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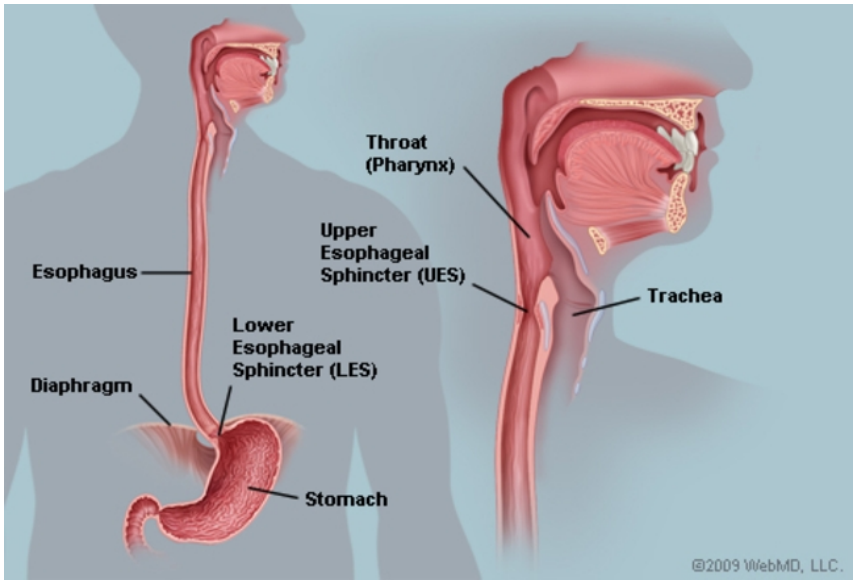
Gastroesophageal Reflux (GORD) & Laryngopharygeal Reflux & Silent Reflux

What is Gastroesophageal Reflux Disease?



- GORD occurs when acid from the stomach travels back up the oesophagus. A ring of muscle at the bottom of the oesophagus, known as the lower oesophageal sphincter, contracts to keep the acidic contents of the stomach from refluxing into the oesophagus.
- In patients with Gastroesophageal Reflux Disease, the lower oesophageal sphincter does not close properly or the stomach makes too much acid and digestive juices.
- When stomach acid touches the lining of the oesophagus it can cause a burning sensation like known symptoms such as heartburn.

What is Laryngopharygeal Reflux Disease?

- Laryngopharyngeal reflux disease (LPRD) occurs when stomach acid or bile refluxes beyond the oesophageal sphincter, into the back of the throat and possibly the back of the nasal airway.
- Adults with LPRD often do not always complain of typical symptoms such as heartburn, which is why it is often known as “silent reflux”. Instead, they may complain of a dry cough, a hoarse voice, or a feeling of a lump in the back of their throat (sometimes referred to as globus). Sometimes, they may complain of discomfort in their throat or a bitter taste.
- Recent research suggests that bile, or other digestive juices, play a significant role in LPRD. This can be why some patients may be on medications that reduce stomach acid but still get laryngeal symptoms. Or why you may feel your GORD may be under control but still have symptoms of LPRD.

What are the symptoms of reflux disease?

Symptoms of Gastroesophageal Reflux Disease include:

- Heartburn and acid regurgitation
- Nausea
- Occasional difficulty swallowing

Symptoms of Laryngopharygeal Reflux Disease include:

- Sensation of a lump in the throat (globus)
- Dry cough
- Sore throat
- Bad breath
- Difficulty swallowing.
- Hoarseness
- Burning sensation in the throat
- Symptoms often fluctuate

How are GORD and LPRD diagnosed?

- Gastroesophageal Reflux Disease & Laryngopharygeal Reflux Disease can be diagnosed on history, examination and by the patient's response to treatment with medication.
- Additional tests may be undertaken such as a nasal endoscopic examination, though the findings on examination can often be due to non-reflux related causes, and so, are non-specific.
- Increasingly these days, patients may undergo objective testing such as:
    - 24 hour Oesophageal+/-Pharyngeal pH & impedance probe testing–which tests for the reflux of liquids up the oesophagus and into the pharynx, and also measures the acidity (pH), of those liquids (often ordered by a gastroenterologist).

What are the treatment options for GORD and LPRD?

- Dietary and lifestyle changes are the mainstay of treatment. Medications are also often used.

What dietary and lifestyle changes can be made to improve Gastroesophageal Reflux Disease and Laryngopharygeal Reflux Disease?

1. **Lifestyle Measures:**
    1. Avoid eating or drinking within 2-3 hours of bed time
    2. Eat small meals, and eat slowly
    3. Lose weight
    4. Wear loose clothing
    5. Elevate the head of your bed by 10-15 cm

2. **Dietary Measures:**

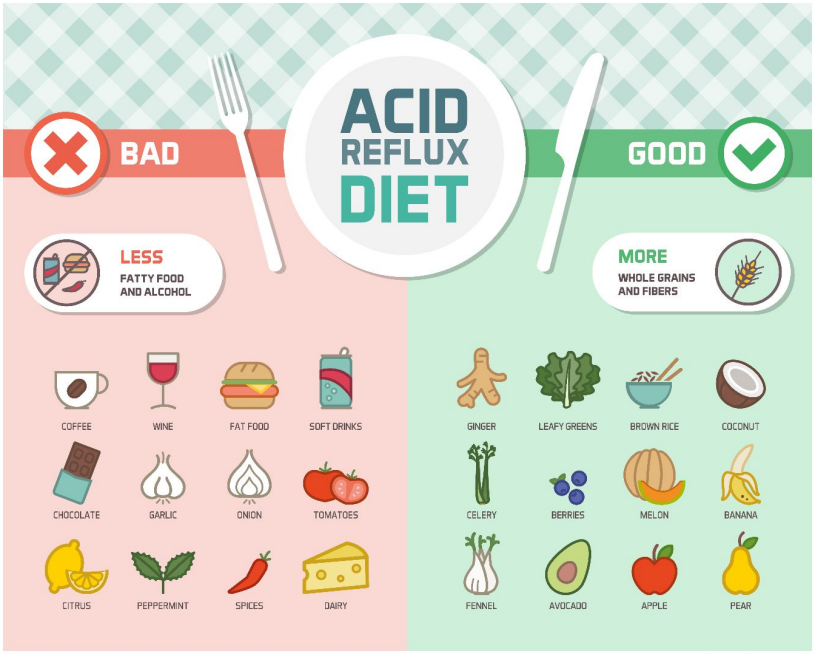
Every person is different, most patients have different food triggers. I often recommend keeping a diary, taking note of what foods you may have eaten when you get worse symptoms. Have you perhaps increased your intake of carbonated liquids, changed to a new diet, eating less healthy lately, or been drinking more coffee or alcohol?

Limit foods

1. which relax the lower oesophageal sphincter and thus potentially increase reflux
    1. Caffeine –coffee, black tea, energy drinks
    2. Carbonated Drinks
    3. Chocolate
    4. Peppermint
    5. Tomato
    6. Fatty and fried foods
    7. Alcohol

Limit foods

2. which are directly irritating to the lining of the throat and larynx
    1. Spicy foods
    2. Citrus Fruits
    3. Acidic foods



What medication is available to manage Gastroesophageal Reflux Disease and Laryngopharygeal Reflux Disease symptoms

Medications are often broken into two types:

1. Those which help neutralise stomach juices and hold them in the stomach i.e. antacids and surface agents.
2. Those which reduce how much acid your stomach makes i.e. histamine blockers and protein pump inhibitors.

As laryngeal reflux often has a significant element of bile or pepsin reflux (i.e. non-acid), this may be why standard reflux treatment like Nexium or Somac isn't resolving all your symptoms. Often adding a surface agent (i.e Gaviscon/Mylanta/TUMS) may provide additional support.

MEDICATION TYPE	MEDICATION NAME EXAMPLES
Antacids	Calcium Carbonate – e.g. Andrews TUMS® Aluminium Hydroxide, Magnesium Hydroxide, Simethicone – e.g. Mylanta®, Gastrogel®
Surface Agents	Sucralfate – e.g. Carafate®, Ulcyte® Sodium Alginate, Potassium Bicarbonate, Calcium – e.g. Gaviscon®
Histamine Blockers	Ranitidine – e.g. Zantac®, Rani-2® Famotidine – e.g. Famotidine®
Proton Pump Inhibitors	Esomeprazole –e.g. Nexium® Omeprazole – e.g. Losec®, Acimax® Pantoprazole – e.g. Somac®, Ozpan®, Gastenz®, Rabeprazole – e.g. Pariet®, Parzol®

What if I I've done Everything and I Still have Symptoms?

- Rarely, symptoms of GORD/LPRD are so severe, and persistent despite adequate conservative and medical treatment, that surgery is considered.
- A gastroscopy through a gastroenterologist is normally the next step, to see if something anatomical is causing your symptoms. Conditional include weakness around the lower oesophagus called a 'hiatus hernia'
- Before surgery is considered, objective testing is performed to prove the diagnosis
- Such surgery may involve a procedure to physically tighten the lower oesophageal sphincter to prevent reflux of gastric contents –e.g. **Fundoplication**
- **Often your GP can guide you to a gastroenterologist to explore this if needed.**

Concerns or questions?
You can contact Dr Fiona Hill, using the links on her website:

- Website: www.drfionahill.com.au

A review by a gastro-enterologist may also be recommended.

Your GP is also the best contact for ongoing care and concerns.