GASTROESOPHAGEAL / LARYNGOPHARYNGEAL REFLUX

Reflux is the backflow of stomach contents into the esophagus and potentially all the way up to the voice box (larynx) and throat (pharynx). Classic reflux (heartburn, sour taste, burping, belching) is commonly referred to as gastroesophageal reflux disease (GERD). In recent years, we have come to realize that reflux can lead to many other symptoms in the throat **(hoarseness, throat clearing, sensation of something sticking in the throat)** and is referred to as **laryngopharyngeal reflux (LPR).**

One can have symptoms of LPR without classic GERD symptoms. Frequently, the only indications of reflux are the symptoms of LPR and a distinct appearance of your voice box on a scope exam. Very small quantities of stomach contents can lead to significant throat and voice symptoms. LPR is thus typically treated with larger doses of medications for a longer period of time than is typical with GERD.

The following are a list of foods that typically trigger or exacerbate reflux. I affectionately call this the "everything you know and love" list. I do not expect you to never have these items, but the less the better. Remember, all things in moderation.

- Alcohol
- Carbonated beverages
- Spicy foods
- Greasy and/or Fried foods
- Fatty foods
- Chocolate
- Caffeine
- Tomatoes & Tomato sauce
- Citrus
- Mint, Peppermint

Other things that you can do to prevent or limit GERD/LPR:

- **Avoid eating or drinking for at least 3 hours prior to lying down to sleep** – the further along the food is in your system by the time you lie down, the better.
- **Elevate the head of your bed** – let gravity help you.
- **Lose weight** – overweight people are more likely to have reflux for a few different reasons. Simply the extra weight on your abdomen can keep the stomach and intestines from expanding properly after you eat.
- Wear loose clothing – tight, restrictive clothing can also prevent food from passing forward through your gastrointestinal tract and result in a higher likelihood of reflux.

- **Quit smoking** – tobacco can exacerbate reflux (not to mention all of the other wonderful things it can do to you)

It is well known that uncontrolled GERD can increase the risk of esophageal cancer. If you have been having reflux symptoms for more than a few years, you may be referred to a gastroenterologist (GI specialist) for an endoscopy to evaluate your stomach and esophagus. It is unclear if LPR can lead to throat cancer at this point in time, but your voice box can be easily monitored by a simple endoscopic procedure in the office.

Common **over-the-counter** treatments for GERD and LPR include proton pump inhibitors (PPIs): **omeprazole (Prilosec)**, **esomeprazole (Nexium)**, and **lansoprazole (Prevacid)**.
Other treatments include **famotidine (Pepcid)** and **cimetidine (Tagamet)**.
A **naturopathic** supplement called **calcium alginate** which is a a derivative of seaweed is also quite helpful (**Reflux Raft** and **Reflux Gourmet**).