

Laryngo-pharyngeal Reflux Disorder Handout

Laryngo-pharyngeal reflux disorder (LPR) is the movement of the stomach's contents of acid fluids up the esophagus and into the throat. Although the stomach's lining is ideally suited to ward off the effects of stomach acid, other structures are not. The lining of the throat (pharynx) and the voice box (larynx) can be damaged by the stomach's acid. Many patients with this disorder do not have heartburn! Rather, the symptoms of reflux are manifested as "throat symptoms".

Symptoms related to the throat can include: frequent throat clearing, laryngitis (hoarseness), lump in the throat sensation ("globus"), a tickle or irritation in the throat, cough, sore throat, halitosis (bad breath), increased phlegm in the throat, sensation of post-nasal drip, or asthma-like symptoms (wheezing).

Some of the underlying causes of LPR include: Excessive caffeine and/or carbonated beverage consumption, poor eating habits ('wolfing down' a meal, eating within 2 hours before bedtime, overeating), chronic stress, being overweight, and smoking.

The most effective medications to reduce acid production in the stomach are called Proton-Pump Inhibitors (PPI's) and include: generic Omeprazole (Prilosec OTC®), generic Pantoprazole (Protonix®), and generic Lansoprazole (Prevacid® OTC). Your insurance plan coverage will often dictate which medication is prescribed.

In some cases, a patient may be required to take medications for the rest of their life. In many cases, however, a 3 to 6 month course of medication in conjunction with life style and diet changes will eliminate the throat symptoms.

There are several simple and proven ways to reduce LPR:

- Do not eat food, or consume liquids other than water, within 2 hours of bedtime.
- Avoid over eating. Overfilling the stomach increases the likelihood of GERD. Eating several small meals throughout the day is a good practice.
- Dietary modifications: see "Anti-Reflux Diet"
- If you smoke, resolve to quit. Smoking is a strong stimulus to stomach acid secretion. Attempt to quit smoking on your own or join a smoking cessation program.
- Be sure to take the medications that your doctor prescribes. It is very important that you use the medications daily and that you take them for as long as prescribed. Improvement with medications may take 4-6 weeks. *****It is very important that you take your prescription medication 45 minutes to 1 hour before eating a meal** (for example 45 minutes before breakfast and/or 45 before dinner). These medications will probably not work if taken with meals, after meals, or at bedtime. Medications will only be partially helpful or not helpful at all, without dietary changes.

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Guidelines for over-the-counter treatment, if instructed by your doctor:

Prilosec OTC: 1 tab each morning 45 minutes before eating or drinking

- 6 weeks
- 8 weeks
- 3 months

Anti-Reflux Diet

Avoid/reduce caffeine-containing products and other reflux-promoters including:

- Coffee (Including Decaf)
- Non-herbal tea (Herbal teas are fine)
- Chocolate and chocolate-containing products
- Peppermint-containing products
- Chewing gum

Avoid/reduce carbonated beverage consumption including:

- Sodas: Coke, Pepsi®, Diet sodas, etc.
- Sparkling water

Avoid/reduce consumption of spicy foods, fried foods, and fatty foods.

Avoid/reduce consumption of citrus products including:

- Orange juice
- Grapefruit juice and products
- Lemon products, lemonade
- Pineapple products

Avoid/reduce acidic foods including:

- Tomatoes and tomato products (sauces, soups, etc.)
- Vinegar

Avoid/reduce consumption of alcoholic beverages and tobacco products.