

Personal Profile: Dr. Gary Lea



Dr. Gary Lea (left) shares his personal experience with spasmodic dysphonia including treatment with botulinum toxin (Botox®) injections and the decision to have the SLAD-R (Selective Laryngeal Adductor Denervation-Reinnervation) procedure in 2007.

I am a 71-year-old clinical psychologist in part-time private practice in Kelowna, BC, Canada. Kelowna is located 250 miles East of Vancouver. Following viral pneumonia when I was 24 years old, I began to notice my throat becoming rather itchy with throat clearing but nothing more. After my doctoral training as a psychologist I taught college classes, did workshops and had many attendances as an expert witness in Court all while developing a busy private practice. By mid-1991, however, my voice became so difficult that I had to quit teaching (although I was able to keep my private practice) and seek help. I had an understanding family physician who arranged for me to see Dr. Murray Morrison, the only spasmodic dysphonia specialist in Vancouver at the time. My first visit with Dr. Morrison, my diagnosis of adductor spasmodic dysphonia, and my first Botox® treatment were all on the same day in January 1992.

My first Botox® shot actually lasted about 10 months, much longer than the usual three or four months thereafter, and it provided much needed relief. With the passage of time, however, I realized that my professional life did not allow me to take two weeks or more off every four months to wait out the breathy periods. The injections did give me a useful voice when I took the shots but, again, I found the process too disruptive of my professional calendar. As a result, I began exploring virtually EVERY traditional and alternative approach known to humankind – i.e. chiropractic, massage therapy, physiotherapy, hypnosis, acupuncture, naturopathy, allergy testing and treatments, mainstream speech therapy, biofeedback, Feldenkrais, the Alexander technique, yoga, meditation and others – none of which produced significant or sustained benefit. I even had my silver-mercury dental amalgams removed! Neurontin 200-300 mg per day and clonazepam, as well as voice practice, benefited me to some degree. I found that, in my case, the vocal exercises didn't readily generalize to everyday conversation.

Prior to my surgery, my vocal spasms (aside from Botox® injections) were noticeable to family, friends and clients alike. I was able to maintain my professional practice, imperfectly, by attending to my breath and voice placement, keeping my neck and shoulders relaxed through various relaxation strategies, and the aid of the above mentioned medications. My counselling clients would, at times, question my vocal spasms, and I would explain that I had a voice disorder, and that it was neither painful nor infectious. My clients seemed to find that explanation acceptable, it never became a “big deal”, and I do not believe that I lost any clients because of it. On the contrary, I was able to draw parallels between my own voice problems and their psychological or medical difficulties, as a way of demonstrating that all of us, sooner or later, are given challenges in our lives that can either defeat us or provide opportunities for self-improvement.

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Given the up-down nature of Botox®, and my failure to find any other way of relief, I decided to have the SLAD-R surgery with well-known ENT and surgeon, Dr. Gerald Berke, in Los Angeles in January 2007. I returned to work 10 weeks post-op, starting with only two hour-long sessions per day, increasing to four sessions per day, and then full time in mid-April. My Kelowna speech therapist analysed my speech (when reading sentences and paragraphs) with her voice analysis program and found it to be in the normal range within about four months. My voice continued to strengthen, eventually plateauing about six months post-operation.

Since then I have been using Dragon NaturallySpeaking 9, voice recognition software, to do my letters, reports and emails (as well as this article); that would have been impossible prior to the surgery. I suspect that I have lost the top two or three pitches in my upper range but consider that loss a very small price to pay. Very infrequently (once or twice a week or less), I have a bit of spasming on the order of 1 to 5 seconds but am able to control it. I am not breathy. I would consider my voice to be functionally 98% or better and, frankly, I do not think about it much anymore.

I am very satisfied with the outcome. I am on no medication, whether Botox® or any other prescribed medication, to help moderate vocal spasming. I have been back to work as a clinical psychologist on a full-time basis since April 2007, going to part-time practice several years ago of my own accord as a move towards semi-retirement. My reduced schedule was completely unrelated to my voice quality.

As was the case pre-op I remain vocally sensitive to the flu/colds and certain foods such as caffeine, dairy products, chocolate, citrus, nuts and spicy dishes; the theme remains but it plays out at a different, more manageable, level. No one ever asks now if I am having voice problems. Conversely, from those who knew me pre-op, I have had many compliments on my voice.

While spasmodic dysphonia can clearly challenge our social, psychological and occupational well-being it is my view that, “if one has to have it,” it is better to have it now, for example, than 50-100 years ago when no one had even a basic understanding of the disorder, and there was no relief to be had at all. We are blessed to have knowledgeable physicians and speech therapists now who can help guide us through this challenging disorder, not to mention the NSDA and its Spasmodic Dysphonia Bulletin Board which have proved to be an invaluable resource and support to me, and many others, over the years.



National Spasmodic Dysphonia Association

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