Learner Objectives

• After this presentation you should:
  – Understand key points in work up of a patient who is hoarse
  – Understand the difference between the symptom of hoarseness and a diagnosis of an underlying disorder associated with hoarse voice
2017 Revised Guidelines (pending/draft document as of July 2017)
• Original hoarseness guidelines released in 2009
• A lot of furor by laryngologists about problems with recommendations
• Back and forth between Academy & practitioners about how this came about
• Major problem was that guidelines were based on a symptom, rather than a disease or disorder
  – Hoarseness is a symptom, dysphonia characterizes impaired voice production as recognized by a clinician.
  – This definition is specifically stated in the new guidelines

Differences between 2009 and 2017 Guidelines
• Incorporating new evidence profiles to include role of patient preferences, confidence in the evidence, differences of opinion, quality improvement opportunities, and any exclusion to which the action statement does not apply
• There were 4 new guidelines, 19 new systematic reviews, 4 randomized controlled trials included in the 2017 guideline update
• Inclusion of a consumer advocate on the guideline update group
• Changes to nine of the Key Action Statements (KAS) from the original guideline (9/14 or 64%)
• Two new KAS - Escalation of care and Outcomes
• Addition of an algorithm

2017 Revised Guidelines
• These new guidelines replace the older guidelines
  – Guidelines are living documents
  – New data, better data, better evidence
• The new guidelines are much less controversial and hopefully already reflect current care for most otolaryngologists. These may be more useful to our referral sources (primary physicians, EDs)
• I expect complete uniformity in my audience response!
**Hoarseness/Dysphonia**

- Important problem
  - Affects all ages and genders
    - 1 in 13 adults annually
    - ~1/3 of population at some point in life
    - Cost per patient $600-$1000/annually (2012), total healthcare costs ~$13.5 billion
  - Often associated with benign conditions such as viral laryngitis, but also may be the presenting symptom of a serious or progressive condition

**Typical Patient**

- 34 year old woman
- Otherwise healthy, non smoker
- Middle school teacher
- Sings in church
- Now with 8 weeks of hoarse voice
- Perceptual evaluation

**Hoarseness/Dysphonia Guidelines**

Statement 1
Identification of abnormal voice

_Recommendation_
Identification of Abnormal Voice

• Hoarseness is patient symptom
• Dysphonia is clinical observation

• Assess quality of voice
  – Breathy, rough, strained, asthenia, et cetera
  – Abnormal cry in infants or children
  – QOL instruments – VRQOL, VHI, et cetera

Hoarseness/Dysphonia Guidelines

Statement 2
Identification of underlying cause of dysphonia

Recommendation

Hoarse Teacher
What if...?

- 50 year old male
- 2 packs per day of Marlboros x 30 years
- Hoarse for one or two weeks, he’s not really sure

- Should you look at their larynx at this visit?
  (A) Yes
  (B) No

Hoarseness/Dysphonia Guidelines

Statement 3
Escalation of care – identify factors where expedited laryngeal evaluation is needed

Strong recommendation
Escalation of Care

• Recent surgical procedures of H&N, thorax
• Recent endotracheal intubation
• Neurological conditions
  – Dysarthria
  – Dysphagia
• Neck mass
• Respiratory disorder/stridor
• Tobacco abuse
• Professional voice user

Hoarseness/Dysphonia Guidelines

Statement 4A
Laryngoscopy and dysphonia

Option
Laryngoscopy & Dysphonia

- Left as an option – based on available data
- No 'intentional vagueness', but:
  - Clinicians who are capable of doing so need not withhold this valuable diagnostic tool to wait for resolution before looking for a cause
  - Immediate laryngoscopy can also help to avoid misdiagnosis or delayed diagnosis
- Statement has a lot of text why this should be done
- No real harms (except maybe cost)
- Does not try to recommend type of equipment or lighting (i.e.: strobe vs non-strobe)

Hoarseness/Dysphonia Guidelines

Statement 4B
Need for laryngoscopy in persistent dysphonia

Recommendation
Defined as four weeks by expert opinion
• Back to our original patient
  – 34 year old teacher again
  – 8 weeks hoarse voice
  – Professional vocalist
  – You've established that she is hoarse but have not examined her larynx yet

• Should you look at her larynx?

• Yes! Based on guidelines as well typical clinical practice, this patient meets the recommendations for laryngoscopy and treatment based on findings at laryngoscopy.

For next few questions:
  – Same 34 year old teacher who is hoarse...

• Should you obtain an MRI prior to laryngoscopy?
  (A) Yes
  (B) No
Hoarseness/Dysphonia Guidelines

Statement 5
Imaging (prior to visualization of the larynx)

Recommendation against

Hoarseness/Dysphonia Guidelines

Statement 6
Anti-reflux medication and dysphonia without visualization of larynx

Recommendation against
Hoarseness/Dysphonia Guidelines

Statement 7
Corticosteroid therapy (prior to visualization of the larynx)

Recommendation against
Hoarseness/Dysphonia Guidelines

Statement 8
Antimicrobial therapy

*Strong recommendation against*

Hoarseness/Dysphonia Guidelines

Statement 9A
Laryngoscopy prior to voice therapy

*Recommendation*
Laryngoscopy prior to voice therapy

- A plug for speech-language pathologists and high quality voice therapy
- A proper diagnosis needs to be made and communicated with the speech-language pathologist
- Consistent with published ASHA & RCSLT guidelines (2004 & 2005)
- Voice therapy is not a one size fits all
  - Therapy recommendations are directed by the diagnosis and findings of laryngoscopy

Hoarseness/Dysphonia Guidelines

Statement 9B
Advocating for voice therapy

*Strong recommendation*

Advocate for Voice Therapy

- It works
- It is a well documented and appropriate option for many voice related diagnoses
- Pathophysiological based and scientifically evaluated
- Applies to all ages
- Pre-operative; post-operative; with medical treatment
- Not every speech-language pathologist can do it
- Specialized therapy for specific voice disorders
Hoarseness/Dysphonia Guidelines

Statement 10
Advocating for surgery (as a treatment option in conditions amenable to operative management)

Recommendation

Advocate for Surgery

• For appropriate findings or etiologies, such as:
  – Suspicious ‘unknown’ lesions
  – Benign lesions
  – Malignant lesions
  – Glottic insufficiency
  – Scar or sulcus
  – Laryngeal stenosis
  • et cetera

Hoarseness/Dysphonia Guidelines

Statement 11
Botulinum toxin (for laryngeal dystonia)

Recommendation
Botulinum toxin use

• A bit of a plug from the patient representative author and NSDA
• Botulinum toxin is still off-label (FDA) for use in laryngeal dystonia
• Highlights an abundance of literature supporting treatment of laryngeal dystonias – both safety and efficacy
• Parallels AAOHNS Position Statement (revised 2017)

Same 34 year old hoarse teacher
• Vocal fold nodules diagnosed and treated
• She’s improved and happy
• Should you recommend amplification in the classroom?

(A) Yes
(B) No
Education & Prevention

- Behavior and environment may play significant roles in dysphonia
  - If these are not addressed, voice problem can be a life long issue

- 'Vocal hygiene'
  - Behaviors that decrease tissue injury and promote vocal health

- 34 year old formerly hoarse teacher
- Now 6 months post voice therapy

- Should you see her back in your office?
  
  (A) Yes
  (B) No
Hoarseness/Dysphonia Guidelines

Statement 13
Outcomes (document resolution, improvement, worsening, or change in QOL)

Recommendation

Outcomes

- Important to evaluate and document for outcome – patient improvements or worsening
- Repeat laryngoscopy is appropriate as determined by physician
- Refer or manage ongoing persistent dysphonia
Summary

• Do:
  – Know that hoarseness is a symptom
  – Evaluate the larynx and vocal tract before treatment
  – Advocate for quality voice therapy, medical therapy, and surgical therapy for appropriate diagnoses

• Do not:
  – Treat before establishing a diagnosis
  – Prescribe acid suppressives, steroids, or antibiotics before obtaining a diagnosis
  – Obtain imaging without a diagnosis
Thank you

Questions or comments?