Direct, indirect voice Tx both aid children with vocal fold nodules

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(HealthDay)—For children with vocal fold nodules, both direct and

indirect voice therapy approaches improve voice-related quality of life, according to a study published online Dec. 28 in *JAMA Otolaryngology-Head & Neck Surgery*.

Christopher Hartnick, M.D., from Massachusetts Eye and Ear in Boston, and colleagues examined the impact of voice therapy in children with vocal fold nodules according to pre- and post-therapy scores on the Pediatric Voice-Related Quality of Life (PVRQOL) survey. One hundred fourteen children aged 6 to 10 years with vocal fold nodules, PVRQOL scores 12 weeks were recruited. Participants received indirect or direct therapy for eight to 12 weeks; indirect therapy focused on education and discussion of voice principles, while the stimulus, response, antecedent paradigm was used in direct therapy.

The researchers observed significant differences in PVRQOL scores from pre-therapy to post-therapy for both approaches. The mean increase in PVRQOL score was 19.2 and 14.7 for direct and indirect therapy, respectively (difference, 4.5; 95.3 percent confidence interval, −10.8 to 19.8). Clinically meaningful improvement in PVRQOL occurred in 61 and 53 percent of those in the direct and indirect therapy groups, respectively (difference, 8 percent; 95 percent confidence interval, −12 to 28 percent).

"Both direct and indirect voice therapy improved voice-related quality of life in children with vocal fold nodules, although there was no significant difference between approaches," the authors write.

More information: Abstract/Full Text

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