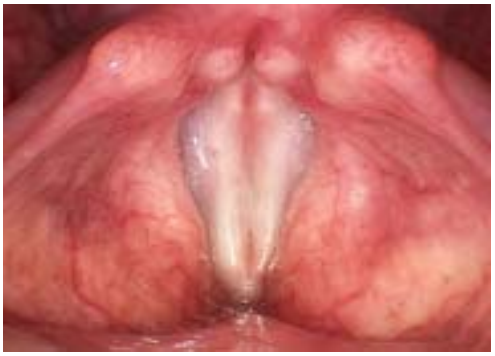

HABEN PRACTICE FOR VOICE
&
LARYNGEAL LASER SURGERY, PLLC

Fact Sheet

Laryngo-Pharyngeal Reflux ("Throat Reflux")
Gastro-Esophageal Reflux Disease (GERD)
Acid Reflux

What causes throat reflux?

It is a unique disease *different* than GERD. The briefest exposure of stomach acid or stomach contents in the throat or voicebox (larynx) is responsible. In *everyone*, occasional physiologic reflux happens into the esophagus. If this reflux travels up as far as the voicebox, "throat reflux" occurs. For heartburn / GERD to occur, the acid would need to sit in the esophagus for minutes or longer, as occurs with a "hiatal hernia." In the throat, it only takes a brief exposure once every couple of days for people to be symptomatic. Imagine acid splashing into you eyes ... it would only take a brief and infrequent exposure for you to be symptomatic all-of-the-time.

What are the symptoms of laryngopharyngeal reflux?

Only a minority of patients with reflux into the voicebox (LPR) have classic "heartburn" or "indigestion." People may have any combination of lots of "phlegm", especially in the morning; waking up with a dry, scratchy, or irritated throat; waking up with a deep, or husky voice that may improve during the day; waking with a bitter taste in the mouth; being someone who is always trying to clear the throat, hoarseness, or chronic coughing. Some even have a sense of a lump or a burning sensation in the throat. Singers may notice that they need extra time to warm-up in the morning, or "can not sing until noon."

Most people with throat reflux do NOT have heartburn. This occurs because your esophagus has a protective and clearance mechanism that you throat does not have, and only the briefest exposure is enough to produce irritation/burn/damage.

Things that contribute to throat reflux include:

1. coffee/soda/caffeine
2. diet and timing of meals
3. stress
4. pre-existing factors, i.e. hiatal hernia, GERD
5. age, especially in men

Behavioral modifications

Smoking. Reflux can NOT be controlled if you smoke, even with the strongest medication and strict dietary changes.

Caffeine. Coffee, even de-caffeinated should be limited to 8 ounces, in the morning. Ideally, no coffee or caffeinated teas except on vacation.

Soda. Even caffeine-free is trouble for throat reflux, as the carbonation is acidic, and it carries stomach acid to the throat. Plus, soda has no nutritional value.

Junk food. Need I say more? Some 'cheating' is acceptable, as long as it is early in the day. Never for dinner.

Snacking. The last meal of the day should occur > 2 hours before bedtime. Snacking included.

Alcohol. 4 ounces of hard liquor or 6 ounces of wine, with dinner is acceptable unless you know that the alcohol produces heartburn or other symptoms.

What happens next?

The majority of patients do what they are supposed to do, take their medicines daily and experience relief within 6-12 weeks are starting the program. Chances are, the reflux has been present for months or years ... do not expect instant relief. Some patients need stronger regiments, to be determined at the follow-up visit. Rarely (5%) patients experience no relief and are deemed refractory to conservative management. Further options discussed on an individual basis.

What are the medical regimens to help get over the hump?

stronger weaker

1. **Taking two tablespoons of a liquid antacid such as Mylanta®, or Maalox®, or Gaviscon® just before going to bed. Plus, the calcium would be good for you!**
2. **Taking <u>double the "OTC" dose</u> of Pepcid®, Zantac®, Tagamet®, or Axid® that you buy without a prescription at the drugstore, one hour before going to bed.**
3. **Taking a double "OTC" dose (40mg) of Prilosec® that you buy without a prescription at the drugstore, one hour before <u>breakfast</u>.**
4. **Taking Protonix®, Prevacid®, Zegarid® or Nexium®, as prescribed by your doctor, every <u>morning</u>.**
5. **Sometimes a combination of these methods as used, as prescribed by your doctor.**

Throat reflux is a CHRONIC DISEASE. It is never cured, only *managed*, like high blood pressure or diabetes. Some people need daily medication, while others require it "as-necessary" during flare-ups. In almost all persons, the medications will NOT work if the behavioral modifications are not followed. They are also the key to coming off the medication.

Adherence to the program still requires 6-12 weeks before significant relief is noted.

Once your reflux is under control, you may try changing the medication to "as-necessary." The behavioral changes should be continued at all times. It is not dangerous to com on and off the medications, as long as supervised by a physician.

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