

LARYNGOPHARYNGEAL REFLUX (LPR)

LPR Can Cause:

- Hoarseness
- A "lump" in the throat
- Trouble swallowing
- Chronic cough
- Too much throat mucus
- Heartburn

WHAT IS SILENT REFLUX? WHAT IS LPR?

The term REFLUX comes from a Greek word that means "backflow," and it usually refers to "the back flow of stomach contents." Normally, once the things that we eat reach the stomach, digestion should begin without the contents of the stomach coming back up again....refluxing.

The term Laryngopharyngeal Reflux (LPR) refers to the backflow of food or stomach acid all of the way back up into the larynx (the voice box) or the pharynx (the throat). LPR can occur during the day or night, even if a person who has LPR hasn't eaten a thing.

Not everyone with reflux has a lot of heartburn or indigestion. In fact, many people with LPR never have heartburn. This is why LPR is called SILENT REFLUX, and the terms "Silent reflux" and "LPR" are often used interchangeably. Because LPR is silent, it is sometimes difficult to diagnose.

MANY PEOPLE WITH LPR DON'T HAVE HEARTBURN...WHY IS THAT?

Some people with LPR do have heartburn. Some people with LPR don't have heartburn very often, but actually about half the people who have LPR never have any heartburn at all. This is because the material that refluxes does not stay in the esophagus for very long. In other words, the acid does not have enough time to irritate the esophagus and cause heartburn.

However, if even small amounts of refluxed material come all the way up into the throat, other problems can occur. This is because compared to the esophagus, the voice box and throat are much more sensitive to injury and irritation from stomach acid.

HOW DO I KNOW IF I HAVE LPR?

Chronic hoarseness, throat clearing, and cough, as well as a feeling of a lump in the throat or difficulty swallowing, may be signs that you have LPR. If you have any of these symptoms, and especially if you smoke, you should ask your doctor about LPR. The specialist who most often treats people with LPR is the Otolaryngologist (Ear, Nose, and Throat Physician).

If your doctor thinks that you could have LPR, he or she will probably perform a throat exam first and look at the voice box and the lower throat. If this area looks swollen and/or red, you probably have LPR. At that point, your doctor may order some tests or recommend specific treatment.

HOW IS LPR TREATED?

Treatment for LPR should be individualized, and your doctor will suggest the best treatment for you.

Generally there are several treatments for LPR:

- changing habits and diet to reduce reflux
- medications to reduce stomach acid
- surgery to prevent reflux

Most people with LPR need to modify how and when they eat, as well as take some medication, to get well. Sometimes, nonprescription liquid antacids, such as Maalox, Gelucil, and Mylanta, are recommended. When used, these antacids should be taken four times each day - one tablespoon one hour

after each meal and before bedtime.

Dietary and lifestyle changes alone are not often enough to control LPR - medications that reduce stomach acid are also usually needed (Zantac, Pepcid, Prilosec, Nexium, Aciphex).

TIPS FOR REDUCING REFLUX AND LPR

Control your LIFE-STYLE and your DIET!

1. If you use tobacco, QUIT.
Smoking makes you reflux. After every cigarette you have some LPR.
2. Don't wear clothing that is too tight, especially around the waist (trousers, corsets, belts).
3. Do not lie down just after eating...in fact, do not eat within three hours of bedtime.
4. You should be on a low-fat diet.
Limit your intake of red meat and butter.

Avoid fried foods, chocolate, cheese, and eggs.

5. Specifically avoid caffeine (especially coffee and tea), soda pop (especially cola), and mints.
6. Avoid alcoholic beverages, particularly in the evening.

WILL I NEED LPR TREATMENT FOREVER?

Most patients with LPR require some treatment most of the time and some people need medicine all of the time. Some people recover completely for months or years and then may have a relapse.

In one way, having LPR is a little like having high blood pressure-with treatment, LPR does not usually cause serious medical problems, but without treatment, LPR can be serious, even dangerous.

For people with severe LPR, or people who cannot take reflux medicine, "antireflux" surgery (to restore a new and better stomach valve) may be recommended. In people who have this surgery, most get good relief from LPR for many years.