Presbyphonia (Age Related Voice Change)

Patient Information

Disclaimer: This leaflet provides general information and should not be used as a substitute for professional medical advice. It is essential to consult with a qualified healthcare professional for any health concerns or before making any decisions related to your health or treatment.

Overview

Presbyphonia, also known as age-related voice change, is a common condition affecting the voice as we get older. It's a natural part of ageing, similar to wrinkles or grey hair, and it's caused by changes in the larynx (voice box) as we age. These changes can weaken the vocal cords, making the voice sound breathy, hoarse, or shaky. While presbyphonia is a normal part of ageing, it can sometimes impact a person's ability to communicate effectively. It's important to remember that not all voice changes in older adults are due to presbyphonia. Other medical conditions can also affect the voice, so it's crucial to seek professional advice if you notice any significant changes in your voice.

Symptoms and Causes

The most common symptoms of presbyphonia include:

- A weak, breathy voice: This is often the first noticeable symptom, as the vocal cords lose their ability to close completely.
- Hoarseness or roughness: The voice may sound raspy or gravelly due to changes in the vocal cord tissue.
- Reduced vocal loudness: It may become difficult to project your voice, especially in noisy environments.
- Tremor or shakiness in the voice: The voice may sound unsteady or wobbly.
- Reduced vocal endurance: You may find it tiring to talk for extended periods.
- Loss of vocal range: It may become harder to sing or speak at higher or lower pitches.

These symptoms are primarily caused by age-related changes in the larynx, including:

- Thinning of the vocal cords: As we age, the vocal cords lose muscle mass and become thinner, making them less efficient at vibrating.
- Bowing of the vocal cords: The vocal cords may curve inwards, preventing them from closing completely during speech.
- Reduced lubrication of the vocal cords: The mucous membranes that line the larynx produce less lubrication, leading to dryness and irritation.
- Stiffening of the laryngeal cartilages: The cartilages that support the larynx can become stiffer with age, affecting their movement.

Diagnosis and Investigations

If you're experiencing voice changes, it's essential to consult an ENT (Ear, Nose, and Throat) specialist or a speech-language therapist specializing in voice disorders. They will conduct a comprehensive assessment to determine the cause of your symptoms. The assessment may involve:

- Case history review: The specialist will ask about your medical history, voice use habits, and any other symptoms you may be experiencing.
- Physical examination of the larynx: This may involve using a mirror or a flexible endoscope (a thin, lighted tube with a camera) to visualize the vocal cords.
- Acoustic analysis of your voice: This involves recording your voice and analysing its characteristics, such as pitch, loudness, and quality.
- Videostroboscopy: This technique uses a flashing light to visualize the movement of the vocal cords in slow motion.
- Aerodynamic assessment: This measures the airflow and air pressure during speech, providing information about vocal cord function.

These investigations help differentiate presbyphonia from other voice disorders and guide appropriate management.

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Management and Treatment

The management of presbyphonia aims to improve voice quality and function. Treatment options may include:

- Voice therapy: This is often the first line of treatment and involves working with a speech and language therapist (SLT). The SLT will teach you exercises to strengthen your vocal cords, improve breath support, and optimize your voice use. Techniques may include vocal function exercises, resonant voice therapy, and Lee Silverman Voice Treatment (LSVT).
- **Medical management:** While there are no medications specifically for presbyphonia, managing underlying medical conditions like acid reflux (GORD) can help improve voice quality. For GORD, medications such as Gaviscon Advance (alginate, available OTC, taken after meals and at bedtime), Omeprazole (proton pump inhibitor, available by prescription, taken once daily before a meal), or Ranitidine (H2 blocker, available by prescription, taken once or twice daily) may be prescribed.
- **Surgical interventions:** In some cases, surgery may be considered to improve vocal cord closure. This may involve injecting a substance into the vocal cords to bulk them up (vocal fold augmentation) or repositioning the vocal cords (thyroplasty). These procedures are typically reserved for severe cases that don't respond to voice therapy.

Prevention

While presbyphonia is a natural part of ageing, certain lifestyle choices can help maintain good vocal health and potentially slow down the progression of voice changes:

- Hydration: Drink plenty of water throughout the day to keep your vocal cords lubricated.
- Avoid smoking: Smoking irritates the vocal cords and can worsen age-related voice changes.
- Limit alcohol and caffeine: These substances can dehydrate the vocal cords.
- Voice rest: Avoid excessive voice use, especially shouting or whispering, which can strain the vocal cords.
- Healthy diet: A balanced diet rich in fruits and vegetables can support overall health, including vocal health.
- Manage stress: Stress can affect your voice, so finding healthy ways to manage stress is important.

Outlook/Prognosis

Presbyphonia is a chronic condition, but with appropriate management, most people can significantly improve their voice quality and communication abilities. Voice therapy is often very effective in strengthening the vocal cords and improving voice projection. While complete restoration of the voice to its youthful state may not be possible, the goal is to achieve a voice that is functional and allows for clear communication. Regular follow-up with an ENT specialist or SLT is recommended to monitor progress and adjust treatment as needed.