PREVALENCE OF DYSPHONIA AND ITS ASSOCIATION WITH IMMUNOMEDIATED DISEASES

Sanz L. MD, Sistigas J.A. MD, Lara A.J. MD,PhD, Garcia-Alcántara F. MD, Rivera T. MD, PhD
Hospital Universitario Príncipe de Asturias (Alcalá de Henares ) MADRID-SPAIN. Universidad de Alcalá.

ABSTRACT

OBJECTIVES: 1) To assess the prevalence of dysphonia in rheumatologic patients and its impact on the quality of life (QOL). 2) To analyze the association for voice disorders during the acute phase of these diseases with specific biochemical parameters.

METHODS: We presented an observational and transversal analytic study of 140 patients selected from February 2009 to January 2010. Cases (80) had diagnoses of RA (44), SLE (32) and SS (4) and the control group (60) presented no voice disorders nor rheumatologic diseases. Patients were evaluated using the Voice Handicap Index (VHI) and Three Items Outcome Scale (TIOS). In 40 patients with an outbreak of their disease a biochemical study was performed measuring PCR, complement, sedimentation velocity and antiDNA.

RESULTS: The prevalence of dysphonia was similar to published data, 32-38% compared to the 5-8% of the control group. Patients presented an OR for dysphonia of 2.82 (VHI) and 5.04 (TIOS) when compared with healthy individuals (p<0.05). We found statistically significant differences in the functional, physical, occupational and emotional subscales of these tests. None of the biochemical parameters measured were associated with voice disorders.

CONCLUSIONS: 1) Systemic immunomeditated diseases may cause voice disorders. 2) Patients with SLE are the ones who develop these disorders more frequently. 3) Dysphonia has an impact in these patients’ QOL.

INTRODUCTION

• Patients with autoimmune diseases may have hoarseness and voice disorders as a result of anatomical and functional alterations.
• Cryoareathyritis, rheumatoid nodules and nodules of bamboo are specific lesions described in such patients.

OBJECTIVES

1. To assess the prevalence of dysphonia in rheumatologic patients and its impact on the quality of life.
2. To analyze the association for voice disorders in patients with Rheumatoid arthritis (RA). Systemic Lupus Erythematous (SLE) and Sjogren’s syndrome (SS).
3. To determine if voice disorders during the acute phase of these diseases are correlated to specific biochemical parameter.

METHODS AND MATERIALS

• We present an observational and transversal analytic study of 140 patients selected from February 2009 to January 2010.
• Cases (80) were selected from rheumatology consults whereas control group (60) presented no voice disorders nor rheumatologic diseases, excluding patients with a large vocal microsurgery previously.

RESULTS

• Prevalence of dysphonia in cases was 32.8% compared to the 5-8% of the control group.
• We found statistically significant differences in the functional, physical, occupational and emotional subscales of these tests.

DISCUSSION

• We have found injuries on vocal folds in only 2.5%; however, 8% of the control group.
• The prevalence of dysphonia was similar to published data, 32-38% compared to the 5-8% of the control group. Patients presented an OR for dysphonia of 2.82 (VHI) and 5.04 (TIOS) when compared with healthy individuals (p<0.05).

REFERENCES


CONCLUSIONS

• Patients with rheumatic diseases have a greater risk of dysphonia than healthy population.
• Systemic autoimmune diseases can cause voice disorders. Patients with SLE are the ones who develop these disorders more frequently.
• Dysphonia affects the quality of life of patients and has an impact on occupational and psychosocial aspects.

AUTHOR: Sanz L. MD, Sistigas J.A. MD, Lara A.J. MD,PhD, Garcia-Alcántara F. MD, Rivera T. MD, PhD
HOSPITAL: Hospital Universitario Príncipe de Asturias (Alcalá de Henares ) MADRID-SPAIN. Universidad de Alcalá.