



# Gender-Affirming Voice Therapy Duration and Satisfaction

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## Introduction

- Gender-affirming voice therapy (GAVT) is vital treatment for many transgender and gender expansive (TGE) individuals, but barriers to treatment access persist.
- Current literature on GAVT (including optimal number of sessions) is limited.
- Understanding patient satisfaction and the speech-language pathologist's (SLP) assessment of treatment outcomes are essential for improving GAVT.

## Objectives

- Determine the average number of and intervals between GAVT sessions
- Evaluate patient satisfaction and SLP assessment of outcomes after GAVT
- Assess rate of surgical intervention after GAVT

## Materials and Methods

- Retrospective review of treatment-seeking TGE individuals undergoing GAVT at the UCSF Voice and Swallowing Center
- Data collected:
  - Demographics
  - Questionnaires: Voice Handicap Index-10 (VHI-10), Gender Congruence Scale (GCS), Trans Women Voice Questionnaire (TWVQ) or Voice-related Experiences of Non-binary Individuals (VENI)(when appropriate)
  - Number/frequency of GAVT
  - Patient satisfaction
  - SLP assessment
  - Frequency/type of surgery
- Statistical analysis with report of descriptive statistics

## Figures

Figure 1: Patients' gender identity

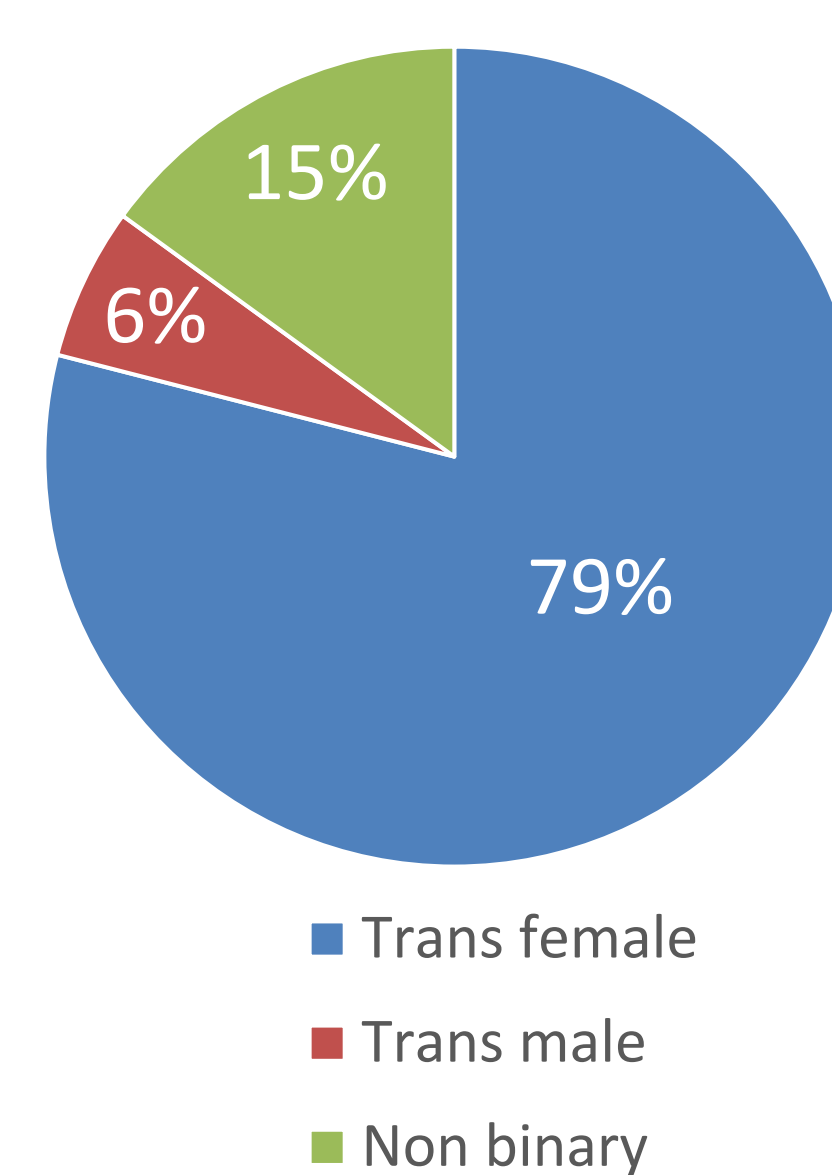
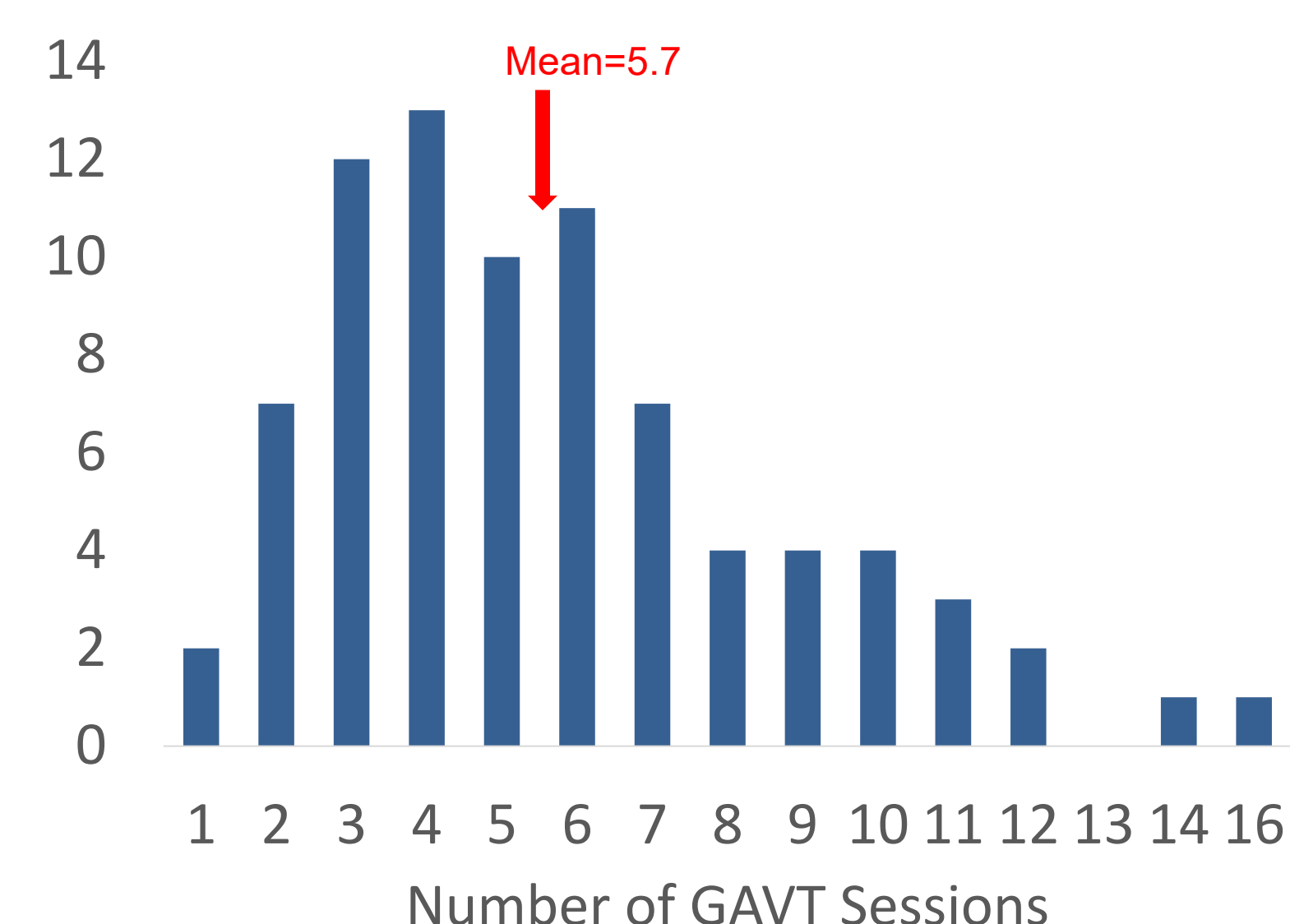


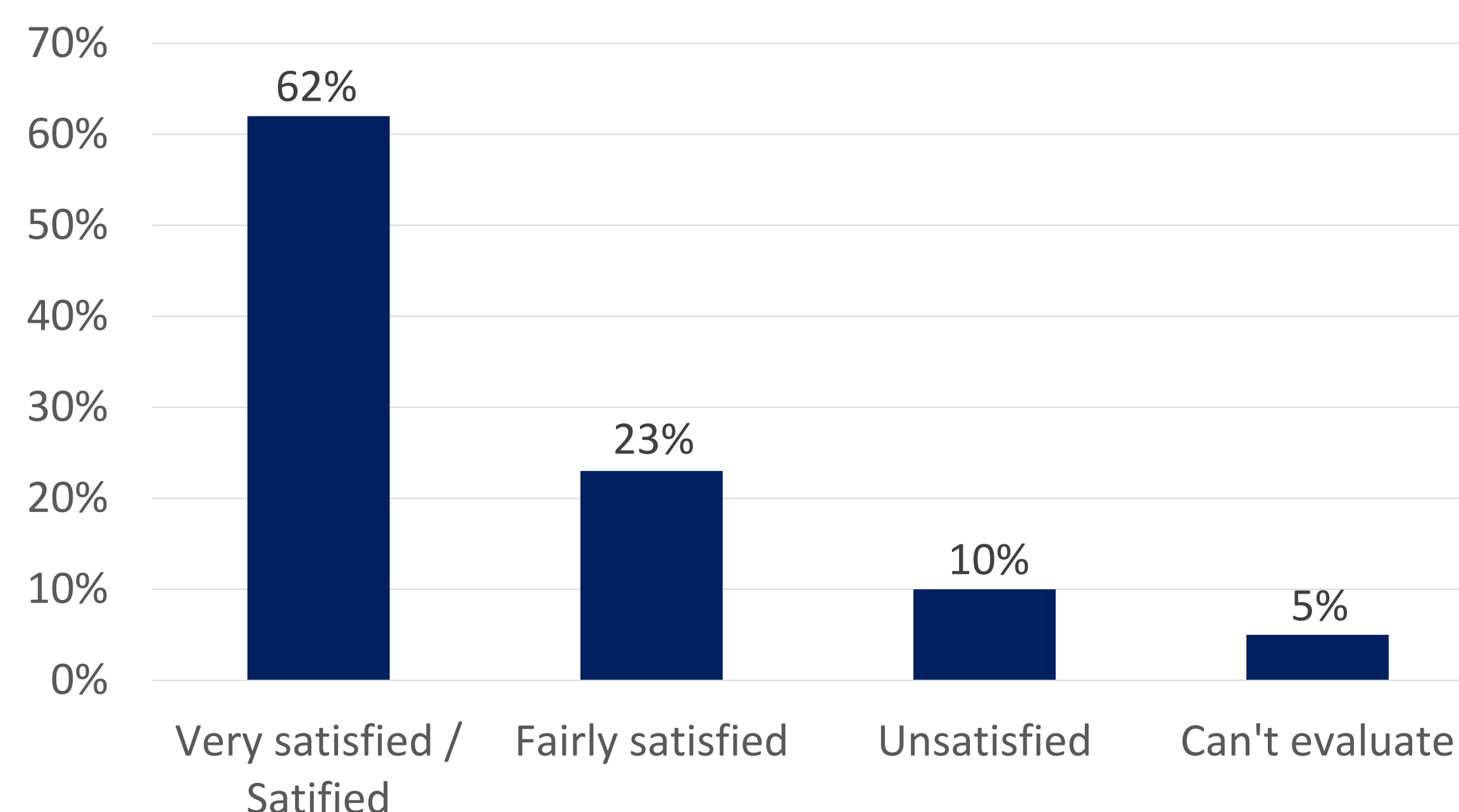
Figure 2: Number of Gender-Affirming Voice Therapy (GAVT) sessions in 1st year



## Results

- N = 82 TGE individuals (Fig 1)
- Mean age: 33.6 ± 10.7 years
- PROMs mean presentation: (data not shown)
  - VHI-10: 15.7 ± 8.2
  - TWVQ: 89.3 ± 19.4
  - GCS: 36.0 ± 6.8
- Mean 5.7 ± 3.1 GAVT sessions in 1<sup>st</sup> year of treatment (Fig 2)
- Satisfaction: (Fig 3-4)
  - Patients "very satisfied/satisfied" (62%)
  - SLP assessment variable
- Surgery:
  - 11% (n=9) referred for surgery
  - 7% (n=6) underwent Wendler glottoplasty

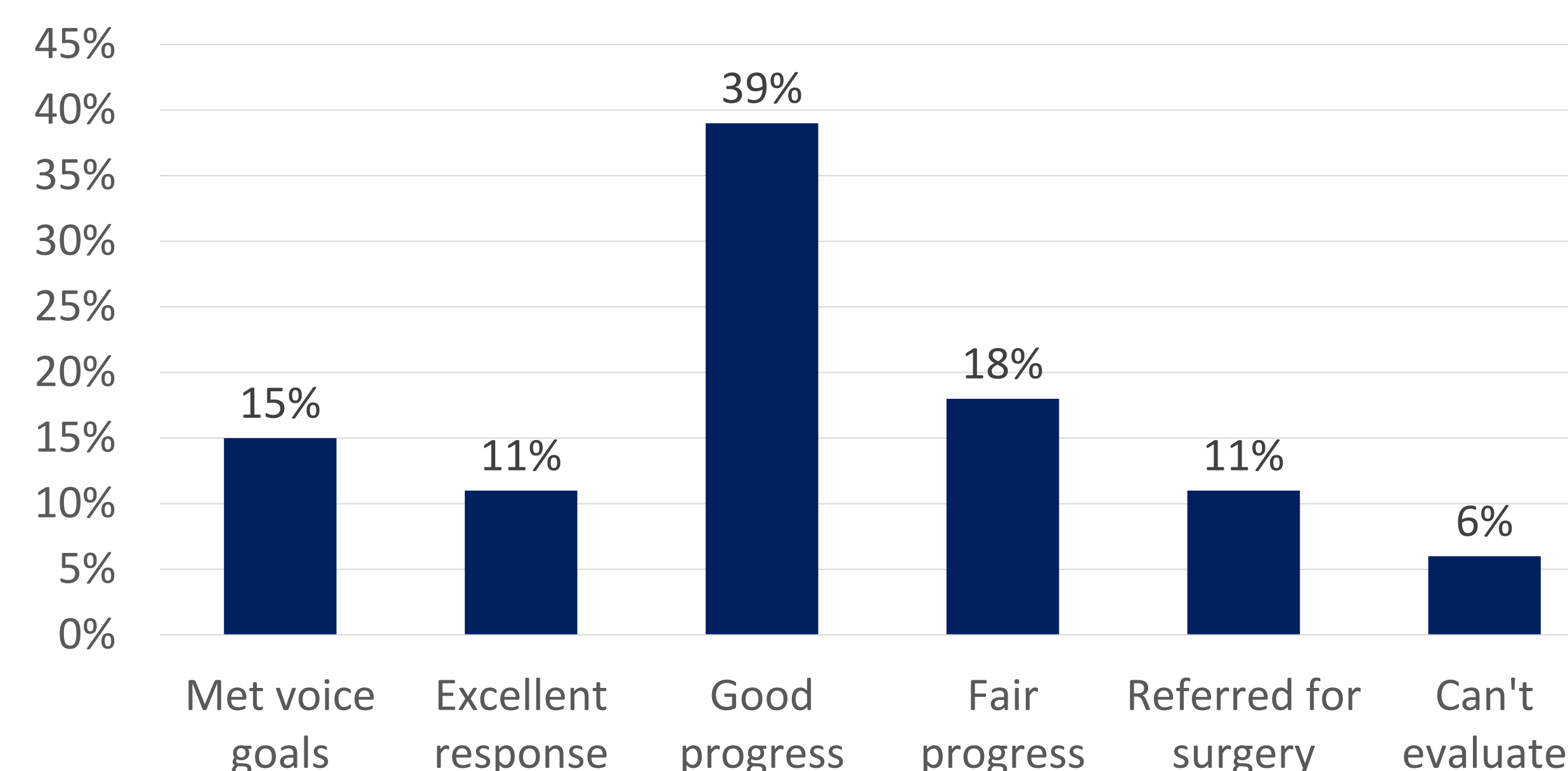
Figure 3: Patient reported satisfaction after GAVTX



## Conclusions

- Voice therapy plays a vital role in gender-affirming voice care and is the most prevalent first line therapy. Rates of progressing to surgery after GAVT are low (<10% in this study).
- TGE individuals often require more GAVT sessions (mean 5.7) than the current literature-reported average (4) for other voice diagnoses.
- Appropriate expectations should be set for patients, treating clinicians, and third-party payors about an anticipated duration of GAVT and voice outcomes following treatment.

Figure 4: SLP assessment of treatment response after GAVT



## References

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