GER or GERD? Report helps distinguish between clinical manifestations
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AAP News 2013;34;1
DOI: 10.1542/aapnews.2013345-1

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It is a busy day in clinic. In short order, you see a 1-month-old brought in for an urgent visit by his parents for fussiness and frequent spitting up; a 4-month-old smiling baby for a well-child visit who “spits up normally” but whose weight you note has slipped from the 20th to the 10th percentile; and a 12-year-old boy complaining of heartburn.

With each visit, you find yourself thinking about recent news stories on the astounding growth in numbers of prescriptions for anti-reflux medications for children.

Which of these families should be reassured their child’s gastroesophageal reflux is physiologic and will resolve with maturity? Which patients require medication? Who should be referred to subspecialists for evaluation? Is any other testing necessary? What advice can you give each family that might help?


The clinical report endorses recent comprehensive guidelines developed by the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition on managing both gastroesophageal reflux (GER), as the physiologic passage of gastric contents into the esophagus, and gastroesophageal reflux disease (GERD), as reflux associated with troublesome symptoms or complications (see Resource box below).

**Making the distinction**

GER occurs in more than two-thirds of infants and is the topic of discussion with pediatricians at one-quarter of all routine 6-month infant visits. It is considered a normal physiologic process that occurs several times a day in healthy infants, children and adults. Episodes of GER in healthy adults tend to occur after meals, last less than three minutes and cause few or no symptoms.

Less is known about the normal physiology of pediatric GER, but spitting up, as the most visible symptom, is reported to occur daily in half of all 4-month-old infants. Both GER and GERD have their peak incidence at 4 months of age and then decline to affect less than 10% of infants by their one-year birthday.

GERD manifests differently in full-term infants compared with children older than 1 year and adolescents. Common symptoms in older children can include vomiting, abdominal pain, anorexia and heartburn. Common symptoms of GERD in infants include regurgitation or vomiting associated with irritability, anorexia or feeding refusal, poor weight gain, dysphagia, presumably painful swallowing, and arching of the back during feeds. Relying on a symptom-based diagnosis of GERD can be difficult in the first year of life, especially because symptoms of GERD in infants do not always resolve with acid-suppressive therapy.

For most pediatric patients, a history and physical examination are sufficient to reliably differentiate GER from GERD, and to initiate appropriate treatment strategies. The guidelines emphasize lifestyle changes as first-line therapy in both GER and GERD, whereas medications are explicitly indicated only for patients with GERD.

**Key to management**

Lifestyle changes to treat GERD in infants may involve modifying the maternal diet of breastfed infants by eliminating milk and egg and/or changing to a protein hydrolysate formula, as well as reducing feeding volumes while increasing their frequency.

In older children, lifestyle recommendations include the avoidance of caffeine, chocolate, alcohol and spicy foods; weight loss in overweight children; and chewing sugarless gum after meals.

The guidelines clearly suggest surgical therapies be reserved for children with intractable symptoms or who are at risk of life-threatening complications of GERD. They also address recent black box warnings from the Food and Drug Administration associated with common medical approaches to improving gastric emptying and motility.

The key to providing optimal management of acid reflux in patients across all pediatric age groups is to be able to distinguish between GER and GERD. While children with GERD may benefit from further evaluation and treatment, only conservative recommendations are indicated in those with uncomplicated physiologic reflux.

**RESOURCE**

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