



# **Position statement: speech and language therapists working with individuals with voice disorders**

## **Context**

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Voice disorders are common conditions, affecting approximately 1 in 3 individuals during their lifetime (Roy et al., 2004). Voice problems affect individuals across the lifespan and are particularly prevalent in professional voice users such as teachers, call centre workers and performers.

Voice disorders can also have significant effects on the individual, including inability to attend work or school, difficulty engaging in social interactions and hobbies, and are associated with depression and reduced quality of life.

Speech and language therapists (SLTs) provide specialist services for individuals with voice disorders, as part of a multidisciplinary team. SLTs have a central role in assessing and managing voice disorders in both adults and children. Intervention may include advice, education, direct therapy, and compensatory techniques.

Before voice therapy is undertaken by an SLT, the individual should be examined by their GP and should undergo endoscopic evaluation of the larynx by an Otolaryngologist or via a multidisciplinary voice clinic. This should take place less than six months prior to initial speech and language therapy contact. SLTs have a core role in multidisciplinary voice clinics and often provide speech and language therapy-led scoping clinics.

## **Benefits of providing a speech and language therapy service**

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- Input from SLTs is a cost-effective way to manage voice disorders and associated upper airway conditions (American Academy of Otolaryngology- Head and Neck Surgery Committee, 2005).
- SLTs are suitably skilled and qualified to perform a range of educational, therapeutic and behaviour change interventions to reduce the incidence, prevalence and impact of voice disorders.



- SLTs are well placed to deliver public health and preventative programmes to educate individuals on healthy voice use. This is likely to be of particular benefit to high risk groups such as professional voice users.
- SLTs can help maximise outcomes of surgical and medical interventions by providing pre and post surgical input, facilitating behaviour change interventions and improving or resolving voice disorders using voice therapy. This input may also reduce the need for medication or surgical procedures in some cases.
- Speech and language therapy can help maximise the efficacy of medical and surgical treatments by increasing patient compliance with recommendations and preventing recurrence of voice conditions.
- Multidisciplinary voice clinics are cost-effective and can help improve the accuracy of voice-related diagnoses and reduce the risk of inappropriate interventions (British Voice Association, 2012; Phillips, Calson & Chevretton, 2005)

### **Risks of not providing a speech and language therapy service**

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- Voice problems have a significant practical and economic impact on the workplace and UK economy. Approximately 25% of working individuals lose considerable time at work due to voice problems with an estimated cost to the UK economy of £200 million per year (BVA, 2015).
- Inability to attend work or school due to voice problems can cause educational and economic disadvantage to individuals (BVA, 2015), while difficulty engaging in hobbies and social interactions due to voice problems can negatively affect wellbeing and quality of life.
- Undiagnosed or untreated voice disorders can worsen over time, increasing the complexity or the condition and making conditions more resistant to treatment (Stachler et al., 2018).
- Inadequate provision of multidisciplinary voice clinics may be associated with greater prevalence of inaccurate voice related diagnoses (BVA, 2012; Phillips, Calson & Chevretton, 2005) and may result in duplication of consultation and administrative burden.
- Inadequate provision of speech and language therapy voice services may result in greater reliance on costly and higher-risk medical and surgical interventions



## Specification and planning of services for individuals with voice disorders

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- Speech and language therapy services for individuals with voice disorders should be commissioned (or the equivalent in Scotland) in such a way as to provide comprehensive and multidisciplinary assessment and treatment of both voice disorders and associated upper airway conditions. Separate commissioning streams from different directorates (for example, ENT, Respiratory services, Psychological services, AAC) may be required to ensure that services are appropriately funded in the context of capacity and demand.
- Services should ensure good availability of multidisciplinary joint voice clinic services, which provide an invaluable resource in the identification and management of voice disorders.
- Service provision should recognise the role of speech and language therapy in both treating and preventing voice disorders across the lifespan.
- Service provision for treatment and prevention should take into account high risk groups (for example, professional voice users) in order to provide responsive and client appropriate services.
- Care should be taken to ensure effective commissioning of children's voice services in particular, as these are frequently under resourced. When commissioning children's services, it is essential that therapists who have suitable specialist skills in both voice disorders and paediatrics are available, as the presentation, assessment and management of voice disorders in children is different to that of adults. Services should ensure that services for children with voice disorders are firmly rooted within the family and school context to facilitate joint working and carryover of strategies and management techniques.
- Timely intervention is required to ensure that the findings from EEL on referral remain in date; i.e. less than six months prior to initial speech and language therapy contact.
- Services may need to recognise the unique demands of working with a client group who are often of working age and/or in full time employment.
- Prioritisation of caseloads should recognise both the severity of the voice problem itself and the impact of this on activities, participation and wellbeing. Gathering further information (for example, through a PROM) may assist clinicians in effective triaging.
- Speech and language therapists working in voice disorders should receive appropriate training and supervision to enable them to develop specialist knowledge and skills in this area. Development of national competencies may contribute to this.



- SLT led scoping clinics are available in many parts of the UK to inform management.
- Joint sessions with SLTs and multidisciplinary colleagues and second opinions are common within this caseload, particularly for complex clients, to ensure a robust and comprehensive service.
- In some instances, patients with other symptoms (e.g. dysphagia, dysarthria) may present to voice clinics. In these instances, appropriate onward referrals should be made.
- In some areas, the SLTs may work in an extended role, such as assisting in clinic and theatre-based surgical procedures in order to maximise patient outcomes and providing other interventions which are beyond the typical scope of the SLT. This varies from service to service and should be agreed and appropriately commissioned and developed in accordance with national and local policies and pathways.



## References

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