



Compact advice

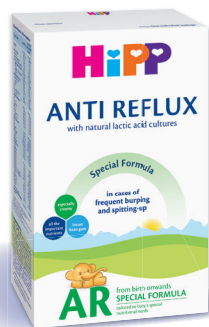
Consultation support for baby care and nutrition

Guideline-Compliant Approach to Reflux Treatment

Especially during the first year of a baby's life, paediatricians and medical assistants are important contacts for the parents when it comes to baby care and nutrition. Therefore, they must always keep their knowledge up to date in these areas. With "Compact Advice", HiPP wishes to support medical professionals providing consultation.

The small and handy card can be placed e.g. on the counter at the reception or in the consultation room and is thus always ready at hand.

The consultation card has already been removed, or you would like to have further consultation cards for yourself or for your practice? Please talk to your local sales representative or contact us at hcp.hipp.com



HiPP Anti-Reflex Special Formula: In case of increased burping and spitting-up

Important note: Breast milk is the best diet for a baby. For detailed breastfeeding information, please see the consultation card.

Reflux – a common phenomenon

In the first three months of life, about 50% of all infants suffer daily from the visible symptoms of reflux, namely spitting / vomiting. Many parents are therefore unsettled and bring up this phenomenon at the paediatrician's.

The term GER (gastroesophageal reflux) is used to describe the backflow of stomach contents into the oesophagus with or without spitting or vomiting. Due to the still relatively low volumetric capacity of the stomach and the shortness of the oesophagus, this physiological process is especially marked in infants, but in itself is not regarded as a disease. If backflow of stomach contents leads to complications or disease-related symptoms, this is called GERD (gastroesophageal reflux disease).

Evidence-based guidelines for diagnosis and treatment

For diagnosis and treatment of GER and GERD, evidence-based guidelines were developed by ESPGHAN¹ und NASPGHAN² in 2009. Since the majority of affected infants are presented to the paediatrician with visible symptoms of GER without clinical symptoms, subsequently the procedure for the treatment of infants with uncomplicated GER is discussed. Due to the varied symptoms that GER and GERD may present, diagnosis can be very complex. For diagnosis of uncomplicated GER it is usually sufficient to take a thorough medical history followed by **medical examination**, taking into account the **warning signals** (see *consultation card*).

The typical characteristics in GER without clinical symptoms are infants who appear to be healthy, who burp or spit effortlessly and painlessly and show normal weight gain and adequate growth.

Recurrent eructation in infants due to GER usually decreases during the first year of life and disappears at an age of 12 - 18 months. However, if signs of GERD or other diagnoses are found, or if the spitting symptoms do not decrease at the age of 12 - 18 months, it is imperative to present the infant to a paediatric gastroenterologist.

GER without clinical symptoms in infants the "Happy Spitter"

If uncomplicated GER has been diagnosed, the paediatrician should provide parents with support and hints for everyday life. This includes educating parents about the disease patterns, its causes and the things to pay attention to in the future (see *consultation card*).

Due to lack of effect, there is demonstrably no indication for anti-secretory or motility-promoting agents. Laying the baby down in prone position is not recommended due to possible connection with sudden infant death syndrome. Frequent feeding of smaller meals provides relief. Over-feeding aggravates recurrent belching and spitting and should therefore be avoided. In infants with persistent reflux, after medical consultation and recommendation so-called anti-reflux (AR) formulae can help.

AR formulae – an option to improve quality of life

It could be demonstrated that AR formulae reduce the frequency and the amount of belching and spitting compared to normal infant formula. They can thus significantly contribute to better quality of life. AR formulae contain a thickening agent such as locust bean gum, which increases the viscosity of the formula, thus reducing regurgitation. AR formulae have two clear

advantages over thickening of normal infant formulae:

1. They have an energy density and nutrient composition analogous to that of infant formula. Thus, they correspond to the nutritional needs of an infant and do not lead to excessive energy uptake. In contrast, a thickening agent provides (undesirable) additional energy.
2. Since AR formulae are already offered with the correct composition for the infant, their use is easy (similar to infant formulae) and preparation errors in the sense of overdosage of thickening agents are excluded.

Differentiation from other conditions

In healthy infants with reflux symptoms in whom the above-mentioned remedies do not lead to any improvement, an allergy to cow's milk protein should be contemplated. Here, two weeks of feeding with an extensive protein hydrolysate or a diet based on amino acids, or in the case of breastfeeding mothers, a temporally limited milk-free diet is justified.

For further specialist information on infant nutrition and care, please see hcp.hipp.com

Literature:
Rosen R et al. *JPGN*. 2018; 66: 516-554
Salvatore S et al. *Nutrition*. 2018; 49: 51-56
Vandenplas Y et al. *Pediatr Gastroenterol Hepatol Nutr*. 2016; 19(3): 153-161

¹ NASPGHAN = North American Society of Pediatric Gastroenterology, Hepatology and Nutrition
² ESPGHAN = European Society of Pediatric Gastroenterology, Hepatology and Nutrition

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