
Preventing Reflux

Laryngo-pharyngeal reflux (LPR) is oesophageal reflux (of gastric acid) that enters the upper airway and bronchial tree. LPR has different symptoms to “typical” gastroesophageal reflux (GER), e.g. heartburn is rarely felt by people with LPR. In fact, people with LPR are often symptom free except for voice problems which occur as a result of the gastric acids irritating tissue and causing inflammation of the throat.

Hoarseness is one of the most common symptoms of LPR. Other symptoms include the need to constantly throat clear or cough, the sensation of a lump in the throat, excessive throat mucous (or post nasal drip), vocal fatigue, voice breaks and difficulties swallowing. The pattern of voice problems due to LPR may be either chronic or intermittent. People with intermittent LPR complain that several times a year they suffer from ‘Laryngitis’ that lasts for days or weeks.

Strategies specific to Laryngo-pharyngeal Reflux:

- **Stress:-** Take significant steps to reduce stress. Make time in your schedule to do activities that lower your stress level. Even moderate stress can dramatically increase the amount of reflux. Performers should be aware that the act of strenuous voicing exercises may cause an increase in reflux. In addition, overworked vocal folds will not handle the effects of reflux as well as when rested.
- **Mealtime:-** Do not eat excessive amounts at any time. Have small frequent meals.
- **Smoking:-** If you smoke, stop!! This causes reflux.
- **Alcohol:-** Avoid alcohol.
- **Gum:-** Consider chewing gum. The extra saliva stimulated helps to neutralize the gastric acid in the larynx
- **Allergies:-** Consider investigation of allergies and environmental irritants and if identified to treat them.

Strategies to help prevent Gastroesophageal Reflux:

- **Foods:-** You should pay close attention to how your system reacts to various foods. Each person will discover which foods cause an increase in reflux. The following foods have been shown to cause reflux in many people. It may be necessary to avoid or minimize some of the following foods:
 - Spicy, acidic and tomato-based foods like Mexican or Italian food.
 - Acidic fruit juices such as orange juice, grapefruit juice, cranberry juice.
 - Fast foods and other fatty foods.
 - At night, cheese, fried foods, eggs and nuts.
 - Caffeinated beverages (coffee, tea, cola, soft drinks), mints and chocolate.
- **Mealtime:-**
 - Eat meals several hours (preferably 3 hours) before bedtime
 - Avoid bedtime snacks

- Do not exercise immediately after eating

- Body Weight:- Try to maintain a healthy body weight. Being overweight can dramatically increase reflux.
- Night-time reflux:- Elevate the head of your bed 8cm with books, bricks or a block of wood to achieve a 10 degree slant. Do not prop the body up with extra pillows. This may increase reflux by kinking the stomach and upset your back. Recent studies have shown that LPR occurs much more often during the day when upright. Therefore, this suggestion may be much less important than once believed.

Medications for Reflux:

There are three main approaches to the pharmacological management of reflux (LPR and GER)

1. Antacids (e.g. Tums, Gaviscon, Zantac or Mylanta)
 2. H2 Antagonists (e.g. Zantac) – Limited availability now.
 3. Proton Pump inhibitors (PPIs) (e.g. Losec, Nexium, Somac)
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- Take one dose (as recommended on the label) at meals and at bedtime of an over the counter antacid such as Tums, Gaviscon, Zantac or Mylanta. Tums has the added benefit of containing calcium.
 - See your GP or Specialist regarding Proton Pump Inhibitors (such as Losec, Nexium) which may break the cycle, or be necessary as a long term treatment. This initially is often used twice a day and then reduced to once a day at night.

Response to Medication:

Antacids and H2 antagonists should provide short-term relief of symptoms, particularly if heartburn and indigestion are associated with your profile. In some cases, performers may take Gaviscon/Mylanta prior to performing to minimize the mechanical effect of reflux (a so-called ‘blanket’ on gastric contents).

If you are prescribed a PPI, it may take several weeks to notice a difference in your voice and throat symptoms. Some people may not tolerate a PPI and develop symptoms such as nausea and headache. (Please discuss this with our doctor if these symptoms occur).

In most cases, Laryngo-pharyngeal reflux symptoms can be reversed by a course of medication subsequently managed by lifestyle and diet changes. However, some people may need to be on long-term medication. It is advisable to discuss this with your local doctor who may wish to refer you to a gastroenterologist for further investigations.

