

Referral Support Service

ENT

ENT22

Voice Problems / Hoarseness

Definitions

Dysphonia - an abnormal voice.

Hoarseness - change in quality of voice and difficulty in projecting the voice (with or without the need to clear the voice or throat regularly).

Features of a normal voice include: clarity, consistency, audibility, stamina, flexibility of pitch and is comfortable. A patient may complain of problems with any of these features.

Exclude Red Flag Symptoms

- **Persistent hoarse voice for more than six weeks with no history of URTI is a 2WW referral (exclude lung cancer)**
- Continuous hoarse voice rather than an intermittent hoarse voice.
- Any signs of airway obstruction (such as stridor)
- Dysphagia (difficulties swallowing) or odynophagia (painful swallowing)
- Frequent associated cough with or without sickness / bringing up food boli
- Haemoptysis
- Consider the possible significance of risk factors, including:
 - age – over 50 years
 - smoking
 - excess alcohol intake.

The recurrent laryngeal nerve extends deep into the chest, therefore a CXR would be indicated for probably most patients (certainly smokers; others if middle aged) before a referral to ensure no pathology there.

Management

- Explore possible strain and overuse (public speaking, teaching, singing etc.).
- Does resting the voice help?
- Could this be laryngitis after an URTI (can last for 2-3 weeks)
- Could this be dyspepsia or silent reflux (voice problems often worse in the morning, better during the day)
- Particularly in asthmatic patients on steroid inhalers: think possible fungal infection in the upper airway
- For localized or mild oral candidal infection, prescribe topical treatment for 7 days (and advise the person to continue treatment for 2 days after symptoms resolve).
 - Offer **miconazole oral gel** first-line.
 - Offer **nystatin suspension** if miconazole is unsuitable.

- For extensive or severe candidiasis, prescribe **oral fluconazole 50 mg** a day for 7 days.
- Advise on prevention – brush teeth/ rinse mouth after inhaler use.

Less common other causes for voice changes or hoarseness: nerve palsy, hypothyroidism, Parkinsonism or medication side effects (e.g. **antihypertensives – particularly ACEi, antihistamines, antidepressants, contraceptives** etc) and others.

Good advice to give patients includes:

- rest the voice as much as possible
- avoid whispering (this actually strains the voice box more than normal use)
- reduce or stop negative impacts on the voice box (smoking, alcohol, caffeine, dryness, spicy food etc.)
- ensure sufficient regular voice lubrication (e.g. sips of clear fluid, sugar-free lozenges, simple steam inhalations)

Consider a trial of **Peptac® +/- a PPI** for one month in suspected possible (silent) reflux.

Indications for referral

Emergency or 2WR:

- Acute stridor – refer immediately.
- Continuous hoarse voice for more than two or three weeks, particularly if there are individual risk factors (age, smoking, alcohol excess etc.), as mentioned above.

Routine:

- If conservative measures are ineffective and there is a possible need for a laryngoscopy and/or speech therapy.
- If it is a low-risk but possibly anxious patient, the [ENT primary care clinic](#) (which is bookable via the on-call SHO) could provide a nasal endoscopy facility for quick reassurance.

Information to include in referral letter:

- Is it hoarseness or dysphonia or a mixed picture?
- Are there any patterns or is it a continuum?
- Time line and possible initial cause and/or maintaining factors.
- Routine bloods including TFTs, CXR when indicated
- Relevant past medical / surgical history
- Current regular medication; have you trialed a course of **Peptac® +/- PPI**
- BMI / Smoking status / Alcohol status / Employment.

Investigations prior to referral

- CXR - exclude sinister non-ENT causes when indicated.



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- Baseline bloods including TFTs

Patient Information Leaflets/ PDAs

<http://patient.info/health/laryngitis-leaflet>

References

<http://publications.nice.org.uk/referral-guidelines-for-suspected-cancer-cg27>

Minor update 2/12/20 to align with 2WW form Shaun O'Connell

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