

## Voice changes in Children with Attention Deficit Hyperactivity Disorder (ADHD)

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### ABSTRACT

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by symptoms of inattention, hyperactivity, and impulsivity, which can affect children's behavior, learning, and social interactions. Dysphonia in ADHD refers to a persistent alteration in voice production often linked to vocal misuse, overuse, or other environmental and physical factors. Children with ADHD may be at an increased risk for developing voice changes due to various ADHD-related factors (e.g., impulsivity, difficulty with self-regulation, excessive talking, or hyperactivity affecting vocal folds).

**Keywords:** ADHD , voice changes, vocal folds

### INTRODUCTION

Attention-deficit/hyperactivity disorder (ADHD) is the most common psychiatric disorder among children, with an estimated prevalence between of 6.7 and 7.8 %<sup>1</sup>. It is characterized by developmentally inappropriate levels of inattention, hyperactivity, and impulsivity, with onset before the age of 12 years<sup>2</sup>.

Boys are more likely to receive the diagnosis than girls, with ratios varying from 2:1 to 9:1<sup>3</sup>. The symptoms of ADHD may lead to behavioral, social, and academic difficulties in school and daily life. It is often comorbid with other psychiatric conditions including oppositional and conduct disorders, anxiety, and depressive disorders<sup>4</sup>.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), one of the diagnostic criteria of ADHD is 'talking excessively'<sup>5</sup>.

Children with ADHD tend to talk loudly and incessantly, to interrupt conversation of others, to answer the questions before completed, and not be able to play silently and due to their tantrums and impulsive behaviors they may often scream, yell, and shout. Due to these behaviors, children with ADHD may abuse their voice more often than their peers<sup>6</sup>.

Dysphonia is caused by voice abuse and misuse, as well as improper breathing during phonation and excessive tension of the neck muscles<sup>7</sup>.

Voice abuse refers to any action or circumstance that stresses or harms the vocal folds. This could involve loud speech, cleaning the throat frequently, coughing, breathing irritants, smoking, yelling, or screaming<sup>8</sup>. Voice misuse refers to inappropriate voice use, such as speaking too loudly or with abnormally high or low pitch<sup>9</sup>.

Persistent dysphonia can cause edematous lesions and soft nodules on the vocal folds, which may eventually lead to fibrosis and the formation of hard vocal fold nodules<sup>7</sup>. The development of vocal fold nodules has been linked to "phonotraumatic" activities such as yelling, screaming, and speaking loudly for long periods of time, all of which have been linked to histological changes edema, hyalinization, and fibrosis<sup>10</sup>. These behaviors are the result of a mix of anatomical, physiological, social, emotional, or environmental factors, and they can be seen as forms of interaction, aggression, impulsivity, leadership, or a desire to fit in with a group<sup>11</sup>.

### Prevalence of Dysphonia in Children with ADHD

The childhood dysphonia is reported by various researchers to have a wide range of incidence that range from 4.4% to 38%, but the researchers agreed that the peak age for emergence of childhood dysphonia is between 5 and 10 years<sup>12</sup>.

Dysphonia may result from inappropriate vocal behavior or an imbalance of anatomical, physiological, social, emotional and/or environmental factors. The predisposing and aggravating factors for dysphonia were grouped into five categories: Inadequate vocal habits, physical and psychological factors, personality structure, phonic inadequacy and allergic factors<sup>13</sup>.

### Factors Contributing to Dysphonia in Children with ADHD

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), one of the diagnostic criteria of ADHD is 'talking excessively'<sup>14</sup>. Children with ADHD tend to talk loudly and incessantly, to interrupt conversation of others, to answer the questions before completed, and not be able to play silently and due to their tantrums and impulsive behaviors they may often scream, yell, and shout. Due to these behaviors, children with ADHD may abuse their voice more often than their peers<sup>6</sup>.

### Voice Characteristics in ADHD Children

Previous findings reported that children with ADHD were at risk for developing voice disorder as almost half of the participants with ADHD were breathier, louder, and hoarser than control peers<sup>15</sup>.

It has been reported that children with ADHD presented with increased loudness were more hoarse and breathy than their control peers. Phonotraumatic behaviors may lead to concentrated swelling or submucosal bleeding; changing the size, weight, the range of motion and elasticity of the vocal folds, or the subsequent emergence of functional voice disorders<sup>16</sup>. Conversely, inattentive and/or hyperactive/impulsive behaviors most commonly associated with ADHD were higher in children with VFN<sup>15</sup>.

### CONCLUSION

ADHD may be an associated risk factor in the development of voice changes. Early identification and assessment of vocal characteristics in children with ADHD is necessary.

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### REFERENCE

1. Thomas R, Sanders S, Doust J, et al. Prevalence of attention-deficit/hyperactivity disorder: a systematic review and meta-analysis. *Pediatrics* 2015;135(4):e994-1001.
2. Diagnostic and statistical manual of mental disorders: DSM-5™, 5th ed. Arlington, VA, US: American Psychiatric Publishing, Inc., 2013.
3. Rucklidge JJ. Gender differences in attention-deficit/hyperactivity disorder. *The Psychiatric clinics of North America* 2010;33(2):357-73.
4. Hergüner S, Hergüner A. Psychiatric Comorbidity in Children and Adolescents with Attention Deficit Hyperactivity Disorder. *Archives of Neuropsychiatry* 2012;49:114-18.
5. Erdur O, Hergüner A, Oztürk K, et al. Attention deficit hyperactivity disorder symptoms in children with vocal fold nodules. *International journal of pediatric otorhinolaryngology* 2016;85:5-7.
6. Barona-Lleo L, Fernandez S. Hyperfunctional Voice Disorder in Children With Attention Deficit Hyperactivity Disorder (ADHD). A Phenotypic Characteristic? *Journal of voice : official journal of the Voice Foundation* 2016;30(1):114-9.
7. Martins RH, Hidalgo Ribeiro CB, Fernandes de Mello BM, et al. Dysphonia in children. *Journal of voice : official journal of the Voice Foundation* 2012;26(5):674.e17-20.
8. Ibrahim ASMS, Amer AM, Tobar SS, et al. Behavioral characteristics and parenting styles in chronic habitual hyperfunctional childhood dysphonia. *The Egyptian Journal of Otolaryngology* 2022;38(1):136.
9. Herranz J, Gavilán Bouzas J, Vázquez Barro C, et al. Mucosal Disease of the Glottis. In: Anniko M, Bernal-Sprekelsen M, Bonkowsky V, et al., eds. *Otorhinolaryngology, Head and Neck Surgery*. Berlin, Heidelberg: Springer Berlin Heidelberg, 2010:483-86.
10. Roy N, Holt KI, Redmond S, et al. Behavioral characteristics of children with vocal fold nodules. *Journal of voice : official journal of the Voice Foundation* 2007;21(2):157-68.
11. Maia AA, Gama ACC, Kümmer AMe. Behavioral characteristics of dysphonic children: integrative literature review. *CoDAS* 2014;26.
12. Elbanna MM, Elmaghraby RM. Predisposing factors of childhood dysphonia in primary school children. *The Egyptian Journal of Otolaryngology* 2021;37(1):105.
13. Melo ECMd, Mattioli FM, Brasil OCO, et al. Disfonia infantil: aspectos epidemiológicos. *Revista Brasileira de Otorrinolaringologia* 2001;67.
14. Diagnostic and statistical manual of mental disorders: DSM-5™, 5th ed. Arlington, VA, US: American Psychiatric Publishing, Inc., 2013:xliv, 947-xliv, 47.
15. Garcia-Real T, Diaz-Roman TM, Garcia-Martinez V, et al. Clinical and acoustic vocal profile in children with attention deficit hyperactivity disorder. *Journal of voice : official journal of the Voice Foundation* 2013;27(6):787.e11-8.
16. Hamdan A-L, Deeb R, Sibai A, et al. Vocal characteristics in children with attention deficit hyperactivity disorder. *Journal of Voice* 2009;23(2):190-94.