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SILENT REFLUX

Laryngopharyngeal Reflux or LPR

Silent Reflux Can Cause

- Hoarseness
- Sore Throat
- Heartburn
- Irritable Cough
- Too much mucous in the throat
- A 'lump' in the throat ("Globus")
- Trouble Swallowing

WHAT IS SILENT REFLUX? / WHAT IS LPR?

The term **REFLUX** comes from a Greek word that means "backflow", and it usually refers to "the backflow 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 the way back up into the larynx (the voice box) or the pharynx (the throat). LPR can occur during the night or day, 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. That 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?

Actually, about half of people who have LPR never have any heartburn at all. This is because the material that refluxes does not stay in the oesophagus very long. In other words, the acid does not have long enough time to irritate the oesophagus 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 oesophagus, the voice box and throat are much more sensitive to injury and irritation from stomach acid. Also, LPR can sometimes affect a person's breathing and lungs.

A LUMP IN THE THROAT

A feeling of a lump in the throat is a very common symptom, which is often linked to LPR. It is also called GLOBUS PHARYNGEUS. Other people describe a feeling of tightness or constriction in the throat, or that they feel some mucous is caught and they are unable to clear it. There is often concern that this may be due to throat cancer: in fact, this is a rare symptom in cancer cases. Stress can make this sensation worse ("I was so upset, it brought a lump to my throat"). The important thing to realize is that globus is an abnormal sensation, rather than an actual lump.

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. Some people do have heartburn too. Some people have hoarseness that comes and goes, and others have a problem with too much nose and throat drainage, that is, too much mucous or phlegm. Choking episodes are not uncommon, especially when lying down, but don't worry: they are not usually serious.

WHAT TESTS MIGHT MY DOCTOR ORDER?

If your doctor orders tests, this is to be sure about your diagnosis, to make sure that you don't have any complications of LPR, and to help pick the best type of treatment for you. The barium swallow is an X-ray test in which you must swallow chalky material that can be seen on X-rays. This test shows how you swallow and it shows if there is a narrowing or other abnormality of the throat or oesophagus. It is a good test to evaluate the entire swallowing mechanism.

HOW IS LPR TREATED?

Generally, in three ways:

1. *Changing habits and diet to reduce reflux;*
2. *Medications to reduce stomach acid;*
3. *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, non-prescription liquid antacids/alginate preparations such as Gaviscon are recommended: when used these should be taken four times each day, 10 ml after each meal, and 20 ml before bed time. Simple antacids without alginate such as Rennies or Maalox are not recommended.

Dietary lifestyle changes alone are often not enough to control LPR- medications that reduce stomach acid are usually needed. These usually require a prescription. They include proton pump inhibitors (Rabeprazole, Omeprazole, Lanzoprazole, Pantoprazole, Esomeprazole), and H2 receptor blockers (such as Ranitidine and Cimetidine). Surgery to prevent reflux of stomach contents is occasionally necessary.

TIPS FOR REDUCING REFLUX AND LPR

Control your lifestyle and your Diet!

- If you use tobacco, STOP. Smoking makes you reflux. After every cigarette, you have some LPR. Ask your GP about smoking cessation.
- Don't wear clothing that is too tight, especially around the waist (trousers, corsets, belts) Bending over can trigger reflux, as can lifting heavy objects or straining due to constipation.
- Do not lie down just after eating… in fact do not eat within three hours of bedtime. Raising the head of the bed can help, as can lying on the left side rather than the right.
- You should be on a low-fat diet. Limit your intake of red meat and butter. Avoid fried foods, chocolate, cheese and pastry. Coffee, citrus juices, and any form of fizzy drink can make things worse. Chewing gum containing bicarbonate of soda (sold as tooth whitening gum) can help.
- If you are overweight this can contribute, but be warned that extreme physical exercise can also cause reflux.
- Alcohol makes reflux worse, so limit your intake. Spirits and white wine are the worst offenders.

WILL I NEED TREATMENT FOREVER?

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

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

For people with severe LPR, of 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.

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