



Specific Learning Disability in India: Challenges and Opportunities

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Specific learning disability (SLD) comprises a heterogeneous group of disorders with the main impairment being cognitive processing. This leads to challenges in academic performance and has psychosocial implications. SLD is a neurodevelopmental disorder of biological origin and occurs in the absence of intellectual disability, neurological dysfunction or environmental deprivation. SLD usually manifests in early school years, though later manifestations are not uncommon when the academic demands exceed capabilities. Impairment should be present in history, school report and psychological assessment and persistence for at least six months is required as per DSM V criteria [1].

Scholastic performance falls below the individual's chronological age, and the impairment rolls out across the domains like reading, reading comprehension, written expression, spelling and mathematics. Prevalence of specific learning disability in India ranges from 5%–15% in various studies [2]. There appears to be a gender predilection with boys being more affected than girls. Co-morbidities include attention deficit hyperactivity disorder, autism spectrum disorder, conduct disorder, depressive disorder, anxiety disorder and other behavioral and emotional disorders [2].

The present study by Chordia et al. is a school-based, cross-sectional study conducted at Puducherry to ascertain the proportion of children aged 5 to 7 y at risk of specific learning disability (SLD) and to analyse the sociodemographic risk factors [3]. The methodology is comprehensive and was done in three phases starting from screening assessment by school teachers, evaluation to rule out neurological disorders followed by an assessment of NIMHANS index [4]. Children at the risk of SLD were 7.5% in this study with a male preponderance. Authors had also alluded to low levels of awareness among teachers.

While assessing children aged 5 to 7 y gives an advantage of early identification and initiate appropriate remedial measures, it could potentially overestimate the prevalence where most of these children would have only a limited duration of school exposure and related skills. As mentioned in their limitations, retesting at eight years of age is necessary for confirmation and to rule out late developers. Whenever possible, use of native language for assessment leads to the precise estimation of the condition. Use of NIMHANS index in English could have led to an overestimation of prevalence in government schools where the medium of instruction is usually the regional language. Co-morbidities need to be assessed simultaneously, the diagnosis of which has an immense impact on management and overall outcome. Longitudinal studies with various interventional strategies would be an appropriate follow-up study.

Intervention needs to be individualised for each child, and co-morbidities need to be treated appropriately. A multidisciplinary approach is needed and should encompass various specialities including developmental pediatrics, child psychology, psychiatry, pediatric neurology, occupational therapist and social worker. Involvement of parents and teachers in the care is indisputable. Psychoeducation of the family is of utmost importance and should always be integrated with the management. Incorporation of technology with assistive devices like voice recognition programs, recording devices, word processors and various educational apps are helpful. Consensus criteria for diagnosis and guidelines for management for SLD in India have been established [5, 6].

Lack of awareness among parents and school teachers continues to pose a significant issue. Multiple curriculums at schools, varying standards and multilingualism preclude a unifying standardised approach. Nevertheless, regional adaptations in protocols and universal screening of children are the key. Evolving knowledge in genetics and functional imaging studies in children with SLD would unravel the potential biological basis. Prospective studies, multicentre collaborations and longitudinal research are the felt need of the hour to understand better and make children achieve their maximum potential.

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Compliance with Ethical Standards

Conflict of Interest None.

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