Gastro-oesophageal reflux (GOR) and disease (GORD)

Infant reflux (or GOR) is physiological ie. Normal. It is a common problem, usually self resolving by the second year of life (12 to 18 months). GOR Disease (GORD), where there is a pathological problem, is a common source of distress for babies and the whole family and often presents with irritability, poor sleeping due to discomfort, colicky type abdominal pain and crying around or after feeds, food refusal, along with possetting or more significant vomiting.

Basic measures such as changes in feed practice (assess feed volume isn't too high: maximum is 150ml/kg for under 6/12) and post-feed and sleep positioning (30 degree angle) should be tried and can be very helpful. Simple Infant Gaviscon (which actually thickens the feed) may be ineffective (it also has a significant sodium content), but can be tried, as can commercial feed thickeners or pre-thickened commercial feeds (Enfamil AR, SMA Staydown).

The next step would be to start a pro-kinetic such as domperidone (to improve emptying) and for babies who are irritable or in discomfort, acid reduction therapy with an H2RA (Ranitidine) or PPI (omeprazole or lansoprazole) should be considered before initiating a referral (see LJF online). Bad reflux may produce vomiting which is of significant quantity to result in failure to gain weight.

Unless there is concern about significant projectile vomiting or the baby is clinically unwell (and here you may consider pyloric stenosis and referral to surgery or arrange ultrasound imaging at RHSC radiology), then an empirical trial of medical therapy without any investigation is certainly indicated and progress assessed before referring.

Remember, there is considerable overlap in reflux symptomatology with babies who are cow's milk protein intolerant / allergic and another option is to try dietary changes as a first line, dependent on the clinical 'feel' (see separate section on CMPi / CMPA) The department has a guideline (available linked at the foot of our Homepage) detailing different strategies which may be helpful to use before referral to general paediatrics or GI. Treatment options and length of drug and dietary therapy are discussed in the guideline. It gives background and a detailed action plan for therapy.

A trial of therapy and review in General Practice after 3 to 4 weeks, with a step up to maximal therapy seems reasonable, but for those not responding to maximal therapy or who relapse, referral to General paediatrics is indicated. The American site from CDHNF is an excellent resource for doctors and families (see links) for reflux and other sites are available on the internet to offer advice and support.

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