

## Patient information

# Persistent throat symptoms

- Catarrh / mucus
- Post nasal drip
- Cough
- Throat clearing
- Sensation of something in the throat
- Intermittent voice croakiness
- Repetitive swallowing

These symptoms are very common however they can be most distressing. Today you will have had a full examination including a review of your throat with a camera that, along with your history and other examination, reassures us that you do not have a cancer.

Recent evidence suggests that actually having a sensation of a lump in the throat and intermittent hoarseness, if anything, has an inverse relationship to having a throat cancer, ie if you experience them you are less likely to have a cancer.

However, you have come with symptoms, so in order to help you understand and to improve your symptoms we need to understand a few things.

Mucus in the throat is normal. We create approximately 1L to 1.5L saliva a day, 1L nasal secretions, and the area around your voice box may also receive secretions from your windpipe or even some reflux from your gullet. Therefore, having mucus in the throat is normal and the issue lies with the response to this.

Often there may be an initiating trigger; be it a cold or 'flu', some reflux or a life or environmental stressor. Once the initiating trigger has gone, the continuation of the sensation is often multiplied by other factors that we can help soothe.

The sensation of something there does drive the brain to "protect" the airway by coughing or throat clearing however the more you throat clear / dry swallow, the more the irritation continues as the throat rubs against itself and a vicious cycle can ensue.

There are many interventions that we suggest:

**Avoid clearing throat / dry swallowing:** This may sound like the impossible, and in isolation is unhelpful, but we suggest that when you have this sensation take a sip of water instead, and make this the habit. The throat prefers a lubricated swallow and avoids the “trauma” of repeated coughing.

**Increase water intake:** By undertaking the above practice of sipping water we increase our daily fluid intake too, with an aim of 1.5 - 2L. Dehydration can lead to dry irritated throats and thicker secretions. *(NB those with certain medical conditions may need to have fluid limits).*

**Reducing caffeine:** Caffeine is a dehydrating agent and will contribute to throat dryness. Consider water or a de-caffeinated version of tea or coffee.

**Stopping smoking:** Smoking is an irritant and can contribute to coughs as well as being the primary associated factor in the development of head and neck cancers, so it is always best to quit.

**Reducing fizzy drinks:** Gas coming from your stomach can irritate the throat. Reducing your fizzy drink intake may help reduce this.

**Reflux advice:** Eating late means you would have a full stomach whilst lying down, which, if you have overt or even silent reflux, will exacerbate things. After your last meal of the day, have a break of at least 3 hours before going to bed. Consider raising the head of the bed (eg by using bricks). Avoid any dietary food that may trigger symptoms such as fatty or spicy foods.

**Anti-reflux medicine:** If you have active reflux symptoms (eg heartburn, water brash, dyspepsia etc) then try an alginate preparation (eg Gaviscon advance ®) after meals and before bed is advised. This is available over the counter at pharmacies. If you experience these symptoms regularly, then a prescribed medication (eg Lansoprazole) may help.

**Nasal symptoms:** If you have nasal symptoms, a saline wash (Neilmed or Sterimar) and/or a nasal steroid spray may be of benefit.

**Inhalers:** If you have inhalers, then use a spacer if possible and make sure you gargle after use, especially if using a steroid-based preparation, as this can sometimes cause throat problems.

**Look at your medications:** Dry mouth (xerostomia) is a very common side effect of many medicines, such as water tablets, pain medications and antidepressants. This can contribute to thicker secretions, taste disturbance and swallowing problems. It may be possible to adjust your medications and a drug review with your GP may be appropriate.

**Other medications:** Rarely, the throat can become so sensitive, and the habit so common, that the brain pathways are set hard and so neuro-modulatory medicine (such as paroxetine, amitriptyline or gabapentin) may be required but these do have a notable side effect profile that can't be ignored.

**Stress and anxiety:** Often we have life stressors; you may feel “tense” muscles and have pain in the shoulders or headaches when stressed. The same can be said for the muscles of the throat and voice box. Identifying these stressors and adjusting them if possible, or seeking appropriate assistance from friends / family or a health professional is important. You may be given leaflets regarding exercises suggested by our speech and language team, which may help with the physical muscle tension.

In summary the answer to persistent throat symptoms is rarely found in one thing. No magic pill or treatment exists, rather a combination of factors will eventually help. Knowledge that there is no lump on examination, reducing the triggers or irritants in your throat, identifying stressors and managing these and exercising tight throat muscles may in combination result in improvement and hopefully resolution of your symptoms.

## For further information

Please contact the Ear, Nose and Throat (ENT) outpatient department on telephone number 01284 713550 or email: [ENTsec@wsh.nhs.uk](mailto:ENTsec@wsh.nhs.uk)

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