

## Laryngopharyngeal Reflux

Laryngopharyngeal reflux (LPR) is the reflux of gastric contents, that travels all the way back up the oesophagus to enters the upper airway (including the larynx) and bronchial tree.

LPR has symptoms that differ from "typical" gastroesophageal reflux (GER). For example, heartburn is rarely felt by people with LPR.

Instead, people with LPR have symptoms such as voice problems, cough, throat clearing or a lump in the throat.

These occur as a result of the gastric contents (acids, and enzymes) irritating tissue and causing inflammation of the throat.

### Symptoms

Hoarseness is one of the most common symptoms of LPR.

Other symptoms include:

- the need to constantly throat clear
- chronic cough
- the sensation of a lump in the throat (or a tickling or burning sensation)
- excessive throat mucous (or post nasal drip)
- a sore throat
- vocal fatigue
- voice breaks
- difficulties swallowing.

The pattern of voice problems due to LPR may be either chronic or intermittent.

People with intermittent LPR complain that several times a year they suffer from "*laryngitis*" that lasts for days or weeks.

### Treatment

#### Strategies specific to preventing Laryngo-pharyngeal Reflux:

- **Stress:** Take significant steps to reduce stress. Make time in your schedule to do activities that lower your stress level. Even moderate stress can dramatically increase the amount of reflux. Performers should be aware that: the act of strenuous voicing exercises may cause an increase in reflux. In addition, overworked vocal folds will not handle the effects of reflux as well as when rested.
- **Mealtime:**
  - Do not eat excessive amounts at any time.

- Have small frequent meals.
- **Smoking:** IF YOU SMOKE, STOP!! This is strongly associated with reflux.
- **Alcohol:** moderate your alcohol intake; avoid it if possible.
- **Gum:** Consider chewing gum. The extra saliva stimulated helps to neutralize the gastric acid in the larynx.
- **Allergies:** Consider investigation of allergies and environmental irritants as a possible different cause of your symptoms

### Strategies to help prevent Gastro-esophageal Reflux:

- **Foods:** You should pay close attention to how your system reacts to various foods. Each person will discover which foods cause an increase in reflux. The following foods have been shown to cause reflux in many people. It may be necessary to avoid or minimize some of the following foods:
  - Spicy, acidic and tomato-based foods like Mexican or Italian food.
  - Acidic fruit juices such as orange juice, grapefruit juice, cranberry juice
  - Fast foods and other fatty foods.
  - At night, cheese, fried foods, eggs and nuts.
  - Caffeinated beverages (coffee, tea, cola, soft drinks), mints and chocolate.
- **Mealtime:**
  - Eat meals several hours (preferably 3 hours) before bedtime
  - Avoid bedtime snacks
  - Do not exercise immediately after eating
- **Body Weight:** Try to maintain a healthy body weight. Being overweight can dramatically increase reflux.
- **Night-time Reflux:** Elevate the head of your bed 8cm (4-6 inches) with books, bricks or a block of wood to achieve a 10 degrees slant. Do not prop the body up with extra pillows. This may increase reflux by kinking the stomach. Recent studies have shown that LPR occurs much more often during the day when upright. Therefore, this suggestion may be much less important than once believed.

### Medications for Reflux:

Most of the time, LPR is well controlled with medications (Proton Pump Inhibitors, or PPI's).

There are three main approaches to the pharmacological management of reflux (LPR and GER)

1. Antacids (*eg Tums<sup>®</sup>, Gaviscon<sup>®</sup>, Mylanta<sup>®</sup>.*)\*
2. H2 Receptor Antagonists (*eg Ranitidine [Zantac<sup>®</sup>]*)\*
3. Proton Pump Inhibitors (PPIs) (*eg. Losec<sup>®</sup>, Nexium<sup>®</sup>, Somac<sup>®</sup>.*)

\* Can be purchased over the counter

- Take one dose (or as recommended on the label) 1 hour before meals of an over the counter antacid such as Tums<sup>®</sup>, Gaviscon<sup>®</sup>, Zantac<sup>®</sup> or Mylanta<sup>®</sup>.
- See your GP or Specialist regarding Proton Pump Inhibitors (such as Losec, Nexium) which may break the cycle, or be necessary as a long-term treatment.

### **Response to Medication:**

Antacids and H2 antagonists should provide short-term relief of symptoms, particularly if heartburn and indigestion are associated with your profile. In some cases, performers may take Gaviscon/Mylanta prior to performing to minimize the mechanical effects of reflux (a so-called “blanket” on gastric contents.)

If you are prescribed a PPI, it may take several weeks to notice a difference in your voice and throat symptoms. Some people may not tolerate a PPI and develop symptoms such as nausea and headache and altered bowel habit. (Please discuss this with your doctor if these symptoms occur).

In most cases, laryngo-pharyngeal reflux symptoms can be reversed by an initial course of medication subsequently managed by lifestyle and diet changes.

However, some people may need to be on long-term medication, and rarely, they may require anti-reflux surgery in order to achieve symptom relief.

It is advisable to discuss this with your local doctor who may wish to refer you to a gastroenterologist for further investigations.