



LARYNGOPHARYNGEAL REFLUX

Reflux Explained

Reflux, is a condition characterized by inflammation and irritation of the oesophagus caused by the backward flow of stomach acids and digestive enzymes. This condition can affect people of all ages and manifests in varying degrees of severity.

What is Laryngopharyngeal Reflux (LPR)?

The lower oesophageal sphincter, a muscular ring at the base of the oesophagus, normally prevents acid from flowing back into the oesophagus. However, in individuals with reflux, this sphincter relaxes between swallows, allowing stomach contents to back up and harm the oesophageal lining. While the precise cause of reflux is unknown, certain factors can exacerbate the condition, including dietary choices, eating habits, specific medical conditions, medications, and lifestyle factors.

If this band of muscle is not functioning well, you can have a backflow of acid into your oesophagus and into your throat and voice box, this is called laryngopharyngeal reflux (LPR).

But I Don't Have Heartburn?

Numerous individuals experiencing Laryngopharyngeal Reflux (LPR) may not exhibit heartburn symptoms. The sensitivity of the voice box and the back of the throat to acid is notably higher than that of the esophagus. Acid that swiftly moves through the esophagus doesn't linger long enough to cause irritation. In contrast, when acid accumulates in the throat and voice box, it leads to prolonged irritation, giving rise to LPR symptoms.

Symptoms

Symptoms of reflux include persistent heartburn, prolonged dry cough, a bitter taste in the mouth, throat tightness, wheezing, and discomfort during physical activity. Children and infants may exhibit symptoms such as repeated coughing, respiratory issues, and vomiting.

Solutions and Options

Managing GERD involves lifestyle modifications to reduce reflux, alleviate symptoms, and prevent oesophageal damage. Consulting an ENT specialist is advisable for individuals experiencing reflux-related discomfort, especially in the throat or larynx (voice box). Practical changes include consuming small, frequent meals, modifying the diet to avoid trigger foods, refraining from eating close to bedtime, avoiding alcohol and smoking, maintaining a healthy weight, practicing good posture, staying upright after meals, and elevating the head of the bed.



- Refrain from smoking, as it can trigger reflux.
- Steer clear of snug-fitting clothing around the waist.
- Avoid eating within three hours of going to bed, especially large meals in the evening.
- Consider weight loss, as shedding a few kilograms is often sufficient to prevent reflux in individuals who have recently gained weight.
- Be mindful of the following foods and beverages to minimize reflux risk: caffeine, cola beverages, carbonated drinks, citrus beverages, mints, alcoholic beverages, cheese, fried foods, eggs, chocolate, spicy foods, and tomatoes

Conclusion

While medication can provide temporary relief, long-term management of reflux requires sustained changes in diet and lifestyle. Seeking guidance from a throat specialist is crucial for prompt diagnosis and appropriate intervention. Making these adjustments gradually enhances overall health and reduces the discomfort associated with reflux.

Most patients will begin to notice some relief in their symptoms in about two to three weeks. However, it is generally recommended that the medication be continued for at least three months. If the symptoms completely resolve, the medication can then begin to be tapered and the diet returned to normal.