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**IS IT EXERCISE-INDUCED ASTHMA OR VOCAL CORD DYSFUNCTION? WHAT IS VOCAL CORD DYSFUNCTION?**

\* Perhaps it's easier to say what VCD (Vocal Cord Dysfunction) isn't; it's **not asthma** although sometimes it mimics asthma and is **mistaken for asthma and treated as asthma**. VCD isn't a new condition although few doctors knew much about it until it was studied in depth at the National Jewish Medical & Research Center in 1983.

\* Symptoms **mimic asthma** and sometimes VCD is misdiagnosed as Exercise Induced Asthma when the patient doesn't have asthma at all. The Ohio State University Division of Pulmonary and Critical Care Medicine discovered that approximately 20% of their patients referred to them for disability evaluation due to asthma really had Vocal Cord Dysfunction, not asthma. VCD occurs when the **vocal cords don't open and shut properly** causing symptoms similar to asthma but there is no airway inflammation as there is in asthma. **Symptoms of VCD include** shortness of breath, intermittent hoarseness and/or wheezing, chronic cough and/or throat clearing, chest and/or throat tightness and difficulty taking in air. Many physicians unfamiliar with VCD treat the disorder as Exercise Induced Asthma, prescribing **corticosteroids or bronchodilators** but these **have no beneficial effects for VCD**.

\* There are **differences between EIA and VCD**: In Vocal Cord Dysfunction, symptoms occur less than 5 minutes after exercise begins; the patient complains of throat tightness and maybe some upper chest tightness; a high-pitched sound is heard when inhaling; repeated episodes will occur right after re-starting the strenuous exercise; recovery from an episode is usually less than 10 minutes; inhalers or corticosteroids have no effect on symptoms. With Exercise Induced Asthma, symptoms occur more than 5 to 10 minutes after beginning an exercise; there is usually middle or lower chest tightness; coughing or wheezing might occur when breathing out; it's easier to resume exercising because symptoms don't re-occur for several hours and inhalers and/or corticosteroids do usually ease symptoms.

\* VCD is more common in women than men (2 to 1 ratio) and hardly ever found in children who haven't passed puberty. It is more common among healthcare workers and competitive sport athletes, although there is no obvious reason for these distinctions. Some researchers believe sex hormones are a reason for the high incidence in females but this isn't proven. Female sex hormones do make the upper airways more sensitive in all women and studies have shown the cough reflex is more sensitive in women than in men. It may also be more diagnosed in women than men because men, particularly competitive athletes, are told to "suck it up" and push beyond their inability to breathe.

\* The **cause** for this condition is **unknown**; but it does seem to be **provoked by** conditions such as post nasal drip, **GERD** (gastroesophageal reflux) or **environmental triggers** such as using the vocal cords harshly while singing or shouting, by exposure to tobacco smoke or exposure to chemical fumes or strenuous physical activity. A very real condition affecting thousands, it can also be **precipitated by psychological stress** and sometimes misdiagnosed as panic attacks. The strongest link to any other medical condition is to GERD, although it's not clear if the GERD is caused by VCD or the opposite. Part of a treatment plan for VCD is to treat the GERD, too.

\* Because it is so **easy to confuse Vocal Cord Dysfunction as asthma or anxiety**, it is important to have a **correct diagnosis**. A physician may use a pulmonary function (spirometry) test to get an initial diagnosis and then order a test called laryngoscopy or a videolaryngostroboscopy performed by a speech pathologist or someone experienced with this syndrome. The speech pathologist will usually try to recreate the circumstances that bring on the symptoms of VCD in that particular patient then an instrument is inserted through the mouth, displaying the vocal cords. A further thorough examination might also include visiting an ear, nose and throat specialist as well as a psychiatrist. The syndrome is NOT a physical disorder caused by psychological issues or stress but **stressful situations or thoughts can trigger the disorder**.

\* Once a patient is diagnosed, VCD is treated by a speech pathologist using voice therapy with breathing and voice exercises. The goal is to **teach the patient to breathe differently**. Patients are taught to massage their diaphragm before strenuous exercise and to always breathe more deeply from the diaphragm. One breathing exercise is to inhale from the nose, then slowly exhale from a pursed mouth, letting the air out in twice the time as it took to breathe it in. It often takes several sessions to learn a new way to breathe so that oxygen can be used properly by the body.

\* If a patient has GERD too, then treating the GERD will often help the vocal cord dysfunction, and vice versa. **GERD often improves when the patient learns to breathe from the diaphragm**. If a patient has a great deal of psychological stress, treating them through counseling or appropriate anxiety medications will also improve their VCD. Thousands of patients yearly can eliminate their symptoms completely through proper diagnosis and then following with these described treatment options rather than taking asthma medications which have no positive effect on them. If you have any symptoms of asthma, see your physician for a proper diagnosis. For more information, contact AAFA-TX.

**Upcoming Free AAFA-TX Programs:** 1) **NEW! Three Academic Scholarships** available for Texas students with asthma. **Application deadline: March 30, 2008**. For full details, criteria and application, please see [www.aafatexas.org](http://www.aafatexas.org) 2) **April 17**, "Asthma & Allergy Essentials for Childcare Providers" Better Beginnings Children's Center, Houston, Sarah Nelson, Instructor. For more information, contact AAFA-TX