული და ნევროზისმაგვარი ფორმები. ნევროზული ფსიქოდარღვევების ფონზე ვითარდება, ნევროზის მაგვარის დაკავშირება რომელიმე კონკრეტულ ფაქტორთან ხშირად რთული ან შეუძლებელია. ხაზგასმულია, რომ ენაბლუობის მკურნალობა სასწავლო-პედაგოგიურ და სამედიცინო პროცედურათა ჩართულობას, მთელი ორგანიზმის, უპირველეს ყოვლისა, ნერვული სისტემის სანაციას, ფსიქოთერაპიას, ენაბლუს ყოფითი პირობების ნორმალიზაციას ისახავს მიზნად. დეკლარირებულია ენაბლუობასთან ასოცირებულ სომატურ დაავადებათა მკურნალობის აუცილებლობა. გაცხადებულია, რომ ლოგოპედია ენაბლუს სახმო, საარტიკულაციო, სასუნთქ სისტემათა რაციონალური მოქმედებების ფორმირებისკენ, ხოლო ფსიქოთერაპია - მენტალურ დარღვევათა ბლოკირებისკენ არის მიმართული. ჰაბილიტაციის/რეჰაბილიტაციის პროცესში ლოგორიტმიკის კორექციას ექცევა განსაკუთრებული ყურადღება. ვოკალური ვარჯიშები მეტყველების სისტემის ჰემისფერული წარმომადგენლობის ფუნქციის ნორმალიზაციას ემსახურება. ლოგოსეანსების მიღწევები ცხოვრებისეულ სიტუაციებში გადაიტანება თანდათან. მითითებულია, რომ ენაბლუობის ბლოკირების პროცესში არსებით მომენტს კეთილგანწყობილი სოციალური გარემოთი ენაბლუს უზრუნველყოფა წარმოადგენს. ხაზგასმულია მეტყველების საჰაბილიტაციო/სარეჰაბილიტაციო ღონისძიებათა უწყვეტობის მნიშვნელობა: პროცედურებს შორის ხშირ და/ან ხანგრძლივ პაუზებს პათოლოგიის რემისიები შეიძლება სდევდეს თან. დადებით შედეგთა მოსაპოვებლად მნიშვნელოვან ფაქტორს პროცედურების კომპლექსთა სისტემატური მოხმობა და მოხმობილებში მშობელთა და ოჯახის სხვა წევრთა აქტიური ჩართულობა წარმოადგენს.