

## Laryngopharyngeal Reflux Disease

Laryngopharyngeal reflux (LPR), also called laryngopharyngeal reflux disease (LPRD), extraesophageal reflux, reflux laryngitis, and posterior laryngitis, is a common diagnosis. It is thought to be caused by the backflow of stomach contents or nasal mucus into the throat and back of your nose. Being overweight, having sleep apnea, or following certain dietary and lifestyle habits can increase your chances of having LPR. Adults, seniors and children can suffer from LPR symptoms.

*If you have any questions, please ask your nurse or physician.*

### Symptoms of LPRD

Adults with LPRD may have the following symptoms:

- Sour taste in your throat
- More mucus in your throat
- Frequent throat clearing
- Post nasal drip
- Hoarseness
- Sore throat
- Difficulty swallowing
- Feeling that something is stuck in your throat

### Testing for LPRD

If your physician thinks that you may have LPRD, he or she will examine your throat. An otolaryngologist (or ear, nose and throat physician) will use a special camera called an endoscope to look at your throat. If your throat and/or voice box is swollen and/or red, you may have LPRD that requires treatment.

Your physician may recommend that you see a gastroenterologist (stomach and bowel specialist) or have further testing. A barium swallow test or a 24 pH-metry test may be needed if there are concerns about your symptoms or findings.

### Treatments for laryngopharyngeal reflux

LPRD symptoms may resolve with medications, diet/lifestyle changes or both.

## ***Medications for LPRD***

LPRD may be treated with medications called proton pump inhibitors (PPI). PPI medications prevent the stomach from making acid. Side effects of PPI include headache, upset stomach or diarrhea. If you develop side effects, talk to your physician about switching to a different PPI. These medications should be taken 1 or 2 times per day at least 30 minutes before your largest meal. Take your PPI medication regularly for about 6 weeks to see if they are effective. Some PPI medications include:

- Aciphex® (rabeprazole)
- Nexium® (esomeprazole)
- Prevacid® (lansoprazole)
- Prilosec® (omeprazole)

If your symptoms improve, continue taking the medication until your symptoms are gone completely. You may then be ready to stop the medication. Ask your physician about how to taper your medication. However, if the symptoms come back, you should restart the medication. Some patients will have to take the PPI medication forever. If you take the PPI medication for more than 6 months, talk to your physician about taking a multivitamin with calcium.

As with treatment of any chronic inflammation, symptom improvement will be gradual. It is very important to use the medication daily.

## ***Diet and lifestyle changes for reducing reflux and LPR***

- Cut out caffeine and alcohol, especially in the late evening and before bedtime, as these allow reflux to occur more easily.
- Avoid carbonated drinks or acidic foods like juice, especially before bedtime.
- Eliminate fatty, fried, or spicy foods, especially at the last meal of the day.
- Stop eating at least 3 hours before going to bed or laying down.
- Reduce your stress level, as it can increase reflux symptoms.
- Evaluate if you might have sleep apnea. Symptoms include loud snoring, non-restful sleep and daytime fatigue.

If you have any questions, please contact Northwestern Medical Group Otolaryngology Head and Neck Surgery at 312.695.8182.

## **Northwestern Medicine – Health Information Resources**

For more information, contact Northwestern Memorial Hospital's Alberto Culver Health Learning Center (HLC) at [hlc@nm.org](mailto:hlc@nm.org), or by calling 312.926.5465. Health information professionals can help you find the information you need and provide you with personal support at no charge.

For more information about Northwestern Medicine, please visit our website at [nm.org](http://nm.org).

*Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312.926.3112.*

The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, providing access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call either Northwestern Memorial Hospital's Patient Representatives Department at 312.926.3112, TDD/TTY 312.926.6363 or the Northwestern Medical Group Patient Representatives Department at 312.695.1100, TDD/TTY 312.926.6363.

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