Management of Hoarseness in Primary Care

Dr Jeeve Kanagalingam
MA (Cantab), BM BCh (Oxon), DLO, DOHNS, FRCS Eng (ORL-HNS), FAMS (ORL)
Consultant
Department of Otorhinolaryngology
TTSH
Tom Jones scraps show

Resorts World Sentosa (RWS), organisers of the Tom Jones event, announced that the concert had been called off due to Jones' being 'genuinely ill'.

Welsh singing icon Tom Jones has cancelled his show at Resorts World Sentosa (RWS) - again.

The 69-year-old singer's doctor has advised him against carrying on with the show on Thursday night as he 'could risk serious permanent damage to his vocals'.
Objectives

- What you should cover in the history
- What you should cover on examination
- What treatment should you offer
- When to refer
- What we can offer
Objectives

- What you should cover in the history
- What you should cover on examination
- What treatment should you offer
- When to refer
- What we can offer
1. Ask about onset and pattern

<table>
<thead>
<tr>
<th>Gradual, prolonged</th>
<th>Sudden, severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vocal strain / muscle tension</td>
<td>• Laryngitis</td>
</tr>
<tr>
<td>• Reflux disease</td>
<td>• Haemorrhage</td>
</tr>
<tr>
<td>• Nodules, Cysts</td>
<td>• (Psychogenic)</td>
</tr>
<tr>
<td>• Dysplasia / Cancer</td>
<td></td>
</tr>
</tbody>
</table>
2. Ask about recent respiratory tract illness

- Coughing can cause vocal fold damage
- Talking / teaching through a respiratory illness is damaging
3. Ask about...

a. Throat pain
b. Dysphagia
c. Referred otalgia
The relative risk (RR) of laryngeal cancer between smokers and non-smokers is 15.5 (men) and 12.4 (women).

Drinking 100g alcohol per day (7 standard drinks) confers an RR of 15 of laryngeal cancer.

Using an additive risk model, combined use increases the risk by 50%.

5. Assess voice use and impact on QOL

- Teachers, promoters, sales persons
- Singing in choir, karaoke
- Ask about vocal ‘hygiene’ and dietary habit
- Young children
6. Reflux

10. Neurological disease

7. Chest disease

9. Trauma

8. Thyroid disease or surgery
Objectives

• What you should cover in the history

• What you should cover on examination

• What treatment should you offer

• When to refer

• What we can offer
Assess voice quality

GRBAS scale used by speech therapists:
G – Grade
R – Roughness
B – Breathiness
A – Aesthenia
S – Strain
Examine the larynx?
Examine the nose

- Rhinorrhea
- Turbinate hypertrophy
- Nasal polyps
Examine the neck

- Thyroid masses
- Cervical nodes, particularly in supraclavicular fossa
Objectives

- What you should cover in the history
- What you should cover on examination
- **What treatment should you offer**
- When to refer
- What we can offer
Simple measures first!

Things that work!
• Adequate hydration
• Avoid strain
• Avoid caffeine
• Improve dietary habit
• Smoking cessation
• Alcohol reduction

Things that don’t!
• Mentholated lozenges
• Mucolytics
• Danzen
Treat the obvious!

- Treat URTIs
- Treat Rhinitis
- Treat obvious reflux
STATEMENT 5A. ANTI-REFLUX MEDICATION AND HOARSENESS. Clinicians should not prescribe anti-reflux medications for patients with hoarseness without signs or symptoms of gastroesophageal reflux disease (GERD). **Recommendation against prescribing based on randomized trials with limitations and observational studies with a preponderance of harm over benefit.**

STATEMENT 5B. ANTI-REFLUX MEDICATION AND CHRONIC LARYNGITIS. Clinicians may prescribe anti-reflux medication for patients with hoarseness and signs of chronic laryngitis. **Option based on observational studies with limitations and a relative balance of benefit and harm.**

Hoarseness affects nearly one-third of the population at some point in their lives. This guideline applies to all age groups evaluated in a setting where hoarseness would be identified or managed. It is intended for all clinicians who are likely to diagnose and manage patients with hoarseness.
STATEMENT 6. CORTICOSTEROID THERAPY: Clinicians should not routinely prescribe oral corticosteroids to treat hoarseness. **Recommendation against prescribing** based on randomized trials showing adverse events and absence of clinical trials demonstrating benefits with a preponderance of harm over benefit for steroid use.

STATEMENT 7. ANTIMICROBIAL THERAPY: Clinicians should not routinely prescribe antibiotics to treat hoarseness. **Strong recommendation against prescribing** based on systematic reviews and randomized trials showing ineffectiveness of antibiotic therapy and a preponderance of harm over benefit.
Objectives

• What you should cover in the history
• What you should cover on examination
• What treatment should you offer
• When to refer
• What we can offer
Red flags

• Stridor
• Neck masses
• Dysphagia, odynophagia or referred otalgia
• Smoker or drinker with > 3 weeks of hoarseness

Immediate < 24 hours
Urgent < 2 weeks

Refer all other cases that are not resolving after 6 weeks
Objectives

- What you should cover in the history
- What you should cover on examination
- What treatment should you offer
- When to refer
- What we can offer
Direct access Voice Clinic
3 surgeons and 2 speech therapist
Video stroboscopy
Full complement of phonosurgery – laser surgery and external framework surgery
A Singapore Idol finalist!
Vocal nodules in a teacher
Cord palsy due to lung cancer
Most cases do not require surgery

Medical measures
• Medical treatment of reflux
• Vocal hygiene
• Speech therapy
• Gastroenterology and neurology assessments

Surgery
• Endoscopic laryngeal microsurgery
• Botox injections for spasmodic dysphonia
• Laser surgery
• External framework surgery
Medialisation thyroplasty with titanium
Medialisation thyroplasty with titanium implant
Endoscopic Laryngeal Microsurgery
Thank You