

# GASTRO-OESOPHAGEAL REFLUX DISEASE (GORD)

## DEFINITION

- Gastro-oesophageal reflux (GOR): passage of gastric contents into the oesophagus with/without regurgitation and vomiting
- GORD: when GOR leads to troublesome symptoms that affect daily functioning and/or complications

## RECOGNITION AND ASSESSMENT

- Physiological regurgitation and episodic vomiting are frequent in babies
- In baby with recurrent regurgitation or 'spitting' carry out physical examination and take thorough history, including:
  - age of onset of symptoms
  - feeding and dietary history
  - pattern of regurgitation/spitting/vomiting
  - family medical history
- Physiological GOR seldom starts before aged 1 week or after aged 6 months

### Presentation

- Babies may present with fussiness, crying and arching with/without spitting
- Desaturations, bradycardia and apnoea may be seen in preterm babies
- little evidence for a causal relationship

## DIAGNOSTIC INTERVENTIONS

- There is no evidence for use of barium studies, ultrasound scan, endoscopy or salivary pepsin measurement to diagnose GORD
- may be used to exclude other pathology in complex cases
- Usefulness of pH-metry and pH impedance studies is limited
- may be recommended to correlate acid and non-acid reflux with symptom events

## TREATMENT

- If no impact of symptoms on feeding, growth or acquisition of developmental milestones, treatment or intervention is not required

### Positioning

- Head elevation and left lateral positioning in monitored babies recommended

### Feed modification

- Trial reduction of feed volumes and increasing feed frequency with appropriate monitoring of weight and length measurements
- Encourage and support mothers to continue breastfeeding

### Feed thickeners

- Thickened feeds may be trialled in babies aged >34 weeks' gestation
- may provide symptom relief
- Carobel® made according to manufacturer's instructions
- If no improvement with feed thickeners, alginates can be used
- Gaviscon Infant® in accordance with manufacturer's instructions
  - 1 dose equals half dual sachet

***Do not use Carobel® and Gaviscon Infant® together as this will cause the milk to become too thick***

**Specialist formulas**

- If symptoms persist, a 2–4 week trial of a protein hydrolysate or amino acid formula/exclusion of cow's milk protein from a breastfeeding mother's diet can be trialled under supervision of neonatal dietician
- If symptoms persistent/complex, refer to GI specialist for further clinical evaluation

**Pharmacological**

- No evidence to support the role of drugs in management of GORD in babies
- includes use of H2 receptor antagonists, proton pump inhibitors, domperidone and prokinetics

**PARENT INFORMATION**

- GORD in preterm babies is common and parents can be reassured of the normality of GOR (supported by Bliss parent information <https://www.bliss.org.uk/parents/about-your-baby/medical-conditions/reflux>)