

Patient leaflets from the BMJ Group

Reflux in children

Bringing up food is very common in babies and young children. It usually doesn't cause problems and most children grow out of it. But if it happens frequently or causes problems, they may need treatment.

We've looked at the best and most up-to-date research to produce this information. You can use it to talk to your doctor and decide which treatments are right for your child.

What is reflux in children?

Reflux happens when partly digested food comes up the tube that links the mouth to the stomach (the oesophagus).

A muscle at the bottom of the oesophagus, where it joins the stomach, usually stops food from coming back up. In babies, this muscle may not work properly because their digestive system is still developing.

When food goes up into the oesophagus, it's often mixed with acidic stomach juices. This can make the oesophagus sore and inflamed. When reflux is causing problems, doctors may call it gastro-oesophageal reflux disease, or GORD.

What are the symptoms?

The most obvious symptom of reflux in children is bringing up food. This isn't usually a problem, unless they bring up a large amount of most feeds.

Children with reflux may get other symptoms, which should be checked out by a doctor. These include stomach pain and failure to thrive and gain weight. If your baby has stomach or oesophagus pain, they may be irritable and cry or arch their back a lot. Also, talk to your doctor if your child brings up vomit that looks like coffee grounds. This can be a sign that their stomach or oesophagus is bleeding.

Older children tend to have different reflux symptoms. These may include heartburn, trouble swallowing, and bad-tasting, watery fluid coming into the mouth.

There are lots of possible reasons for these symptoms. Your doctor can check if it's reflux by examining your child and asking about their symptoms. It may help if you keep a diary of how much food your child takes, and how often they bring up food. You may need to weigh your child regularly, or have them weighed at the clinic, to check whether they are gaining weight.

A few children need to see a specialist, who may do further tests.

What treatments work?

Not all children need treatment for reflux. Your child is only likely to need treatment if they are not growing properly, or have other problems.

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Products to add to your baby's food

If you **thicken your baby's food**, your baby is less likely to bring it back up. You can get products to thicken milk (Nestargel, Carobel) or use ready-thickened feeds (Enfamil AR, SMA Staydown).

You may be able to get these on prescription from your doctor, or from your pharmacy. It's always best to talk to your doctor before changing your baby's feed.

Children are more likely to cough while taking thickened feeds. Some get diarrhoea with carob flour thickener. Also, you need to check your child doesn't put on too much weight. Some thickened feeds have more calories.

If you use a thickened feed, you'll probably need to make the hole in the teat of your child's bottle a little bigger.

You can't use food thickeners if you are breastfeeding. Experts recommend that you should give your baby only breast milk for the first six months, if possible. So, if you're breastfeeding and your baby is having problems with bringing up food, your doctor may suggest you use another treatment instead.

Children are less likely to bring up food if they have **sodium alginate** (brand name Gaviscon Infant) mixed with their feed or dissolved in water after their meal. Sodium alginate stops acid and food going back into the oesophagus. It doesn't normally cause side effects. You shouldn't give it to premature babies, or children who are ill with a high temperature, diarrhoea or vomiting, unless it's been prescribed by a doctor. If your child is under 12 months old, talk to your doctor before using this treatment. Also, you shouldn't use it if you're already using a food thickener.

Medicines

Some medicines have been tried for reflux in children, but there isn't enough research to know for sure if they help.

Domperidone (brand name Motilium) tightens the muscle at the end of the oesophagus where it joins the stomach. It may stop food from flowing back into the oesophagus. Some children taking domperidone get mild diarrhoea. You'll need a prescription from a doctor.

H2 blockers and **proton pump inhibitors (PPIs)** reduce the amount of acid in the stomach. They are often used to treat indigestion in adults. H2 blockers include cimetidine (Dyspamet) and ranitidine (Zantac). PPIs include omeprazole (Losec) and pantoprazole (Protium). You can buy these medicines at the pharmacy. But you should ask your doctor before giving these medicines to your child.

Other treatments

Some people suggest **raising the head of your child's bed**, so their head is higher than the rest of their body while they sleep. This may make it more difficult for food to get up

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the oesophagus from the stomach. But there's not much evidence to show it helps children with reflux.

If your child has very bad problems with reflux, and other treatments haven't helped, your doctor may suggest **surgery**. The operation strengthens the valve between the child's oesophagus and stomach. It's called fundoplication. Having an operation always carries a risk of problems, such as infection or blood clots.

What will happen?

Most children stop bringing up their food by the time they are 18 months old. And most children don't need treatment.

It's very rare for reflux to lead to complications. But some children do have problems. These can include:

- Bleeding and painful oesophagus.
- Breathing problems, such as coughing and wheezing.
- Failure to grow and develop at the usual rate for their age.

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