Clinical voice disorders in children arise from, or are associated with, both congenital and acquired laryngeal conditions and whilst many can be managed to a point of resolution some disorders may be expected to have a life-long impact on vocal function. Research indicating the intractable nature of some laryngeal disorders is relatively recent (Reynolds, Mel-drum, Simmer, Vijayasekaran, & French, 2017), and studies exploring the nature of impact arising from chronic dysphonia in young people are sparse.

There is currently no clear profile of the chronically voice disordered adolescent population nor reported evidence as to those factors that may increase the risk of negative impact arising from a chronic voice disorder.

Our study evaluated whether the perceived impact of chronic organic dysphonia, primarily of structural and neurological aetiology, changes across adolescence and aimed to identify other factors such as gender, vocal aetiology, vocal tract discomfort, perceptual voice features, and voice severity, that might impact trends.

Data was collected retrospectively from the health records of 67 subjects from the historic voice caseload of a Speech and Language Therapy Service within a tertiary children’s hospital. Subjects ranged from 10 - 18 years and their data extracted from the first recorded contact. Regression analyses were used to evaluate the impact of age and other factors on self-perceived psychosocial impact, measured by the Voice Handicap Index.

Results indicate that age can predict self-perceived psychosocial impact of chronic organic dysphonia for the majority of adolescents. The factors of gender, vocal tract discomfort and asthenic voice quality further impact self-perceived psychosocial impact. Interestingly, overall perceptual voice severity was not a predictor of perceived psychosocial impact and in itself should therefore not be used to guide decisions around the need for intervention. Further research is much needed in this field.