

There are many different conditions that can lead to hoarseness or a change in your voice quality. These conditions can be roughly grouped into:

- **Functional issues**

- Excessive tension in the voice box (e.g. muscle tension dysphonia).
- Poorly coordinated movements of the vocal cords (e.g. spasmodic dysphonia).
- Aging-related changes.

- **Damage to the nerves** that supply the voice box muscles (causing vocal cord paralysis or paresis).

- **Physical changes** to/lesions of the vocal cords themselves (e.g. nodules, cysts, granulomas, cancers and precancerous changes).

A specific diagnosis of the causes of your voice change will involve assessment by an Ear, Nose and Throat Surgeon. They will take a full history and do a thorough examination, including looking at the vocal cords with a mirror or telescope. Depending on the cause seen, it may be necessary for you to attend a specialist Voice Disorders Centre for more detailed assessment and/or treatment. This is important, as each different cause for the change in your voice requires a different therapy or combination of therapies.

Concerning features: please talk to your doctor urgently if any of the following are present:

- Persistent ('never getting better') hoarseness for more than one month, especially if there was no apparent cause to begin with.
- A history of prolonged smoking (more than five years in total, especially if more than 10 cigarettes per day).
- Coughing up blood.
- Unintentional loss of weight.
- Any associated difficulty with swallowing food.
- Coughing or choking when you eat or drink, especially if associated with a wet cough or chest infections.
- Any noisiness to the breathing (which might sound like a wheeze or musical note to you/your doctor).

Taking Care of your Voice:

Although each individual cause of hoarseness requires its own specific treatment, there are some common underlying things you can do to optimize your voice health and maximize your chance of a full return to a normal voice. In many cases, these will be enough to fix the problem without medical intervention.

- **Stop smoking:** even if your voice disorder is not cancer, irritation from the smoke causes voice change in almost everyone who smokes regularly. All the attention in the world to the factors below will not be enough to counteract the effects if you continue smoking. And almost all voice box cancers occur in long-term smokers.
- **Drink enough water:** aim for 6-8 glasses per day, spread throughout the day. Make sure you have a water glass/bottle with you if you anticipate a long period of talking (e.g. long meetings or periods on the telephone).
- **Managing your 'vocal load':**
 - Warm up your voice before prolonged periods of talking.
 - Avoid shouting and screaming if at all possible. If your voice is struggling, also avoid whispering or 'pushing through' with ongoing talking if at all possible.
- If your job and/or hobbies require a great deal of talking (e.g. teachers, call centre workers, singers, actors), actively manage your 'vocal load'. Get a professional Voice Therapist (see below) involved early if you are struggling or anticipate problems. Plan periods of voice rest between periods of prolonged talking, and avoid adding 'recreational' voice load on top of your job's demands (e.g. a big footy match the day before a major work presentation).

- Minimize reflux (acid coming up from the stomach): keep your weight within the healthy weight range, avoid known triggers (e.g. caffeine, alcohol, fat, spicy foods), and have your last meal at least 2 hours before going to bed. Sometimes medication or further investigations by your GP or ENT specialist might be needed.
- Manage stress: tension in the muscles of the throat from emotions is a common contributor to voice disorders. A speech therapist will be able to give you specific relaxation exercises for your voice. Look for ways to manage stress in your life more effectively.
- Inhaled medications: medications used for asthma can sometimes coat the voice box and cause local irritation. Use a spacer, rinse and gargle after their use, and consider swapping to an alternative medication if the hoarseness persists. In some cases, further investigation shows the underlying issue the medication is being used for (e.g. cough, 'wheeze') is not actually asthma. Consider having further tests, especially if the symptoms of your asthma are not responding to the medication and hoarseness is becoming an issue.
- Speech Therapy: appropriate therapy from someone with specialist training in voice disorders (a subspecialty of Speech Therapy) is a mainstay of treatment for hoarseness. Even if surgery or other medical intervention is needed to treat your underlying disease, a trained Voice Therapist will optimize your voice prior to, and after, your interventions.

What if my treatment is not working?

- The above lifestyle factors may not have been addressed, or addressed adequately.
- Your problem may require further assessment: in some cases, the initial assessment is incorrect, or only discovers part of the problem. Further testing may be needed to get to the bottom of the problem.
- Some conditions (e.g. vocal cord granulomas) are notoriously resistant to treatment, even when this is appropriate and adequate. Your specialist should be able to give you some guidance about the likelihood of the treatment being successful when you first see them.
- Consider asking for a second opinion if you have concerns about your diagnosis or response to treatment.

Further resources can be found at:

- www.voicemedicine.com
 - www.britishvoiceassociation.org.uk
- www.hopkinsmedicine.org/otolaryngology/specialty_areas/voice_center