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Laryngopharyngeal Reflux (LPR) – Patient Information

What is Laryngopharyngeal Reflux (LPR)?

Laryngopharyngeal reflux (LPR) occurs when stomach contents, including acid and digestive enzymes like pepsin, travel backward into the throat and voice box. Unlike gastroesophageal reflux disease (GERD), LPR often does not cause heartburn. Instead, it irritates the sensitive tissues of the throat.

Common Symptoms of LPR

- Chronic throat clearing, especially in the morning or after meals.
- Persistent dry cough.
- Hoarseness or voice changes.
- Sore throat not related to a cold.
- Feeling of a "lump" in the throat.
- Excessive throat mucus.
- Cough that may wake you from sleep.

How Does LPR Differ from GERD?

- GERD primarily affects the oesophagus, causing heartburn and acid regurgitation.
- LPR affects the throat and voice box, with symptoms like throat irritation and voice changes.
- LPR may occur without noticeable heartburn.

Causes and Triggers of LPR

- Weak or malfunctioning lower oesophageal sphincter (LES).
- Increased pressure in the abdomen (e.g., from large meals or obesity).
- Specific foods and beverages that relax the LES or irritate the throat.

Managing LPR: Three-Pronged Approach

1. Dietary Changes

Avoid foods and drinks that can worsen LPR by relaxing the LES or directly irritating the throat:

- **Beverages:** Coffee, tea, carbonated drinks, and alcohol.
- **Fruits & Vegetables:** Citrus fruits, tomatoes, and acidic juices.
- **Foods:** Chocolate, peppermint, spicy foods, fried or fatty foods, and processed meats.
- **Tip:** Keep a food diary to identify personal triggers.

2. Lifestyle Modifications

- **Meal Habits:**
  - Eat smaller, more frequent meals instead of large ones.
  - Avoid eating 3 hours before lying down or sleeping.
- **Posture and Activity:**
  - Avoid bending over or heavy lifting after meals.
  - Elevate the head of your bed by 4–6 inches or use a foam wedge.
- **Weight Management:**
  - Maintain a healthy weight to reduce pressure on your stomach.
- **Hydration:**
  - Drink water regularly, but avoid large quantities during meals.
- **Smoking Cessation:**
  - Stop or reduce smoking, as it weakens the LES.

3. Medications

- **Proton Pump Inhibitors (PPIs):**
  - Reduce stomach acid production. Take on an empty stomach, 30 minutes before meals.
  - Often prescribed twice daily for LPR, with treatment lasting at least 6 weeks.
- **Antacids:**
  - Take as needed, 30 minutes after meals or before activities like exercise.
- **H2 Blockers:**
  - May be used in addition to the above at night to control symptoms during sleep.

Throat-Clearing Alternatives

Instead of habitual throat clearing, try these techniques:

- Swallow a sip of water.
- Perform a "silent cough" by forcefully exhaling air without making noise, then swallow.

When to Call Your Doctor or Seek Further Attention

Seek medical attention if you experience:

- Difficulty swallowing or pain with swallowing.
- Persistent cough that does not improve.
- Blood in your saliva or stools.
- Unexplained weight loss or severe throat pain.

Key Takeaways

- LPR is a manageable condition with proper diet, lifestyle changes, and medications.
- Consistency is critical: stick to your treatment plan and avoid triggers.
- If symptoms persist, see your GP to consider referral to a gastroenterologist for further evaluation.
- If you have any questions, please contact our rooms