

VOICE HYGIENE: Everyday tips to look after your voice

This advice is general in nature. Please follow your doctor's instructions when it comes to fluid intake. If you are currently on restricted fluid intake to manage a medical condition, there may be other options available to you to maintain vocal cord hydration. We recommend that you do not change your prescribed fluid restriction as this may have serious implications on your health.

HYDRATION

Hydration is essential for the best functioning of the vocal tract. Be sure to drink plenty of healthy fluids throughout the day, though **room temperature water** is the best.

Adequate hydration will lubricate and protect your vocal fold tissues.

- **Sipping water** is better to maintain a top-up of hydration rather than taking big gulps of water every so often.
- A good amount of liquid to consume is 1.5-2L, but this is dependent on different factors.

If you exercise vigorously, you may need to replenish more often. Also, environment, temperature, performance demands, medications also impact the amount of hydration you need. Remember that many coffees, teas, and sodas have caffeine and are diuretics, causing increased frequency of urination.

- **Allergy Medication.** Antihistamines and decongestants are designed to systemically dry out the vocal tract.
- **Topical hydration.** Consider using a cool-mist room humidifier at night or doing personal steam inhalations (breathing in steam from a bowl of hot water) is excellent for directly moisturising the vocal fold mucosa.

BREATHING

Make sure you have enough air support for everything you need to say. Try not to speak to the very end of your breath, renewing it more often by pausing, if necessary.

- **Sit and stand with correct posture.** A slouched posture may contribute to poor respiratory support which may ultimately result in a weak, ineffective, hoarse voice.

	• Nose breathing is the best. Avoid breathing through your mouth, especially in exceptionally cold weather. Breathing through your nose cleans, warms and moistens the air before it reaches your vocal folds and lungs.
MAKING VOICE	• Use an easy approach to voice production. Abrupt hard onsets of voice initiation can be traumatic to the vocal fold tissues. • Use voice that is most optimal for you. Using a pitch range level that is either inappropriately high or low can put excess stress on the vocal mechanism. Don't make strange noises with your voice and try not to imitate voices that are abrasive. • Avoid using a voice that is too loud. Yelling and screaming, or talking, laughing, or singing louder than you absolutely must can be quite abrasive to the vocal fold tissues and can contribute to swelling and altered voice production. Try not to speak or sing over noise/voices/music at parties, nightclubs, in the car, and around machinery. • Avoid excess talking. Pay attention to when your throat feels tired. Try not to push it. If you need to talk for extended periods make sure to give it a rest...10 minutes for every 2 hours of talking. • Avoid whispering. Hard whispering can have a drying effect on the mucosa of the vocal folds. It forces the airstream during expiration and in turn can increase muscular tension and effort within the vocal mechanism. To be safe, it is usually better to use a "confidential voice" (a quiet, breathy, but fully phonated voice—like you are telling a secret). • Use a headset rather than cradling the phone between your shoulder and you ear, if you must be on the telephone for extended periods of time. • Practice gentle vocal warm-ups and cool-downs. Doing gentle lip trills, humming, or blowing bubbles through a straw into water can help relieve vocal fatigue and safely balance the pressure in your throat.
CAREFUL DAILY HABITS	• Cut down and eventually eliminate excessive coughing, habitual throat clearing, or hard sneezing. If necessary, keep a journal of how often you clear

your throat to chart frequency, time of day, and throat sensations before and after. This will assist you in making connections between your behaviours and voice health. Instead of clearing your throat, try a 'hard swallow,' take a small sip of water, or try a 'sniff-swallow' to gently clear the vocal folds.

- **Thickened** mucous may be the result of **gastric reflux problems**. See your doctor to aid you in its management. Reflux can contribute to and exacerbate voice disturbances known as LPR (Laryngopharyngeal Reflux).
 - **Avoid eating 2–3 hours before bedtime.** This is one of the most effective lifestyle changes for protecting the voice from acid.
 - **Avoid peppermint candy and mint products.** Mint has been shown to relax the lower oesophageal sphincter, thus allowing harmful gastric juices to travel up the oesophagus to the larynx.
- **The "Dairy = Mucus" Myth:** Current research shows that dairy does not actually *produce* more mucus. Instead, the fat content in dairy can make saliva feel thicker (increased viscosity), which causes the *sensation* of more phlegm and increases the *urge* to clear your throat. If you notice this, consider limiting dairy before speaking engagements.
- **Get enough rest.** When one is fatigued, the natural voice is lower in intensity and sometimes in pitch and tone, contributing to forced voice in order to be heard. Take a moment or two during the day to stop and relax.
- **Manage Stress.** Stress has a way of compounding throughout the day, affecting posture, how one holds their heads and mouths, and ultimately what kind of voice one produces.
- **Stay healthy.** The coughing and sneezing commonly associated with a cold or flu can contribute to oedema/swelling in the laryngeal area as well as irritation to the mucosal tissue.
- **Avoid smoking/vaping.** The evidence bears out that smoking/vaping is directly related to laryngeal problems. Beyond the direct effects on the vocal folds themselves, smoking can cause respiratory problems which can have a direct effect on voice production.

- **Try to avoid smoky environments.** Second hand smoke acts as an irritant to the mucosal lining of the vocal tract and lungs.
- **Avoid excess alcoholic consumption.** Alcohol contributes to the drying of mucosal linings of tissues. Also, alcohol makes the stomach produce more acid than usual, which can lead to acid reflux. Alcohol further increases this risk of acid backflow because it also relaxes the lower oesophageal sphincter (LES), allowing liquid to pass through more easily.
- **Do not** use mouthwash, which contains alcohol as it can be drying to delicate tissues. If you think that you need a mouthwash more than just occasionally, see your dentist for a check-up. Offensive mouth odours can be caused by tooth decay and/or gastric reflux.

WHEN IN VOICE TROUBLE

- **See a doctor immediately** if you have laryngitis for more than seven days or pain in the throat, jaw, or ear upon speaking, eating, or swallowing for more than one day.
- **Reduce or avoid** talking when you have an upper respiratory infection such as a cold. See a physician if the cold persists, especially a chest cold which has persisted for more than seven days.
- **Do not** sing, act in plays, or give speeches or oral reports if you have a vocal disturbance or an upper respiratory infection. If you absolutely must speak to a large group, be sure to use voice amplification technology (aka microphone).
- **When experiencing a vocal disturbance,** if you must speak to a group, then sit in the corner of the room so that you can be heard easily without talking loudly and then speak only when others in the room are quiet. If you can obtain amplification of your voice when speaking to groups, it is more desirable than attempting to project your voice without assistance. Also, limit the amount of time speaking under such circumstances.

Sources: Recommendations rely on current guidelines from the American Speech-Language-Hearing Association (ASHA) and the National Institute on Deafness and Other Communication Disorders (2017). They are further supported by standard clinical texts (Boone et al., 2020; Stemple, Roy, & Klaben, 2024; Verdolini Abbott, 2008) and evidence-based voice therapy practices from Australian speech-language pathology research, including Chan et al. (2013) and Payten et al. (2024).