The diagnostic evaluation of dyslexia according to the ICD-10 criteria requires the exclusion of auditory impairments; however, the ICD-10 does not specify which auditory impairments this includes. We presume that peripheral auditory impairments are included. Even though the rates of auditory impairments as mentioned by Nickisch are high, an association between these and dyslexia has not actually been shown. Auditory impairments can affect school performance, but the influence is an unspecific risk factor for learning performance.

The term auditory perception disorder is not clearly defined and includes a multitude of abilities for the processing of verbal and non-verbal stimuli. Such abilities to perceive and differentiate are often barely distinguishable from attention, memory capacity, phonological awareness, and intelligence. The association with dyslexia is often slight and depends on age. For this reason, there is currently no empirical basis for diagnostic procedures that reliably measure auditory perception functions specifically for dyslexia.

The importance of speech perception in dyslexia is undisputed, but distinction needs to be made between the neurobiological correlates of this speech perception, which is found to be changed in dyslexia, and the clinical diagnosis of a receptive or expressive speech impairment (1). Speech perception impairments in children with receptive and/or expressive speech disorders are different to those in children with dyslexia (2).

Skills such as phonological awareness need to be clearly defined in this context, as they are important for predicting reading and writing competence and are also used for preventive measures before the child starts school. Since phonological competencies represent an important factor for the development of reading and writing skills in some children with dyslexia beyond the preschool years, the BAKO (Basiskompetenzen für Lese-Rechtschreibleistungen, test battery measuring phonological processing) provides a diagnostic procedure that measures these competencies. The diagnostic procedure is recommended for all children with dyslexia who have difficulties in perceiving and differentiating speech sounds at preschool stage. Current results from a meta-analysis of German-language intervention studies of dyslexia, however, show that supporting phonological awareness is effective only for the first year at primary school.

The importance of the diagnostic evaluation of eye movements for dyslexia is still the subject of controversial discussion. Using surgery to treat an apparent eye movement disorder in order to eliminate the cause of dyslexia has to be regarded as a treatment error and is not supported by studies (4). Gorzny’s recommendation—to omit the only evaluated therapeutic approaches and treat dyslexic children with prism spectacles—is fatal (5).

Since dyslexia usually affects the affected person for their entire lifetime, supporting adults with dyslexia is important. The fact that Germany’s adult education colleges have taken on supporting reading and writing skills in functionally illiterate adults is important and to be welcomed. However, this service is not specific to the needs of adults with dyslexia. Such adults mostly require specific support because—in contrast to most illiterate persons, who were just never taught reading and writing—they have received instruction but need specific help to improve their reading speed and spelling skills.

The “Hamburger Schreibprobe” is very popular, especially with teachers, and widely used in schools. However, its popularity does not enable any conclusions regarding its quality in terms of being a state-of-the-art tool. As soon as the new standards become available, the approach can be freshly evaluated. The HSP has been criticized by Tacke (6) for its lack of ability to differentiate. That means that the HSP on average results in higher performance ratings (percentage rankings) than other spelling tests—at least in those federal states where spelling competence is high compared with the rest of Germany. This effect hampers the test’s clinical use in diagnostic evaluation. The HSP is an approach that, according to its author, from whom the test needs to be purchased, should become widely used. According to the author, the test was developed in 1993 and has been available with Germany-wide standards since 2000, and has now been around for a decade—a period after which a test has to be regarded as outdated.

**REFERENCES**


**In Reply:**

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**REFERENCES**


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Conflict of interest statement
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