



Dyslexia

Dyslexia is just one form of **learning disability** amongst many but approximately 80% of people with learning disabilities have dyslexia. Reversing letters is frequently thought to be the problem but this is incorrect. Dyslexia is a primary reading disorder and results from a written word processing abnormality in the brain. MRI scans actually show that those affected, process the written word in different parts of the brain than normals. It is characterized by difficulties with accurate and/or fluent sight word recognition and by poor spelling and decoding abilities. Diagnosis usually occurs after the child is in school and begins to suffer academically. Dyslexia may occur in a child who otherwise is intellectually sharp and gifted in other areas.

Although a good eye examination is reasonable to be sure the child is actually seeing well, this is will frequently be normal in someone with dyslexia. “Tracking problems” or difficulty with saccadic eye movements (short movements seen with reading) are sometimes sited as being abnormal. Abnormalities of this nature may be present but are not the cause of dyslexia. Playing a small hand held computer game may be easy for a dyslexic indicating a normal visual system otherwise. To use the analogy of the computer, dyslexia is a software or processing problem and not a hardware issue like glasses, eye following, eye movements etc. Dyslexia is more common in siblings and in parents of children with the disorder, but a family history is not always present. Unfortunately dyslexia can also be associated with ADHD causing a double problem with the education process. Boys are more frequently affected than girls.

The earlier the diagnosis the better. Preschool and early education teachers need to be alert to children who struggle with learning to read or sounding out words phonetically. The school psychologist may help in making the diagnosis so the child can be involved in IEP (individualized education plans) to help. The parent should advocate for the child, being sure that he gets the individualized attention and training at school that he may require.

Treatment is difficult but the school is most skilled and adept at helping. There are many suggested therapies that are advertised such as vision therapy involving muscle exercises, tinted lenses or filters etc. but these are expensive and have poor scientific support in the literature.

Recommendations:

1. Children who exhibit signs of learning disabilities should be referred as early in the process as possible for educational, psychological, neuropsychological, and/or diagnostic assessments.
2. Children with learning disabilities should receive appropriate support and individualized evidence-based educational interventions combined with psychological and medical treatments as needed.
3. Families of children with suspected learning disabilities should receive information about state and local parent support programs.
4. A complete eye exam by an ophthalmologist (MD) during the evaluation process and periodically thereafter.