What is LPR?

LPR is the backflow of the stomach contents up into the oesophagus (food pipe) and all the way to the pharynx (throat) and / or the larynx (voice box). LPR can occur during the day or night, even if the person hasn’t eaten anything. It is often referred to as ‘Silent Reflux’ as many people don’t experience heartburn or indigestion.

Symptoms

- Hoarseness / weakness of the voice
- Excessive throat clearing
- Chronic dry cough
- Excess mucous / phlegm (particularly in the morning)
- Bitter taste in the mouth
- Difficulty swallowing
- Heartburn or indigestion
- Feeling of a lump (Globus Pharyngeus) or tightness in the throat
- Burning / dryness in the throat
- Sore throat
- Occasional difficulty in breathing
- Exacerbation of asthma. Asthma is more difficult to control when complicated by reflux.
- Nasty taste in the mouth
- Choking episodes at night

How do I know if I have LPR?

A diagnosis of LPR may be made by a combination of history, physical examination and other tests. The ENT doctor may examine your larynx using an endoscope (a thin flexible telescope) passed through your nose. Questionnaires, eg the Reflux Symptom Index (RSI) may be used by the ENT doctor or the Speech and Language Therapist (SLT) specialising in voice disorders.
How is LPR treated?

Treatment should be individualised, and your doctor will suggest the appropriate treatment for you. Generally there are several treatments for LPR:

- Making lifestyle and dietary changes
- Medications to reduce stomach acid
- Surgery is occasionally recommended if medications are ineffective.

Will I need LPR treatment forever?

This depends on the individual. With lifestyle, dietary changes and medical treatment, you can improve your chance of total recovery.

What can I do to reduce LPR?

Lifestyle Changes

**Do’s**

- Take reflux medication regularly before meals.
- Squat to pick up objects
- Try to reduce your weight if you are overweight
- Elevate the head of the bed at least 4-6 inches using firm pillows under the mattress
- Try to stop smoking. Ask about your local Stop Smoking Service
- Minimise stress in your life – personal stress, performance stress and physical stress can exacerbate reflux

**Don’ts**

- Wear clothing that is too tight, especially around the waist (e.g. trousers, belts).
- Bend over from the waist
- Participate in extreme physical exercise just after eating
- Sleep with multiple pillows under your head. This can increase the pressure in your stomach, worsening reflux
- Lie down just after eating – in fact, do not eat within three hours of going to bed
- Strain due to lifting heavy objects or being constipated.

Dietary changes

**Do’s**

- Eat smaller meals more regularly. Large meals result in increased acid production and put greater stress on the valve (sphincter) between the stomach and the food-pipe
- Eat slowly, chewing each mouthful fully
- Drink water, decaffeinated coffee / tea and diluted squash
- Limit alcohol intake
- Eat a low fat diet
- Eat natural yoghurts.

**Don’ts**

- Eat too much spicy or fatty fried food. A dietician can advise you about which foods to avoid
- Eat and drink at the same time if possible – have a drink before/after meals
- Drink too much tea, coffee, or fizzy drinks especially cola. Caffeine causes the valve (sphincter) separating the food-pipe and the stomach to relax
• Eat acidic foods e.g. tomatoes (pizza, spaghetti) and citrus fruits / juices e.g. pineapple, oranges.

Medical treatments

Medications:
• Non-prescription ‘over the counter’ liquid antacids/alginate preparations (e.g. Gaviscon Advance)
• Acid blocking tablets which reduce stomach acid are also used. These tablets are called Proton Pump Inhibitors (PPI’s) and must be prescribed by your doctor.

Types of PPIs:
• Rabeprazole (Pariet)
• Pantoprazole (Protium)
• Lansoprazole (Zoton)
• Omeprazole (Losec) / Esomeprazole (Nexium)

Dose required:
• Usually prescribed twice daily however please use as directed by your doctor or Pharmacist.
• Should be taken half an hour prior to breakfast and evening meal on a regular basis.
• Sometimes other medications such as Ranitidine (Zantac) or Cimetidine (Tagamet) are used instead of, or in conjunction with, PPI (i.e. Omeprazole (Losec) and Lansoprazole (Zoton)) medications.

Tablets need to be used for several months to work so be sure to arrange repeat prescriptions from your GP.

Within two to three months of treatment, most patients report significant improvements; however it takes six months or longer for the throat and voice symptoms to improve. It is therefore recommended that an initial treatment should be tested for approximately six months.

Surgery:
• Surgery is occasionally required to tighten the valve between the stomach and the food-pipe (oesophagus), especially in more severe cases where medications have not been effective.
• A form of keyhole surgery called Endoscopic Fundoplication is usually used.

Want to know more?

If you experience any difficulties or wish to discuss it any further please telephone:

ENT department between the hours of 9am and 5pm Monday to Friday.
Tel: 01246 512098.

IMPORTANT:

If you stop taking the tablets your symptoms will return!