

Gal Levy M.S., CCC-SLP
Speech Pathologist
(214) 995-6444
galslp@gmail.com

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Dear Doctor / Colleague,

This letter will shed some light on:

VCD (Vocal Cords Dysfunction).

What is VCD?

In 1983, doctors at National Jewish Center described a condition that has the potential to mimic asthma, thus leading to inaccurate diagnosis and inappropriate, potentially harmful treatment. This condition is called vocal cords dysfunction, or VCD. The condition is characterized by vocal cord closure, usually on inspiration, leading to air-flow obstruction, wheezing, and occasionally stridor.

VCD has been reported from ages 3 to 82, but most often it occurs between the ages 20-40 especially in women and for as-yet-unidentified reason particularly among health care workers. Among teenagers, VCD has a strong link to participation in competitive sports activities and to personal and family orientation towards high achievement.

This is a mysterious disorder which underlying mechanisms are still unknown. No biochemical, physiologic, or structural abnormalities have been associated with this syndrome.

Psychogenic factors clearly contribute to many cases of VCD, but patients usually do not exhibit psychopathology on evaluation. While mental stress can induce paradoxical vocal cord motion, no evidence points to a voluntary component to VCD. Most common clinical features are episodic or recurrent wheezing and dyspnea, usually with sudden onset and cessation. Most VCD patients carry a diagnosis of asthma unresponsive to bronchodilators and steroids.

VCD poses a very real, potentially debilitating health problem to patients. The symptoms are not imagined or voluntarily induced and in some cases can be life-threatening.

A definitive VCD diagnosis requires Laryngoscopy or Stroboscopy, with the vocal cords under direct observation, the patient should sequentially pant, breathe deeply and phonate. Classically, VCD appears as adduction of the anterior two-thirds of the vocal cords with posterior chinking that will create a diamond shape during inspiration.

Treatment of VCD.

Speech therapy is the first line of treatment for VCD. Special exercises increase the patient awareness of abdominal breathing and special vocal cords physiotherapy relaxes the patient's throat muscles. This enables the patient to have more control of his vocal folds and throat. Learning to focus on expiration rather than inspiration can also be extremely helpful. Practicing these techniques when symptom free ensures effective use of them during an episode. All of the exercises are aimed at overcoming abnormal vocal cord movements, controlling the vocal folds with the breath stream, and improving airflow into the lungs. State of the art techniques like AGIN technique will focus on doing all these exercises during body movements like pace walking, running etc.

I trust you have gained some insight from this educational note. I appreciate the opportunity of being of service to you and your patients. Please e-mail me at galslp@gmail.com if you would like this or previous information to be sent to you via e-mail in a digital format

Thank you,

Gal Levy, M.S., CCC-SLP