

European Respiratory Society Annual Congress 2012

Abstract Number: 768

Publication Number: P3528

Abstract Group: 1.2. Rehabilitation and Chronic Care

Keyword 1: Asthma - management **Keyword 2:** Rehabilitation **Keyword 3:** Comorbidities

Title: Speech and language therapy effectiveness in vocal cord dysfunction management

Mrs. Nicola 6620 Pargeter nicola.pargeter@heartofengland.nhs.uk¹, Dr. Sarah 6621 Manney sarah.manney@heartofengland.nhs.uk¹ and Dr. Adel 6622 Mansur adel.mansur@heartofengland.nhs.uk MD¹.¹ Severe & Brittle Asthma Unit, Birmingham Heartlands Hospital, Birmingham, West Midlands, United Kingdom, B9 5SS .

Body: Introduction Vocal cord dysfunction (VCD) “paradoxical vocal cord adduction” is misdiagnosed as asthma, resulting in over medication and increased hospital admissions. There is anecdotal evidence of the benefits of Speech Therapy (SLT) in management of VCD¹. This study explored the impact of SLT on symptom control and hospital admission prevention. Method One hundred consecutively referred patients (m:f ratio=1:5, mean age 45yrs, range = 16-77) underwent detailed assessment at a tertiary VCD clinic with nasendoscopy confirmed VCD. N= 81/100 (81%) had physician-diagnosed asthma, 45/81 (56%) required oral steroids. Patients received four sessions of SLT. Treatment effectiveness was assessed pre/post therapy, using in-house self-rated, VCD symptoms score (range 0- 25). N=21/100 (21%) patients reported hospital admission with dyspnoea in the year prior to assessment. Data were analysed to determine number of hospital admissions one year pre/post SLT intervention. Results: Differences pre/post therapy were assessed using Wilcoxon Signed Ranks Test. Significant reduction in patient-reported symptoms was noted post SLT; pre vs. post therapy; mean (SD) =17.88 (3.10), 8.16 (4.13) respectively, p <0.0001.) Reduction in hospital admissions was noted in the year post SLT intervention; pre vs. post therapy mean (SD) = 10.7 (8.8), range = 2-30; 1.5 (2.2), range 0-6, p< 0.0001). Conclusion SLT significantly improves symptom control and reduces hospital admissions in VCD. The availability of effective therapy prompts the need to increase awareness of vocal cord dysfunction. 1 Morris, Allan and Perkins. (2006)Vocal Cord dysfunction: Etiologies and treatment. Clin Pulm Med. 13(2): 73-86.