

Gastro-oesophageal reflux

What is it?

Gastro-oesophageal reflux (GOR)

- is a normal, physiological process which occurs in healthy infants, manifesting as effortless regurgitation of small quantities of feed. (Occult/Silent reflux refers to regurgitation which does not enter the mouth and hence is not visible to the observer other than as discomfort in the infant)
- Symptoms peak at 4 months of age, improve around 6-7 months of age and resolve by 1 year of age in 90% of infants.

Gastro-oesophageal reflux disease (GORD)

- is the condition when infants display additional symptoms or complications of GOR.
- Symptoms can include severe pain and discomfort, vomiting, refusal to feed, faltering growth, Sandifer's syndrome (episodic torticollis with dystonic posturing, back arching and stiffening), cough, wheeze (indicates aspiration), apnoea and brief, resolved unexplained events.
- Premature infants and children with severe neuro-disability can suffer from persistent GORD.

What should I do?

GOR:

Advice and reassurance to carers that GOR in well infants:

- is very common (affects at least 40% of infants)
- usually begins before the infant is 8 weeks old
- may be frequent (5% of those affected have 6 or more episodes each day)
- usually becomes less frequent with time (resolves in 90% of affected infants before they are 1 year old)
- does not usually require further investigations or treatment.

GORD:

1. Breastfed infants: Breast feeding assessment and support as required.
2. Formula fed infants: Review the feeding history and optimise feed volumes, especially if excessive for the infant's weight.
3. Feed thickeners (refer to APC nutrition formulary): If no improvement after 2 weeks, STOP and commence Alginates. (Using thickeners and alginates together can make feeds overly thick).
4. Alginates (Gaviscon): If no improvement after 2 weeks, commence H₂ receptor antagonist (H₂RA), while continuing Gaviscon.
5. H₂ Receptor Antagonist (Ranitidine)*: Reassess after 4 weeks, and if beneficial, continue. Treatment can be discontinued based on symptom resolution, usually by 1 year of age.

*Follow local APC recommendations - if unlicensed, refer if no improvement after 2 weeks of Gaviscon.

Remember: Certain symptoms of non-IgE-mediated Cows' milk allergy can mimic GORD, especially in infants with atopic features. If that is suspected, manage as per Cow's milk allergy guideline on Page 5.

When should I refer?

- No improvement after 4 weeks of H₂RA (see* above)
- Marked pain and distress
- Food aversion/refusal
- Faltering growth
- Persistent respiratory symptoms
- Symptoms continue beyond first year of life.

Red Flags



- Bile-stained (green or yellow-green) vomiting: Intestinal obstruction
- Persistent, projectile, non-bilious vomiting: Pyloric stenosis

Resources:

NICE guideline [NG1] January 2015: Gastro-oesophageal reflux disease in children and young people: diagnosis and management

What is Gastro-oesophageal reflux (GOR)?

GOR is the condition when food in the stomach is regurgitated. It happens spontaneously, and unlike vomiting, is effortless. GOR is very common in babies and usually gets better around one year of age. Babies with reflux may cry and be hard to comfort, arch their back and regurgitate feeds. Occasionally, they have troublesome symptoms including severe pain and distress, cough, wheeze and refusal to feed. GOR does not harm your baby or cause problems later in life.

What can I do?

In most babies, GOR causes only mild symptoms and will resolve by itself. You can try offering smaller volume, more frequent feeds. Changing formulas or changing from breastfeeding to formula feeding should not be done unless recommended by health professionals.

See your GP if your baby:

- has blood or bile (bile is a green or yellow-green fluid) in their vomit
- finds it difficult to swallow or is choking easily
- is losing weight or is not gaining weight
- is not interested in feeding
- symptoms are not improving at one year of age

What is the treatment?

Most babies with reflux do not need any treatment at all. The doctor will check your baby's growth and check for any complications of reflux. They may suggest treatment including thickeners, medications to coat the stomach lining and to reduce acid production. Treatment can usually be stopped by one year of age.