

SOME COMMENTS ON DYSPHONIA

JORGE PERELLÓ, M.D.
Barcelona

Many speech therapists lack confidence when presented with a dysphonic patient.

The following represent the writer's personal thoughts on the problem of dysphonia.

1. It is stated that the often read title *Treatment of Dysphonia* is something of a misnomer for the speech therapist. The dysphonia *per se* is not treated, but rather the disease which causes it. Since there are over a hundred different diseases which cause dysphonia, it follows that treatment is varied.

2. Before undertaking treatment of a dysphonic patient, the speech therapist must understand the diagnosis of the patient — but at no time must she herself attempt to diagnose the condition. Diagnosis must be made by a suitably qualified medical practitioner.

3. With regard to the professional speaker, it is thought that laryngologists are too eager to refer these patients to speech therapists when the usual treatment of silence, antibiotics or vitamins has failed. The writer mentions that there are many small deviations — *laryngeal micropathology* which too often escape the eye of an inexperienced laryngologist e.g.

- (a) A small alteration of the free edge of the vocal fold.
- (b) Alteration in the structure of the mucous membrane covering the vocal fold.
- (c) Alteration of the mobility of the vocal fold.

When Should a Speech Therapist Treat a Dysphonic Patient

1. Dysphonias produced by abuse of the voice in singing, shouting, incorrect voice production. This may result in hyperkinetic laryngopathy, hypokinetic laryngopathy, ventricular band voice, vocal nodule, vocal polyp or contact ulcer i.e. phonoponosis.

However, in the case of vocal polyp or vocal nodule it is essential that the aggravating conditions be eliminated by a competent laryngologist prior to the commencement of voice therapy.

2. Dysphonias caused by paralysis of the recurrent nerve, laryngeal trauma or scarring stenosis. In the foregoing cases vocal rehabilitation appears to improve voice.

3. Dysphonias produced by alteration in the voice as a result of puberty. In such cases results are generally obtained quickly.

When Should a Speech Therapist Not Treat a Dysphonic Patient

I. When dysphonias are the result of:

- (a) Spastic dysphonia.
- (b) Obsessive dysphonia.
- (c) Neurasthenic dysphonia.

In these cases the speech therapist can help only if she works in close co-operation with a psychiatrist. Even so, these patients are difficult to rehabilitate.

2. Aphonias which are caused by an hysterical condition. The author makes the controversial point that the above mentioned patients should be diagnosed *and treated* by a phoniatriest and never by a speech therapist.

3. Dysphonias which do not become worse after speaking or singing. These may be of a serious nature and must be handled by a laryngologist.

4. Dysphonias which deteriorate with silence.

5. There has been a tendency to refer dysphonic patients who present no laryngeal pathology to speech therapists who, at times, have little success with these patients. The author makes the interesting point that the dysphonia may be caused by some other physical pathology. Three such cases are mentioned:

i. In a Dutch singer the dysphonia was caused by arthrosis of the cervical vertebrae.

ii. In a South African singer the dysphonia was caused by androgenic medical treatment.

iii. In a businessman the dysphonia was caused by diaphragmatic hernia.

When the afore-mentioned cases were given vocal therapy, little or no success resulted.