

Stuffed up? It may not be allergies

‘Silent’ acid reflux can be annoying — and deadly

By KW Hillis
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Lawtonian Jodie Whittington was sure she had allergies since seasonally for about 40 years, and her sneezing, coughing and sinus congestion would get worse — until she found out she had a life-threatening condition that mimics allergies.

“I’ve had problems all my life, since I was a teenager. It usually seemed worse in the spring and fall. ... I was coughing and hoarse and I was always clearing my throat constantly,” Whittington said last week at the Storage ‘R’ Us on Rogers Lane, where she and her husband are managers.

Just “knowing” that she had allergies, Whittington self-diagnosed and brought over-the-counter medications to handle the symptoms — at least until a year and a half ago when her sister urged her to see an ear, nose and throat doctor (otolaryngologist).

“She said, ‘You know you should really have a doctor check out your throat, ears and nose, because it isn’t normal for you to be coughing all the time,’” Whittington said.

She expected confirmation of her self-diagnosis of allergies when Dr. Dale Smith, otolaryngologist at the Allergy Ear, Nose and Throat Institute, performed an examination and an initial allergy blood test.

It turned out not to be allergies — instead it was a type of acid reflux, laryngopharyngeal reflux (LPR), that could lead to the development of throat or head cancer, Smith said.

“I was shocked,” Whittington said.

But I don’t have heartburn

Whittington was shocked because she never experienced any heartburn.

“LPR is called ‘silent’ reflux,” Smith said, explaining that Whittington’s diagnosis is not unusual, and neither is the reaction she had to the news. “About 60 percent of the people we see have a component of reflux ... and they say, ‘I don’t have reflux because I don’t have heartburn.’”

So, of the approximately 5,000 patients his office sees each year, 3,000 have reflux problems, many times in addition to allergies or sensitivities to certain substances.

“LPR happens year round and they almost never recognize what is causing ... the post-nasal drainage (and other allergy symptoms). The acid from LPR can swell the opening to the esophagus so much that they have to forcefully swallow,” he said.

Whittington said he told her that “when a person sleeps, the acid comes up the esophagus, into the voice box or larynx and can even affect a person’s sinus passages. Everything gets coated with that acid ... then over the years of it happening, (the acid) erodes all this tissue and it breaks down and really makes it susceptible to throat cancer.”

That information scared her,



KW HILLIS/STAFF

Jodie Whittington, co-manager of the Rogers Lane Storage ‘R’ Us, who thought she had allergies for the past 40 years, especially in the spring, enjoys the spring weather last week. An examination by Dr. Dale Smith, otolaryngologist at Allergy Ear, Nose and Throat Institute, 18 months ago found that she had a form of acid reflux that mimics allergy symptoms and could cause throat or head cancer. Diet and lifestyle changes have virtually done away with her symptoms.

especially when she learned that all the congestion in her sinuses was a result of the acid.

Whittington had one question: “What can I do? I want to fix it.”

Fixing the condition is very important since the continued assault of the acid on the tissues can cause head and neck cancer, Smith said.

“Esophageal cancer is on the rise. By the time a person has symptoms (of cancer) it is 90 percent incurable. If we find it before there are symptoms, it is 90 percent curable,” Smith said. “On the initial visit we can scope (visualize) the voice box and with another scope, look down the esophagus.”

That is how Whittington’s problem was found.

Treatment is a combination of medications, including Protonix until the esophagus heals, along with diet and lifestyle changes on the part of the patient, Smith said.

The patients are only kept on the Protonix until the esophagus or other affected tissue heals, he said. “These medications may cut down the absorption of calcium and magnesium. ... That is why we use the lowest doses for the shortest amount of time ... (once the tissue heals) we wean them off of medication in four to six months.”

Following the doctor’s orders

Whittington followed the diet and lifestyle changes that Smith recommended so well that she was able to get off of the Protonix in just two months because she didn’t like the possible side effects, she said.

“The main thing you have to do is eat smaller meals, smaller portions. You have to lose weight and not eat anything within three hours of going to bed ... so the food has time to get out of your stomach. I also take a Zantac once a day,” she said. “I have to avoid caffeine, spicy foods — which I don’t care for anyway — and carbonated drinks. I used to drink Coke pretty heavily.”

She also avoids or restricts the amount of other things on the list like chocolate, citrus and carbohydrates like breads and potatoes. She also, most of the time, avoids her favorite food — tomatoes — which she believes are responsible for her heightened al-

lergy symptoms in the spring and fall.

“I love tomatoes. I would eat tomatoes like candy when they started coming out in the spring and summer. Tomatoes are really bad for me, because of the acid,” she said, adding that each fall, a lot of extra tomatoes would also be added to her diet since she likes soups and stews loaded with tomatoes.

Elevating the head of her bed so that any acid does not flow into her sinuses is another change that has helped.

Now, 18 months later, Whittington’s “allergy” symptoms are virtually gone, as well as 15 pounds.

Although she has reduced her portions at meals, “I basically snack all day,” she said, explaining that “I just really eat small amounts now about five or six times a day.”

Before her change of diet and her awareness of what her food was doing to her, the 5-foot-3 Whittington weighed about 140 pounds and was on blood pressure medicine.

“My (family practice) doctor is very happy with me because I was having blood pressure problems as well. She told me, ‘you are too short to be that heavy,’” Whittington said, adding she no longer is on blood pressure medication.

She isn’t rigid in sticking to the diet, but knows now when she triggers the LPR.

“I feel a lot better. I love spaghetti, but I can tell when I eat it. I feel my throat getting sore from the sauce,” she said, adding that she does indulge in some dark chocolate and other things like bread and potatoes in moderation, but “not as frequently as I used to ... we eat mostly vegetables and meat ... It is very exciting when I realize now that it is starting to act up. I then know I’m eating too much or the wrong thing.”

As to his patient’s quick response in following his recommendations, Smith said, “In just a couple of visits we gave her all the tools she needed to handle the LPR. She used the tools. ... I wish we had more patients like her.”

Don’t self-diagnose

Whittington is still surprised she put up with a condition for almost 40 years that could have disfigured her or even killed her.

Symptoms of “silent reflux”

Adults

- Rarely or never experience heartburn
- May complain of a bitter taste in back of throat
- Can experience:
 - Persistent cough
 - Sensation of burning or something “stuck” in throat
 - Hoarseness
 - Difficulty swallowing
 - Throat clearing
 - Excess mucous
 - Sensation of drainage from back of nose (postnasal drip)
 - Difficulty breathing if voice box or larynx is affected
 - Could lead to head or neck cancer

Infants and children

- Breathing problems
- Cough
- Hoarseness
- Noisy breathing or stridor
- Croup
- Asthma
- Sleep-disordered breathing
- Spitting up (feeding difficulty)
- Turning blue or cyanosis,
- Pauses in breathing or apnea
- Can cause severe deficiency in growth

Prevention

Adult lifestyle changes to prevent “silent reflux” or laryngopharyngeal reflux:

- Avoid eating and drinking within two to three hours prior to bedtime
- Do not drink alcohol
- Eat small meals and eat slowly
- Limit problem foods: Caffeine, carbonated drinks, chocolate, peppermint, spicy foods, tomato, citrus fruits; simple carbohydrates such as cakes, cookies, bread and potatoes; and fatty and fried foods
- Lose weight
- Quit smoking
- Wear loose clothing
- Elevate head of bed

Source: American Academy of Otolaryngology — Head and Neck Surgery, www.entnet.org

“It was a real eye-opener because I convinced myself that I was allergic to pollen and trees. The problem is I self-diagnosed — a lot of people do that,” she said, explaining that the experience has made her realize the connection between what she ate and how much she ate to her health. “It didn’t really connect until he looked down my throat and said, ‘Oh my gosh, I can tell you have had a lot of reflux for a while.’”

Whittington does have at least one allergy, a delayed reaction to mold, which is also very common. That allergy was found in a second blood allergy test that shows delayed reactions to a variety of substances like molds, chemicals or perfumes. But that allergy is minor compared to what Smith found during his initial exam.

Whittington has some advice to those who think they have allergies without knowing what, if anything, they are allergic to.

“I would ask them if they have ever been examined. It is important to have a doctor check your throat and not just self-medicate. Don’t put it off. Don’t make up your mind that it is ‘just allergies,’” she said.

For more information about LPR, reflux or allergies, visit the American Academy of Otolaryngology — Head and Neck Surgery at www.entnet.org.

For those with allergies, this year hits hard

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Despite the cooler spring weather, Oklahomans with allergies are suffering more this spring than last, according to the Asthma and Allergy Foundation of America.

“Even in the throes of what feels like a 2014 Ice Age, millions of Americans have begun showing up in doctors’ office with the tell-tale signs of allergies,” said AAFA at www.aafa.org, which each year releases the top 10 worse cities for spring allergies.

Last year Oklahoma City just made the list at number 9, but this year it is number 4. AAFA’s rankings are based on three factors: pollen levels, use of allergy medication and number of board-certified allergists in the area.

The Lawton area is being hit hard this year too, said Dr. Dale Smith, otolaryngologist at the Allergy Ear, Nose and Throat Institute.

“This spring has been worse than the last two years — some of it due to the drought. There have been rapid fluctuations in airflow and temperature (and) the way the wind is blowing. Mountain cedar pollen can travel 150 miles on the winds from Texas,” he said.

But it isn’t only the pollen that is causing rhinitis or nasal mucous membrane inflammation or irritation and other allergy symptoms.

“The vasomotor rhinitis, which is non-allergic rhinitis, has tripled this year,” Smith said, explaining that various things can trigger the condition including variations in barometric pressure, humidity, dust storms, chemicals like bleach or volatile organic compounds (VOCs) released from new carpet, or even components of smoke. Lungs will have the same inflammatory reactions to these particulates (or particles) as to allergens, he added.

Jodie Whittington had “allergy” symptoms for 40 years. Those symptoms turned out to be laryngopharyngeal reflux (LPR), which can lead to throat or head cancer.

“About 60 percent of the people we see have a component of reflux ... and they say, ‘I don’t have reflux because I don’t have heartburn,’” Smith said.

No matter what is causing those sneezes, sore throat, coughing, runny noses or other symptoms, it is important to be tested to find out what is really causing the problem.

“I find one or two patients a year with esophageal cancer caused by acid reflux,” Smith said.

Those who have made up their minds that they have allergies but have never been tested to find out what they are allergic to may be wrong, like Whittington was for 40 years.

“It is important to have a doctor check your throat and not just self-medicate,” said Whittington, who no longer has a chronic cough and has her LPR under control



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