



Silent Reflux

A Scourge for the Voice?

By David Finkle

Dr. Jamie Koufman—who talked in our last column of the vocal dangers of regularly trying to speak over workplace din—has me in a procedure chair at the newly opened Voice Institute of New York, on Manhattan's Upper West Side. She has sprayed my right nostril prior to inserting a thin, flexible fiber-optic tube, which she'll guide through the nasal passage until it's in position to video my vocal cords. The image will appear on the screen of the great grasshopper apparatus looming to my left. She's checking the cords for evidence of acid reflux—what she refers to as "silent reflux," which is shorthand for laryngopharyngeal reflux (LPR).

When Koufman says the spray will be unpleasant for a few seconds, I tell myself I'm sacrificing for my craft and my readers. A columnist's gotta do what a columnist's gotta do. But the immediate effects of the spray are not especially unpleasant, and the advancing tube is hardly discomfiting, so I maintain the position Koufman has asked me to assume—leaning forward, shoulders relaxed, chin up. In a pose only vaguely reminiscent of Rodin's *The Thinker*, I can't see the screen, a situation about which I have mixed feelings.

After asking me to sniff a few times and to repeat "hee hee," the ear, nose, and throat specialist (with an emphasis on the throat part) tells me she's finished with her nasal spelunking and withdraws the tube. This allows me to turn toward the screen and watch the instant replay. Suddenly, there are my vocal cords—or, by Koufman, the trendier "vocal folds"—photographed from the side, which makes them in motion look like a mouth opening and closing.

A doctor's son, I was brought up around these kinds of demonstrations, and like many of us nowadays, I've also gotten used to graphic displays on boob-tube doctor shows.

(Remember the buttocks implant on the first Nip/Tuck episode?) So nothing like this bothers me. I'm further buoyed when Koufman gives my vocal cords a grade of B-minus, which she says is good for a man of my post-40 age. For good measure, she raises it to a B and adds that while I show "mild bowing" (which she says is not unusual), there are no signs that I've suffered reflux damage. Monumental relief!

An Unrecognized Epidemic

But what is all this about silent reflux? The subject is what has brought me to Koufman's extensive new offices, opened for her by the New York Otolaryngology Group after she'd spent 28 years as a professor of otolaryngology at the Wake Forest University School of Medicine, doing pioneering work in her field. Koufman long ago concluded that there's a still-unrecognized laryngeal epidemic across the globe: reflux damaging the vocal cords but not evidencing the sort of symptoms commonly associated with gastroesophageal reflux, such as heartburn.

The situation, she firmly believes, needs to be brought to the attention of everyone as they reach the age of 40 (and preferably earlier), but particularly to singers, who can unknowingly be afflicted with serious cases. Because Koufman has apparently had to deal with skepticism from gastroenterologists and even physicians in her field, she has the habit of beginning or ending her firm statements on the issue with the careful phrase "in my opinion."

Noting that more than a third of her patients are singers and that she generally sees "people in trouble [with] career-threatening problems," Koufman says about her practice, "The thing we find out a lot about is laryngopharyngeal reflux—or reflux that affects the throat. Reflux that affects the throat is the single most common cause of laryngeal and voice disorders. Bar none. Period. At Wake Forest I had a big laboratory, and I've done a lot of research in this area. Sight

WARNING SIGNS OF SILENT-REFLUX*

1. Hoarseness
2. Postnasal drip
3. Excessive throat mucus
4. A lump in the throat
5. Chronic cough
6. Sinusitis

*courtesy of Voice Institute of New York

unseen, if you take patients walking in the office with laryngeal and voice disorders—we took 113 consecutive patients—50 percent of them had reflux disease. 'Re' means 'back,' and 'flux' means 'flow.' It literally means 'backflow.' The issue is silent reflux—reflux that occurs without heartburn, reflux that occurs without obvious digestive symptoms. It's huge.

"Why am I seeing patients that aren't the average patient?" she asks. "They don't have obvious reflux; they don't have obvious weakness. What they do have is things that go bump on the vocal cords: cysts, hemorrhagic polyps, nodules. All these things are not just overuse, misuse of the voice." At this point Koufman accesses her computer files on a Nashville singer, whose vocal cords are 40 miles of injured road. "With reflux treatment, they go away," she reports with the conviction of an expert. She can treat many conditions right in her office, she says, while others require surgery.

In a plug for the Voice Institute, Koufman says that what makes it different is that "we have all the diagnostic testing under one roof. We can do acoustical measurements, we can do reflux testing. We can do all of the testing here."

The Symptoms and How to Avoid Them

The most difficult problem hitting what Koufman calls the "striking zone"—the area where the vocal cords meet—is a combination of reflux, weakness, and overuse: "It's not one of those things. You got to have at least two, in my opinion. My experience is that some of these patients have all three. Let me give you real warning signs: if you wake up in the middle of the night coughing, gasping for air; wake up in the middle of the night with heartburn, chest pain. Waking up in the middle of the night with reflux is a red flag. It needs to be treated, in my opinion. But if it's not symptomatic of classic reflux, then let's talk about the symptoms."

Koufman hands me a silent-reflux pamphlet to supplement her remarks. On the front is a rundown of the actual warning

signs, not one of which is that old bugaboo heartburn. Instead they are hoarseness, postnasal drip, excessive throat mucus, a lump in the throat, chronic cough, and sinusitis. The pamphlet explains, "Most people with LPR do not experience heartburn. This is probably because the gastric acid that refluxes upward does not stay in the esophagus long enough to irritate the esophagus and cause heartburn." Later it states, "Allergies and colds can worsen LPR symptoms" and "Individuals with LPR need to modify their diet, avoiding reflux-causing foods."

On the back of the pamphlet is an illustration of what's to be avoided. Read 'em and weep: nicotine, caffeine, alcohol, fatty meals, chocolate, peppermints, tomatoes, onions, citrus.

"Avoid late-night snacks," it says, and "avoid eating three hours before bedtime." Koufman regards this last one as particularly problematic for performers who come offstage ravenous.

She adds pizza to the list of banned foods, while the pamphlet recommends eating smaller meals throughout the day.

Another recommendation she makes may come as a surprise. She not only prescribes it in her office but has published an article about it, with Benjamin R. Smoak, in the *Annals of Otology, Rhinology & Laryngology*. Koufman recommends—get this!—chewing gum. The article states, "Gum chewing has been shown to increase salivary flow rates, salivary bicarbonate concentration, and the rate of swallowing. In addition, increases in salivary flow appear to be a function of gum-stick size, i.e., the larger the bolus of gum, the greater the increase in salivary flow. Also, the specific beneficial effects of sugar-free gum on the mouth and esophagus have been reported."

So it's goodbye Godiva, hello Wrigley's. And, if you're paying attention to Koufman, goodbye silent reflux. "This is the most important thing I have to say," Koufman asserts. "Reflux is ubiquitous. Reflux is the most important disease of the larynx, in my opinion."

"Reflux that affects the throat is the single most common cause of laryngeal and voice disorders."

-Dr. Jamie Koufman