

Impact of lifestyles and drug consumption on Laryngo-Pharyngeal Reflux (LPR) in professional singers: a rieducational program

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Background: The performance of professional singers can be negatively affected by Laryngo-Pharyngeal Reflux (LPR) symptoms due to inappropriate dietary-lifestyle habits and self-administered medications. We aimed to evaluate, in a group of selected subjects and in the absence of PPI therapy, the role of an educational and alimentary program and the adequacy of the compliance on the clinical outcome.

Materials and methods: Enrolled were 20 adult singers with symptoms suggestive for LPR. Symptoms were assessed by a validated Reflux Symptom Index (RSI). Validated questionnaires and medical history were evaluated dietary-lifestyle habits (Medstyle). Visual Analogue Scale (VAS, 0–100 mm) measured the compliance to a correct dietary style and self-administered drugs (steroids, NSAIDs, anti-histaminics, long acting beta2 agonists). The following time points were followed: T0, baseline assessment (1 month), initiation of PPI therapy (2 month), washout (3 month), alimentary modifications (6 month), T12mo, Medstyle, free diet, no medications (12 month), T24mo, VAS, Medstyle, RSI.

Results: RSI was significantly influenced by junk food, by self-administration of inappropriate drugs and by the presence of a close follow-up ($P < 0.05$). At T12 symptoms improved, but at T24 VAS symptoms worsened, mainly due to reversal of inappropriate self-medication, even in the presence of correct dietary lifestyles.

Conclusion: In a selected group of singers, bad alimentary habits and inappropriate self-administered drugs are significantly linked to LPR symptoms. Symptoms improved with a rieducational program and avoiding inappropriate drugs, also in the absence of PPI therapy, at the end of the close follow-up (free-living subjects) LPR.