

Therapy for Irritable Larynx / Cough

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May 3, 2024

The background features a series of overlapping, semi-transparent green geometric shapes, primarily triangles and quadrilaterals, that create a dynamic, layered effect. The colors range from light, pale greens to deep, dark forest greens. The shapes are positioned on the right side of the frame, extending towards the center, while the left side remains mostly white.

No Financial
Disclosures

Irritable Larynx and Chronic Cough Definitions



Irritable Larynx - laryngeal hypersensitivity; can include chronic cough, throat clearing, globus sensation, paradoxical vocal fold motion (PVFM), and laryngospasm



Chronic Cough - cough that is resistant to medical treatment and lasts more than 8 weeks

Common Causes of Cough/ILS

- ▶ Reflux
- ▶ Allergies / Post-nasal Drip
- ▶ Asthma
- ▶ Infections
- ▶ COPD
- ▶ ACE inhibitors
- ▶ Vocal hyperfunction
- ▶ Other irritants - odors, chemicals, smoke, temperature change, strong emotions

Medical Treatment of Cough

Treat all possible causes

Consult GI, allergist, pulmonologist,
ENT with laryngoscopic exam

Behavioral treatment is appropriate
after potential medical causes have
been ruled out and/or treated

Behavioral Cough Treatment



**EDUCATION /
IDENTIFY TRIGGERS**



VOCAL HYGIENE



**SUPPRESSION
STRATEGIES**

Education / Triggers

Physiologic function of vocal folds
and cough

Side-effects of cough

Cough is not always necessary

Cough can be controlled voluntarily

Vocal Hygiene

- ▶ Hydration
 - ▶ Drinking
 - ▶ Humidification / Steam Inhalation
- ▶ Decrease caffeine and alcohol
- ▶ Address reflux and allergies (if applicable)
- ▶ Avoid laryngeal hyperfunction / vocal overuse
- ▶ Eliminate throat clearing

Cough Suppression Strategies

- ▶ Breathing Techniques
 - ▶ Posture / Abdominal breathing
 - ▶ Nasal inhalation with pursed lip exhale
- ▶ Cough Suppression Swallow
- ▶ Distraction Techniques
 - ▶ Drinking water
 - ▶ Sucking on ice chips\cough drops
 - ▶ Chewing gum

Therapeutic Strategies for Irritable Larynx

Chronic Throat Clear

- Swallow (with or without water)
- “Silent cough/throat clear”
- Hum/Trills
- Talk through mucus

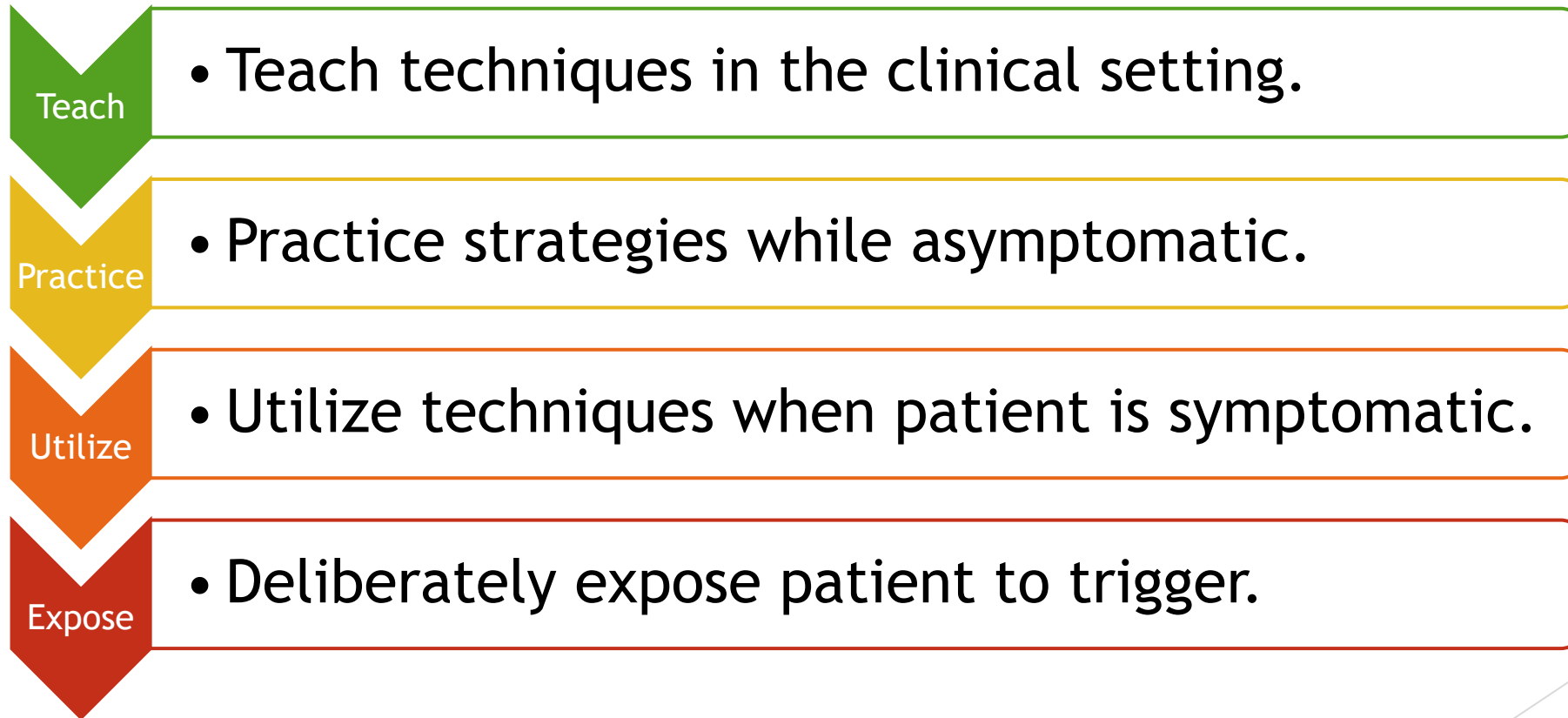
Paradoxical Vocal Fold Motion and Laryngospasm

- Breathing techniques

Voice therapy techniques are appropriate if voice is a trigger

- SOVTs, resonant voicing, yawn-sigh, laryngeal massage, etc.

Treatment Hierarchy (Vertigan & Gibson, 2016)



Thank you!

Citations and Resources

- Ferrand, C. T. (2012). *Voice disorders: Scope of Theory and Practice*. Allyn & Bacon.
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