

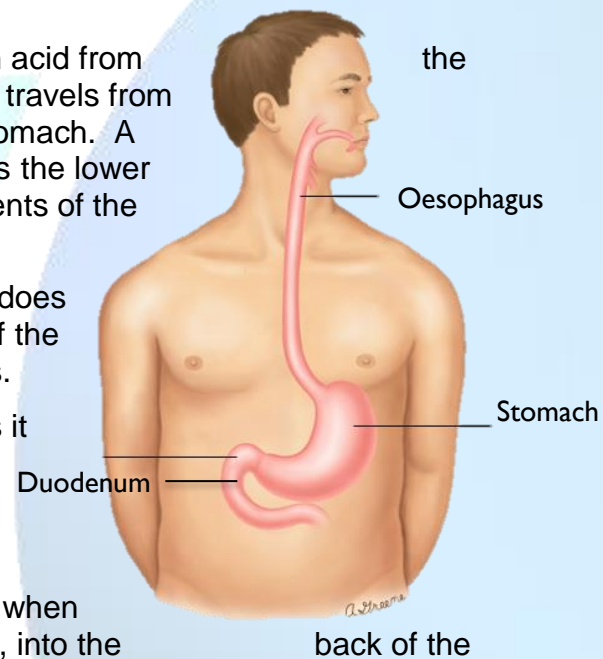
# Patient information on Gastro-oesophageal Reflux (GORD) & Laryngopharyngeal Reflux (LPRD) Disease

## Who is this information for?

This information is for patients, families and carers following a diagnosis of gastro-oesophageal or laryngopharyngeal reflux.

## What is gastro-oesophageal reflux disease?

- Gastro-oesophageal reflux disease (GORD) occurs when acid from stomach travels back up the oesophagus. Normally food travels from the mouth, down through the oesophagus and into the stomach. 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 GORD, the lower oesophageal sphincter does not close properly. This allows acid and other contents of the digestive tract to move up and reflux into the oesophagus.
- When stomach acid touches the lining of the oesophagus it can cause a burning sensation known as heartburn.



## What is laryngopharyngeal reflux disease?

- Laryngopharyngeal reflux disease (LPRD) occurs when stomach acid refluxes beyond the oesophageal sphincter, into the throat and possibly the back of the nasal airway.
- Adults with LPRD often do not complain of typical heartburn symptoms, 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, they may complain of discomfort in their throat or a bitter taste.
- Rarely breathing difficulties can occur if the voice box is affected.

## What are the symptoms of reflux disease?

Symptoms of GORD include:

- Heartburn and Acid regurgitation
- Nausea
- Occasional difficulty swallowing

Symptoms of LPRD include:

- Hoarseness
- Sensation of a lump in the throat
- Dry cough
- Sore throat
- Bad breath
- Difficulty swallowing

### How are GORD and LPRD diagnosed?

- GORD & LPRD 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.
  - Oral salivary pepsin testing – which tests a patient's saliva for the presence of pepsin, an enzyme only produced and secreted in the stomach.

### 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 GORD and LPRD?

#### 1. Lifestyle Measures:

- i) Avoid eating or drinking within 2-3 hours of bed time
- ii) Eat small meals, and eat slowly
- iii) Lose weight
- iv) Wear loose clothing
- v) Elevate the head of your bed by 10-15 cm

#### 2. Dietary Measures:

Limit foods

- i) which relax the lower oesophageal sphincter and thus potentially increase reflux
  - a. Caffeine – coffee, black tea, energy drinks
  - b. Carbonated Drinks
  - c. Chocolate
  - d. Peppermint
  - e. Tomato
  - f. Fatty and fried foods
  - g. Alcohol

### Limit foods

- ii) which are directly irritating to the lining of the throat and larynx
  - a. Spicy foods
  - a. Citrus Fruits
  - b. Acidic foods.



## What medication is available to manage GORD and LPRD symptoms?

Medication Type	Medication Name Examples
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Antacids	Calcium Carbonate – <b>e.g. Andrews TUMS®</b>
	Aluminium Hydroxide, Magnesium Hydroxide, Simethicone – <b>e.g. Mylanta®, Gastrogel®</b>
Surface Agents	Sucralfate – <b>e.g. Carafate®, Ulcyte®</b>
	Sodium Alginate, Potassium Bicarbonate, Calcium – <b>e.g. Gaviscon®</b>
Histamine Blockers	Ranitidine – <b>e.g. Zantac®, Rani-2®</b>
	Nizatidine – <b>e.g. Tazac®, Nizac®, Tacidine®</b>
	Famotidine – <b>e.g. Famotidine®</b>
Proton Pump Inhibitors	Esomeprazole – <b>e.g. Nexium®</b>
	Omeprazole – <b>e.g. Losec®, Acimax®</b>
	Lansoprazole – <b>e.g. Zoton®, Zopral®</b>
	Pantoprazole – <b>e.g. Somac®, Ozpan®, Gastenz®,</b>
	Rabeprazole – <b>e.g. Pariet®, Parzol®</b>

Histamine blockers and proton pump inhibitors (see above) remain very effective at treating oesophageal reflux symptoms (GORD), **but** have been shown to be far less effective at treating

- isolated laryngopharyngeal reflux disease (LPRD).
- Increasingly, the main-stay of LPR treatment is a combination of diet, lifestyle and surface agent/antacid such as **Gaviscon® dual action**.
- Medications targeting specific stomach enzymes, such as **pepsin**, believed to be one of the key causes of LPRD, are currently being trialled and may be a key treatment option in the near future.



### Is Surgery an option?

- Rarely, symptoms of GORD/LPRD are so severe, and persistent despite adequate conservative and medical treatment, that surgery is considered.
- 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**

### Concerns or questions?

You can contact your ENT Specialist at the Melbourne ENT Group (MEG):

- Phone: 1300- 952-808
- Email: [admin@melbentgroup.com.au](mailto:admin@melbentgroup.com.au)
- Website: [www.melbentgroup.com.au](http://www.melbentgroup.com.au)



## Information for patients, families and carers



A review by a gastro-enterologist may also be recommended

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

 1300 952 808       (03) 9429 3627

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