LARYNGOPHARYNGEAL REFLUX (LPR)

BACKGROUND
In LPR, acid moves backwards ("refluxes") from the stomach into the lower throat. Patients usually do not feel this reflux, and unlike Gastroesophageal Reflux (GERD), DO NOT feel heartburn 70% of the time. When the lining of the throat is irritated by stomach contents, it secretes a mucus blanket to protect the lining from these caustic agents. Patients typically have symptoms such as excessive throat clearing (especially in the morning and after a meal), persistent dry cough, sore throat not associated with a cold, hoarseness, or the feeling of a lump in the throat.

TREATMENT IS A THREE-TIERED PROCESS WITH ATTENTION TO DIET, BEHAVIOR CHANGES AND MEDICATIONS:

1. DIET CHANGES—Avoid these foods:
   CAFFEINE, ALCOHOL, CHOCOLATE and PEPPERMINT weaken the lower esophageal sphincter, causing more reflux.
   CITRUS FRUITS, KIWI, PINEAPPLES, TOMATOES (and other acidic foods), SPICY DELI MEATS and HOT SPICES directly irritate the throat lining directly, even if the medicines are working well.
   CARBONATED BEVERAGES (SODAS, BEER) put acidic contents into the throat. Avoid all sodas, even non-caffeinated types.

2. BEHAVIOR CHANGES
   - Avoid bending over, exercising, or singing for at least 2 hours after eating. These activities increase pressure within the stomach forcing its contents into the throat.
   - Do not over distend the stomach (Eat smaller meals throughout the day instead of three large meals)
   - Do not lie down within 3 hours of eating a meal. Do not eat a snack or drink before going to sleep.
   - Prop the head of your bed with a 4” wedge to allow gravity to help keep contents in your stomach. (Wedges are available at Bed & Bath stores).

3. MEDICATIONS
   Proton pump inhibitors (PPIs) are a very effective medicine which stops acid production.
   The initial trial of medicine is at least 6 weeks.
   SYMPTOMS USUALLY DO NOT START TO IMPROVE FOR 4 TO 6 WEEKS. PPIs SHOULD BE TAKEN ON AN EMPTY STOMACH IN THE MORNING, AT LEAST 30 MINUTES BEFORE TAKING ANY FOOD OR LIQUID

Please keep in mind the lag between medicine use and the start of symptom relief, as well as the importance of diet and behavior changes. Many patients can stop their medications after a few months. If symptoms persist and/or you need to remain on medications to control these symptoms, you should also be evaluated by a gastroenterologist.

Medication: Zantac: 150 mg. twice daily before bedtime
Prilosec: 20 mg tablet 40 mg. tablet once daily twice daily