

## **Alliance ENT & Hearing Center**

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### **Laryngopharyngeal Reflux (LPR)**

Gastro-esophageal reflux (GERD) is the term for frequent abnormal back flow of lots of stomach acid and irritating digestive juices up into the esophagus (the food passage between the throat and stomach). Many people experience GERD as a simple occasional heartburn, but some people suffer more severe indigestion, with erosive inflammation of the esophageal lining. Nighttime is often worse than during the day.

A type of silent reflux, called laryngopharyngeal reflux (LPR), causes different symptoms. This kind of reflux happens less frequently and more quickly, but goes much higher into the throat, where the lining is much more sensitive. It usually involves little bits of acid, just a few drops at a time. It can happen day or night, but more typically during the day. Some people experience sore throat, hoarseness, chronic cough, and even asthma. A lump sensation in the throat or feeling of post nasal drip, phlegm or sour taste in the throat is typical with LPR. There is often a frustrating feeling of needing to constantly clear the throat. Heartburn symptoms are often absent in LPR, because the reflux happens too quickly for the esophagus to feel it. (Thus the term "silent") LPR is difficult to diagnose. The only reliable test for LPR is a somewhat invasive and cumbersome 24 hour monitor, involving a long flexible tube placed in the nose and swallowed into the stomach. Even this test might not detect LPR in 20 percent of patients.

If you have reflux, you can sometimes control the problem by controlling lifestyle and diet. Use as many of the following suggestions as needed to get relief.

1. AVOID fatty foods, chocolate, mints and alcohol, especially in the evening. All of these have been shown to increase reflux in many people.
2. AVOID cola, beer, and milk. They may increase acid production.
3. AVOID eating within three hours of bedtime, and do not lie down just after eating. Nighttime refluxers often benefit by sleeping with the head elevated on several extra pillows. This uses gravity to help make reflux less likely at night.
4. IF YOU SMOKE, QUIT. Tobacco irritates the throat and can also cause more reflux.
5. IF YOU ARE OVERWEIGHT, LOSE WEIGHT. Clothing that fits tightly across the mid section of the body should be avoided.

If possible, AVOID CERTAIN MEDICATIONS, which can increase reflux. 1. Birth control pills, 2. Heart and blood pressure medication containing nitrate or calcium channel blockers, 3. Asthma medication containing theophylline (rarely used nowadays). DO NOT stop prescription medication without the consent of your primary physician.

Taking over the counter medication which blocks stomach acid production can be helpful. The best one available is Prilosec OTC. Laryngopharyngeal reflux is treated with twice a day dosing,

unlike GERD which is typically only treated once a day. The two doses are best take on an empty stomach, one hour before the morning and evening meals. Prescription medications similar to Prilosec are also available. Keep in mind that it might take 2 or 3 months using medication daily to get good relief of throat symptoms. Other, less potent but somewhat helpful over the counter medications include Zantac (two 75 mg tablets twice daily, or one 150 mg table twice daily), and Pepcid AC (two tablets twice daily). All these medications are generally safe, but if you have questions or concerns regarding interaction with other medications you now take, ask your primary physician and pharmacist. If medication is helpful in controlling reflux, consider using it daily for up to six months, then taper off the medication, and start taking it again in the future if reflux symptoms recur.

SURGERY, called Nissen fundoplication, can be a very effective treatment to control reflux. It is a last resort for the most severe cases.