

## Vocal Cord Dysfunction

### Frequently Asked Questions

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#### Q 1: What is vocal cord dysfunction?

Vocal cords are two bands of muscle tissue in the voice box that vibrate when air passes through them to produce sound. When a person breathes in, vocal cords normally open, allowing air to flow through the windpipe (trachea) into their lungs.

Vocal cord dysfunction (VCD) occurs when vocal cords close together (constrict) when a person breathes in. This causes a small opening for air to flow through the windpipe, leading to symptoms.

VCD can also be called inducible laryngeal obstruction (ILO) or paradoxical vocal fold motion (PVFM).

#### Q 2: What are the symptoms of vocal cord dysfunction?

Symptoms of VCD include:

- Throat tightness
- Feeling breathless
- Noisy breathing
- Coughing
- Voice changes or hoarseness

These symptoms can cause distress and may be confused with anaphylaxis or asthma symptoms.

VCD is not an allergic condition and treatment for VCD is different to anaphylaxis or asthma treatments.

Episodes of VCD can occur for a period of time, then go away.

#### Q 3: What can trigger or affect vocal cord dysfunction?

Episodes of VCD can be triggered or affected by:

- **Stress and anxiety** - for people who have had a previous anaphylaxis, stress and anxiety can be a major trigger for VCD, or can make it worse.
- **Stomach acid disorders** - such as gastro-oesophageal reflux disease (GORD) or laryngopharyngeal reflux (LPR).
- **Irritants** - such as strong smells (odours) including cigarette smoke, fumes, bleach or insect spray.
- **Exercise** - such as high impact activities.
- **Respiratory disorders** - including postnasal drip (mucus in the throat) from chronic nasal and/or sinus congestion.
- **Infections**
- **Chronic pain**

**Q 4: How is vocal cord dysfunction different to asthma?**

VCD is different to asthma:

- In VCD, it is usually more difficult when breathing in than when breathing out.
- In asthma, it is more difficult when breathing out than when breathing in.

Some people have both VCD and asthma, but these conditions need different treatments.

**Q 5: How is vocal cord dysfunction diagnosed?**

Diagnosis of VCD is important to ensure it is treated correctly.

A history of difficulty when breathing in, voice change, hoarseness or frequent use of adrenaline (epinephrine) without improvement in symptoms should be discussed with your doctor.

Your doctor may suggest tests including:

- Spirometry (lung function testing) – this is a breathing test that measures airflow that can help to diagnose or rule out asthma.
- Laryngoscopy - this involves looking at vocal cords through a camera attached to a flexible tube. When laryngoscopy is performed while a person has symptoms, it can help to diagnose VCD. When laryngoscopy is performed while a person doesn't have symptoms, it may not be as useful.

These tests may require a referral to a medical specialist.

**Q 6: How is vocal cord dysfunction managed?**

There is no cure for VCD, but it can be managed.

Treatments for a VCD episode include extension of the neck to lift the chin upwards, and so-called pursed lip/straw breathing. This is where people breath in via the nose and breathe out through pursed lips or a straw, to help open up the vocal cords.

Management of VCD often involves activities that relax the throat muscles, including:

- Speech therapy to reduce sensitivity and muscle retraining exercises.
- Deep breathing exercises to improve breathing pattern.
- Treatments for triggers such as respiratory disorders or stomach acid disorders (GORD or LPR).

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