- **Compensation for an underlying vocal fold problem such as a cyst, paresis or fatigue in the vocal muscles**
- **A 'guarding' response to stress, acid reflux or some other irritant**
- **A combination of some or all of the above factors.**

How is Muscle Tension Dysphonia treated?

Depending on the diagnosis, MTD without any other vocal fold abnormality is usually treated by a SLT specializing in voice disorders. Treatment may require only a few sessions, or may take several months depending on how long you have had the problem and your individual response to treatment. The goal of voice therapy is to decrease excessive or inappropriately placed tension so that the vocal muscles can function effectively again.

If MTD is the primary cause of damage to the vocal fold or, alternatively, has developed to compensate for an underlying vocal or health problem, the ENT surgeon will explain and discuss the medical/surgical treatment options open to you. If surgery is required, it is best to attend voice therapy during your recovery to resolve any persisting symptoms of MTD that might undermine your recovery.

What does Voice Therapy involve?

The SLT will help you explore how you use your voice and identify any problem vocal behaviours or lifestyle factors contributing to your voice disorder. Your therapist will use a range of approaches to help you find a more effective way to produce your voice when speaking and/or singing. These may include:

- **Working on your posture**
- **Improving your breathing pattern to support the voice**
- **Relaxation techniques to reduce the general neck/ shoulder tension that contributes to vocal tension**
- **Specific vocal exercises designed to redistribute the working load to the appropriate vocal muscles**
- **Laryngeal massage to reduce tension in the throat and laryngeal muscles.**

This leaflet is intended for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

** See BVA leaflet 'The effects of Stress and Emotion on the Voice'.*

What can I do to help prevent or resolve Muscle Tension Dysphonia?

You can help improve the symptoms of MTD, or reduce the chances of it developing, by maintaining good vocal care and in particular by avoiding the following:

- **Yelling and screaming**
- **Speaking/singing excessively loudly, especially against noise**
- **Speaking/singing outside your own comfortable pitch range**
- **Speaking/singing with excessive tension/constriction in the vocal muscles**
- **Speaking/singing when out of breath or without good breath support**
- **Speaking with a hard glottal attack**
- **Excessive coughing and throat clearing**
- **Whispering or trying to protect the voice**.

Will I always have the condition/ need treatment?

Reducing general sources of tension and stress in your everyday life, observing good voice care and following the advice you receive during voice therapy will help you maintain the improvements you have made and reduce the likelihood of MTD recurring.

For more information about muscular tension dysphonia see the Association website:

britishvoiceassociation.org.uk

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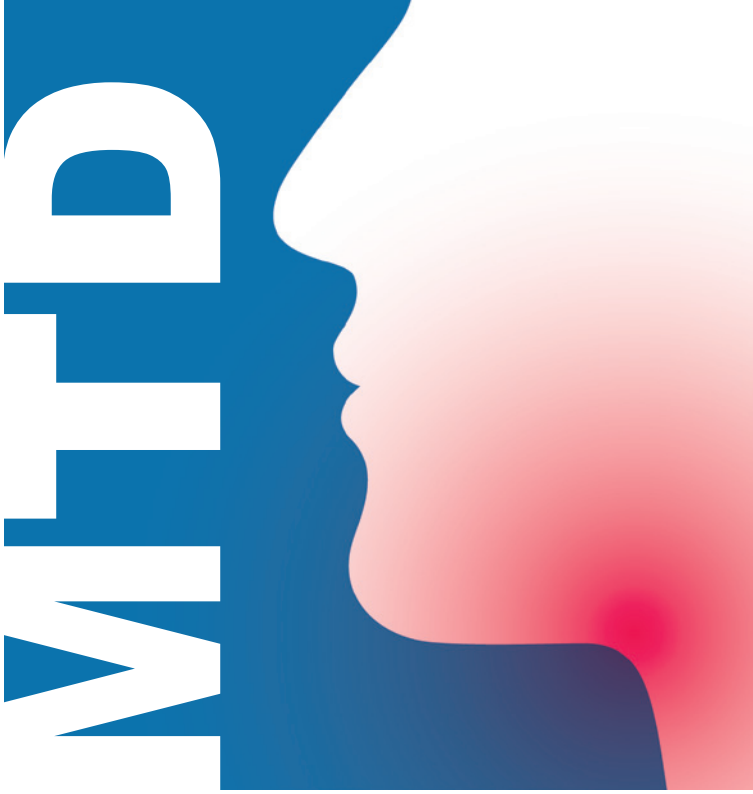
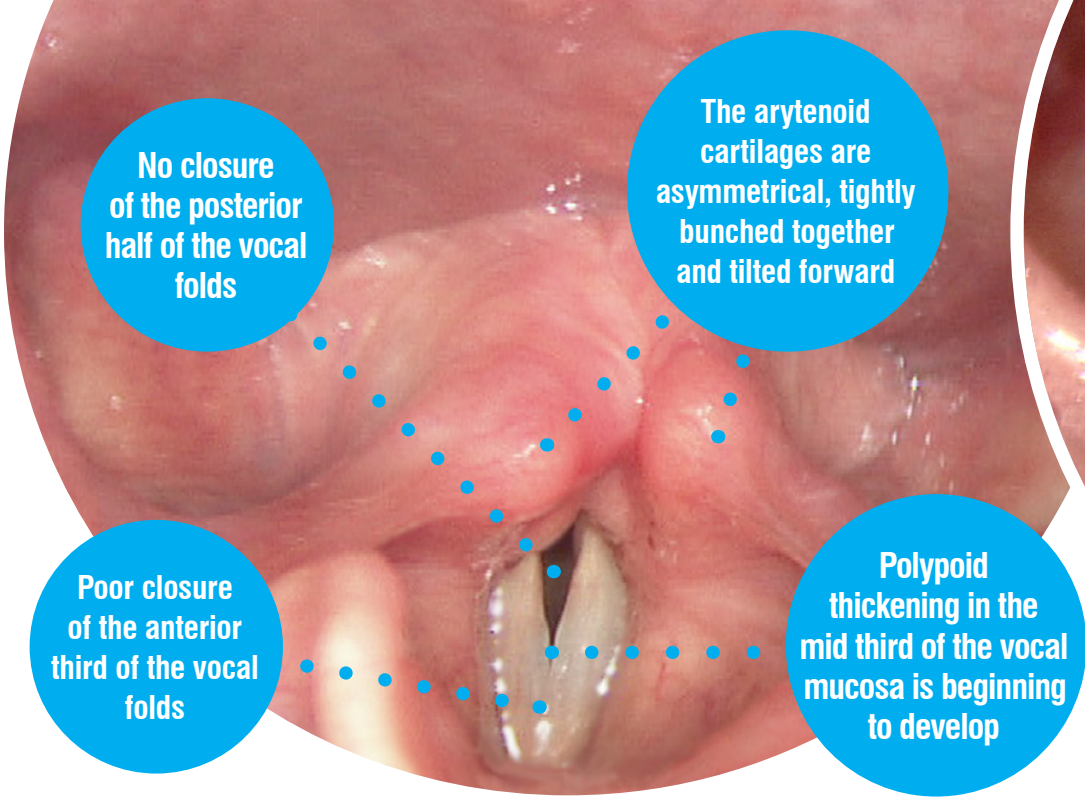
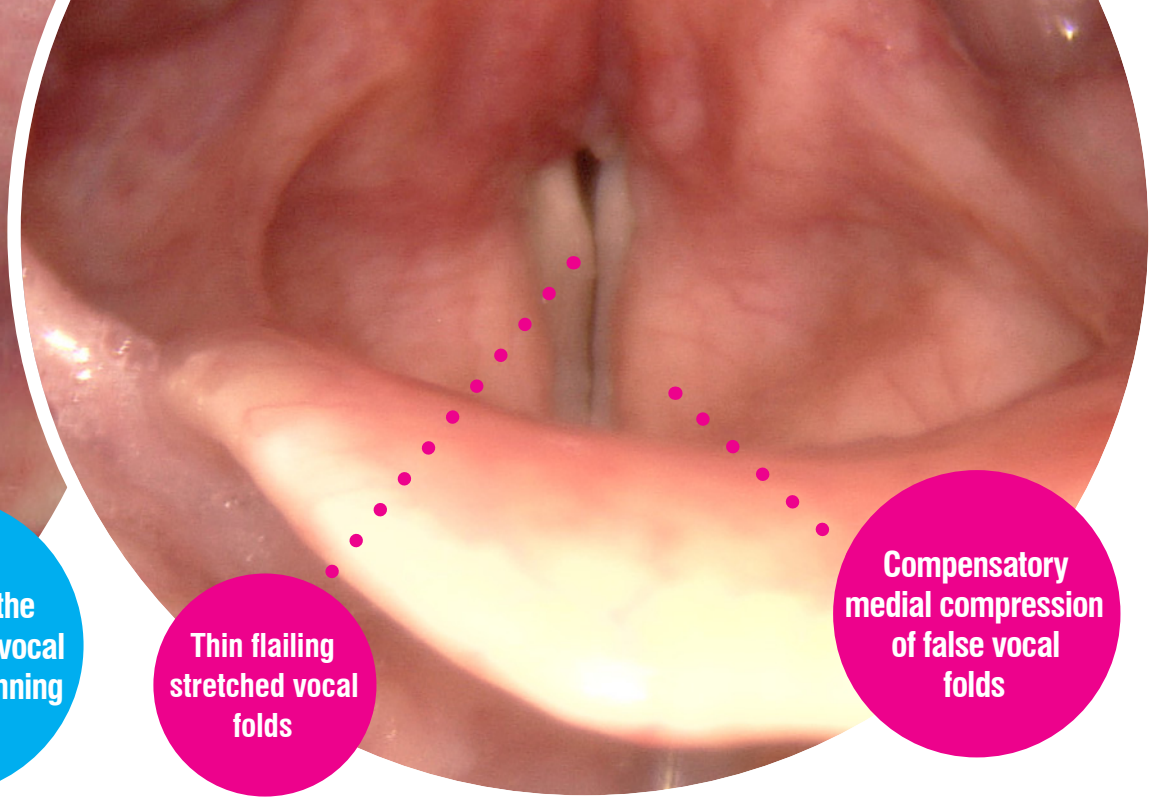


WHAT IS MUSCLE TENSION DYSPHONIA?

Muscle Tension Dysphonia (MTD) is a term used to describe vocal symptoms, such as hoarseness or throat discomfort, that develop from the way in which the voice is habitually used in speech or singing. Other terms often used to describe the same condition include 'Vocal Hyperfunction', 'Hyperfunctional Voice Disorder' and 'Muscle Tension Imbalance'.



Morrison Type 1 MTD sometimes referred to as "Laryngeal Isometric Disorder" (courtesy Tom Harris)



Morrison Type 2 MTD showing lateral (supraglottic) compression (courtesy Tony Aymat)

Effective, comfortable singing and speech relies on maintaining a comfortable balance of tension in the muscles of voicing. These include the muscles that control vocal fold closure, pitch change and resonance balance in the upper airway above the larynx. If these muscles become overly tight they may tire more easily, so that other less effective muscles are then recruited to 'help out'. Over time the voice starts to produce symptoms and may become hoarse, constricted, unreliable and uncomfortable.

In most cases, MTD produces vocal symptoms without any actual physical damage. However, in the long term, MTD can sometimes cause vocal fold swelling and irritation so it is best to treat it early.

What are the symptoms of Muscle Tension Dysphonia?

- **Tiredness, aching or pain that develops in the larynx or throat when speaking or singing**
- **Dryness or scratchiness in the larynx with voice use**
- **A change in voice quality, particularly during long periods of voice use or at the end of the day**
- **A change in the vocal pitch (too high, too low, unstable or yodelling).**

Changes in voice quality are often variable and can include some or all of the following symptoms:

- **Roughness, hoarseness or a raspy quality**
- **A tight, strained, tense or 'squeezed' quality**
- **A breathy, weak quality**
- **Voice 'breaks' where the sound cuts out briefly or is slow to get going.**

How is Muscle Tension Dysphonia diagnosed?

MTD can only be diagnosed through examination of the larynx. Ideally an ear, nose and throat doctor (ENT Surgeon/ Laryngologist) and a speech and language therapist (SLT) working together in a voice clinic would investigate the causes of your voice problem through observation of the larynx during voice production, a careful history and analysis of how the voice sounds. The symptoms associated with MTD can be caused by other conditions, so it is important that these are excluded before starting any voice therapy.

What causes Muscle Tension Dysphonia?

There are usually a number of factors involved in the development of MTD. It may arise from:

- **Long-term patterns of ineffective voice use**
- **Changes in voice production associated with a period of vocal overuse, an infection or emotional stress***

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