Clinician and Patient Perceptions of Voice Quality and Quality of Life in ADSD
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ABSTRACT

Abstract: Objectives: The purpose of this study was to assess clinician-patient agreement on measures used to assess the effects of Botox® on voice quality and quality of life in ADSD. Methods: Retrospective chart review of 199 randomly selected patients since 2004. Results: Results indicated that there was a significant but weak correlation between the clinician’s rating of voice quality impairment (EIS) and the patient’s rating of voice quality of life (V-RQOL) (r²=.04, p<.01). There was a significant but weak correlation between the patient’s assessment of voice impairment (EIS) and the clinician’s perceptual judgment of voice impairment (CAPE-V) (r²=.09, p<.01). There was a significant correlation between the patient’s assessment of voice impairment using the EIS and clinician’s assessment of voice impairment using the CAPE-V (r²=.09, p<.01). There is a significant correlation between the patient’s quality of life impairment (VRQOL) and the clinician’s assessment of quality of voice using the CAPE-V (r²=.02, p<.01). Conclusions: The weak relationship among commonly used outcome measures leads us to question how best to assess the effectiveness of Botox® in ADSD. Clinicians are required to document treatment outcomes making it important to utilize scales that are valid, reliable and sensitive to change. Future research directions include determining what factors are the most useful indicators of change in patients with ADSD, and determining how best to assess these.

METHODS AND MATERIALS


Participants: 193 participants (2 consecutive injections per participant)

Age: 18-90 years

• Variety of severity levels of ADSD
  - 3 Mild, 8 Mild-Moderate, 14 Moderate, 26% Moderate- Severe
  - 12% Severe

• Diagnosed with ADSD by Laryngologist and SLP with experience with this population

• 60 Male, 139 Females

• ADSD+ Tremor included in study pool

Instruments:

- V-RQOL completed by patient
- EIS completed by clinician
- CAPE-V completed by clinician

RESULTS

Results indicated weak but statistically significant correlations between these measures.

- There is a significant correlation between the patient’s self rating of voice quality impairment using the EIS and the patient’s rating of quality of life impairment using the VRQOL (r²=.04, p<.01).
- There is a significant correlation between the patient’s assessment of voice quality impairment using the EIS and clinician’s assessment of voice quality using the CAPE-V (r²=.09, p<.01).
- There is a significant correlation between the patient’s quality of life impairment (VRQOL) and the clinician’s assessment of voice quality using the CAPE-V (r²=.02, p<.01).

* Spearman rank correlation
** Pearson product moment correlation

CONCLUSIONS

Weak relationship between measures leads to the following questions:

- What factors are the most important in determining the usefulness of Botox® treatment for individual ADSD patients?
- If there is not a relationship between measures, are they contradictory or complementary?

How best to measure the effectiveness of Botox® in the treatment of ADSD?

Patient perceived voice quality and quality of life may have a weak correlation due to:

- Environment
- Coping mechanisms
- Vocal demands
- Communication partners

Clinician and patient ratings may have weak correlation due to:

- Experience of clinician
- Expectations of “good” voice by the clinician or patient
- Reliability and validity of the measurement tools in determining effectiveness

Perhaps, clinician perceptual voice assessment and patient perception of voice quality of life impairment (QOL) may best be used as complementary measures despite their low correlation because these tools provide different information important in determining the benefits of Botox® injections in ADSD.

REFERENCES


