

Treatment Efficacy Summary



AMERICAN
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Laryngeal-Based Voice Disorders

A voice disorder is characterized by abnormal pitch, loudness, or vocal quality resulting from disordered laryngeal function and may cause pain or vocal fatigue. Voice disorders range from mild hoarseness to complete voice loss, and limit the effectiveness of oral communication. Voice disorders can be caused by an injury resulting in paralysis of a vocal fold, an improper breathing pattern, or misuse of the voice. Voice disorders can also be due to medical/physical conditions or neurological in nature. The individual with a voice disorder may experience stress, withdrawal, and depression because of an inability to produce normal voice. Voice disorders affect as much as 10% of the U.S. population, with higher frequency for those who depend on their voice for work, such as teachers.

Studies find voice treatment to be a significant factor in improving voice function and in reducing the recurrence of laryngeal pathology. Voice treatment can resolve a voice disorder when medical intervention (e.g., surgery) is not warranted and may reduce the need for laryngeal surgery or other medical intervention, when indicated, if initiated before any medical interventions.ⁱ Murray and Woodson found that the results of treatment for vocal nodules with or without surgery were comparable and suggested that voice treatment should be the first recommendation for treatment of vocal nodules.ⁱⁱ A study of teachers with voice disorders

found that a program of vocal hygiene and voice amplification reduced the severity of voice problems and improved voice quality.ⁱⁱⁱ

ASHA's National Outcomes Measurement System (NOMS) reveals that the majority of patients with voice disorders showed multiple levels of improvement on the Voice Functional Communication Measure, a 7-point rating scale. More treatment time was associated with better outcomes.

The speech-language pathologist and otolaryngologist evaluate a patient and recommend voice treatment. Voice treatment may eliminate the need for surgical or pharmacological treatment, and it is frequently recommended before and after laryngeal surgery to achieve optimal voice.

Contributors:

Lorraine O. Ramig, PhD
University of Colorado-Boulder

Katherine Verdolini, PhD
University of Pittsburgh

ⁱ Ramig, L. & Verdolini, K. (1998). Treatment efficacy: Voice disorders. *Journal of Speech, Language, and Hearing Research*, 41 (1), S101-16.

ⁱⁱ Murray, T. & Woodson, G. (1992). Comparison of three methods for the management of vocal fold nodules. *Journal of Voice*, 6, (3), 271-276.

ⁱⁱⁱ Roy, N., Weinrich, B., Gray, S., Tanner, K., Toledo, S., Dove, H., Corbin-Lewis, K., & Stemple, J. (2002). Voice amplification versus vocal hygiene instruction for teachers with voice disorders: A treatment outcomes study. *Journal of Speech, Language, and Hearing Research*, 45 (4), 625-38.