



## **REFLUX LARYNGITIS - LARYNGOPHARYNGEAL REFLUX**

### **What is Laryngopharyngeal Reflux (LPR)?**

Changes in voice and hoarseness can be the result of a number of different causes. One of the more common causes is gastroesophageal reflux disease (GERD). GERD occurs when stomach acid regurgitates back up in the esophagus (swallowing tube). When the acid reaches the throat we refer to this as *laryngopharyngeal reflux* (LPR). This reflux can cause inflammation and swelling in the throat or in the larynx (voice box) and can result in a number of different symptoms. These include mild hoarseness which is typically worse in the morning, a sense of a foreign body or lump in the throat, a sense of mucous sticking, a need to frequently clear the throat, chronic cough, a sticking sensation when swallowing, bad breath and a chronic low grade sore throat. Oftentimes, LPR irritation in the throat and larynx is mistaken for sinus drainage or “post nasal drip” because of the sensation of mucous. LPR tends to become more prominent as people age, is often related to the timing and type of the diet, obesity and hiatal hernia (stomach pushing up through diaphragm into chest cavity) make it worse.

**50% of people with significant LPR have no symptoms of heartburn, acid indigestion or stomach upset.**

### **How is LPR Diagnosed?**

The diagnosis of LPR is based on clinical symptoms and physical finding of inflammation in the throat in locations consistent with LPR (back part of the voice box). Often the patient is treated for LPR without any further testing. More significant testing is usually not needed. However, on some occasions, some additional tests may be required such as a swallowing study with barium, an endoscopic evaluation of the esophagus and stomach, or a probe that measures acidity (pH) in the throat and esophagus.

### **How is LPR Treated?**

The most important treatment of LPR is dietary control. The most important factors include not eating within 3-4 hours of bedtime, eating a blander diet, smaller but more frequent meals, avoidance of alcohol, and tobacco and caffeine. Avoidance of acidic, fatty foods, mint, gum chewing and candies are also important. Elevation of the head of the bed and avoidance of tight, binding clothing can help as well. A person with reflux who is overweight should reduce weight, and reducing stress also frequently improves the symptoms.

Initial medical treatment is typically a proton pump inhibitors (PPI) such as Prilosec (omeprazole), Protonix (pantoprazole) or Nexium (esomeprazole). These are sometimes combined with other stomach acid reducers such as Zantac (ranitidine) or Pepcid (famotidine), but these can be used on their own as well. These are currently available over the counter. If you are using antacids such as Tums, Maalox, or Mylanta, tell your physician as consistent use of these do not help the root problem of reflux.

Consistent use of the prescribed medication for at least 2 months while observing dietary control is critical. You may not notice any difference in your symptoms for 6-12 weeks. Humidification, hydration, mucous thinners and avoidance of throat clearing are all of value for those people who have significant throat symptoms. Make sure that you take your PPI 30 minutes before a meal, this allows it time to work.

Untreated LPR can lead to chronic swelling of the vocal folds, ulcerations of the vocal folds and formation of masses known as granulomas. LPR can also make asthma worse.

### **Things That Make Reflux Worse:**

- Eating within 3-4 hours of going to sleep
- Exercising directly after eating
- Spicy and acidic (tomatoes, citrus, juices)
- Chocolate and mint
- Eating too much in one sitting

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