



## Speech & Language Stimulation Center, Inc.

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### **Breathing easier:**

#### **Treatment, training helping people with VCD**

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Imagine a brigade of cars heading toward a tunnel on the freeway when a boulder suddenly blocks the passage.

People with vocal cord dysfunction, or VCD, may feel a similar sense of panic and confusion when they try to breathe.

VCD is a disorder in which the vocal cords move together during inhalation to obstruct or block the smooth flow of air into the chest. The disorder is frequently misdiagnosed and improperly treated. But people with the disorder have hope. Treatment and training can help reduce symptoms and allow people with VCD to live normal lives

"With VCD, vocal cords are basically doing the opposite of what they're supposed to," said Dr. Brad Runyan, an ear, nose and throat physician at the Poudre Valley Hospital Harmony Campus, 2121 E. Harmony Road.

#### **Confusing symptoms**

VCD is frequently misdiagnosed as exercise-induced asthma because the two conditions share similar symptoms and often are triggered during athletic activity. VCD symptoms include coughing, tightness in the neck and upper chest, wheezing, stridor (a higher pitched sound created when a limited amount of air is getting through the vocal cords), hoarseness and difficulty in getting air into the chest.

"I always have an air stream and it feels like I'm suffocating, but I can breathe," said a 17-year-old who hasn't been diagnosed with VCD but shows many of the symptoms and has been referred to a speech pathologist. The Coloradoan is not using her name at her request.

People with VCD usually will experience difficulty and wheezing and/or stridor when breathing in and complain of tightness that usually is associated with the neck and upper chest. Asthma patients typically experience coughing and constraint in their mid to lower chest when breathing out.

"The trouble lies in diagnosis," said Dr. Richard Milchak, a pulmonologist for Northern Colorado Pulmonary Consultants, 2121 E. Harmony Road. "Usually asthma is the first thought with difficulty breathing."

It is possible for someone to have both asthma and VCD, but a patient with VCD who is prescribed an inhaler will feel no benefit in regard to the symptoms unique to VCD.

"If you fail to diagnose it, you fail to treat it," said Dr. Eric Stevens, a pulmonologist for Northern Colorado Pulmonary Consultants.

VCD is diagnosed through a laryngoscopy, a procedure in which a physician uses a fiber-optic scope to observe the vocal cords. This procedure is only effective when done during a VCD "attack" so physicians may have the patient exercise to induce that response and see if the vocal cords close during inhalation.

"I had been having throat tightness, and I went to different doctors who told me it was in my head," the 17-year-old said.

She saw four or five doctors before an allergist suggested VCD as a possibility. Her attacks are abnormal because they occur when she is not doing anything, but she experiences attacks two or three times a day. She was tested for asthma twice, and both tests were negative.

"If somebody has a diagnosis of asthma and they are not responding to therapy, (VCD) is at least something to think about," said Milchak.

Long a disorder in the shadows, VCD has spawned many misdiagnoses and a slight reputation as a psychologically triggered physical condition. But Stevens believes that is an unfair description because people get tense involuntarily and the body relaxes the vocal cords before any real damage is done.

"I know what I'm feeling, and no one can tell me what's going on," the 17-year-old said. "It's constant frustration."

She is involved in her high school band, but doesn't experience attacks in stressful situations, which has confused the doctors who have tried to diagnose her.

"A lot of people are made to feel it's in their head," said Stevens. "It used to be called hysterical asthma, but it's a real problem with real symptoms and treatments. The key is how you view it and approach it with an open mind."

### **National attention**

VCD gained national attention in 1983, when Dr. Kent Christopher, a pulmonologist working for Denver's National Jewish Medical and Research Center, took a fresh look at a group of supposed asthma patients. Christopher noticed the patients didn't have asthma conditions and was able to look at their vocal cords and notice they weren't opening properly during inhalation. Christopher then wrote an article about VCD that was published in the *New England Journal of Medicine*.

Christopher worked with Dr. Florence Blager, professor emeritus of speech pathology in the department of medicine at the National Jewish Medical and Research Center and professor emeritus in the department of otolaryngology at the University of Colorado School of Medicine, who developed the techniques to help treat people with VCD.

"One of the most significant things on the initial interview was when I asked the patients to point to the area of tightness and the people with VCD pointed to their necks," said Blager.

From that point, Blager encouraged her patients to take the focus off the larynx by tightening the abdominal muscles during inhalation and letting the exhale flow out, one of the most common methods used by speech pathologists to treat VCD.

### **Treatment offered**

Along with encouraging patients to breathe from their diaphragms, speech pathologists also teach them to relax the throat and neck muscles and to use general relaxation techniques and visualization. These techniques are not taught in medical school, so pathologists attend workshops

and specialized training. National Jewish Medical and Research Center and the Colorado Speech and Hearing Association both provide training for treating VCD.

Diagnosing VCD is almost a process of ruling out all the other possibilities. Most doctors think asthma first, and some physicians conduct a bronchoscopy to make sure there is no other obstruction in the lungs.

**"By the time (patients) get here, they're usually thinking they have gone through everything," said Ann Pendley, a speech and language pathologist and owner of the Speech & Language Stimulation Center, 317 North Meldrum St. "They wonder why they're seeing a speech therapist, but within minutes it makes sense."**

**Pendley takes an extensive look at the case history of each of her patients to see if they fit the prototype for a VCD patient.**

**Pendley emphasizes a stretching technique called DTTT, which stands for drop, tuck, tilt and turn, representing four different positions for patients to stretch their neck muscles while focusing on diaphragmatic breathing.**

**She counts how long patients inhale against how long they exhale and works with them to extend their time exhaling until it takes longer than inhaling.**

**When Blager first started working with athletes, she connected with a hockey player at Colorado College whose scholarship was threatened because he couldn't skate long or hard enough while battling VCD. Blager looked for patterns between breathing and hockey and taught him to inhale while raising his stick for a slap-shot and exhale with the shot. That taught him to breathe properly and helped him retain his scholarship.**

**VCD patients must practice and be aware of what to do when they have an attack. Pathologists encourage patients to stay calm and focus on breathing from the diaphragm.**

**VCD usually can be eradicated with the help of a speech pathologist. Pendley said she usually sees her patients with VCD four to six times before they can handle treatment on their own. Mastering treatment doesn't guarantee a return to thought-free breathing.**

**"I want to get through my day without attacks and some closure so I don't feel like I'm going crazy," the 17-year-old said.**

**She uses breathing techniques she has learned through band practice and tries to think of something else until the attack passes. She is just beginning therapy with a speech pathologist.**

**VCD is not a killer disease, just unknown and demanding of perseverance on the part of doctor and patient.**

**"People in my situation have to keep trying because someone has the answers you need," said the 17-year-old. "Don't settle for a diagnosis you don't agree with."**