

CONDITIONS AND DISEASES

Laryngopharyngeal Reflux Disease

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

Laryngopharyngeal reflux disease (LPRD) is common. It is known by a few different names including extraesophogeal reflux, reflux laryngitis and posterior laryngitis. LPRD is caused when the contents of your stomach or nasal mucus move into the throat and back of your nose.

You may be at higher risk of having LPRD if you:

- Are overweight
- Have sleep apnea (a sleeping disorder)
- Eat certain foods
- Have certain lifestyle habits

LPRD can affect adults and children.

Symptoms of LPRD

Adults with LPRD may have the following symptoms:

- Sour taste in the throat
- More mucus in the throat
- Frequent throat clearing
- Postnasal drip
- Raspy or strained voice
- Sore throat
- Difficulty swallowing
- Feeling that something is stuck in the throat

Testing for LPRD

If your physician thinks that you may have LPRD, they will examine your throat. An otolaryngologist (ear, nose and throat physician, or ENT) 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. This will require treatment.

Your physician may tell you to see a gastroenterologist (stomach and bowel specialist) or have more testing. They also may order more tests for you, such as a barium swallow test or a 24-hour pH manometry test.

Treatments for LPRD

LPRD symptoms may get better with medications and/or changes in diet and lifestyle.

Medications for LPRD

Medications called proton pump inhibitors (PPI) can treat LPRD. PPI medications stop your stomach from making acid. Some PPI medications include:

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

PPI medications may cause some side effects, such as:

- Headache
- Upset stomach
- Diarrhea

If you develop any of these side effects, talk to your physician about changing to a different PPI medication.

Take these medications 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 work for you. If your physician gives you different instructions for taking this medication, follow those instructions.

Even if your symptoms begin to improve, continue to take the PPI medication until your symptoms are completely gone. If your symptoms are completely gone, you may be ready to stop the medication. Ask your physician about how to stop or reduce how much medication you take.

If your symptoms come back, you should take the medication again. Keep in mind that some patients will have to take the PPI medication forever. If you take PPI medication for more than 6 months, talk to your physician about taking a multivitamin with calcium.

LPRD is a chronic inflammation. This means that symptoms will improve slowly. Be sure to take the medication every day.

Diet and lifestyle changes to reduce reflux

Reflux happens more easily when you lie down. Changes in your diet are most important for your last meal of the day, and in the late evening and before bedtime.

- Stop eating at least 3 hours before going to bed or laying down.
- Reduce how much caffeine and alcohol you drink.
- Avoid carbonated drinks (like soda) or acidic foods (like juice).
- Do not eat fatty, fried or spicy foods.
- Lower your stress level.

- Check with your physician if you have symptoms of sleep apnea:
 - Loud snoring
 - Non-restful sleep
 - Daytime tiredness

If you have any questions, please contact Northwestern Medical Group Otolaryngology Head and Neck Surgery at 312.695.8182 (TTY: 711).