

## Stop Aging in Its Tracks

- The aging voice
  - ~20-30% of individuals over 50 years of age have altered vocal function
    - Due to onset of disease or age-related physiological changes
  - Older individuals are perceived to present with more roughness, breathiness, strain, and instability
  - Studies have shown dramatic impact of dysphonia (voice disorder) on quality of life
- Impact of puberty on the voice
  - Male voices can drop an octave
    - Lower pitches are typically more stable than higher pitches in males
    - Change in tone and timbre of the voice
    - Frequent voice “cracks” (pitch breaks) when the voice is actively changing, decreases as the individual matures
  - Female voice change is less dramatic, typically dropping ~3 tones
    - May be breathy or husky
    - Occasional pitch breaks
    - Increased pitch inaccuracy during singing
- Impact of menstrual cycle on the voice
  - Hormone changes can profoundly affect the voice
  - As hormones change throughout the menstrual cycle, the changes can manifest in the voice
  - Changes typically occur right before menstruation, though some women note changes during ovulation
  - Vocal changes can include:
    - Loss of upper range
    - Vocal fatigue
    - Husky vocal quality
    - Reduced vocal flexibility and/or power
    - Reduced vocal efficiency

- Pitch uncertainty
- Voice changes during and after pregnancy
  - Rise in estrogen and progesterone levels
    - Causes swelling of vocal folds→heavier and “sluggish” when vibrating
  - Pregnant or lactating mothers may notice:
    - Breathiness
    - Hoarseness
    - Prolonged warm-up time
    - Muffled vocal quality
    - Vocal fatigue
    - Increased vocal effort
- Voice changes during perimenopause and menopause
  - Menopause: a point in time. A person has “reached menopause” when they have not had a menstrual cycle in one year
  - Perimenopause: an extended transitional state. Begins with irregular menstrual cycles and ends a year after the last period
  - Estrogen levels fall and androgen levels increase relatively
  - Structural changes and issues impacting voice during perimenopause and menopause:
    - Drier larynx
    - Less lung power
    - Weakened laryngeal muscles
    - Stiffer laryngeal cartilages
    - Thickened vocal folds (due to relative increase in androgen levels)
- Causes of presbyphonia (the aging voice)
  - Age at which people begin to “sound old” varies widely
    - Time does not define aging, biological changes and the functional deficits of those changes define aging
  - Normal aging process can affect the larynx and vocal folds:
    - Muscle atrophy
    - Thinning of mucous membranes
    - Stiffening of connective tissues
- Aging voice symptoms

- Higher pitch in men (thinning of vocal folds due to fall in androgen level and relative rise in estrogen/androgen ratio)
- Lower pitch in women
- Reduced projection
- Loss of resonance
- Reduced endurance
- Voice tremors
- Weak (asthenic), breathy, and/or strained voice
- Typically gradual
- Potential impact of vocal fold changes
  - Important to note that vocal fold changes can lead to use of compensatory strategies that can be harmful
    - Increased muscle tension in head, neck, base of tongue, jaw, throat, larynx
    - Can result in vocal fatigue and hoarseness
    - Can result in vocal fold trauma, depending on how long the negative compensatory strategies are used and how traumatic they are
- Voice therapy
  - Typically completed prior to surgery
  - If surgery is performed, recommend voice therapy after surgery to ensure no muscle tension exists to compensate for prior dysphonia
  - Voice therapy is completed after the voice has changed but it's best to try to combat muscle loss before you notice the vocal changes associated with that loss
- What can you do?
  - Be aware
  - Maintain your overall health
  - Continue using your voice!
  - Practice good vocal hygiene
  - See an ENT if you notice symptoms of presbyphonia
  - Straw phonation in water
  - Vocal function exercises