

**COLIC IN BABIES - JUNE 2014****What is Colic?**

Paroxysmal, uncontrollable crying in an otherwise healthy infant less than 3 months of age, with more than 3 hours of crying per day in more than 3 days and week and for more than 3 weeks.

It may be associated with bringing up of small amounts of feeds. The cause is unknown - there is **no** good evidence that crying is due to intestinal spasm.

How does it present?

Although it is a self-limiting and benign condition, it is a frequent cause of presentation to healthcare professionals. Colic is a frustrating problem and can be associated with anxiety in parents and caregivers. The symptoms peak around 2 months and resolve by 6 months.

How is it diagnosed?

Other causes should be excluded with careful history and examination (including temperature, capillary refill time, heart rate and respiratory rate).

Plot and compare weight and head circumference to previous measurements.

Exclude signs of serious illness e.g. irritability, tachycardia, pallor, poor perfusion, petechiae, bruising, signs of respiratory distress, hypotonia, full fontanelle, wt<C4 or decreasing on centile charts, HC >95th or increasing on centile charts, bilious or projectile vomiting, bloody stool, fever, lethargy, poor feeding.

What are the differential diagnoses?

Examples include infection, constipation, cows' milk protein allergy (CMPA), gastro-oesophageal reflux disease, intussusception, inguinal hernia, anal fissure, inborn errors of metabolism, hydrocephalus, non-accidental injury.

Treatment

- 1) Reassurance
- 2) Smaller quantities of milk at each feed.
- 3) Holding the baby through the crying episode and accessing peer support may be helpful (NICE CG 37)
- 4) Ask about symptoms of postnatal depression. Do the parents have friends/relatives who could help them to get some rest?
- 5) CMPA is not a common cause but could be considered if there are other symptoms (e.g. reflux, eczema, faltering weight, diarrhoea, constipation, feed refusal). Where there is suspicion of CMPA, a 2 week trial of hypoallergenic formula in bottle fed babies may be considered. If there is improvement it may be continued for a further 2 weeks and then cows' milk reintroduced to see if things get worse.
- 6) There are no effective, safe, pharmacological options. There is little evidence to support the use of Simeticone, lactase drops and probiotics but they are unlikely to be harmful. **Dicycloverine should NOT be used** (serious side effects).

References

Drugs & Therapeutics Bulletin (BMJ Clinical Review)
 NICE CG37 Postnatal Care