

ENT Department

Laryngopharyngeal (silent) reflux (LPR)

What is LPR?

LPR is the backflow of the stomach contents up into the oesophagus (food pipe) and all the way to the pharynx (throat) and/or the larynx (voice box). Stomach juices are made up of strong digestive acids, containing enzymes, to break down our food. The stomach lining is designed to cope with these juices, but the voice box or throat is not and this causes irritation, resulting in symptoms. It is often referred to as 'Silent Reflux' as many people do not experience heartburn or indigestion. Acid reflux can occur during the day or night, even if a person hasn't eaten anything.

What are the symptoms?

- Hoarseness/weakness of the voice
- Excessive throat clearing
- Chronic dry cough
- Excess mucous/phlegm (particularly in the morning) in the throat
- Bitter/nasty/"acid" taste in the mouth
- Difficulty in swallowing
- Heartburn or indigestion
- Feeling of a lump or tightness in the throat
- Burning/dryness in the throat
- Sore throat
- Occasional difficulty in breathing
- Exacerbation of asthma. Asthma is more difficult to control when complicated by reflux



Patient Information

- Choking or coughing episodes, especially at night
- Excessive burping, particularly during the day

How is LPR treated?

Treatment includes:

- Making lifestyle and dietary changes to reduce the chance of reflux.
- Medications to reduce stomach acid.
- Surgery - occasionally recommended if medications are ineffective.

What can I do to reduce LPR?

Lifestyle changes

Do's

- Take your reflux medication regularly as prescribed, without fail. Missing even one day can cause further damage to your voice box.
- Sit upright when eating
- Squat to pick up objects; bend at the knees when you pick things up
- Try to reduce your weight if you are overweight
- Elevate the head of the bed at least 4-6 inches by putting blocks underneath the legs/base of the bed at the head end.
- Lie on your left side rather than your right
- Try to stop smoking. Ask about your local Smoking Cessation Service
- Minimise stress in your life

Don'ts

- Wear clothing that is too tight, especially around the waist (e.g. trousers, belts, corsets).
- Bend over from the waist
- Eat 'on the run'
- Lie down, bend over or slump just after eating; do not eat within three hours of going to bed.

Patient Information

- Use multiple pillows under your head. This can increase the pressure in your stomach, worsening reflux.
- Strain e.g. lifting heavy objects

Dietary changes

Do's

- Eat smaller meals more regularly. Large meals result in increased acid production and put greater stress on the valve (sphincter) between the stomach and the food-pipe.
- Eat slowly, chewing each mouthful fully.
- Drink water, decaffeinated coffee/tea and diluted squash.
- Limit alcohol intake. Spirits, white and rose wine, and lager are the worst offenders.
- Eat a low-fat diet.
- Eat natural yoghurts.
- It may be helpful to chew gum containing bicarbonate of soda ("tooth whitening gum"), or drinking bottled, alkaline mineral water after meals.

Don'ts

- Eat too much spicy or fatty/greasy/fried food, chips, dairy products, pastry and chocolate.
- Eat and drink at the same time if possible; instead have a drink before/after meals
- Drink too much tea, coffee, or fizzy drinks, especially cola.
- Eat acidic foods e.g. tomatoes (pizza, spaghetti) and citrus fruits/juices e.g. pineapple, oranges.
- Exercise immediately after a meal.

What medications are used for LPR?

- Non-prescription 'over the counter' liquid antacids/alginate preparations (e.g. Gaviscon Advance). You may be asked to take these:
 - After each meal **and/or**
 - Last thing you swallow before going to bed. Do not take anything at all to eat or drink after taking it.
- Acid blocking tablets which reduce stomach acid are also used. These tablets are called Proton Pump Inhibitors (PPI's) and must be prescribed by your doctor.
 - Types of PPIs: Rabeprazole (Pariet), Pantoprazole (Protium), Lansoprazole (Zoton), Omeprazole (Losec) or Esomeprazole (Nexium).
 - Please use as directed by your doctor or pharmacist.
 - Should be taken half an hour prior to meals as advised.
- Sometimes other medications such as Ranitidine (Zantac) or Cimetidine (Tagamet) are used especially for patients who cannot tolerate a PPI.

Important

Stopping reflux medications suddenly can result in increased LPR, so a 'step down' plan is recommended. This will be explained by your doctor and it is important that you follow your doctor's advice.

How long will I need to take the medications for?

Tablets need to be used for several months to work so be sure to arrange repeat prescriptions from your GP. Within two to three months of treatment, most patients report significant improvements; however, it takes six months or longer for the throat and voice symptoms to improve. It is therefore recommended that an initial treatment should be tested for approximately six months.

Will I need LPR treatment forever?

This depends on the individual. Usually LPR improves with the appropriate treatment but you need to:

- Follow the recommendations you are given on lifestyle changes
- Make the dietary changes that are recommended
- Take your medication regularly as prescribed by your doctor
- Remember, any decision to stop treatment should be made with your doctor's knowledge and consent.

What is the role of surgery for managing LPR?

Surgery is occasionally required to tighten the valve between the stomach and the food-pipe (oesophagus), especially in more severe cases where medications have not been effective. A form of keyhole surgery called Endoscopic Fundoplication is usually used.

Further Information

If you have any questions or comments about this information sheet please contact the team on: 024 7696 5684

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