

## What can I do to reduce LPR?

There are things you can do to reduce the likelihood of LPR and acid indigestion:

- **LOSE WEIGHT** and eat a healthy diet
- Consider **ALKALINIZING YOUR DIET**
- **LIMIT** your intake of fried foods, spicy foods, chocolate and citrus juices
- **GIVE UP** smoking
- **RAISE THE HEAD OF YOUR BED** 4-6 inches (place blocks under the legs/base of the bed at the head end)
- **LEAVE 3 HOURS** between eating and lying down
- **BEND AT THE KNEES** when you pick things up
- Wear **LOOSE CLOTHING** around your waist
- **CHEW GUM** after meals
- **EAT SMALLER MEALS** more regularly
- **EAT SLOWLY**, chewing each mouthful well
- **AVOID FIZZY DRINKS** and **CAFFEINE** – drink water or herbal teas instead
- **DRINK LESS ALCOHOL**, especially before bed.

## Will I always need treatment for LPR?

Usually LPR improves with the appropriate treatment but you need to:

- Follow the recommendations you are given on lifestyle changes
- Make the dietary changes that are recommended
- Take your medication regularly as prescribed by your doctor
- Request review by a specialist centre if your symptoms do not improve with treatment
- Remember, any decision to stop treatment should be made with your doctor's knowledge and consent.

References: <https://www.nice.org.uk/guidance/cg184>, <https://www.nice.org.uk/guidance/ng1>, <https://www.nice.org.uk/advice/mib176/chapter/summary>

For more information about laryngo-pharyngeal reflux see the BVA website:

**[www.britishvoiceassociation.org.uk](http://www.britishvoiceassociation.org.uk)**

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# REFLUX AND YOUR VOICE

## WHAT IS ACID REFLUX?

Stomach juices are made up of strong digestive acids and enzymes including pepsin. Pepsin is important in digesting proteins and is particularly irritating to the throat. It is not uncommon for these juices to travel from the stomach upwards into the oesophagus causing the symptoms of indigestion (heartburn). This is usually referred to as 'gastro-oesophageal' reflux (GOR).

Sometimes, small amounts of these stomach juices can reach as far up as the throat (pharynx) and voice box (larynx). This is known as laryngo-pharyngeal reflux (LPR) and is sometimes called 'silent reflux' as many people with LPR do not experience classic symptoms of heartburn. Reflux can occur during the day or night, even if a person hasn't eaten anything.



A healthy larynx

Photo: Tom Harris

This leaflet is intended for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

## What are the symptoms?

These may vary but some of the most common symptoms of LPR are:

- A sensation of food sticking or a feeling of a lump in the throat
- A hoarse, tight or 'croaky' voice
- Frequent throat clearing
- Difficulty swallowing (especially tablets or solid foods)
- A sore, dry and sensitive throat
- Occasional unpleasant "acid" or "bilious" taste at the back of the mouth
- A feeling that too much mucus/phlegm is collecting in the throat
- Sudden coughing or choking spasms at night
- Chronic cough
- Excessive burping, particularly during the day

Swelling (oedema) at the back of the larynx

Reddening (Erythema) around structures at back of the larynx

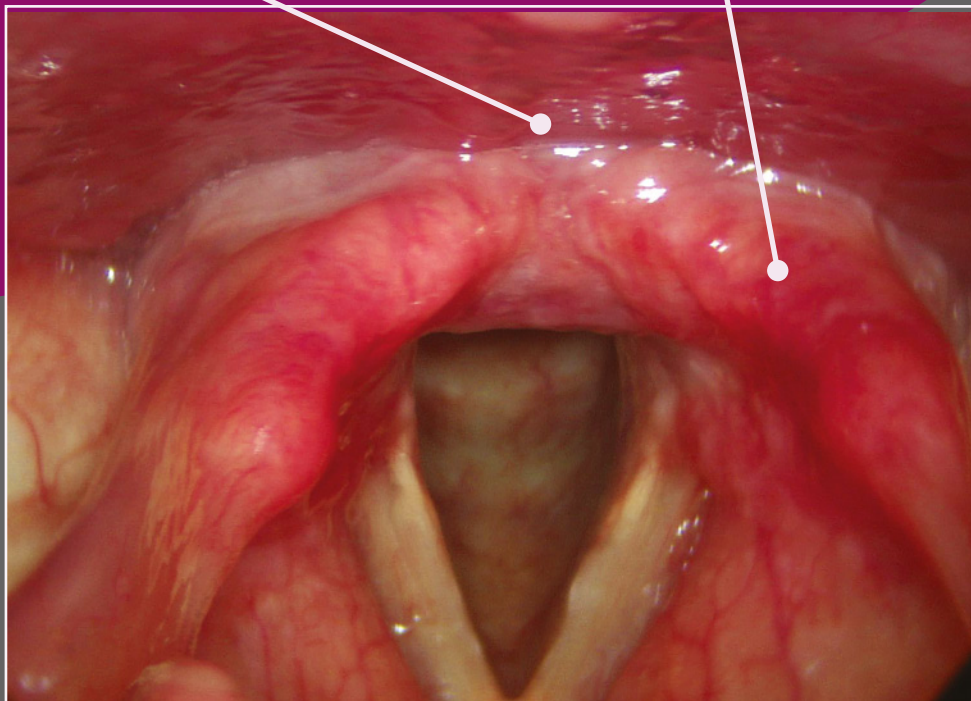


Photo: Tony Aymat

## How is LPR diagnosed?

LPR is usually diagnosed by examination of your throat and voice box by an Ear, Nose and Throat (ENT) doctor. The ENT doctor or the Speech and Language Therapist (SLT) specialising in voice disorders will ask you to describe your symptoms. They may also ask you to fill in a questionnaire to rate how your symptoms affect you.

If your symptoms are severe your doctor may send you for further tests to measure the level of acid in your throat and oesophagus and, if necessary, refer you on to a gastroenterologist (a doctor specialising in stomach and digestive problems).

## What causes LPR?

Often it is not clear what causes LPR. There may be a number of underlying causes, such as problems with the stomach, the oesophagus or the sphincter muscle (known as the cardiac or lower-oesophageal sphincter (LOS)) that separates the two. But, in many cases, lifestyle factors such as being overweight, smoking and consuming too much alcohol and caffeine are probable causes. Dietary factors may also play an important role with spicy foods, fatty foods, chocolate and citrus juice contributing to symptoms of LPR in some individuals.

## How is LPR treated?

Treatment is usually planned on an individual basis and your doctor or SLT will suggest the appropriate treatment for you. There are several treatments that are effective:

- Making lifestyle and dietary changes
- Taking medications to reduce stomach acid
  - Non-prescription antacids/alginate preparations
  - Acid reducing tablets such as proton pump inhibitors or Ranitidine. (These should be prescribed by your doctor)
- There may be a role for Neuromuscular training devices (such as the IQoro®) for improving symptoms related to hiatus hernia. At the time of writing, it had been considered by NICE but was not yet a mainstay in non-surgical management (see reference)
- Various surgical options might be recommended to tighten the valve between the stomach and the oesophagus when medication has not been effective.

Most people with LPR report improvement in their symptoms within 2-3 months of treatment but it may take 6 months or more for the throat and voice symptoms to resolve. Stopping reflux medications suddenly can result in increased LPR, so most doctors recommend a 'step down' plan. This will be explained by your doctor and it is important that you follow your doctor's advice.