



Duke Voice Care Center
"Where Everyone Has a Voice"

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World Voice Day Celebration 2010

by Leda Scearce, Singing Voice Specialist

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Our World Voice Day 2010 Celebration was a spectacular success. Over 500 people enrolled in this half-day mini-conference on vocal health and wellness. The luxurious Renaissance Raleigh Hotel was filled with people from all walks of life who were eager to learn about how the voice works, what resources are available for people with voice problems, and what steps are needed to ensure a healthy voice that lasts a lifetime.

We heard you! Each year we have added new offerings to our World Voice Day Celebration. Audience response from WVD 2009 indicated a clear demand for more specialized class topics, and your message came through loud and clear. This year we expanded our course offerings to create a mini-conference in vocal health and wellness. In addition to "Voice 101,"—vocal anatomy, vocal hygiene and an introduction to common voice problems—our curriculum included individual courses on Care of the Singing Voice, Occupational Voice

Care, Medical Voice Problems, Aging Voice, as well as "Ask the Experts," a panel discussion with health experts from Duke Voice Care Center and other Duke practices. Our audience flocked to the "Introduction to Voice Enhancement" workshops, in which they learned basic exercises for vocal technique.

World Voice Day provided the perfect forum to announce the establishment of the **Patrick D. Kenan Award for Vocal Health and Wellness**, which will be awarded annually by DVCC to people who have made significant contributions to increasing public awareness of

vocal health. Our Honoree for World Voice Day 2010 was Grammy-nominated jazz vocalist Nnenna Freelon. In a stunning a cappella performance, Nnenna demonstrated her formidable vocal artistry. She then shared her thoughts about the importance of the voice and some of her strategies for keeping her voice healthy in an interview with David Crabtree of WRAL

News. Nnenna expressed much gratitude and admiration for her voice teacher, Dr. Martha Flowers. When David learned that Dr. Flowers was in the audience, he promptly called her to the stage, and the interview concluded with all three engaging in a lively discussion about the voice. David Crabtree also led a panel discussion with several former DVCC patients about what it's like to have a voice problem. The audience was enthralled as David skillfully drew out each patient's story of vocal struggle, and ultimate vocal triumph. When not attending classes, workshops, discussions or performances, the audience enjoyed delicious refreshments and toured the Vocal Health Expo, visiting with our sponsors, Duke Medicine practices, and our community partners.



Grammy nominated jazz vocalist Nnenna Freelon receives DVCC's first annual Patrick D. Kenan Award for Vocal Health and Wellness



WRAL's David Crabtree leads panel discussion with former DVCC patients

Mark your calendars for World Voice Day 2011: April 16 at the Renaissance Raleigh Hotel!



My Words are Strangled! by David Witsell, MD, MHS, Caroline Banka, MS, CCC-SLP

Spasmodic dysphonia (SD) is a voice problem characterized by an effortful, strangled quality to the voice. Medical evidence suggests that the problem lies with the brain's faulty control of the fine movements of the vocal cord muscles during speech, so that the vibration of the vocal folds "misfires", creating the strangled voice quality.

The most common type of SD is the adductor (AD) type, which involves the vocal folds spasming closed (adducting) intermittently. People with ADSD have problems with sounds made by the vocal folds in the closed vibrating position, like vowels, and the consonants "b, d, g, l, m, n, r, v, w, and z." Someone with ADSD would have difficulty saying "We mow our lawn all year long," because the vocal folds are spasming closed intermittently. Words that begin with a vowel can be especially difficult.

Abductor (AB) SD is more unusual. In this situation, the vocal folds spasm open (abduct) during speech on sounds made with the vocal folds in the open position, such as "f, h, k, p, s, t." As the vocal folds transition from the consonant to the vowel (moving from open to closed position) the vocal folds may stay in the open position too long, so that it sounds like, "P...lease p...ass the s...alt." Someone with ABSD typically has a breathy, whispery voice, with breathy breaks during speech.

All in all, SD is rare. It affects three times more women than men and usually begins between the ages of 30 and 50. It is typically slowly progressive and NOT associated with any other neurologic problems. Untreated, patients can become isolated and depressed because of the difficulty communicating with friends and family.

The diagnosis of SD is a complicated process that involves teasing out the different components of the voice problem, such as tremor, and excess tension. A speech pathologist with knowledge of neurologic voice problems can help the otolaryngologist make the correct diagnosis.

Treatment for SD is available at DVCC and other voice centers with expertise in Botox injections to the vocal cords. Botox is not a cure, but stops the spasms temporarily. It should be readministered after several months to maintain a good voice. For some patients, a combination of Botox and voice therapy helps eliminate underlying compensatory behaviors to produce the best voice. Research is ongoing to find a cure for SD.

Evidence- Based Guidelines

By Seth Cohen, MD, MPH

The American Academy of Otolaryngology-Head and Neck Surgery published a guideline on the evaluation and management of hoarseness. One of the essential points of the guideline is the necessity of a timely referral for evaluation of a hoarse patient. Acute viral laryngitis lasts 2 to 3 weeks with symptoms lasting longer warranting a laryngoscopic examination. Without a timely examination, appropriate treatment cannot be started. Patients with hoarseness and recent surgical procedures involving the neck or recurrent laryngeal nerve, recent endotracheal intubation, radiation treatment to the neck, history of tobacco use, and vocally demanding occupations are especially in need of laryngeal examination. The guideline also cautions against the use of empiric treatment of hoarseness with anti-reflux measures, antibiotics and steroids. A laryngeal examination is necessary to guide treatment recommendations.

Update on Clinical Voice Programs by Gina Vess, MA, CCC-SLP

Our lungs are the "power" source for our voices. Often when a person has difficulty getting adequate volume or has shortness of breath with speaking, he or she may believe that something is wrong with the power source, when frequently it can be a problem with the vocal cords. Think of this example: if your air conditioning runs all day, but you leave your front door cracked open, your air conditioner has to work overtime and may give out or overheat. If your vocal cords don't close properly (because of vocal nodules/polyps/cysts or a vocal cord paralysis for example), it is similar to leaving the door open to your house. You are going to lose air quickly

when you speak and you will fatigue with speaking. You may even report that you have a problem with breathing.

During the initial voice evaluation at the DVCC, our doctors and speech pathologists help determine whether these types of breathing symptoms are related vocal cord problems (and breath support for speaking) or other conditions. The DVCC now has the capability of measuring more about lung function (as it relates to speaking and voice) with new Phonatory Aerodynamic System equipment in our state of the art voice lab.

A Hard Pill to Swallow

by Richard Scher, MD, FACS

The ability to swallow is essential for maintenance of proper nutrition and good health as well as enhancing the quality and enjoyment of life. Difficulty with swallowing or any problems that might impact on a person's ability to swallow normally can have serious consequences for both overall health and general sense of well being. At the Duke Voice Care Center we offer a multidisciplinary approach to evaluating

and managing patients who have difficulty with swallowing regardless of the cause. Our state of the art team of speech-language pathologists, otolaryngologists, head and neck surgeons and when needed, colleagues from radiology and gastroenterology, can help patients with these problems by devising an evaluation strategy and treatment protocol that can often provide improvement if not relief of the difficulty with swallowing

problems. In most cases fairly simple and safe radiologic or clinical evaluations can lead to an appropriate diagnosis. In those cases where surgical therapy is warranted, effective treatment can often be provided through minimally invasive endoscopic techniques that have been pioneered by physicians in the Duke Voice Care Center. If you are having difficulty with swallowing or know someone who is, please contact us to schedule an evaluation and we will provide the highest level of compassionate state of the art care available.

Understanding a Common Voice Problem: Vocal Nodules

by Caroline Banka, MS, CCC-SLP

Probably the most common voice diagnosis is vocal nodules. Vocal nodules are like calluses that form on the vocal folds. Nodules, cysts and polyps on the vocal folds all develop because of the way we use our voices, as well as chronic irritation. These non-cancerous “bumps” on the vocal folds change the way the vocal folds vibrate, which makes the voice sound hoarse.

The vocal folds vibrate together to make sound as we talk, vibrating around 100 times a second for men (a deeper pitch) and around 200 times per second for women (a higher pitch). As you might imagine, vocal nodules are more common in women. During the repeated vibration, the point of first contact on the vocal folds (near the middle) is where nodules tend to form, on both vocal folds.

When we speak in a loud voice, the vibrating vocal folds collide with greater force than when we speak in a softer voice. Imagine clapping your hands

loudly or softly – this is similar to what happens to the vocal folds as we talk. Hard coughing and throat clearing also makes the vocal folds slam together forcefully. This repeated collision force as the vocal folds vibrate together can cause nodules to form over time.

Who tends to get nodules?

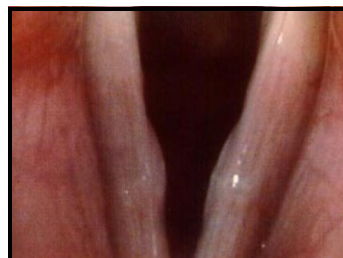
People who use the voice a lot: salespeople, teachers, telemarketers, or people who habitually use a loud voice – cheerleaders, coaches and people working in noisy environments. Chronic irritation to the throat from post-nasal drainage, acid reflux and certain medications can make the tissues of the vocal folds more prone to injury during vibration. Keeping the vocal folds well hydrated by drinking plenty of water helps reduce the risk of vocal fold injury.

Cysts and polyps on the vocal folds develop from a similar process, involving overuse and

chronic irritation, but with some additional factors. A mucus gland may become blocked, causing a cyst, or a blood vessel may be enlarged or ruptured, leading to a polyp. As a general rule, vocal nodules will resolve with voice therapy and measures to reduce irritation, unless the nodules have

become more fibrous with age. A vocal cyst or polyp usually will not resolve without surgical removal. However, there are times when the cyst or polyp is small enough to have minimal impact on the voice, and a patient

might choose to forego surgery. The decision to have surgery always involves discussion between the otolaryngologist and the patient, and is based on the voice demands and goals of the patient. Your voice team will help you form the best plan to get your voice back.



Bilateral vocal cord nodules

In the News, In the Know!

by Hilary Caso Bartholomew, MS, CCC-SLP



A woman in the United Kingdom made headlines this past April when she challenged her employer in a discrimination case regarding her vocal nodules. She was required to maintain a strict vocal health regimen established by her medical team in order to prevent a recurrence of her disorder. Her program conflicted with the company’s plan to alter her working environment, thereby increasing her risk of recurrence.

Her case highlights the need for a comprehensive treatment approach, including work accommodations as necessary. Reasonable adjustments are often easily identified with the right guidance.

In the case of the U.K. employee, she needed to minimize background noise, limit voice use, stagger phone calls, and avoid dusty environments. Her strategies target voice rest, alternating vocal and non-vocal tasks, and improving the room acoustics and environment.

The otolaryngologist and speech pathologist provide specific recommendations catered to each individual’s unique situation. Including the employer in these proposed recommendations supports the patient and promotes the best outcome.

Because of the recurring nature of voice disorders in vocally demanding careers, good management requires cooperation between the patient, medical team, and employer for continued vocal health.

Pediatric Voice Services at DVCC

by Eileen Raynor, MD, FACS

Did you know

that gastroesophageal reflux is a common contributor to hoarseness in children? Most of these patients do not have the classic signs of heartburn or indigestion, but often complain of chronic cough, feeling something in their throat or have voice changes. Reflux laryngitis affects children, as well as adults, and can also be responsible for nasal congestion, postnasal drainage and even otitis media. Reflux in children will often exacerbate asthma symptoms and can make underlying airway problems more symptomatic. Measures such as elevating the head of the crib or bed 3-4 inches, avoidance of eating 2 hours before bed time and eliminating foods that increase acid production such as carbonated drinks, spicy food, mints or citrus can help control the symptoms. Any child with chronic cough, atypical asthma or voice changes should be evaluated. The Duke Voice Care Center has speech pathologists with special interest in pediatric voice, as well as pediatric otolaryngology, who can perform a comprehensive assessment of the airway and vocal folds allowing for targeted therapy and management of the problem. Using state of the art laryngovideostroboscopy we can accurately identify lesions or changes due to extra esophageal reflux, and create digital photographs or videos allowing for monitoring over time. Please contact the Duke Voice Care Center for any questions regarding pediatric voice problems or to request an evaluation.

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We're on the web!
www.dukevoicecare.org



Duke Voice Care Center Staff

David L. Witsell, MD, MHS, Director

Seth M. Cohen, MD, MPH

Richard L. Scher, MD, FACS

Eileen Raynor, MD, FACS

Leda Searce, MM, MS, CCC-SLP

Caroline Banka, MS, CCC-SLP

Gina Vess, MA, CCC-SLP

Hilary Caso Bartholomew, MS, CCC-SLP

Karen Poston, Liaison

Erika Juhlin, Staff Assistant

Duke University Medical Center
Division of Otolaryngology-Head and Neck Surgery
Box 3805
Durham, North Carolina, 27710

Information: 919-681-4984
Appointments: 1-800-385-3646
Or 919-684-3834

Locations:
Durham: 200 Trent Drive
Raleigh: 3480 Wake Forest Road

Duke Voice Care Center to offer Voice Enhancement Workshops

Are you interested in improving your speaking voice? Would you like to learn about vocal technique for singing? We are excited to announce that Duke Voice Care Center will begin offering **Voice Enhancement Workshops** in the coming year. **Sing Out!** will be a full-day workshop on Saturday, October 23, 2010. Attendees will learn about healthy singing voice production related to a variety of singing styles, as well as exercises to target specific aspects of vocal technique. We will also offer **Speak Out!**, a half-day workshop on Saturday, March 12, 2011, targeting improvement of the speaking voice and public speaking tips.

The registration fee will include print materials and refreshments, as well as hands-on instruction in breath support for speaking and singing, reducing unnecessary muscle tension through relaxation and stretching techniques, achieving a resonant vocal sound, and how to develop a warm-up and practice routine for building your technique and keeping your voice strong. Space will be limited for these classes, and they are sure to fill up fast. If you are interested in registering, please call 919-681-4984 now.

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