Hoarse Voice (Dysphonia)

Disclaimer

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Background

About hoarse voice (dysphonia)

Hoarseness is used to describe a change in voice quality e.g. a weak, breathy, husky, or altered voice.

Commonly occurring causes include:

- Chronic laryngitis:
  - Irritants e.g. smoking, dust, fumes, or GORD
  - Habitual voice misuse as seen in singers and teachers
- Presbyphonia – age-related deterioration in voice
- Benign lesions e.g. nodules, cysts, granuloma, polyps, varices
- Functional causes

Before a benign cause for dysphonia is considered, a targeted history and examination must rule out other underlying conditions that can include malignancy and central nervous system causes.

Red flags

- Hoarseness in a smoker lasting > 4 weeks
- Haemoptysis, shortness of breath, or stridor
- Recent neck or laryngeal trauma
- **Dysphagia** or weight loss
- Neck mass

### Assessment

1. Take a history, including:
   - symptom duration, character, pattern e.g. worse at the end of the day
   - triggers e.g. recent change in pattern of voice use
   - risk factors for cancer e.g. smoking and alcohol intake
   - recent neck or thoracic surgery or intubation
   - occupation e.g. teacher, auctioneer, singer
   - any **associated symptoms**.

### Associated symptoms

- URTI symptoms, cough, sore throat
- **Dysphagia**, haemoptysis, neck lumps, weight loss
- GORD
- Neurological symptoms

2. Consider whether symptoms may be caused by an **underlying condition**.

### Underlying conditions

- Malignancy – either laryngeal, thyroid, or apical lung cancer
- Voice misuse or overuse
- Benign lesions of the oropharynx – cysts and nodules
- GORD, laryngeal reflux, chronic laryngitis
- Asthma, inhaled corticosteroid use
- Rhinosinusitis with post-nasal drip
- CVA, motor neurone disease, Parkinson's disease
- Sjogren's disease

3. Assess voice quality (e.g. hoarse, weak, breathy, tremulous) and severity of hoarseness (e.g. mild, moderate, severe).

4. Examine mouth and neck for lymph node enlargement.

5. Consider respiratory and neurological examination.
Management

1. If hoarseness of voice associated with stridor, significant shortness of breath, or acute trauma to neck or larynx, arrange immediate ENT referral or admission.

2. If persistent hoarseness > 4 weeks or recurrent episodes not associated with an URTI, arrange urgent or routine ENT referral for examination of the vocal cords:
   - Patients with a high suspicion of cancer should be seen within 2 to 4 weeks.
   - If a malignancy is suspected, clearly write "high suspicion of cancer" on the referral.

3. If symptoms for > 4 weeks in a smoker, arrange chest X-ray and urgent or routine ENT referral.

4. For patients with dysphagia and weight loss associated with hoarseness, follow the Dysphagia pathway.

5. Treat identified cause. If:
   - acute laryngitis (usually viral and antibiotics not needed) or voice misuse, advise on voice hygiene. There is no role for corticosteroids in acute laryngitis in adults.¹

Voice hygiene

- Adequate hydration
- Avoid vocal strain e.g. shouting, throat clearing, excessive voice use, excessive coughing, whispering
- Smoking cessation, alcohol reduction (both are irritants and alcohol is dehydrating)
- Reduce caffeine intake
- PRN steam inhalations

See patient information – Tips for Looking After Your Voice.

- GORD, manage according to GORD guidelines.
- rhinosinusitis, manage according to the rhinosinusitis pathway.
- inhaled steroid side-effect, consider use of spacer, mouth rinsing, and change to ciclesonide to resolve side-effect.

6. Advise smoking cessation.

7. Consider speech language therapy assessment if it has not been arranged by a multidisciplinary clinic.

Referral

- If hoarseness of voice associated with stridor, significant shortness of breath, or acute trauma to neck or larynx, arrange immediate ENT referral or admission.

- If persistent hoarseness > 4 weeks or recurrent episodes not associated with an URTI, arrange urgent or routine ENT referral for examination of the vocal cords.
  - Patients with a high suspicion of cancer should be seen within 2 to 4 weeks.
• If a malignancy is suspected, clearly write "high suspicion of cancer" on the referral.
• If persistent hoarseness in a smoker, arrange urgent or routine ENT referral for examination of the vocal cords.
• Consider speech language therapy assessment if it has not been arranged by a multidisciplinary clinic.

Information

For health professionals

Further information

• American Academy of Otolaryngology, Head and Neck Surgery Foundation – Clinical Practice Guideline: Hoarseness (Dysphonia)
• The Royal Australian College of General Practitioners – Hoarseness: An Approach for the General Practitioner

For patients

Further information

• British Voice Association – Reflux and Your Voice
• HealthInfo – Tips for Looking After Your Voice

Sources

References


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