



Recognition and management of GER vs. GERD

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Learning Objectives:



Differentiate GER vs GERD using systematic review recommendations

Nutritional management on an infant with GER vs GERD

Identify red flags and when to refer to GI



Notes:

Nutricia North America supports the use of breast milk wherever possible.



The opinions	Honorarium pro No conflict of interes reflected in this prese	ovided by Nutricia st for this presentat ntation are those o	on f the speaker and	
independe	nt of Nutricia North Ai	merica and the spec	aker's employer	



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CE-eligible for dietitians and nurses in the US

Nutricia North America supports the use of human milk wherever possible.

Rosen R, e Recommo H Ga	t al. Pediatric Gastroesophageal Reflux Clinical Practice Guideline endations of the North American Society for Pediatric Gastroente epatology, and Nutrition and the European Society for Pediatric stroenterology, Hepatology, and Nutrition. <i>JPGN</i> 2018;66:516-554	es: Joint rology,
[An update to the 2009 NASPGHAN + ESPGHAN medical position paper on GER/GERD	







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 Recognition of GER vs GERD

 CER = gastroesophageal reflux: GERD = gastroesophageal reflux disease





















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MANAGEMENT OF INFANTS WITH GER/GERD





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	USE C	DF THICKENERS FOR REFLUX IN INFANTS ath A, Dziechciarz P, Szajewska H. The effect of thickened-feed interventions on gastroesophageal reflux in infants: systematic review and meta-analysis of randomized, controlled trials. <i>Pediatrics</i> 2008;122:e1268-77
	14 Studies	Outcomes of Interest Vomiting + visible regurgitation Days without regurgitation Crying/irritability
Horvath	h, et al. P	ediotrics 2008.



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Type of thickener	Population	Considerations
Carob bean/locust gum	>42 weeks gestation	Has no caloric content May have a prebiotic effect
Rice	Infants	Can NOT be used with human milk Choose a no/low-arsenic option Affordable and dissolves easily Can lead to nipple clogging
Corn starch	Infants	
Xanthan gum	1 year+	Expensive + difficult to obtain
Food purees	6 months+	Inexpensive Contributes nutritional value



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 Transpyloric/Jejunal Feeding

 Image: A construction of the con



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ormula-fed infants:	IF CMA:	
	Vomiting frequency will	
	measured by pH-MII	





WHEN SHOULD A CHILD WITH REFLUX SEE A GASTROENTEROLOGIST?



















SUMMARY

- 1. Identifying the cause of GER or GERD requires a complete evaluation of medical and feeding history
- 2. There are many non-pharmacologic methods of management to alleviate reflux symptoms.
- 3. Cow milk allergy can also manifest as GERD and may require trial of an eHF or AAF for formula-fed infants and a maternal elimination diet for human milk fed infants.
- 4. Infants without resolution of symptoms or in the presence of red flags would benefit from evaluation via a gastroenterologist.

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