

## GASTROESOPHAGEAL REFLUX (GER) IN CHILDREN

Gastroesophageal Reflux (GER) occurs when stomach contents spontaneously regurgitate into the esophagus. All children and adults will experience episodes of reflux from time to time. While adults may recognize it as heartburn, infants will often spit-up or vomit. Though it is not uncommon for infants to spit-up, when it becomes a chronic occurrence, parents often become concerned.

It is often noted that there is no true, definable cause of GER in children. Some speculate that it may be due to immaturity of the brain as in premature babies, food allergies, or slow digestion. Regardless of the cause, if your infant or toddler is exhibiting the following symptoms, it may be an indication that he/she is experiencing GER:

**irritability; difficulty sleeping; stomach pain; feeding problems such as choking, gagging, regurgitation/vomiting, and feeding refusal; respiratory difficulty such as chronic cough or recurrent pneumonia; growth failure; unusual posturing; and a hoarse or raspy voice.** For children with developmental disabilities, the symptoms are often more severe and/or more persistent.

Diagnosis of GER in infants and toddlers is often achieved by taking a medical history, observation, and a physical examination. In some instances, a procedure called a barium swallow may be warranted. During this procedure, the infant or child is fed barium which may be viewed using an x-ray camera. The barium is then observed as it travels down the esophagus into the stomach. The radiologist may then observe if reflux occurs.

Once GER has been diagnosed, there are several treatment options. They include positioning, dietary changes, changes in feeding schedules, medications, and surgery.

**Positioning:** As many adults with GER can tell you, lying down after eating often leads to an increase in reflux. This too applies to infants and toddlers. By keeping your child in an upright position following feeds, you may reduce the occurrence of reflux.

**Dietary changes:** Some infants experience less GER when their formula is changed to a hypoallergenic or predigested formula such as Nutramagin, Pregestimil, and Alimentum. For older children GER trigger foods should also be avoided such as orange juice, lemonade, mashed potatoes, French fries, chicken nuggets, macaroni and cheese, spaghetti and sauce, chocolate, doughnuts, and potato chips to name a few.

**Change in feeding schedules:** Small frequent meals are recommended throughout the day and eating two hours before bedtime should be avoided.

**Medications:** There are various types and brands of medications used to reduce GER. Acid reducers, such as Zantac, Pepcid, Tagamet, and Axid, suppress the amount of acid in the stomach. Acid blockers, such as Prilosec, Prevacid, and Nexium, turn off the acid pumps in the stomach. **Please note that you should discuss medications for GER with your doctor prior to administering them to your child.**

For infants and toddlers, repeated occurrences of reflux may lead to negative attitudes towards food and eating. For those children who have feeding aversions and are receiving medication for GER, it is important that medication is given continuously. Many times, parents are prone to discontinuing medications once their child's symptoms subside. In doing so the child's symptoms may return and feeding progress hindered.

**Surgery:** In instances where behavioral changes and/or medication have been unable to control the GER, a procedure called a Fundoplication may be done. During the Fundoplication, the upper part of the stomach is wrapped around the esophagus. Food continues to pass to the stomach however reflux is prevented.

If your child has developed feeding aversions due to GER contact a speech-language pathologist. A speech-language pathologist can provide feeding therapy for infants and toddlers and provide strategies for parents.

Center for Speech and Language Pathology