

# Silent reflux (also called LPR or EOR)

**This leaflet explains what your condition is, why it happens, what the symptoms are and how it can be managed. If there is anything you don't understand or if you have any further questions please talk to your doctor or nurse.**

## What is silent reflux?

Everyone has juices in the stomach which are acidic and digest and break down food. At the top of the stomach there is a muscular valve which closes to prevent food and stomach juices escaping upwards into the gullet. If this muscular valve (oesophageal sphincter) does not work very well, the stomach juices can leak backwards into the gullet, causing reflux or symptoms of indigestion (heartburn).

However, in some people, small amounts of stomach juice can spill even further back into the back of your throat, affecting the throat lining and your voice box (larynx) and causing irritation and hoarseness. This is known as laryngo pharyngeal reflux (LPR) or extra oesophageal reflux (EOR). Its common name is 'silent reflux' because many people do not experience any of the classic symptoms of heartburn or indigestion.

Silent reflux can occur during the day or night, even if a person hasn't eaten anything. Usually, however, silent reflux occurs at night.

## What are the symptoms of silent reflux?

The most common symptoms are:

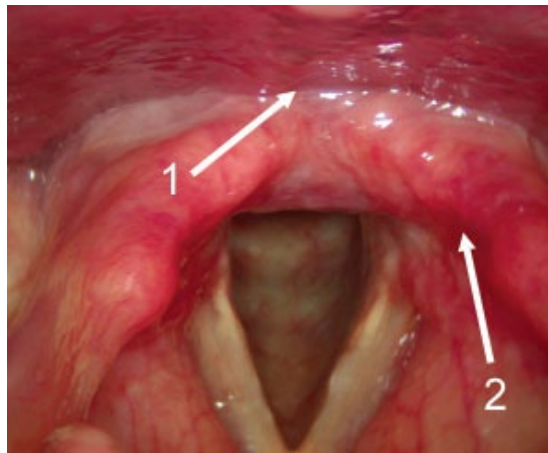
- A sensation of food sticking or a feeling of a lump in the throat.
- A hoarse, tight or 'croaky' voice.
- Frequent throat clearing.
- Difficulty swallowing (especially tablets or solid foods).
- A sore, dry and sensitive throat.
- Occasional unpleasant "acid" or "bilious" taste at the back of the mouth.
- A feeling that too much mucus/phlegm is collecting in the throat.
- Sudden coughing or choking spasms at night.
- Chronic cough.
- Excessive burping, particularly during the day.

Some people with silent reflux also experience heartburn. Others rarely notice heartburn or never experience it at all (hence the term 'silent reflux'). This is because the material that comes up (known as 'refluxate') does not stay in the oesophagus for long. As a result, the contents do not have enough time to irritate the oesophagus and cause heartburn.

However, if even small amounts of reflux come all the way up into the pharynx and larynx, other problems can occur. This is because the tissue lining the larynx and pharynx is more sensitive to injury and irritation from stomach juices than the lining of the oesophagus. Damage to the larynx from stomach refluxate will affect a person's voice and can sometimes affect their lungs and breathing.



A healthy larynx  
*Image courtesy Tom Harris*



A larynx showing signs of reflux  
*Image courtesy Tony Aymat*

A feeling of a lump in the throat, called 'globus' is a very common symptom which can be linked to silent reflux. Other people describe a feeling of tightness or constriction in the throat, or report a feeling of mucus sticking that they are unable to clear. Many people become concerned that they may have throat cancer although, in fact, the "lump in the throat" feeling is rarely a symptom in cancer cases. Stress can make this sensation worse. The important thing to realise is that globus is just an abnormal sensation of a lump rather than an actual lump or growth.

### **How is silent reflux diagnosed?**

Silent reflux is usually diagnosed by examination of your throat and voice box by an ENT doctor using a small camera on a thin flexible fibre-optic telescope passed through the nose. The ENT doctor or the speech and language therapist specialising in voice disorders will ask you to describe your symptoms. They may also ask you to fill in a questionnaire to rate how often and how badly your symptoms affect you.

If your symptoms are severe, your doctor may send you for further tests to measure the acid level in your throat and gullet, and if, necessary, refer you to a gastroenterologist (a doctor specialising in stomach and digestive problems).

### **What causes silent reflux?**

Often it is not clear what causes silent reflux. There may be a number of underlying causes, such as problems with the stomach, the gullet or the sphincter muscle that separates the two. But, in many cases, lifestyle factors such as being overweight, smoking and consuming too much alcohol and caffeine are probable causes. Dietary factors may also play an important role and spicy or fatty foods, chocolate and citrus juice are frequently reported as contributing to symptoms of silent reflux.

### **How is silent reflux treated?**

Treatment is usually planned on an individual basis and your doctor or speech and language therapist will suggest the appropriate treatment for you. There are several treatments that are effective:

Compassionate

Aspirational

Resourceful

Excellent

- Making lifestyle and dietary changes.
- Taking medications to reduce stomach acid or to discourage the stomach contents from spilling back.
- Surgery is occasionally recommended to tighten the valve between the stomach and the gullet if medication has not been effective.

Most people with silent reflux need to modify how and when they eat, as well as taking some medication to help them.

Sometimes, non-prescription antacids/alginate preparations (e.g. Gaviscon Advance) are recommended. These work by forming a 'raft' over the stomach contents so that if anything spills back it is less damaging. This treatment is often very effective as the enzymes and bile contained in the stomach juices may cause more damage for many people than the acid. These should be taken four times each day – 10ml after each meal and 20ml at bedtime. Simple antacids without alginate (e.g. Maalox or Rennies) are much less effective and therefore not recommended to treat silent reflux. **If you are already taking medication for other conditions, please consult your doctor before trying over-the-counter reflux medications.**

For other patients, tablets that reduce the acidity of stomach juices will be recommended.

These are known as proton pump inhibitors – PPIs – (e.g. omeprazole, lansoprazole, esomeprazole). One dose in the morning and one in the evening (30 min – an hour before food) is usually recommended to treat silent reflux but regimes may vary for different individuals.

These medicines can only be prescribed by your doctor and you should always take them as recommended. Sometimes a combination of PPI's and antacid/alginate preparations is recommended. Your doctor will help you find the right combination of treatment that suits you.

Most people with silent reflux report improvement in symptoms after 2-3 months of treatment but it may take 6 months or longer for the throat and voice symptoms to improve. Stopping reflux medications suddenly can increase silent reflux – a condition sometimes called rebound hyperacidity – and so most doctors recommend a 'step-down' plan. This ensures that the reflux control is maintained and that your symptoms do not re-occur. Your doctor will give you clear advice about how to stop taking your prescribed medication and you should make sure you follow it.

## What can I do to reduce silent reflux?

There are things you can do to reduce the likelihood of reflux and also to reduce the amount of acid produced in the stomach:

- Give up smoking – smoking makes you more likely to reflux. You will probably have some reflux after every cigarette. Ask about your local smoking cessation clinic.
- Eat a healthy diet and adapt your eating habits.
- Limit your intake of fatty, fried and spicy foods, chocolate, cheese and pastry as these are all associated with increased reflux.
- Coffee, citrus juices and any form of fizzy drink can make reflux worse as they have been found to increase the level of stomach acid. Drink water or herbal teas instead.
- Chewing gum containing bicarbonate of soda (sold as tooth whitening gum) can be helpful.
- Eating smaller meals more regularly will help, as will eating slowly, chewing each mouthful well. Large meals cause more stomach acid to be produced and put additional strain on the valve between the stomach and the gullet.

- Leave 3 hours between eating and lying down.
- If you are overweight, try to lose weight (but note that extreme physical exercise can also cause reflux).
- Drink less alcohol, especially before bedtime, since alcohol makes reflux worse. Spirits and white wine are the worst offenders.
- Raise the head of your bed about 4-6 inches (place blocks under the legs/base of the bed at the head end). By raising your whole chest, gravity reduces the chance of acid travelling up to the throat while you sleep.
- Bend at the knees when you pick things up. If you bend at the waist, this puts pressure on your stomach contents, and leaning over forces acid up the gullet towards the throat.
- Wear loose clothing around your waist. Tight clothes put pressure on the stomach contents and can push acid up the gullet.
- Avoid shouting, singing, whispering or talking over background noise – limit your use on the phone and text or email instead.
- Try to drink at least 2 litres of fluid a day (not caffeine or alcohol).
- Use steam inhalation, twice a day.

### **Will I always need treatment for silent reflux?**

Usually silent reflux improves with the appropriate treatment but you need to:

- Follow the recommendations you are given on lifestyle changes.
- Make the dietary changes that are recommended.
- Take your medication regularly as prescribed by your doctor.
- Remember that any decision to stop treatment should be made with your doctor's knowledge and consent.

In one way, having acid reflux and silent reflux is a little like having high blood pressure – with treatment it does not usually cause serious medical problems, but without treatment silent reflux can be serious, even dangerous.

For people with severe silent reflux or people who cannot take reflux medicine anti reflux surgery (to restore a new and better stomach valve) may be recommended. In people who have this surgery, most get good relief from silent reflux for many years.

Based upon information from the British Voice Association

<http://www.britishvoiceassociation.org.uk/>

### **Contacting us**

ENT Outpatient Department (Townlands) reception: 01865 903274

Clinical Admin Team (CAT 1): 0118 322 7139 or email [rbbh.CAT1@nhs.net](mailto:rbbh.CAT1@nhs.net)

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

ENT Department, August 2023. Next review due: August 2025

Compassionate

Aspirational

Resourceful

Excellent