Vocal Cord Dysfunction
The Great Masquerader

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Disclosure

- Lecturer for Astra Zeneca, and Novartis
Learning Objectives:

- Describe Vocal Cord Dysfunction (VCD) as a differential diagnosis
- Feel confident with VCD diagnostic criteria and treatment modalities
- Integrate VCD educational tools into their practices
Vocal Cord Dysfunction

- Paradoxical vocal cord dysfunction
- Paradoxical vocal fold motion
- 70 other names
- Has a history - Year 1842 mentioned in literature
A name by any other name...

- Hysterical croup
- Munchausen's Stridor
- Poor performance stridor
- Factitious asthma
- Psychogenic stridor
- Malingering
Normal – vocal cords open during inspiration
VCD - vocal cords move towards during inspiration, creating varying degrees of obstruction
Symptoms

- Subjective reoccurring respiratory distress
- Shortness of breath
- Coughing
- Cannot get a full breath of air
- Difficulty getting air in or out of the lungs
  (more typical in)
- Tightness in the throat or chest
  (more typical throat)
- Stridor, wheezing, raspy breathing
- Hoarse voice
- Apparent upper airway obstruction +/- asthma
TRIGGERING FACTORS

Inflammation
- Respiratory infections
- Allergens
- Work place
- Medications
- Food additives
- Air pollution

Constriction
- Change in temperature
- Strong odours
- Emotion and stress
- Exercise
- Cold air
- Reflux

Others

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What can Trigger VCD

- Strenuous exercise (outdoor > indoor)
- Psychogenic: anxiety/stress/strong emotions
- Inflammation: post nasal drip/ allergies/ rhinitis sinusitis
- Viral: colds/URTI’s
- Irritants: strong smells/pollutants/envir allergens/smoke
- Acid reflux (GERD)/laryngopharyngeal reflux
- Laryngeal hyper responsiveness
- Rarely neurological diseases, brain stem compression, neuronal injury

**Similar triggers as asthma**
Physiology

4 distinct sensory nerve fibers:

1) Cold (Thermoreceptors)
2) Pressure (Mechanoreceptors)
3) “Drive” (resp to tracheal movement)
4) Irritant (mechanical and chemical)
# DDX of Laryngeal movement disorders

<table>
<thead>
<tr>
<th>Category</th>
<th>Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>VCD</td>
<td>Somatoform disorder, conversion disorder, abuse, anxiety disorder, depression, Munchausen syndrome, malingering</td>
</tr>
<tr>
<td>Psychogenic</td>
<td>Exercise</td>
</tr>
<tr>
<td>Exercise</td>
<td>Exercise</td>
</tr>
<tr>
<td>Irritant</td>
<td>Extrinsic (chemical irritants, olfactory stimuli)</td>
</tr>
<tr>
<td></td>
<td>Intrinsic (GERD, laryngopharyngeal reflux rhinitis/post nasal drip, sinusitis)</td>
</tr>
<tr>
<td>Laryngospasm</td>
<td>Intubation, airway manipulation, IgE mediated, nocturnal aspiration</td>
</tr>
<tr>
<td>Vocal Cord Paresis/Paralysis</td>
<td>Prolonged intubation, recurrent laryngeal or vagus nerve damage during chest or thyroid surgery, idiopathic</td>
</tr>
<tr>
<td>Infectious</td>
<td>Epiglottis, bronchiolitis, laryngotracheobronchitis (croup), laryngitis, pharyngeal abscess, diphtheria, pertussis, laryngeal papillomatosis</td>
</tr>
<tr>
<td>Neoplastic</td>
<td>Head and neck malignancy, cystic hygroma, hemangioma, rhabdomyosarcoma, teratoma, lymphoma, papilloma</td>
</tr>
<tr>
<td>Endocrine</td>
<td>Thyroid goiter</td>
</tr>
</tbody>
</table>
Differential Diagnosis VCD

- Asthma
- Foreign body
- Tracheal stenosis
- Vocal cord paralysis
- Croup
- Vocal Cord polyps/tumors
- Exercise Induced Asthma
- Dysfunctional Breathing (DB)

- Angioedema
- Anaphylaxis
- Epiglottitis
- Hypoparathyroidism
- Laryngomalacia

**Laryngoscopy needed to rule out structural problems – especially adults**
“Typical Patient”

- More girls than boys  2:1 or 3:1 ratio
- >20 times more females than men
- Females generally 20-40 years age
- High achieving personality (Type A)
- Elite Athletes (outdoor 8.3%> indoor 2.5% sports)
- Military Recruits
- A high incidence of health care workers*
- Presentation widely variable
- Often have a “diagnosis” of asthma
- Inhalers not working and symptoms worsening

*cleaning and antiseptic agents
Case 1

- 14 year old female with asthma long standing
- Diagnosis at 2 years of age Fm Dr
- Peanut allergy carries EPIPEN
- Several visits to ER over the years
Case 1

- Grade 9 honours student
- Involved in all Gr 9 varsity sports
- Voice training (classical)
- Sings in English, German, French, and Italian
- Private school in SW of city
- Both parents are highly successful lawyers
Case 1

- She recently **failed** the cross country track component of her high school gym program.
- Mom says the **school** doesn’t **understand** her **exercise limitations** with asthma and how her SOB affects her performance in gym.
- Mom and teen now in **big conflict** with the **school** over all extracurricular events involving exercise or gym or outdoor special events.
- Teen afraid and **anxious** of next years Gr 10 Gym Class Marathon.
- GP unsure how to handle this conflict refers to asthma clinic.
- **PEARL** Kids with asthma well controlled can exercise without limitations.
Case 2

- Boy in his bed at night
- Wakes up with croup like noise
- Given Salbutamol puffer to take
- PFT normal in past
Presents to asthma clinic with mild to moderate lung obstruction on PFT spirometry. No BD response
Case 3

- 15 year old female
- Wheeze, cough, dyspnea at school
- Outdoor track athlete
- A+ student who is a “Perfectionist”
- Student in music (violin), dance, basketball
- Parents deny anxiety or social discord
- Collapses on basketball court with inspiratory wheeze during game “frightening noise”
- CARDIO has said there’s nothing wrong with her heart EKG & ECHO is normal
Investigations:

- CXR
- PFT in presence and absence of symptoms
- Bronchial provocation with Methacholine
- Bronchodilator test with Salbutamol
- Allergy evaluation with skin prick testing
- Video -laryngoscopy
Diagnostic Aids

- Clinical History/Symptoms
  - Difficulty breathing in
  - throat/upper chest
  - voice change
- Pulmonary function test
  - Some patients have Asthma/EIA and VCD
- Exercise Testing
- Flexible Laryngoscopy **GOLD STANDARD
Flexible Fiberoptic Laryngoscopy

- Diagnostic Standard
- Patients may demonstrate abnormal movement during scope if not can try stimulating VCD
- Limited to Specialists who are proficient in technique and availability of the scope
Laryngoscopy Images

A: Images taken during laryngoscopy showing paradoxical adduction detected during mid-inspiration in a patient with vocal cord dysfunction

B: Appropriate movement of the vocal cords during mid-inspiration in the same patient following speech therapy
FVL showing inspiratory obstruction
Flattened inspiratory loop
Broad rule $\text{FEF}_{50\%} = \text{FIF}_{50\%}$
A Normal flow volume loop in asymptomatic patient
B Example of flattening, early truncation and saw-tooth pattern of inspiratory limb of flow volume loop in a patient with vocal cord dysfunction
Barriers to diagnosis
Poorly understood and diagnosed

- Not sure how many people are affected

  Some studies show up to 50% of people dx with asthma

- Not many Health Care Professionals have heard of it

  Studies show as low as 20% of family physicians are aware of VCD
  < 5% of nurses

- Laryngoscopy gold standard for diagnosis requires Specialist skill and knowledge

  **May not be widely available**
Impact and Cost of Misdiagnosis

- Patients quality of life physically and psychologically well being
- Adverse side effects of high dose steroids
- Often quit their sports because of having refractory asthma
- Increased cost on health care system
- Asthma medications, emergency department, primary care visits
- Missed time from school and extra curricular activities
- Family discord
Why do people get VCD?
VCD symptoms

- Inspiratory Stridor
- Hoarse voice
- Difficulty breathing in
- Tightness in the throat

Exercise Induced Asthma

- Cough, Wheeze
- Difficulty breathing out

Quick onset
Quick recovery

Slower onset
Slower recovery
VCD vs Exercise Induced Asthma

**VCD**
- Difficulty breathing in
- Stridor
- Tightness in the throat/upper chest
- Rapid onset/Rapid recovery
- Puffers may or may not help

**Asthma symptoms**
- Breathless/ cough/wheeze
- Harder to breath out
- Tightness in the chest
- Gradual onset, gradual recovery
- Puffers always help

**Note:** Some patients have VCD and Asthma
Making diagnosis tricky
Multidisciplinary approach to Treatment

- Reassure patient
- Avoid and treat triggers
- Breathing exercises
- Speech therapist (1996 survey only 2/15 had good knowledge & Rx)
- Psychologist
- Physiotherapist
- RT/CRE
- Physician
- Specialists - ER Physicians, Respirologist, Otolaryngologist, Gastroenterologist, Allergist, Neurologist, Psychiatrist or Psychologist, Speech pathologist, Physiotherapist and Athletic trainer
Treatment Rx:

- **DIAPHRAGMATIC BREATHING AND SNIFF TECHNIQUE**
- **EASY TO LEARN**
- **MUST PRACTICE**
**Relaxed Throat Breathing Exercises**

1. Sip water before and after doing these exercises.

2. Exercises:
   a. **Shoulders Down**
      1. This is the cue for you to relax.
   b. **Hand on abdomen**
      1. This helps you focus on easy abdominal breath support — the best and the most relaxed way to breathe.
   c. **Gentle quick “sip” of air IN** (pursed lip “sip, sip, sip”)
      1. Breathe in through your mouth (using a straw cut to 3” is helpful, but just pursing your lips can work also).
      2. Pursed lips around the straw.
      3. About 1 second for the INHALE.
   d. **Gentle blow of air OUT** (“blow, blow, blow”)
      1. Through the slightly tight lips around the straw.
      2. About 2-3 seconds for the EXHALE
      3. Breathing both IN and OUT should be easy and relaxed.

3. Practice 10 breaths, 5-7 times per day when you are NOT having symptoms. For example: in the car, when reading, watching television, or before medications. Regular practice when you are feeling well is important.

4. Be patient when completing the breathing, it may take several minutes to start feeling relief.

5. Make it automatic and use it at the first sense of throat tightness to prevent or suppress the VCD. You may start with the INHALE or the EXHALE.

6. If asthma is also a concern, follow your physician’s instructions regarding taking an inhaler after completing the breathing exercises.

7. Use it to “pre-treat” yourself before known trigger for VCD. Possible triggers could be: change in air temperature, strong odors or perfumes, and exercise.

8. This technique can be a “stress-buster” too!
Treatment during acute episodes

- Heliox (80% helium/20% oxygen)
- Topical Lidocaine
- Anxiolytics
- Superior laryngeal blocks with Clostridium botulinum toxin
Treatment Rx:

- while the use of medications can be attempted
- long-term therapy requires:
  - psychosocial support
  - speech therapy
  - biofeedback
  - medical hypnosis
2014, researchers developed a scoring index to help distinguish VCD from asthma.

Throat tightness and dysphonia, the absence of wheezing, and the presence of odors as a symptom trigger as key features of VCD that distinguish it from asthma.

The index showed good sensitivity (83%) and specificity (95%), and accurate diagnosis.
### VCDQ Questionnaire

Developed in England

<table>
<thead>
<tr>
<th>Question</th>
<th>Disagree strongly</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Agree strongly</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>1. My symptoms are confined to my throat/upper chest</td>
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<td>2. I feel like I can’t get breath past a certain point in my throat/upper chest because of restriction</td>
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<td>3. My breathlessness is usually worse when breathing in</td>
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<td>4. My attacks typically come on very suddenly</td>
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<td>5. I feel that there is something in my throat that I can’t clear</td>
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<td>6. My attacks are associated with changes in my voice</td>
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<tr>
<td>7. My breathing can be noisy during attacks</td>
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<td>8. I’m aware of other specific triggers that cause attacks</td>
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<td>9. My symptoms are associated with an ache or itch in my throat</td>
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<td>10. I am frustrated that my symptoms have not been understood correctly</td>
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<td>11. I am unable to tolerate any light pressure around the neck, e.g. tight clothes or bending the neck</td>
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<td>12. The attacks impact on my social life</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
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<td><strong>(12–60)</strong></td>
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What Is Vocal Cord Dysfunction (VCD)?

Vocal Cord Dysfunction means that your vocal cords do not act normally. With VCD, instead of your vocal cords opening when you breathe in and out, your vocal cords close. When your vocal cords close, it makes it harder to get air into or out of your lungs.

Where are the vocal cords and what do they do?

Your vocal cords are deep in your throat in your voice box (larynx). Normally, when you breathe in (inhale), your vocal cords open. This allows air to go into your windpipe (trachea) and lungs. When you breathe out (exhale), your vocal cords open and let the air out of your lungs. Breathing out can cause your vocal cords to vibrate and let you produce sounds for speaking.

Common signs and symptoms of VCD

- Shortness of breath or difficulty getting air into or out of your lungs.
- Tightness in the throat or chest.
- Frequent cough or throat clearing.
- A feeling of choking or suffocation
- Noisy breathing (stridor, gasping, raspy sounds or wheezing)
- Hoarse voice

VCD can come on suddenly and may be mild or sometimes severe. Without treatment, a severe attack may require emergency room treatment. Even if an attack is severe, the oxygen level in your blood is usually normal. VCD symptoms do not usually occur during sleep.

What can trigger VCD?

There are many different possible triggers of VCD. Often no trigger can be found. VCD may be triggered by:

- Acid reflux (GERD)
- Post-nasal drip
- Upper respiratory infection (cold)
- Exercise
- Strong odors or fumes
- Tobacco smoke
- Strong emotions and stress

VCD is often confused with asthma

Often people with VCD are thought to have asthma because the symptoms and triggers for VCD and asthma can be similar. However, symptoms from VCD are not relieved by taking asthma medicines that open your breathing tubes (bronchodilators like albuterol). A confusing fact is that some people have both VCD and asthma. When a person with both VCD and asthma starts to cough, wheeze or have trouble breathing, it can be difficult to tell if the symptoms are from asthma, VCD, or both at the same time.
Exercises for Vocal Cord Dysfunction

Diaphragmatic Breathing

Many people who experience difficulty breathing will benefit from lower, relaxed breathing that fills the part of the lungs below the shoulders, armpits, and upper chest—not just the upper lung area near the shoulders. Many people tighten the neck and shoulder muscles in response to air hunger, thereby increasing the experience of throat tightness. The goal of this exercise is to become comfortable with low, deep diaphragmatic breathing.

How:

1. Sit or lie quietly with one hand on your chest and one hand on your belly, below your ribcage.
2. Without changing anything, notice the movement when you inhale and exhale.
3. Try to make your belly rise or expand outward when you inhale deeply. When you exhale, let your belly deflate or move in as the air leaves your body.
4. Do this deep breathing without moving your shoulders.
5. Deep, relaxed breathing is rhythmic, with equal intervals of inhalation and exhalation.

Sniff-Breath Technique

This is the actual breathing maneuver that will be used when the first trigger of a VCD episode is identified. Being able to breathe through the nose is important for this step. Blow your nose if necessary before beginning.

How:

1. Practice sniffing deeply through your nose.
2. Practice sniffing in deeply and quickly. 3 quick sniffs rapidly follow one another allowing air into your lungs by forcing your vocal folds open.
3. After you take 3 quick, deep sniffs into your body, exhale through pursed lips or while making any of the following sounds for a count of 8-10: “a, sh, f”.
   - This step is important to keep your throat open when you exhale.
   - You must exhale as completely as possible to avoid hyperventilation.
4. Do 5 consecutive sniff-breath exercises at five times throughout the day. It helps to pair the exercise with a routine activity such as mealtimes, tooth brushing, and bedtime. Do the exercise before starting the activities that tend to trigger the Vocal Cord Dysfunction episode, and at the first sign of onset of a VCD episode.

The Goal is to ward off the episodes, recover breathing more quickly and easily, reduce the frequency of episodes, and eventually, keep them from happening at all.


Thank You

mary.noseworthy@ahs.ca
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