



Comparing the Tongue and Lip Strength and Endurance of Children with Down Syndrome with Their Typical Peers Using IOPI

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Abstract

Muscular hypotonia is a feature of Down syndrome (DS), and it affects the tongue and lips. A study on oral dysfunction in children with DS concluded that most of them did not have the tongue strength for completing the oral phase of swallowing. Recognizing the weakness of the oral muscles and improving its motor function positively affects mastication and swallowing, and prevents complications. This cross-sectional study aimed to measure the lip and tongue strength and endurance of children with DS and their typical peers, and compare these two groups with each other using Iowa Oral Performance Instrument (IOPI). Eight children with DS and 33 typical children aged 8–13 years were enrolled in this study. To examine the effect of age on the tongue strength and endurance, we divided the children into three groups of 8–9, 10–11, and 12–13 years old. The results showed that both anterior and posterior tongue strength were significantly lower in children with DS ($p=0.004$ and 0.003). But, it was not the case with tongue endurance. Also, in 10–11 years old age group, the mean posterior tongue strength and in 12–13 years old age group the lip endurance was significantly lower in children with DS ($p=0.05$ for both). Lips strength and endurance were both remarkably lower in children with DS ($p=0.004$ and 0.02). In this study, tongue, and lip strength and endurance in both children with DS and typical ones were measured with IOPI for the first time. Moreover, it provided quantitative data on the strength and endurance of the muscles of the tongue and lips, which can contribute to future studies.

Keywords Down syndrome · Iowa Oral Performance Instrument (IOPI) · Tongue · Lip · Muscle strength · Deglutition · Deglutition disorders

Introduction

Down syndrome (DS) or trisomy 21 is the most common survivable autosomal aneuploidy among newborns. The prevalence of DS varies from 0.14 to 1.66 per 1000 live births [1, 2].

Muscular hypotonia is a feature of trisomy, and it affects the tongue and lips, which is noticeable on physical examinations [3]. Many children with DS have functional problems during mastication and swallowing caused by anatomical and neuromotor dysfunction. These abnormalities can lead to aspiration, recurrent pneumonia, chronic respiratory

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Conclusion

In this study, the tongue, and lips strength and endurance in both children with DS and normal children were measured using IOPI for the first time. The anterior and posterior tongue strength was significantly lower in children with DS compared to their typical peers. This was not the case for the tongue endurance. In addition, lips strength and endurance were both notably lower in children with DS. The results of the present study provided quantitative data on the strength and endurance of the tongue and lips, and it can serve future studies for suitable interventions in this targeted group.

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Declarations

Conflict of interest The authors have no conflict of interest to declare.

References

1. Antonarakis SE, Skotko BG, Rafii MS, Strydom A, Pape SE, Bianchi DW, Sherman SL, Reeves RH. Down syndrome. *Nat Rev Dis Primers*. 2020;6(1):9. <https://doi.org/10.1038/s41572-019-0143-7>.
2. Faulks D, Collado V, Mazille MN, Veyrone JL, Hennequin M. Masticatory dysfunction in persons with Down's syndrome. Part 1: aetiology and incidence. *J Oral Rehabil*. 2008;35(11):854–62.
3. Kaczorowska N, Kaczorowski K, Laskowska J, Mikulewicz M. Down syndrome as a cause of abnormalities in the craniofacial region: a systematic literature review. *Adv Clin Exp Med*. 2019;28(11):1587–92. <https://doi.org/10.17219/acem/112785>.
4. Frazier JB, Friedman B. Swallow function in children with Down syndrome: a retrospective study. *Dev Med Child Neurol*. 1996;38(8):695–703.
5. Farpour S, Farpour HR, Smithard D, Kardeh B, Ghazaei F, Zafarhasempour M. Dysphagia management in Iran: knowledge, attitude and practice of healthcare providers. *Dysphagia*. 2019;34(1):105–11. <https://doi.org/10.1007/s00455-018-9919-2>.
6. Hashimoto M, Igari K, Hanawa S, Ito A, Takahashi A, Ishida N, Koyama S, Ono T, Sasaki K. Tongue pressure during swallowing in adults with down syndrome and its relationship with palatal morphology. *Dysphagia*. 2014;29(4):509–18.
7. Dodds WJ. Physiology of swallowing. *Dysphagia*. 1989;3(4):171–8. <https://doi.org/10.1007/bf02407219>.
8. Gisel EG, Lange LJ, Niman CW. Chewing cycles in 4- and 5-year-old Down's syndrome children: a comparison of eating efficacy with normals. *Am J Occup Ther*. 1984;38(10):666–70.
9. Anil MA, Shabnam S, Narayanan S. Feeding and swallowing difficulties in children with Down syndrome. *J Intellect Disabil Res*. 2019;63(8):992–1014. <https://doi.org/10.1111/jir.12617>.
10. Hohoff A, Ehmer U. Short-term and long-term results after early treatment with the Castillo Morales stimulating plate. *J Orofac Orthop/Fortschr Kieferorthop*. 1999;60(1):2–12.
11. Korbmacher H, Limbrock J, Kahl-Nieke B. Long-term evaluation of orofacial function in children with Down syndrome after treatment with a stimulating plate according to Castillo Morales. *J Clin Pediatr Dent*. 2006;30(4):325–8.
12. The Iowa Oral Performance Instrument (IOPI) (2020). <https://iopimedical.com/medical-professionals/>. Accessed 12 July 2020.
13. Rafii MS, Kleschevnikov AM, Sawa M, Mobley WC. Down syndrome. *Handb Clin Neurol*. 2019;167:321–36. <https://doi.org/10.1016/b978-0-12-804766-8.00017-0>.
14. Center for Disease Control and Prevention. *Data and statistics on Down syndrome*. CDC; 2020. <https://www.cdc.gov/ncbddd/birthdefects/downsyndrome.html>. Accessed 18 July 2020.
15. Gisel EG, Lange LJ, Niman CW. Tongue movements in 4- and 5-year-old Down's syndrome children during eating: a comparison with normal children. *Am J Occup Ther*. 1984;38(10):660–5.
16. Potter NL, Short R. Maximal tongue strength in typically developing children and adolescents. *Dysphagia*. 2009;24(4):391.
17. Jackson A, Maybee J, Moran MK, Wolter-Warmerdam K, Hickey F. Clinical characteristics of dysphagia in children with Down syndrome. *Dysphagia*. 2016;31(5):663–71.
18. Smith CH, Teo Y, Simpson S. An observational study of adults with Down syndrome eating independently. *Dysphagia*. 2014;29(1):52–60.
19. McKay R, Smart S, Cocks N. Investigating tongue strength and endurance in children aged 6 to 11 years. *Dysphagia*. 2019;35(5):1–11.
20. Smith A, Zelaznik HN. Development of functional synergies for speech motor coordination in childhood and adolescence. *Dev Psychobiol*. 2004;45(1):22–33.
21. Crow HC, Ship JA. Tongue strength and endurance in different aged individuals. *J Gerontol A*. 1996;51(5):M247–50.
22. Vanderwegen J, Guns C, Van Nuffelen G, Elen R, De Bodt M. The influence of age, sex, bulb position, visual feedback, and the order of testing on maximum anterior and posterior tongue strength and endurance in healthy Belgian adults. *Dysphagia*. 2013;28(2):159–66.

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