VOICE DISORDERS

Information Sheet

What is a voice disorder?

A voice disorder is a term used to describe when the quality, pitch or loudness of your voice differs from or is inappropriate for your age or gender or impacts on your day-to-day life. There are many different causes of a voice disorder which can be divided into two categories: Organic and Functional voice disorders.

Organic voice disorders

Organic voice disorders are voice problems that occur as a result of changes in the structures responsible for making a voice i.e. your lungs, your larynx (voice box) and vocal tract (throat, mouth, nose) or the nerves suppling these structures.

Structural changes may include:

- Changes in the vocal cord tissues such as
 - swelling (oedema)
 - haemorrhage (bleeding into the vocal cord)
 - lesions (contact ulcers, nodules, polyps, cysts)
 - o granuloma (benign tissue growth on the back part of the vocal cords)
 - o papilloma (benign tumours caused by HPV infection)
 - hyperkeratosis (abnormal thickening of the lining of the vocal cords)
 - leukoplakia (white plaques on the surface of the vocal cords)
 - dysplasia (abnormal cells on the vocal cords usually associate with pre-cancerous changes)
 - carcinoma (cancer)
- Vocal cord bowing due to muscle atrophy associated with aging (sarcopenia) also known as presbyphonia or presbylarynx
- Inflammation of the larynx caused by laryngitis, laryngopharyngeal reflux (silent reflux) or arthritis affecting the laryngeal cartilages.
- Trauma

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Neurogenic causes may include:

- Vocal Tremor
- Paralysis of the vocal cord(s)
- Spasmodic Dysphonia
- Parkinson's Disease
- Multiple Sclerosis
- Post-Viral Vagal Neuropathy caused by an upper respiratory tract infection

Functional Voice Disorders

Functional voice disorders have no structural or neurological cause. Instead the voice problems arise from the way you physically produce your voice.

Functional causes can include:

- Shouting / yelling / prolonged speaking at louder volumes
- Prolonged singing or poor singing technique
- Excessive coughing or throat clearing
- Excessive muscle tension in the larynx when speaking (muscle tension dysphonia)
- Increased effort / strain when speaking leading to vocal fatigue

Psychogenic Voice Disorders

Voice quality can also be affected by psychological stressors such as chronic stress, anxiety, depression and conversion disorders. When this is felt to be the primary cause of the voice problem it can be referred to as a *Psychogenic* voice disorder. Psychogenic voice disorders are rare and referral to a mental health professional such as a psychologist or psychiatrist to aid diagnosis and treatment is recommended.

It is important to add that *structural* and *functional* voice disorders frequently impact on a person's mental health due to the debilitating affect having a voice disorder can have on many aspects of your life e.g. communicating at work and home, socialising, singing to name a few. This is normal and understandable and should improve as your voice problems lessen with treatment.

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What can cause a voice disorder?

Voice disorders are not mutually exclusive and can overlap. For example, the cause of vocal cord nodules is *functional* as they result from the way a person misuses their voice e.g. repeated trauma to the vocal cords caused by straining or overusing the voice, especially from singing, shouting or talking loudly for prolonged periods of time. Over time repeated vocal misuse leads to *structural* changes in the tissue of the vocal cords i.e. nodules, blister-like lesions caused by the hardening of irritated vocal cord tissue. The voice problem can then be further exacerbated *psychologically* due to depression caused by loss of income or social isolation caused by the individual not being able to fulfil their day to day activities.

Signs and Symptoms of a voice disorder

- Altered pitch and pitch breaks
- Reduced vocal range
- Reduced voice volume
- Altered voice quality (hoarseness, breathiness, strain, tremor)
- Vocal strain and voice fatigue
- Altered singing range or performance
- Chronic sore throat or discomfort or pain with speaking
- Difficulties with breath control / shortness of breath during speaking
- Persistent coughing or throat clearing
- Sensation of lump in the throat (Globus)

It is important that if you have been experiencing a change in your voice lasting more than 2 weeks without signs of improvement that you seek medical advice. Your GP should refer you to an Ear Nose and Throat (ENT) doctor for an examination of your larynx to determine the cause of your voice changes. The cause of your voice problem will influence your treatment plan both medically and therapeutically.

Why is Voice Therapy useful?

Speech and Language Therapists have an expert knowledge about the complexities of voice production. As a result, we play a central role in assessment, diagnosis and treatment of voice disorders. However, before voice therapy can begin it is essential that you have had a recent (within 6 months) examination of your larynx by an ENT doctor. Also, if necessary, any other recommended medical investigations or treatments have begun to start addressing any medical causes of your voice problems which could limit your progress with voice therapy.

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What will happen at my initial consultation?

At your initial consultation a comprehensive case history will be taken. This will include a review of your medical history, any active medical problems and any medications you take regularly. There will be a discussion about how your voice problem started and if you have any lifestyle or behavioural factors which might be exacerbating your voice problem. We will explore your vocal demands and how these may be impacting on your voice difficulties.

Baseline voice assessments will be taken which are not at all invasive. This will allow your *functional* voice production to be assessed and any imbalance in how you physically produce your voice to be identified. Your baseline voice assessment data can also be used to monitor your progress during voice therapy.

You will learn about how your voice is produced and will be given personalised strategies on how to best look after your voice to aid your voice recovery. This will involve helping you to eliminate any harmful vocal behaviours and promoting optimum vocal tract health and hygiene.

What will happen in voice therapy?

If individual voice therapy is recommended, you will be coached in targeted voice therapy activities aimed at balancing your voice production. Your progress with eliminating any harmful vocal behaviours and your vocal tract health and hygiene will be monitored closely and further support with making lifestyle changes will be provided.

The number of therapy sessions you require will depend on the cause of your voice problem and the severity of the problem or any contributing medical problems. However most importantly your progress will be influenced by the following:

- your commitment to making vocal health changes
- being aware of how your voice sounds and feels and your ability to make the subtle changes to improve the balance of your voice production
- practicing your therapy activities outside of therapy

If during therapy we do not see the improvement in your voice that we would expect given your diagnosis, you may require further investigations such as a review with your ENT doctor to re-examine your larynx or onward referral to another healthcare professional such as a gastroenterologist, respiratory doctor, neurologist or mental health professional. Throughout this journey your Speech and Language Therapist can be a key person in co-ordinating your care due to their holistic approach to voice problems.

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