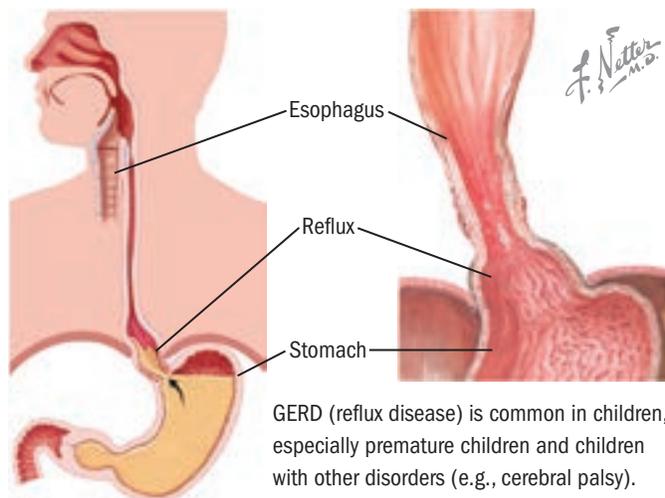


CARING FOR YOUR CHILD WITH GASTROESOPHAGEAL REFLUX DISEASE (GERD)



What Is GERD?

The common gastroesophageal reflux (GER), or acid reflux, is normal, and babies usually outgrow it by 1 or 2 years old. GERD is the more serious form. It's the most common disorder of the esophagus in children of all ages, especially in premature children and in children with other disorders such as cerebral palsy. The esophagus is the tube that connects the mouth with the stomach. In GERD, the muscle that stops food from returning to the esophagus from the stomach doesn't work well and stomach contents may move in the wrong direction back into the esophagus ("reflux"). Reflux that occurs more than twice a week is GERD and can lead to serious health problems.



Symptoms are regurgitation, vomiting, crying and irritability, and refusing food. Others are abdominal pain, heartburn, nausea, coughing, and unhealthy teeth.



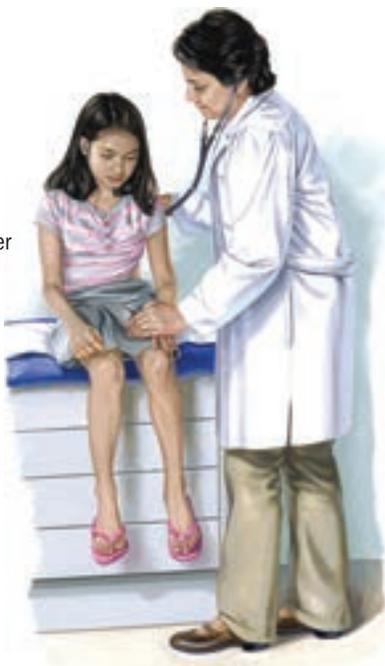
What Are the Causes of GERD?

GERD most often occurs in babies with immature digestive tracts. Other causes include anatomic problems of the esophagus and other structures such as hernias, certain medicines, and neurodevelopmental disabilities.

What Are the Symptoms of GERD?

Common symptoms in babies are regurgitation and vomiting. Regurgitation ("spitting up") is return of undigested food back up the esophagus into the mouth, without the force of vomiting. Other symptoms are crying and irritability, arching of the back, breathing problems, refusing food, and failure to thrive. Children may have pain in the abdomen (belly) or heartburn after meals, nausea, coughing, trouble swallowing, asthma, sore throat, ear pain, unhealthy teeth, bad breath, and hoarseness.

Your child's health care provider uses a medical and dietary history and physical examination for diagnosis.



How Is GERD Diagnosed?

The health care provider uses a medical and dietary history and physical examination for diagnosis. Other studies are for more serious or unusual symptoms. These studies include X-rays (upper gastrointestinal, or GI, series), endoscopy, and esophageal pH monitoring.

Treatment aims to reduce symptoms, heal the esophagus, and prevent complications. Lifestyle changes, medicines, and surgery are all used.

Antacids



H₂-receptor blockers



Give your child a healthy diet—lots of fruits, vegetables, and low-fat dairy products.



Don't give your child citrus fruits and juices, coffee, peppermint, chocolate, and spicy foods.



Raise the head of your child's bed.



Make sure that your child has a healthy body weight.



How Is GERD Treated?

Treatment goals are to reduce symptoms, heal the esophagus, and prevent complications. Babies with GERD need lifestyle changes, including thickened formula or breast milk, smaller and more frequent feedings, frequent burping, and keeping upright for longer periods (30 minutes) after feedings. Older children should eat small, frequent meals. Foods to avoid are caffeine-containing sodas; chocolate; peppermint; spicy foods; acidic foods such as oranges, tomatoes, and pizza; and fried and fatty foods. Not eating for 2 to 3 hours before bed may help. Raising the head of the child's bed may work. Weight management of overweight or obese children is important. If these treatments don't work or if children develop serious illnesses, medicines or surgery can be tried. Medicines include antacids, H₂-receptor antagonists (such as ranitidine), and proton pump inhibitors (such as omeprazole).

Antireflux surgery is one of the most common procedures done for babies and young children, but it's the last resort because it includes risks.

DOs and DON'Ts in Managing GERD:

- ✓ **DO** burp your infant frequently, give smaller and more frequent feedings and keep them upright for 30 minutes after feedings.
- ✓ **DO** give your child a healthy diet, rich in fruits, vegetables, and low-fat dairy products.
- ✓ **DO** raise the head of your child's bed 6 to 8 inches.
- ✓ **DO** make sure that your child has a healthy body weight.
- ✓ **DO** give medicines recommended by your child's health care provider.
- ⊗ **DON'T** give your child reflux-inducing foods, such as citrus fruits and juices, coffee, peppermint, chocolate, and spicy foods.
- ⊗ **DON'T** let your child eat large meals.
- ⊗ **DON'T** feed your child too close to bedtime.
- ⊗ **DON'T** let your child lie down just after eating.

FOR MORE INFORMATION

Contact the following sources:

- The American Academy of Pediatrics

Tel: (847) 434-4000

Website: <http://www.aap.org>

- American Gastroenterological Association

Tel: (301) 654-2055

Website: <http://www.gastro.org>

- American College of Gastroenterology

Tel: (703) 820-7400

Website: <http://www.acg.gi.org>

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