



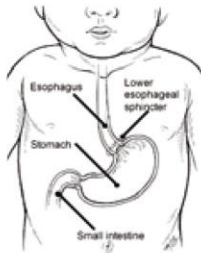
Family Health

The third article in a three part series of paediatric advice from doctors at **Spire Bushey Hospital**

Gastro-oesophageal reflux in babies and infants

What is it?

Gastro-oesophageal reflux (GOR) is back-flow of stomach juice or stomach contents into the oesophagus. It can cause pain and discomfort as these secretions contain acid which irritates the oesophagus. It does not always cause vomiting but can do. So called 'silent' reflux is not associated with vomiting. All babies bring up a small amount of milk into their mouth from time to time called 'possetting' and does not necessarily mean they are having reflux. It is normal for reflux to happen in young babies and children. This is called functional gastro-oesophageal reflux. When it is associated with symptoms and signs it is called gastro-oesophageal reflux disease (GORD).



How can parents/carers recognise it?

The following are symptoms associated with GORD: unsettledness, arching of the back, crying - especially after a feed, difficulty being consoled, pulling their knees up, vomiting, refusing or reluctance to feed. Sometimes symptoms are more obvious or worse when the baby is laid down flat and better if they are held upright. In young babies there is some overlap between these symptoms and other conditions such as colic, cow's milk protein allergy and other bowel conditions such as constipation. Skin rash, loose stools and infantile eczema might indicate a cow's milk allergy. Worrying symptoms are green vomiting, forceful vomiting - especially after every feed, blood in the stool or in the vomit and poor weight gain. If a baby has any of these they should be assessed urgently by a health care professional. All babies cry for different lengths of time and different reasons. Parents often get to know what their baby's cry means and your doctor should listen to your concerns.

What can parents do to address it?

Unfortunately there is no simple test to diagnose GORD and

it remains a clinical diagnosis based on the symptoms and signs reported. There is also no single best treatment and it will resolve by itself over time and usually improves when babies are weaned and often is better by the end of their first year.

Up to 70% of healthy infants regurgitate their feeds so mild possetting does not have to be abnormal. Of course it is important to be sure there are no other causes for the symptoms. If you think your baby has GOR, you should speak to your health visitor or GP. As part of any assessment for a baby with symptoms of GORD or who is bringing back their milk, the amount of milk a baby is taking should be checked. Overfeeding is common especially in bottle fed babies. The amount of milk a baby needs is printed on tins of formula feeds. Reducing the amount of milk a baby is being given might help the symptoms if they are being overfed. In terms of treatment, as long as there are no worrying symptoms, the first line of treatment would be to thicken feeds with a thickening agent added to the bottle (one is Carobel) or to use 'comfort milk' such as SMA Staydown or Enfamil AR. These milks become thicker when they reach the acidity of the stomach. If they work, they should continue for 3 months or until the baby is weaned. For a breast fed baby, removing milk products from the mother's diet may help. This is because a significant number of children diagnosed with GOR also have cow's milk protein allergy, because the milk allergy causes similar symptoms to GOR and because milk allergy is itself a cause of reflux. For a formula-fed baby, a 2 week trial of a specialist hypoallergenic formula prescribed by your doctor is worth trying. In these milks, the milk proteins are broken down and easy to digest.

Infant Gaviscon thickens the stomach contents making it more difficult to reflux up the oesophagus. While it is popular and may be given first line, the research evidence for it is weak. One recent consensus guideline suggests it should be used if thickeners and hypoallergenic feeds have not worked first. There is also little evidence that extra winding, propping your baby up at 45 degrees in their cot, over the counter preparations for colic and wind or specialist bottles are effective. However families can try these methods if they want to avoid medication. Other medications such as Ranitidine (Zantac) and Omeprazole (Losec) are also commonly prescribed. They reduce the

acidity of the stomach juices so any reflux does not irritate the oesophagus and cause pain and symptoms. Again there is little evidence that they work for all babies. The same is true for another medicine, Domperidone (Motilium), which makes the stomach empty more quickly, but it may be worth trying. Some babies improve on the medications. Sometimes all three medications (Gaviscon, Ranitidine or Omeprazole and Domperidone) are prescribed to try and improve the baby's symptoms.

What improvements can be expected?

This is a condition which improves in the majority of babies over the first 6-12 months of life. It is unusual for babies to continue to have GOR symptoms once they can sit up without support. It gets better once babies are weaned and their diet contains solids.

What the future holds?

Despite this being a condition that improves over time, it can cause significant distress to babies and their parents and it is unlikely there will be major developments or a magic cure for this condition. More research is being published as are consensus guidelines from Europe and the US on what the best treatment plan is, as outlined in this article. What works for one baby and one family might not for another, so it is helpful to discuss the diagnosis and what the expectations of treatment are.

If you have any concerns about your child please be sure to access appropriate medical care.

Further information: <http://www.livingwithreflux.org/pdf/living-with-reflux-leaflet.pdf>



Dr Ashley Reece
Consultant Paediatrician
Spire Bushey Hospital
& Watford General
Hospital