

INFORMATION FOR PATIENTS

Ear, Nose and Throat Department (ENT)

Laryngopharyngeal Reflux (LPR)

What is Laryngopharyngeal Reflux (LPR)?

The term REFLUX comes from a Latin word that means “backflow” and it usually refers to the backflow of stomach contents into the oesophagus (gullet), the tube connecting the throat to the stomach. Normally, once the food that we eat reaches the stomach, digestion should begin in the stomach without the contents coming back up or “refluxing”.

Small amounts of stomach acid can reflux all the way up to the oesophagus into the pharynx (throat) or larynx (voice box). This is known as ‘laryngopharyngeal reflux’ (LPR) and can occur during the day or night; even if a person hasn’t eaten anything at all.

Although some people with LPR suffer with typical symptoms of reflux such as heartburn and indigestion, many people do not experience this type of discomfort. This is because the material that refluxes does not stay in the oesophagus for very long and therefore does not have enough time to irritate the lining of the oesophagus and cause heartburn. This is why LPR is called “silent reflux”.

What are the symptoms of LPR?

When you have silent reflux you are likely to have some or all the following:

- Chronic hoarseness (when voice changes and becomes crackly or rough).
- Sore, dry, throat.
- Throat clearing.
- Chronic cough.
- Globus (a sensation of lump in the throat).
- Difficulty swallowing (especially tablets or solid food).
- Unpleasant taste at back of mouth.
- Excessive burping, particularly during the day.
- Tickly, scratchy or burning sensations in the throat.
- Sensation of excessive mucus or phlegm in the throat.

What kind of problems can LPR cause?

If even small amounts of refluxed material come all of the way up into the throat or larynx, 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.

Although LPR does not usually cause serious problems, on occasions it can cause difficult and noisy breathing, choking episodes and exacerbate breathing problems (such as asthma or bronchitis). Very severe and untreated for years LPR may also be one of the contributing factors in the development of cancer of the oesophagus, lung, throat or voice box.

What causes LPR?

It is not often clear what causes LPR. Various underlying conditions such as problems with the stomach, oesophagus or the muscle that separates the two along with lifestyle factors such as being overweight, smoking and consuming too much alcohol and caffeine are likely causes of LPR. In addition to these spicy or fatty foods, chocolate and citrus fruits can also contribute to silent reflux symptoms.

How is LPR diagnosed?

LPR is usually diagnosed by examination of your throat by an ENT doctor by using a thin flexible telescope passed through your nose. The ENT doctor or the speech and language therapist specialising in voice disorders may ask you to complete a questionnaire to rate how often and how badly your symptoms affect you.

Although your symptoms may suggest a diagnosis of LPR, other conditions such as allergy or infection can cause similar symptoms and specific tests for these may be necessary.

If your doctor is unsure of the diagnosis or if your symptoms are severe and your doctor wishes to rule out complications of LPR, he or she may send you for further tests such as:

- a) 24 hour pH monitoring (to measure the amount of acid that refluxes into your oesophagus and throat in a 24 hour period).
- b) Barium swallow (to evaluate how you swallow and if there's a narrowing or other abnormality in your throat or oesophagus).
- c) Refer you to a gastroenterologist (a doctor specialising in stomach and digestive problems) for consideration of oesophagogastrosopy (a test where the lining of the oesophagus is examined with a telescope).

How is LPR treated?

Treatment for LPR should be individualised and your doctor or your speech and language therapist will advise you on the various treatment options. Generally, there are several treatments for LPR:

- a) Changing habits and diet to reduce reflux.
- b) Medications to reduce stomach acid.
- c) Surgery (to tighten the valve between the stomach and the oesophagus) if medication has not been effective.

Most people with LPR need to modify how and when they eat, as well as take some medication to improve their symptoms. In mild cases drugs that can be bought over the counter at a pharmacy, e.g. antacids such as Gaviscon, may be all that is required.

These drugs work by forming a 'raft' over the stomach contents so that if anything spills back it is less damaging. These should be taken four times a day – 10 ml after each meal and 20 ml at bedtime. For people who have the symptoms of LPR after meals, chewing gum, especially bicarbonate gum, may help.

In more severe cases these measures are often not enough and stronger medication that reduces stomach acid will need to be prescribed by your doctor. This includes proton pump inhibitors (PPIs) – e.g. omeprazole, lansoprazole or esomeprazole. One dose in the morning and one in the evening (30 min to an hour before food) is usually recommended but regimes may vary for different individuals. Sometimes a combination of PPIs and antacid preparations is recommended.

Most people with LPR report symptom improvement after 2-3 months of treatment but it may take 6 months or longer for the throat and voice symptoms to improve. Reflux medications should not be stopped suddenly to avoid an increase in acid reflux (a condition called rebound hyperacidity). Therefore most doctors recommend a 'step-down' plan to ensure that the reflux control is maintained and that your symptoms do not return.

What can I do to reduce LPR?

There are several things you can do to reduce the likelihood of LPR and the amount of acid produced in the stomach:

- Quit smoking – smoking makes you reflux. After every cigarette, you are likely to have some LPR. You can ask help from your local smoking cessation clinic.
- Eat a healthy diet and adapt your eating habits.
- Drink less alcohol, especially spirits and white wine, late in the evening/before bedtime.
- Leave three hours between eating and lying down.
- Limit fat intake and intake of red meat, butter, cheese, eggs, fried foods and chocolate.
- Avoid acidic and fizzy drinks and limit caffeine intake as they have been found to increase the level of stomach acid. Drink water or herbal teas instead.
- Chewing gum containing bicarbonate soda (tooth whitening gum) can be helpful.
- Eat smaller meals more regularly, eat slowly and chew each mouthful well.
- Try to lose weight if you are overweight (but note that extreme exercise can also cause acid reflux).
- Try not to wear clothing that is too tight, especially around the waist, as it can put pressure on the stomach contents and can push acid up to the oesophagus.
- Raise the head of your bed by 4 – 6 inches to reduce the chance of acid travelling up to the throat while you sleep.
- Bend at the knees when you pick things up to reduce the pressure on the stomach contents and the chance of acid travelling up to the oesophagus and the throat.
- Avoid shouting, singing, whispering or talking over background noise and keep telephone calls to a minimum.
- Drink plenty of water (2 litres a day) - don't wait to be thirsty (your urine should be pale, almost clear if you drink enough water).
- Steam inhalation can be helpful. You can use it, twice a day.

Will I need LPR treatment for ever?

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

In one way having LPR is like having high blood pressure – with treatment it does not really cause serious medical problems, but without treatment it can be serious.

People with severe LPR or people who cannot take or are not controlled by reflux medicine, may need 'antireflux' surgery. The operation is known 'fundoplication' and it is designed to restore or recreate a new stomach valve. In people who have this surgery, most get relief from LPR for many years.

Contact details

If you need further information about your appointment, please contact the ENT team secretaries via switchboard. The telephone number is 01623 622515.

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

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