

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