

Laryngopharyngeal (Acid) reflux disease - LPR factsheet

What is it ?

Throat symptoms that arise as a result of regurgitation of acid or stomach contents is called Laryngopharyngeal reflux or LPR.

How Common is it?

LPR is a relatively common condition. It can occur at any age including in children.

What causes LPR?

Acid is normally produced in the stomach. It is prevented from backing up into your oesophagus/gullet (food pipe) and throat by a couple of 'valves' , one at your Adams apple area and the other at the entrance of the stomach. If these valves do not work well, you can have a backflow of acid into your oesophagus and into your throat and voice box, this is LPR.

Many people with LPR do not have symptoms of heartburn. Compared to the oesophagus, the voice box and the back of the throat are significantly more sensitive to the affects of the acid on the surrounding tissues. Acid that passes quickly through the food pipe does not have a chance to irritate the area for too long. However, acid that pools in the throat and voice box will cause prolonged irritation resulting in the symptoms of LPR.

How do I know if I have got it?

If you have any of the following symptoms, you may have Laryngopharyngeal Reflux.

- Voice change
- Feeling of a lump in the throat Heartburn
- Dry Throat
- Frequent throat clearing
- Heartburn
- Swallowing Problems
- Throat Discomfort
- Thick or too much phlegm
- Cough

You should firstly see your GP who generally will make a referral to an Ear Nose and Throat (ENT) surgeon who will take a detailed history. The ENT surgeon will undertake a full examination which may involve a small camera inserted down your nose to have a complete look at your throat. The ENT surgeon will confirm the diagnosis (and exclude any other causes of the above for you).The ENT surgeon may recommend a flexible upper gastrointestinal endoscopy to look at your whole food pipe/gullet which is done with you sedated.

Treatment

There are four general treatments for LPR:

- Weight reduction and Dietary modifications
- Medications
- Surgery to prevent reflux

There are medications to either reduce or completely shut off the amount of acid in the stomach. Sometimes a medication that promotes movement in your food pipe might also be prescribed. Rarely, there are individuals who have a severe resistance to medical treatment. Surgery is then recommended to tighten the lower oesophageal sphincter.

Prevention

- Do not smoke
- Avoid eating too late at night. Try to have your last meal three hours prior to bedtime.
- Small meals frequently rather than large portions.
- Weight loss. For patients with recent weight gain, losing a few pounds is often all that is required to prevent reflux.
- **Foods to avoid:** generally fatty or spicy foods, caffeinated or cola beverages, citrus fruit, Alcohol (particularly at night), dairy products, fried foods, eggs and chocolate. (Poached and boiled eggs are okay however, please avoid fried eggs)
- For patients with more severe symptoms, it is helpful to sleep with the head of the bed elevated six inches of bed elevation will decrease reflux significantly.

Outcome

Most patients will begin to notice some relief in their symptoms in about 4-6 weeks. However, it is generally recommended that the diet be continued for at least 3 months. Current research suggests some patient with severe symptoms may require treatment for as long as six months. If the symptoms completely resolve, the diet can then begin to be tapered. Some people will be symptom free without the medication while other people may have relapses which require treatment again.

Prof Jamie Koufman - *Dropping Acid: The Reflux Diet Cookbook*