

# INDUCIBLE LARYNGEAL OBSTRUCTION

## Information Sheet

### What is Inducible Laryngeal Obstruction?

Inducible Laryngeal Obstruction (ILO) is a sudden involuntary spasm of the vocal cords that temporarily makes it difficult to speak or breathe.

The vocal cords are two bands of muscle inside your larynx (voice box) at the top of the trachea (windpipe). When breathing normally the vocal cords are open, allowing us to breathe freely. When we swallow, they close briefly to help prevent food or fluid entering the airway. The vocal cords also come together when we speak, when air passes between them they vibrate to make sound.

During an episode of ILO the vocal cords try to close instead of staying open when you breathe in. This squeezing makes the airway narrower in the larynx, making it harder to pull air into the lungs.

ILO can happen very suddenly either when awake or asleep. It can be very distressing. It is not uncommon for a person to go to the emergency department the first time it happens, as it can feel life threatening. The good news is that these spasms are not life threatening and rarely last longer than a few seconds.

There can be several different names that professionals may use to describe vocal cord spasms. The more common terms include:

- Laryngospasm
- Vocal Cord Dysfunction (VCD)
- Paradoxical Vocal Cord Motion (PVCM)
- Atypical Asthma
- Irritable Larynx Syndrome
- Upper Airway Dysfunction



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# SOMERSET SPEECH VOICE AND SWALLOWING THERAPY

## Signs and Symptoms:

- Throat tightness
- Choking sensation
- Difficulties breathing in
- Difficulties speaking
- Squeaky or noisy in-breath (stridor)
- Persistent coughing or throat clearing
- Change in voice quality (weak, breathy or strained voice)

## What causes Inducible Laryngeal Obstruction?

The cause of Inducible Laryngeal Obstruction (ILO) is often unknown, however conditions such as stress and reflux can be triggers. Common triggers include:

- Acid Reflux (gastroesophageal and laryngopharyngeal reflux)
- Upper Respiratory Tract Infections (URTI)
- Exercise
- Strong odours or fumes (perfume, aerosols, cooking smells)
- Tobacco smoke
- Stress, anxiety and strong emotional reactions
- Asthma
- Allergies
- Post-nasal drip

## Is Inducible Laryngeal Obstruction the same as Asthma?

No, the breathing difficulties experienced with Inducible Laryngeal Obstruction (ILO) are very different from asthma. Asthma is caused by irritation and narrowing of air passages in the chest. People with asthma tend to have more trouble breathing out, while people with ILO tend to have trouble breathing in.

People that suffer with ILO may be mis-diagnosed as having asthma and may be treated with asthma medication. As ILO and asthma are not the same thing these medicines may not help. However, it is common for asthmatics to also suffer from ILO. In which case, a person's ability to distinguish between an asthma attack and a ILO will help them to implement the appropriately treatment.

Inducible Laryngeal Obstruction		Asthma	
Sudden onset and relatively rapid conclusion	vs	More gradual onset and longer recovery	
Difficulties breathing in	vs	Difficulties breathing out	
Noise on breathing in	vs	Wheezing on breathing out	
Sensation of tightness in the throat	vs	Sensation of tightness in the chest	
Does not respond to use of an inhaler	vs	Usually responds to use of an inhaler	
Occasionally awoken by symptoms	vs	Almost always awoken with symptoms	
Oxygen level rarely drops	vs	Oxygen levels drop	

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## How is Inducible Laryngeal Obstruction diagnosed?

Diagnosis is often reached following a thorough case history of your symptoms and excluding other causes. Investigations should be completed by a multidisciplinary team. These specialists may include:

- An Ear, Nose and Throat (ENT) doctor who will examine your upper airway, including vocal cords with a flexible endoscope
- A Respiratory doctor who performs tests such as measuring lung function and investigations to rule out any lower respiratory problems, such as asthma
- A Gastroenterologist who can perform tests to identify any problems with gastroesophageal reflux.

## How can a Speech and Language Therapist help?

Speech and Language Therapists (SLTs) have an expert knowledge about the complexities of the larynx and upper airway. They will work with you to help identify the triggers for your ILO episodes and coach you in relaxation and breathing techniques to help terminate an attack.

## What will happen at my initial consultation?

At your initial consultation a comprehensive case history will be taken which will include a review of your medical history, any regular medications and your lifestyle. We will explore how these could be contributing to your ILO episodes. Together we will work with you to identify your triggers and help find practical ways to minimise them. You will be taught a Rescue Breathing Technique which you can start to apply straight away to help terminate any future ILO episodes.

## What will happen in Speech and Language Therapy?

You may need to return for further therapy. During therapy you will be coached in a variety of activities aimed at body awareness, relaxation, relaxed lower breathing and breath control exercises. These will further help you to relieve your symptoms and lessen the frequency or severity of ILO episodes in the future. The number of therapy sessions you require will depend on the triggers and severity of your ILO episodes or any contributing medical problems. However, most importantly your progress will be influenced by your commitment to making lifestyle changes and practicing your therapy activities outside of sessions.

For some, a referral to a Psychologist may be required. They can help you to identify and reduce any anxiety or stress triggers which may be triggering your ILO episodes and help you manage any mental health difficulties.

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