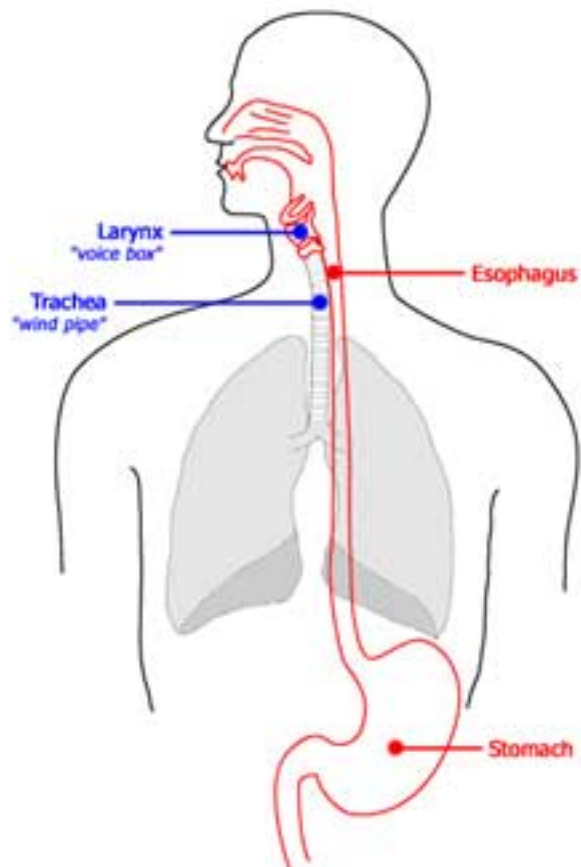




## Laryngopharyngeal Reflux

### **What is laryngopharyngeal reflux? Is it the same as gastroesophageal reflux disease (GERD)?**

Laryngopharyngeal reflux (LPR) is often mistakenly referred to as gastroesophageal reflux disease (GERD) but, in fact, they are two different entities with the same underlying problem.



Normally, when you swallow, food goes one way, from the mouth, through the esophagus, into the stomach. There is a one-way valve at the junction of the esophagus and the stomach, called the lower esophageal sphincter. In GERD and LPR, it is thought that this sphincter is malfunctioning, allowing stomach contents to travel (or reflux) back up into the esophagus. In the case of GERD, the refluxed contents (refluxate) stay in the esophagus. In the case of LPR, it travels back up and out of the esophagus. The acidic contents coat and damage the larynx, or voice box, causing the signs and symptoms of LPR.

## **Common signs and symptoms of LPR:**

Not infrequently, we are asked about the signs and symptoms of reflux. Often, patients with LPR are unaware of their condition and are surprised by their diagnosis. This is because of the common misconception that GERD and LPR are the same thing. LPR patients expect that if they have reflux, they should have heartburn.

To the contrary, patients suffering from LPR have an entirely different constellation of symptoms. The larynx is not accustomed to acid exposure and, therefore, significant laryngeal dysfunction can result from reflux events. Common symptoms of LPR include:

- Hoarseness
- Chronic cough
- Throat clearing
- Sensation of an object in your throat (globus sensation)
- “Post-nasal drip”

You may wonder why you don't have heartburn if the acid is travelling through your esophagus to get to your larynx. Shouldn't you have the same symptoms as a patient suffering from GERD? While the answer to this question is not entirely known, it is thought that over time, the chronic acid exposure to your esophagus has damaged the acid-detecting sensors in your esophagus, thereby eliminating esophageal symptoms. As a matter of fact, when treatment for LPR is initiated, patients often complain of getting heartburn. As the acid is neutralized, these esophageal sensors can heal and detect acid again, thereby possibly producing heartburn.

## **Treatment of LPR**

There are several things you can do to help treat LPR. What we call “lifestyle modifications” are ways that you can change your diet, your sleeping habits, and your daily life to help minimize the creation and reflux of acid. For example, elevating the head of your bed, reducing LPR triggers (i.e., chocolate, alcohol, high-fat or acidic foods), and changing the timing of your meals can all improve your symptoms. There is a link on our website to all the dietary and lifestyle changes you can make to start treating your reflux. ***(insert URL after this sentence?)***

The only definitive way to treat LPR is surgically. Unless the broken one-way valve is repaired, you will continue to reflux stomach contents into your esophagus and onto your larynx. However, the good news is that if lifestyle modifications fail, there are still medications available to make the refluxate less damaging to the sensitive lining of your larynx.

By preventing your stomach from producing acid, the refluxate is neutralized, and therefore significantly less damaging to your larynx. This is evidenced by a resolution of your symptoms as well as an improvement in physical findings of your larynx (including less redness and irritation of the lining of your larynx). The medications that we use to achieve this are called proton-pump inhibitors, because they stop the stomach's acid producing pump.

While there are minimal side effects to these medications, including nausea and upset stomach, there is usually a medication in this class that we can recommend for you that you will be able to tolerate.