integrated working

NHS
West Suffolk
Clinical Commissioning Group

GASTRO-OESOPHAGEAL REFLUX DISEASE (GORD) IN INFANTS

What is GORD?

Gastro-oesophageal reflux (GOR) is the uncontrolled passage of gastric contents into the oesophagus. It is a normal physiological process which is common in healthy infants. When reflux is associated with other symptoms it is known as gastro-oesophageal reflux disease (GORD).

How is it diagnosed?

- The most common symptom of gastro-oesophageal reflux is effortless regurgitation or 'spitting' of feeds (reflux into the oropharynx). This differs from vomiting, which is more forceful.
- It usually resolves by one year of age.
- Symptoms of GORD include vomiting, poor feeding, failure to thrive, sleeping problems, respiratory problems e.g. wheezing, apnoeic spells, oesophagitis, haematemesis, back arching, irritability, persistent crying, Sandifer's syndrome (hyperextension of the neck with torticollis).
- Children with other chronic conditions/ prematurity have an increased risk of GORD.

Differential Diagnoses

- Pyloric stenosis (projectile vomiting)
- Cows' milk protein allergy (CMPA)
- Infection (e.g. UTI, gastroenteritis, meningitis)
- Metabolic syndromes
- Congenital hiatus hernia
- Hydrocephalus

Treatment in Primary Care

1) There is little evidence for treating simple, uncomplicated gastro-oesophageal reflux and **reassurance** may be all that is needed.
2) Increase frequency and decrease in volume of feeds.
3) Infant Gaviscon (see BNF for Children for dose).
4) There is **little evidence** for use of H2 antagonists (ranitidine), PPIs or domperidone; however these are sometimes prescribed in secondary care.
5) Consider CMPA if the baby has other symptoms which support this e.g. milk aversion, eczema, diarrhoea, constipation, faltering growth. Where there is suspicion, a two week trial of hypoallergenic formula in bottle fed babies may be considered along with direct referral to the Paediatric Dietician Service.
6) Ask the parents if they are coping. Assess mental health - reflux can be distressing.

Referral Criteria

- Acutely unwell infant
- Doubt about diagnosis
- Complications of GORD such as failure to thrive, respiratory symptoms, oesophagitis
- If the infant responds to CMP free milk (i.e. probable diagnosis of CMP allergy)
- See next education leaflet in this series for info on CMPA

Useful Information

NICE are currently developing a guideline 'Gastro-oesophageal reflux in children and young people' (due for publication in October 2014); **BNF for Children 2013-2014.**

GP Telephone Advice Line - West Suffolk Hospital NHS Foundation Trust
Telephone Number: 07792 480771 (Monday to Friday 09:00 - 19:00)

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