

TREATMENT OF GERD

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the approach to treatment of **GERD** varies:

depending on:
the specific symptoms,
severity,

expected natural history,
and presence of concomitant problems



The goals of GERD therapy are to relieve symptoms and to prevent and treat complications.



“treatments” in infants are often directed at managing spitting up and irritability (“unexplained crying”): which in the great majority of cases do **not** constitute reflux disease;

removal of tobacco smoke from the environment



thickening of feeds,
use of hypoallergenic formulas
high-calorie formulas,
and
alterations in the mode of delivery of
feeding

Sidelying is an unstable position for an infant who may slip unobserved into the **prone** position,

SO

neither of these is recommended.

Basic measures such as burping the infant and keeping the infant upright after feeding often help.

rhythmic rocking and patting in a quiet environment, may quiet the baby who may still resume crying as soon as he or she is put down.

Thickening of feeds with guar gum or **added cereals** reduces the **number and height of nonacid reflux episodes and regurgitation** but does **not decrease esophageal acid exposure.**

Thickening of formulas may **increase** the **work of sucking from a nipple** requiring the nipple to be slit.



Thickening can also increase **coughing or gagging** during feeds.

Administration of smaller volumes of feeds and thickened feeds decreases the frequency of emesis but **not** the esophageal **acid** exposure.

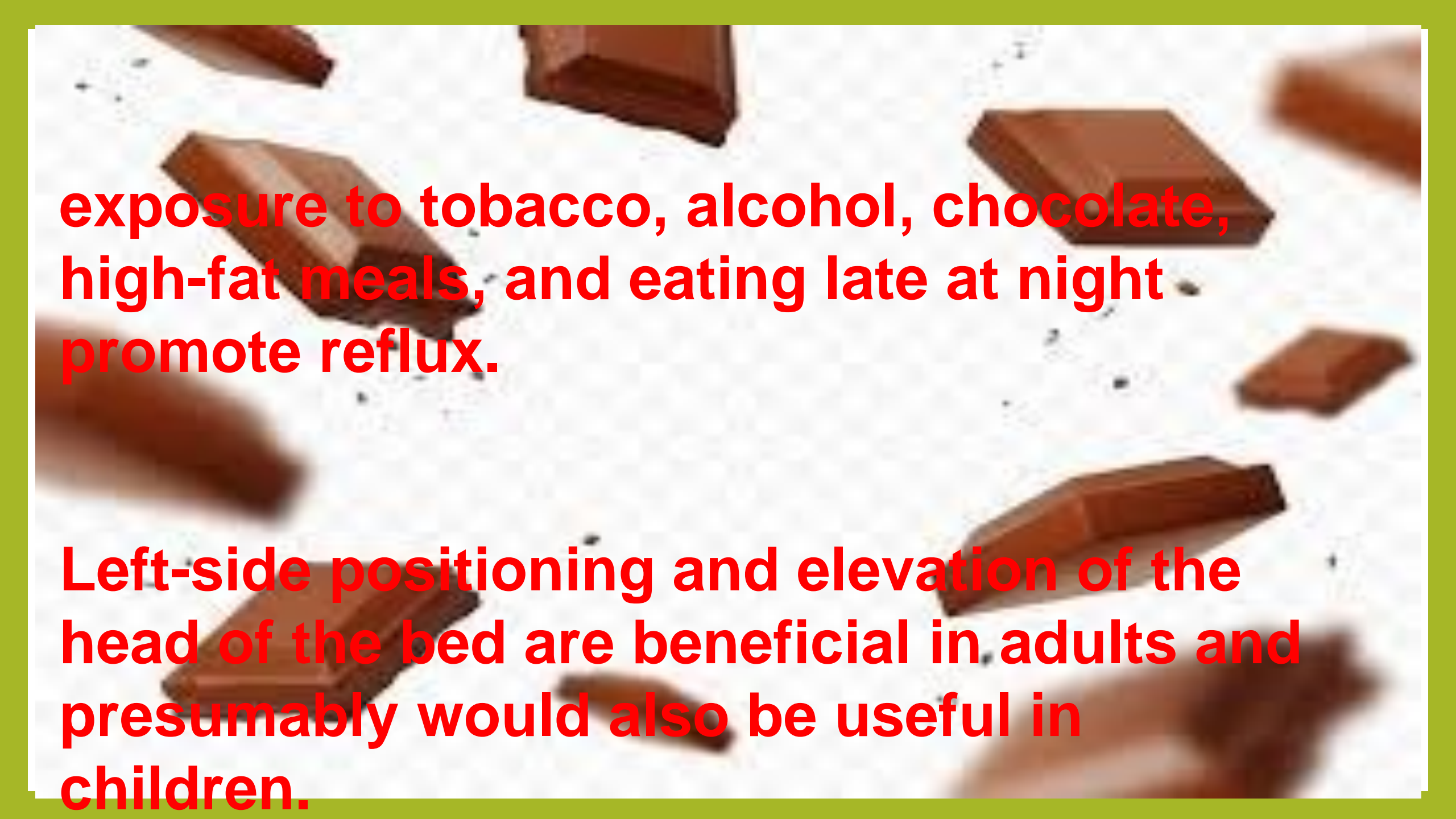
A time-limited trial of **hypoallergenic infant formula**, such as **hydrolyzed protein formula** or **elemental amino acid formula** for **two to four weeks** is often effective in determining whether cow's or soy milk protein allergy is the cause of symptoms.

Other food components that may cross in breastmilk and cause irritability include **caffeine,**
tomatoes, eggs, chocolate

continual drip

in infants with pulmonary symptoms from swallowing dysfunction and GERD, continual jejunal tube feeding markedly reduces the risk of aspiration of feedings

use of chronic nasogastric or nasojejunal tubes could actually increase reflux and worsen problems such as esophagitis

The background of the slide is a close-up photograph of several broken pieces of dark chocolate scattered on a white, slightly textured surface. The chocolate pieces are in various shapes and sizes, some showing the smooth top surface and others showing the broken edges. The lighting is bright, creating soft shadows and highlighting the texture of the chocolate and the surface.

exposure to tobacco, alcohol, chocolate, high-fat meals, and eating late at night promote reflux.

Left-side positioning and elevation of the head of the bed are beneficial in adults and presumably would also be useful in children.

Weight loss should be encouraged : improve pH profiles and reduce symptoms in overweight adults.

One case series suggests that some children with symptoms suggestive of GERD improve with the treatment of constipation, possibly due to slow gastric emptying caused by constipation

Magnesium hydroxide and aluminum hydroxide : are as effective as H2RAs when used at high doses in children with peptic esophagitis.

possible adverse effects : **increases in plasma aluminum** levels in children and infants (e.g., osteopenia, microcytic anemia, and neurotoxicity)

Hypophosphatemic metabolic bone disease (rickets) can occur with chronic use in adults or children

in older children with mild or intermittent symptoms, antacids may be

Based on adult data, **sodium alginate** can be considered either as **adjuvant therapy for GERD and for intermittent relief** of mild to moderate GERD symptoms in adolescents and adults



Sucralfate also forms a protective coating on gastroesophageal surfaces and binds bile acids. sucralfate is an aluminum complex .

addition, the formulation of sucralfate—a large tablet, or a slurry—makes it less well accepted by children.

There is inadequate data to recommend sucralfate for chronic use in infants or children.

prokinetics

Domperidone has fewer side effects but there is not strong evidence of benefit in pediatric GERD, and there are reports of QTc interval prolongation in infants treated with domperidone.

Baclofen, a gamma butyric acid (GABA) receptor agonist, reduces the number of TLESRs and episodes of acid and nonacid GER in adults, and a placebo-controlled study in infants showed a reduction of TLESRs, decreased acid reflux, and acceleration of gastric emptying.

Baclofen was **also useful in children** with neurologic impairment in reducing frequency of emesis and number of acid reflux episodes.

H2RAs

H2RAs are less effective than PPIs for both:
symptom relief
and healing of esophagitis.

famotidine : possibly cause agitation and signs interpreted as headache in some infants.

Cimetidine is well-known to cause gynecomastia in adults.

PPI

more effective gastric suppression
compared to H2RAs

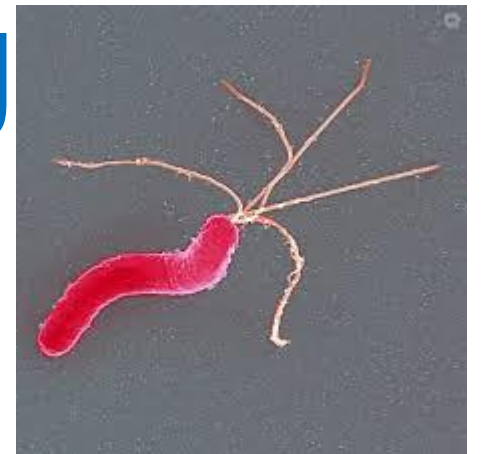
In a study of children who received omeprazole **for up to 11 years** duration:

61% developed minor degrees of **enterochromaffin cell-like (ECL) hyperplasia** [this has no known clinical significance, and none developed atrophic gastritis or carcinoid tumours]

The same study also showed the presence of minor degrees of ECL hyperplasia in children treated with H2RA.

Hyperplasia of ECL cells on PPI treatment is benign also in adults

in patients with *H. pylori* gastritis: long-term acid suppression may accelerate the development of atrophic gastritis, therefore recommended that *H. pylori* testing is performed in children and adults who are expected to receive long acid suppression.



PPIs, should be tapered, because abrupt discontinuation is often followed by acid rebound

may lead to an exacerbation of symptoms and an incorrect perception that the patient has relapsed and requires another course of PPI.

If **nocturnal symptoms** persist on therapy or when **Barrett's** esophagus is present, a **twice-daily** dosing regimen may be required.

Gastric acid inhibition with PPIs or H2RA may increase the risk of

contracting **acute gastroenteritis** and community

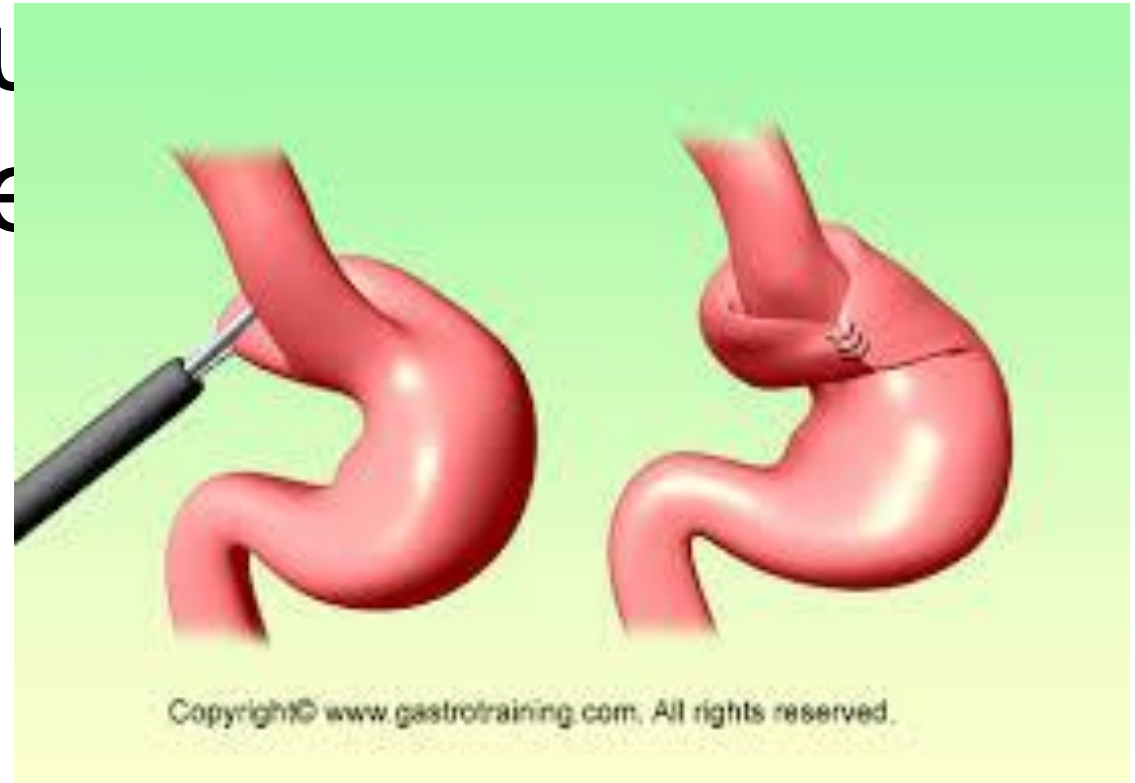
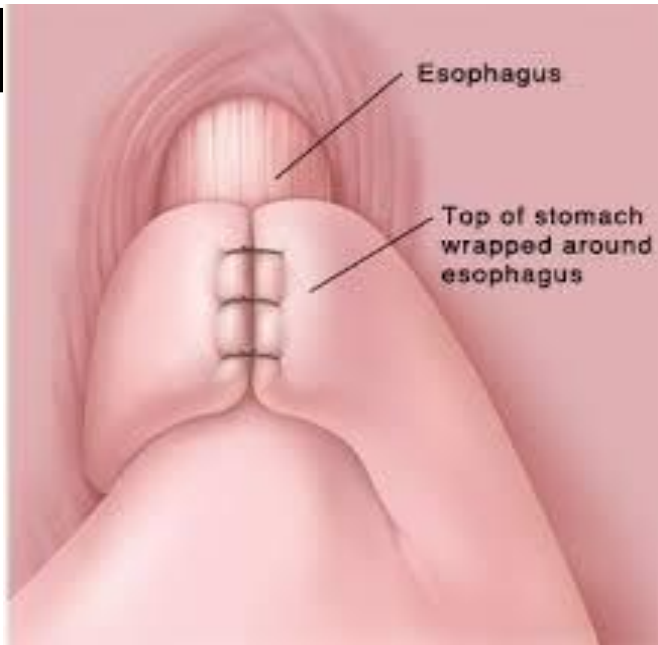
acquired **pneumonia** in young children, as well as

respiratory illnesses in children with poorly controlled asthma

The risk of ***candidemia infection and necrotizing enterocolitis*** is increased in **premature infants** treated with acid-suppressive agents.

Antireflux

surgery most often considered to manage recurrent respiratory problems including asthma and





gerd treatment



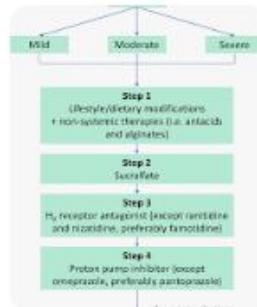
PACE Hospitals GERD or Chronic Ac...



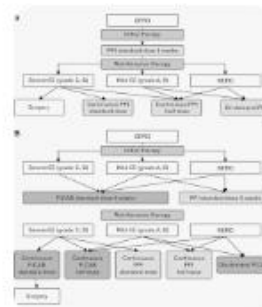
Mayo Clinic Gastroesophageal reflux disease (GERD ...



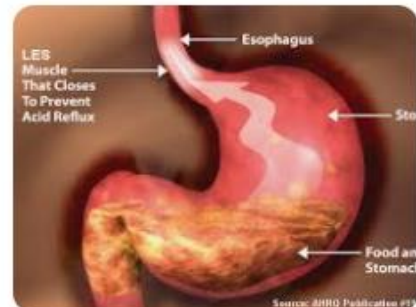
Verywell Health Heartburn Treatment: Natural Ant...



ResearchGate GERD during lacta...



ResearchGate Strategy of gastroe...



About GERD Surgical Treatments - About GE...



Dr. Axe GERD Symptoms ...



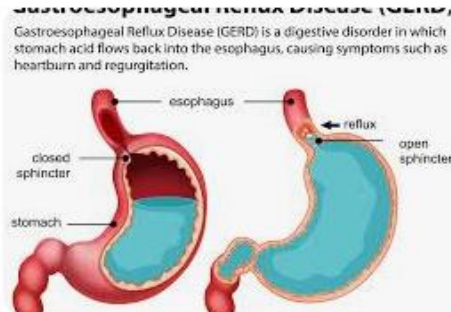
AGH of Greater Washing... Understanding Acid Ref...



Prashant Kedia MD GERD | Heartburn ...



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Department of Surgery Gastroesophageal Reflux ...

Advertisement banner for 'Gastroesophageal reflux disease' with various related terms like 'Lifestyle Changes to Help Treat GERD' and 'COMMON SIGNS AND SYMPTOMS OF GASTROESOPHAGEAL'.