

Silent Reflux (Laryngopharyngeal Reflux):

Inflammation of the back of the voice box area and throat can occur from stomach fluids refluxing up, and can lead to a variety of airway and throat symptoms. Although 'silent' reflux usually has some symptoms, these patients lack the typical heartburn symptoms of burning pain behind the breastbone.

Reflux irritation of the throat is a very commonly recognized problem in a general ENT practice. In part we are better at recognizing it in its milder forms, but perhaps lifestyle and dietary changes over the past several decades have contributed to an increased frequency of this problem. I suspect most of us will have some symptoms of this from time to time. I know I do.

Symptoms of reflux irritation at the back of the throat can include a sense of excess phlegm and a sense of a lump in the throat. Frequent throat clearing is common (perhaps noted more by others) and with increasing inflammation mild fluctuating voice change occurs. When asked about difficulty swallowing, these patients will sometimes comment that they feel they need to think about swallowing more, though their swallowing is still okay. A fluctuating low grade chronic sore throat is common as well. Of course, reflux that irritates the back of the throat can lead to typical heartburn symptoms as well. Waterbrash (small volume of stomach liquid refluxing into the back of the throat) can occur in some individuals, which is one cause of waking up in the middle of the night choking. Reflux is also a common cause of chronic cough. If the problem is significant enough it can lead to secondary issues such as granulomas on the vocal cords (a benign growth, from irritation and excess throat clearing), muscle tension dysphonia (hoarseness due to muscle misuse), and in the extreme case even throat cancer.

Symptoms that would lead to concern that the problem may be more than just reflux irritation:

Persistent, significant *hoarseness*, getting worse with time.

Difficulty swallowing (not just the sensation of a lump in your throat).

Pain: Although reflux can cause low grade throat discomfort, significant pain is less common.

Blood in the phlegm: This is always a 'red flag' symptom, and needs to be looked into.

Palpable mass in your neck (palpable by an objective observer; not just the sensation of a lump).

Appropriate management for reflux does not improve symptoms.

Symptoms which are persistent and gradually getting worse with time are a cause for concern and medical review.

There are several ways in which the foods and liquids we consume can lead to Silent Reflux.

Lowering the Lower Esophageal Sphincter Tone: Some foods, such as spicy foods, are notorious for causing heartburn (and silent reflux) and do so by lowering the tone of the lower esophageal sphincter. This is a muscular valve which is supposed to relax to allow food and liquid into the stomach, but then is supposed to tighten and close to prevent reflux from the stomach back up the esophagus.

Increased pressure in the stomach: Carbonated beverages, overeating and bending over or heavy lifting after a meal creates increased pressure in the stomach which can lead to reflux.

Acidic foods/liquids: If reflux irritation and inflammation is already occurring, then the consumption of acidic foods/liquids might cause further aggravation.

How is Silent Reflux treated?

Weight loss (if you are overweight)

Don't eat within 3 hours of going to bed at night (yes, that means no snack in the evening)

Don't drink anything, including water, within one hour of going to bed at night (yes, that means no glass of water right before you go to bed!)

Elevate the head of bed by about 6-inches, so the head is slightly elevated. Pillows are usually less effective.

Avoid foods/liquids which are notoriously bad for refluxers: Chocolate (especially high fat milk chocolate); Carbonated beverages; Alcohol (beer, liquor, wine); Deep-fried food; Bacon, sausage, ribs; Cream sauce (e.g. Alfredo); Fatty meat (e.g. high-fat hamburger); Butter, margarine, lard, shortening; Coffee, tea (caffeinated beverages); Mint (especially peppermint and spearmint); High-fat nuts (e.g. peanut butter); Hot sauces and pepper
Citrus fruits and juices.

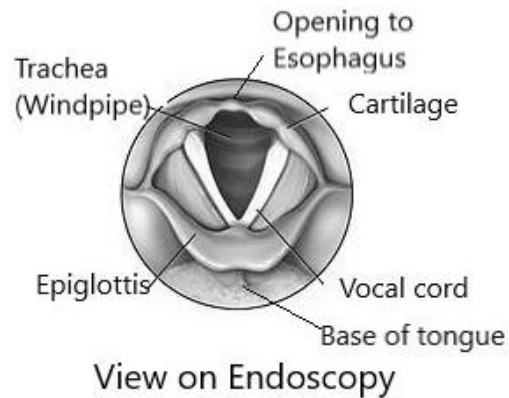
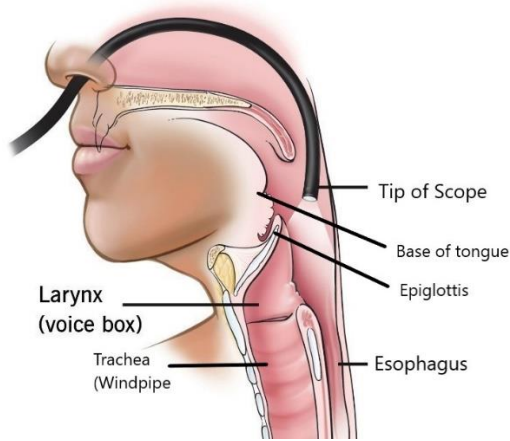
Avoid foods/liquids which *you have recognized* are bad for *your* reflux.

Medications for Laryngopharyngeal Reflux may include but are not limited to:

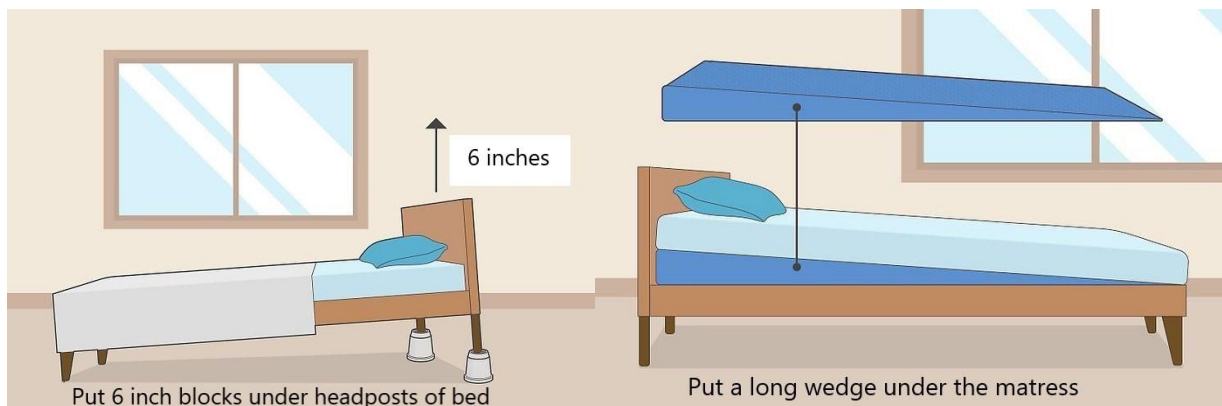
Alginates (example Gaviscon): Help to form a barrier on top of stomach contents to reduce reflux.

H2 blockers (examples: Ranitidine, Famotidine): Are common medications to reduce stomach acid. Generally considered safe medications and are available 'over the counter'.

Proton Pump Inhibitors (examples: Rabeprazole, Omeprazole, Pantoprazole): These are potent reducers of stomach acid and require a prescription. There are some concerns with these, such as reduced vitamin B12 and calcium absorption.



Inflammation is noted at opening to esophagus and adjacent back of voice box



Some parting personal observations and thoughts about Laryngopharyngeal Reflux:

This is a *common problem*, and I believe most people will experience this to some degree from time to time. It is not 'fair', and some who do everything right will still suffer reflux while others get away with dietary indiscretions more.

It is a problem which is *managed and not cured* primarily through *dietary and lifestyle advice*, noted above.

Initial management should target reflux. To this end, the addition of Gaviscon (or similar alginate medication) is a sensible initial choice of medication (2-4 tablets before bed is a good starting point).

I have come to understand that less acidic reflux still causes inflammation of the delicate tissues at the back of the voice box. Patients who are on medications to reduce stomach acid may no longer complain of heartburn, but they can still have the symptoms and findings of laryngopharyngeal reflux. *Since medications that cut down on stomach acid do not prevent reflux, I feel addressing reflux itself is very important.*

When instituting change, *be prepared to be consistent in those changes* for at least a couple of months before you judge failure. For instance, if starting Gaviscon or another medication, take it regularly for a minimum of a couple of months.

If you are on a proton pump inhibitor and plan to stop, consider tapering your acid suppression treatment rather than stopping 'cold turkey'. Just my observation based on patient comments.

Success will be measured in the reduction of symptoms and not necessarily the elimination of all symptoms.

Sticking to the above dietary and lifestyle advice can be onerous, but you do the best you can. Don't necessarily view the advice as an all or none proposition and give up before you even start. There will be dietary indiscretions.

When people start to pay attention to *what they eat*, and *when they eat it*, many begin to *see the correlation* between their symptoms and their diet. You may too!