GASTROESOPHAGEAL REFLUX (GER) AND GASTROESOPHAGEAL REFLUX DISEASE (GERD) IN INFANTS. TRENDS IN EVALUATION AND MANAGEMENT IN HAMAD GENERAL HOSPITAL (HGH)

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Introduction

The latest North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition(NASPGHAN) and European Society for Pediatric Gastroenterology, Hepatology, and Nutrition(ESPGHAN) guidelines defined GER as the passage of gastric contents into the oesophagus with or without regurgitation and vomiting. GERD was defined as reflux of gastric contents that causes troublesome symptoms and/or complications. GER can be reliably diagnosed clinically and does not require extensive testing or drug treatment.

Upper GI series, while can be indicated in certain patients with danger signs, should not be used to diagnose GERD, as it is neither sensitive(29%-86%), nor specific(21-83%) in diagnosing GERD.

Aim

Our aim is to review current management practices of GER/GERD in HGH, in view of NASPGHAN/ESPGHAN guideline.

Methods

A retrospective cross-sectional observational study. Medical records of term infants diagnosed with GERD/GER, aged 1 to 12 months, between 2011 and 2014 were reviewed.

Infants with cerebral palsy, neuromuscular, neurometabolic and chronic lung illnesses were excluded.

Result

Of 374 infants, 161 were included, 64% aged 1-3 months (graph-1). 91% of the study sample were labelled as GERD, despite the absence of symptoms or signs suggesting complicated GER.

Danger signs were present in only 23% of our sample population (graph-2). The remaining 123 infants didn't show any danger sign, however, 76% of them were evaluated by barium study, although this is not clearly indicated.

Finally, 94% of our study sample were discharged on proton pump inhibitors, 4 infants on life style modification instructions only (graph-3).

Conclusion

Differentiating GERD from GER is vital to avoid unnecessary burden on both families and healthcare systems.

Overuse of upper GI series in our hospital was a major factor in over diagnosing GERD, which as a consequence lead to over-prescription of acid suppression therapy.