What is reflux?
On ingestion, the food and the liquid is transferred from the mouth to the stomach through a tube called esophagus. There are two clamps muscles in the esophagus: one at the beginning and another at the end. The muscle on the top opens to let food pass, and then closes behind pushing the food down. Subsequently, the second muscle opens and after the food transfers to the stomach it closes the rear to prevent re-introduction back into the esophagus. Reflux is the return of the ingested feed back into the esophagus, and sometimes the food reaches the neck through the upper clamp muscle.

Two types of REFLUX
1. Gastro- esophageal reflux disease (GERD): The stomach contents restored through the lower esophageal sphincter into the esophagus. This causes swelling and irritation of the mucosa of the esophagus. People with GERD feel “heartburn” or dyspepsia. These symptoms are particularly acute when the person reclines.

2. Laryngo-pharyngeal Reflux (LPRD): When the stomach contents go all the way up to the top and passes through the upper sphincter muscle at the back of the throat, called LPRD. The pharynx, larynx and lung are very sensitive to gastric acid; even small amounts of acid reflux in this area can cause more damage.

WHY DON’T I FEEL HEARTBURN NOR HAVE ANY STOMACH PROBLEMS?
People with LPRD rarely feel heartburn or indigestion. In fact, about 70% of people with LPRD do not report any feeling of heartburn. LPR can cause damage to the throat without the person noticing that this has happened.

Scoring acid reflux symptoms:
0 = no, 5 = severe problem
1. Hoarseness or other voice problems 0 1 2 3 4 5
2. Clearing your throat 0 1 2 3 4 5
3. Increased phlegm/ retro nasal discharge 0 1 2 3 4 5
4. Feeling a knot in your throat 0 1 2 3 4 5
5. Difficulty swallowing food, liquids and pills 0 1 2 3 4 5
6. Coughing after eating or lying down 0 1 2 3 4 5
7. Breathing difficulties or choking episodes 0 1 2 3 4 5
8. Annoying dry cough 0 1 2 3 4 5
9. Heartburn, chest pain, indigestion, stomach acid reflux 0 1 2 3 4 5

* Rating equal to or greater than 14 is an indication of high LPRD.
How do we diagnose LPRD?
- Endoscopy of the Larynx
- Gastroscopy
- PH Measurement

TREATMENT
1. Modification of diet
- It is recommended to avoid consumption of the following foods:
  • Savory acidic foods and foods that have tomato as their main element
  • Acidic fruit juices, such as orange juice, grapefruit, blackberry etc.
  • Fast foods and other fatty foods
  • Beverages containing caffeine (coffee, tea, soft drinks) and chocolate.
  • Alcohol
  • Smoking
  • Food and teas containing peppermint
  • Fried Foods

2. Lifestyle modification:
- Avoid lying down immediately after meals
- Eat meals at least 3 hours before bedtime
- Avoid exercise immediately after eating
- Try to maintain a healthy body weight; being overweight can dramatically increase the reflux.
- Raise the head of your bed 4-6 inches with books, bricks or wood so as to reach 10 degrees slope.
- Avoid tight belts and other clothes that restrict
- If you are a smoker, stop smoking or at least reduce it.

3. Drug treatments:
- Proton pump inhibitors
- H2 antagonists

4. Surgical treatment:
- Fundoplication

Dr Yerasimos Kyriakides
Andreas Avraamides 55-57, 2024 Strovolos, Nicosia - Cyprus
Tel: 22 200 638 / 22 200 420 / 99 353 873
Fax: 22 512 373
e-mail: g.kyriakides@aretaeio.com
www.aretaeio.com