

Children's Health



Is Your Child's Reflux/Spitting Up A Point Of Concern?

(NAPSA)—For most infants, spitting up is perfectly normal. Usually, it goes away on its own after a year or two. Sometimes, however, it's not just a phase and something a doctor needs to check. It could be gastroesophageal reflux disease (GERD).

Reflux occurs when stomach contents flow back into the esophagus. Under normal circumstances, the lower esophageal sphincter (LES) acts like a valve to prevent this backflow. Because it usually takes about 12 months for the LES to mature, infants do occasionally spit up. Even beyond that time, almost all children experience some reflux, and in most cases, it's of no concern.

When reflux causes troublesome symptoms, it is called GERD. Parents and caregivers might not think to suspect it because the child might not be able to accurately describe the symptoms. Parents should be aware that continued reflux can irritate the esophagus, sometimes leading to tissue damage, poor weight gain and respiratory problems.

Signs and symptoms of GERD include:

- raspy or hoarse-sounding voice
- chronic cough
- recurrent pneumonia in a neurologically handicapped child
- wheezing
- difficult or painful swallowing
- regurgitation
- frequent sore throat
- weight loss
- heartburn (in older children).



Children who reflux a lot may need to see a doctor to find out if their digestive system is working properly.

"If you suspect your child has GERD, you should contact your doctor to discuss the symptoms," explains Nancy J. Norton, president and founder of IFFGD, the International Foundation for Functional Gastrointestinal Disorders.

"Left untreated, a child or teenager might have difficulty sleeping or eating. Their growth also might be affected or they could become increasingly more uncomfortable. This doesn't have to happen. Treatments are available."

When checking for GERD, doctors need a reliable description of symptoms from the parent or child. Other conditions, such as an allergic inflammation of the esophagus called "eosinophilic esophagitis," can mimic GERD symptoms. The doctor, after examining the child, may recommend tests to check the esophagus, stomach and small intestine for problems.

Treatments vary, depending on the child's symptoms and age. Often, a doctor will suggest that families first try lifestyle and dietary changes. In infants, this might mean thickening the cereal or other feeding, providing more frequent feedings, taking care not to overfeed, and keeping the head elevated, especially during the first hour after a meal.

In older children, lifestyle changes might include:

- Having the child eat more frequent, smaller meals;
- Avoiding feeding the child two to three hours before bed;
- Raising the head of the child's bed 6 to 8 inches by putting blocks of wood under the bedposts;
- Avoiding carbonated drinks, chocolate, caffeine and foods that are high in fat or contain a great deal of acid—many citrus fruits, for example—or spices.

If symptoms do not improve with these changes, prescription or over-the-counter medications might be suggested. Some of these medications help decrease the amount of acid made in the stomach, or they keep acid from backing up into the esophagus. Other medications help improve the movement of food through the digestive tract.

You can learn more about GERD and its treatment from your pediatrician or by ordering the IFFGD's free information packet. It can be obtained from iffgd@iffgd.org, (414) 964-1799 or www.aboutGERD.org.