



Presbylaryngis/Presbyphonia/Aging Voice)

Causes

As the body ages, so does the larynx and other structures involved in the production of voice. In addition, the coordination of those structures may also be impaired by aging, or by other disease states that accompany aging. When aging vocal components result in dissatisfactory vocal function, this is termed presbyphonia.

Symptoms, Signs, and Diagnosis

Presbylaryngis may be the answer if your voice is weak or quiet, if you have to strain to talk, if you get tired speaking over noise or for long periods, if you run out of air when you're speaking or if you have pain with speaking. Some people also experience coughing, throat-clearing, and difficulty swallowing. Your otolaryngologist or laryngologist will evaluate your vocal function and laryngeal appearance using laryngoscopy and stroboscopy. You may be asked to hold a note for as long as you can to measure how well your vocal folds stay together. This diagnosis is usually made by ensuring no other serious problems exist, and a confirming stroboscopic exam.

Treatment

There is no way to perfectly restore the tone, motion, coordination of a youthful larynx. However, it is possible to adjust usage of the larynx to optimize its function. This is done very effectively through work with an experienced speech-language pathologist. Voice therapy is physical therapy for the voice and lungs and there are many different types. It is important to find a therapist who is familiar with this problem. Sometimes expiratory muscle strength trainers are effective. There are no approved medications that are useful for this condition, but a vocal fold injection augmentation is often very helpful. This procedure is usually done by your doctor in his or her office or procedure room and consists of injections of a material into the space next to both vocal folds, to bring them closer together. The injections are temporary, lasting up to one year, and their duration depends upon the material that is used. Your doctor may also offer autologous fat grafting of the vocal folds which a surgical procedure is requiring harvesting of your own fat with the injection of this fat into the space next to the vocal folds. The duration of these injections vary greatly but work well for some people. The last surgical option is a bilateral medialization laryngoplasty which involves a neck incision and the placement of a synthetic implant into the space next to the vocal folds. This procedure is usually considered permanent.