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# The effect of early confirmation of hearing loss on the behaviour in middle childhood of children with bilateral hearing impairment

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**This commentary is on the original article by Stevenson et al. on pages 269–274 of this issue.**

The hope for ‘normalization’ of the next generation of children with hearing impairments receives a new boost whenever new technology such as cochlear implants or new concepts in identification, intervention, and education are introduced into the field of deafness. These boosts run the risk of producing unrealistic expectations for the future, and neglecting the needs of the present generation of people with hearing impairments.

By showing that behaviour problems of children with hearing impairments did not improve with early confirmation of hearing loss, Stevenson et al.<sup>1</sup> draw our attention to the complexity of mental health needs of those with impaired hearing, including the post-Universal Neonatal Hearing Screening (UNHS) generation.

In addition, their findings of the relatively small improvement in the receptive language ability of those confirmed

before 9 months of age highlight the fact that congenital hearing loss continues to have devastating consequences.

In line with existing research, the authors showed in a previous paper<sup>2</sup> that the level of behaviour problems was highest amongst those children with hearing loss with the least developed language capabilities. They follow that link in raising the question what degree of normalization of receptive language scores would be needed to eradicate the risk of increased behaviour problems in children with permanent childhood hearing impairment (PCHI) compared with hearing children.

But given that children with PCHI achieve almost normalized receptive language scores, and even including all the biological and social factors which influence mental health in general, it still leaves us with the question whether a reduced ability to hear itself contributes significantly to mental health problems observed in those with impaired hearing.

This idea is supported by findings that the level of language skills was highly correlated with the degree of hearing loss but mental health problems, especially with peer relationships, were not.<sup>3</sup>

The above leads us to ask the crucial question: what kind of evidence-based interventions need to follow UNHS in order to support families to actively foster the development of a strong identity and positive mental health of their child with PCHI, beyond the drive for ‘normalization’.

## REFERENCES

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# Metabolic testing in children with cerebral palsy: less doing and more thinking?

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Paediatric medicine has made considerable progress over the last decades in identifying the metabolic background of rare diseases in children. It is always impressive and very satisfying

when an unsolved clinical problem is finally understood and – in the best case – leads to improved treatment and prevention. As a result of this success, an increasing number of laboratory tests for the diagnosis of various metabolic diseases have become available, allowing extension of metabolic work-ups albeit with increasing cost implications. Considering that hundreds of metabolic diseases have been described, it is obvious that no single specialist can oversee these conditions clinically nor dares to exclude their possible presence in a patient without further laboratory tests. Needless to say that the doctor’s request for resource-intensive laboratory tests become a routine