

My voice has changed - what should I do?

Unfortunately many of the vocal symptoms associated with ageing can be signs of other medical conditions. They can also be related to the side effects of medications prescribed to treat other conditions. It is therefore important to rule out the presence of other medical factors before assuming vocal changes are due to ageing.

Consult your GP and ask for a referral to an ENT surgeon or, better still, a Voice Clinic. A Voice Clinic will have a voice specialist ENT surgeon (laryngologist) working together with the speech and language therapist and possibly other related professionals. There is specialist equipment available to make a detailed examination of your voice and provide an accurate diagnosis. The Voice Clinic team can also plan a management programme to improve or resolve the voice problem.

Treatment options

Often vocal change from ageing responds well to voice therapy exercises that are designed to improve vocal function. The Voice Clinic speech therapist can arrange this for you, or the general ENT surgeon can refer you to a voice specialist speech and language therapist working locally. If voice therapy is unsuccessful in resolving hoarseness arising from poor vocal fold closure, the ENT surgeon may offer surgical intervention. Often, fat (or some other medically approved filler) can be injected into the vocal folds to increase their bulk, enabling them to close in the midline. This is often referred to as a vocal fold augmentation injection. Following the injection, the voice is usually lower and louder with improved comfort and stamina; however, the vocal quality may continue to be slightly hoarse.

What can I do to keep my voice in good health?

Use it or lose it! Keep using your voice. Don't stop socialising – make sure to see or telephone friends and relatives regularly.

Talk to people in shops or on the bus, talk to the dog or cat or even yourself.

Do a regular vocal warm up – there is one you can do in the 'Free Resources' section of the British Voice Association website at: www.britishvoiceassociation.org.uk.

Useful tips for maintaining a healthy voice

Singing has been shown to be effective in keeping the voice working well and improving breathing and wellbeing. Consider taking lessons or joining a choir.

Make sure you exercise regularly – this helps keep you stronger, more flexible and improves your breathing and posture.

Make sure you eat a healthy and varied diet.

Keep well hydrated – 8 glasses of water a day is usually recommended.

If you smoke, ask your GP about smoking cessation programmes to help you give up. Smoking is like taking sandpaper to your voice and puts you at higher risk of cancer of the lungs, larynx and airway.

Keep alcohol to a minimum to reduce acid reflux and its detrimental effects on your brain and neurology.

Keep mentally active – crosswords and puzzles can help keep your vocabulary from shrinking. It helps to be able to find the right words.

Make sure your hearing has been checked and use your hearing aid if you have one. It helps you monitor the clarity of your speech. It is better not to have to say it twice!



We cannot stop the ravages of time, but by making these simple changes in our lifestyle we can help keep ourselves healthy and our voices working well.

This information is also available online in the Voice Care section of our website
www.britishvoiceassociation.org.uk



Tel: +44 (0)300 123 2773

email: adminstrator@britishvoiceassociation.org.uk

Company no. 3873285. Registered Charity no: 1078709



With grateful thanks to Jackie Ellis, Tom Harris, Sophie Harris and John Rubin for their help with editing and to Tom Harris and Nick Gibbins for their clinical images.



The Voice and ageing



Maintaining a healthy voice in later years

Our voices - what changes as we get older?

The physical changes of ageing eventually affect us all. They are manifest throughout the body, including the larynx – your ‘voice box’. The age at which deterioration becomes noticeable and the degree of change varies a lot from person to person. Some people are ‘old before their time’; while others appear to stay younger longer.

Ageing and the body

- Muscles weaken and lose tone so we are not as strong
- Joints stiffen, bones become more brittle and the spine loses flexibility
- Hearing deteriorates
- The lungs (respiratory system) lose capacity, making us more breathless
- The digestive system becomes slower and less efficient and disorders such as diverticulitis, hiatus hernia and acid reflux are more common
- The neurological input to our muscles is less effective, leading to difficulties with fine co-ordination and balance. It may also result in the development of a tremor
- We forget things more easily, especially words and people’s names

These changes can impact on voice, speech and communication.

Breathlessness causes us to run out of air when talking. Loss of joint flexibility and changes in the spine alter posture which will affect resonance. Postural change may impact on the ribcage making breathing more difficult. Changes in the digestive system may increase the likelihood of acid reflux which can cause inflammation of the oesophagus, gullet and possibly irritate the vocal folds. The larynx may respond to reflux by rising and constricting to guard against possible overspill.

Small changes in neurological efficiency can affect fine muscle control. This may impact on our ability to control pitch and intonation or alter voice quality appropriately. Swallowing is less coordinated, making us more likely to choke. Movements of the tongue, palate and lips may slow while loss of bone in the jaw, together with general wear and tear, can result in the loss of teeth. Both will affect articulation making speech unclear.

Deafness reduces our ability to monitor the clarity of our speech while deafness in others requires us to speak loudly causing hoarseness and vocal fatigue.

Ageing and the larynx

Our voices as well as our bodies also alter with time. The most obvious change occurs when the voice breaks in boys at puberty, but there is also a gradual decrease in pitch in both sexes until middle age. During middle age, women particularly notice a drop in vocal pitch, especially after menopause, while men in late middle age may begin to notice a rise in vocal pitch. These changes occur in response to the way ageing affects the larynx and the structure of the vocal folds (cords):

- The larynx drops over time, sitting lower in the neck. This lengthens the vocal tract (from the vocal folds to the mouth) altering resonance so the voice sounds lower
- The vocal fold mucosa thins and becomes drier
- The glands that secrete mucus onto the vocal folds reduce in number. This can lead to sticky mucus that is more difficult to clear



Normal vocal folds – closed

Photo @ Tom Harris

- The laryngeal cartilages gradually calcify and the cricoarytenoid joints involved in opening and closing the vocal folds become stiffer. This makes it harder to close the vocal folds posteriorly (at the back)
- In women, hormonal changes make the vocal folds a little swollen and stiffer causing the pitch to drop and the quality to become rougher and breathier
- In men, the vocal fold structure becomes thinner and stiffer causing the pitch to rise (This vocal fold thinning can also occur in women)
- Thinned, atrophied vocal folds tend to lose their straight edge becoming curved so they no longer meet fully in the midline (often referred to as ‘bowing’, ‘glottal insufficiency’ or ‘presbylarynx’). The voice becomes weak and breathy and does not carry in noise. Voice breaks and pitch instability /yodelling are common and speaking becomes effortful causing strain and discomfort. Vocal stamina is reduced
- A tremor will make the voice sound shaky, tight and strained

Most people find vocal changes occur gradually and never significantly affect their ability to communicate. However, in some they occur early and may be severe enough to make communication and social activities difficult. When this happens help is needed.



Glottic incompetence following injection adduction

Photos © Nick Gibbins



Bowing vocal folds with false fold recruitment



Bowing vocal folds in phonation