

## **LARYNGOPHARYNGEAL REFLUX DISEASE WITH RECOMMENDATIONS TO PREVENT ACID REFLUX**

### **What is Reflux?**

When we eat something, the food reached the stomach by traveling down a muscular tube called the esophagus. Once the food reaches the stomach, the stomach adds acid and pepsin (a digestive enzyme) to digest the food. The esophagus has two sphincters (bands of muscle fibers that close off the tube) to help keep the digested food, acid and pepsin where they belong. One sphincter is at the top of the esophagus, and the other is at the bottom. The term reflux means “a backward or return flow.”

### **What is GERD and LPRD?**

GERD (Gastro-esophageal Reflux Disease): An excessive amount of reflux of stomach acid up through the lower sphincter and into the esophagus – commonly associated with “heartburn.”

LPRD (Laryngopharyngeal Reflux Disease): Reflux that makes it all the way up through the upper sphincter and into the back of the throat. The structures and tissues of the lungs and throat are much more sensitive to stomach acid and digestive enzymes than is the esophagus, so smaller amounts of reflux into this area can cause more damage – uncommonly associated with “heartburn.”

### **Why don't I have heartburn and stomach problems?**

Heartburn occurs when the tissues in the esophagus becomes irritated. Most of the reflux events that can damage the throat happen without the patient ever knowing that are occurring. We have learned from pH probe testing that most LPRD events occur during the day.

### **What are the common symptoms of LPRD?**

Hoarseness	Bad/Bitter taste in mouth (especially in the morning)
Chronic cough	Asthma-like symptoms
Frequent nose blowing	Referred ear pain
Pain or sensation in throat	Post-nasal drip
Feeling of “lump” in throat	Singing: Difficulty hitting high notes
Problems with swallowing	

### **How do you diagnose LPRD?**

The following signs seen by physicians are strong indicators of LPRD:

Red, irritated arytenoids and larynx	Vocal cord swelling
Small laryngeal ulcers	Granulomas in the larynx

## **Is the diagnosing testing for LPRD?**

We can be fairly certain of the diagnosis from the patient history and physical examination. Based on this presumptive diagnosis, we usually begin treatment for a trial period. However, the 24 hour pH probe is the gold standard for monitoring reflux events associated with LPRD. A small tube is passed through the nasal passage into the esophagus, in order to monitor the amount and type of reflux during a patient's typical day.

## **What is the treatment for LPRD?**

1. **Stress:** take significant steps to reduce stress! Make time in your schedule to do activities that lower your stress level, such as exercise.
2. **Foods:** You should pay close attention to the way your system reacts to various foods. Each person will discover which foods cause an increase in reflux. Minimize the following:
  - \* Spicy, acidic and tomato-based foods like Italian or Mexican
  - \* Acidic fruit juices such as orange juice, grapefruit, cranberry etc.
  - \* Fast foods
  - \* Caffeinated beverages
  - \* Peppermint and chocolate
3. **Mealtimes:** Do not gorge yourself at mealtime. Eat sensibly. Eat meals several hours before bedtime, avoid bedtime snacks, and do not exercise immediately after eating.
4. **Bodyweight:** Try to maintain a healthy body weight.
5. **Nighttime Reflux:** If the 24-hour pH monitoring demonstrates nocturnal reflux, elevate the head of your bed 4-6 inches with books, bricks *or* a block of wood to achieve a 10 degree slant. DO NOT prop up your body with extra pillows.
6. **Tight Clothing:** avoid tight belts and other restrictive clothing.
7. **Smoking:** If you smoke, STOP! This dramatically causes reflux.

## **Are there medications for LPRD?**

Medications, such as the following proton pump inhibitors, may be prescribed: Prilosec, Prevacid, AcipHex, Protonix or the newest medication in this category - Nexium.