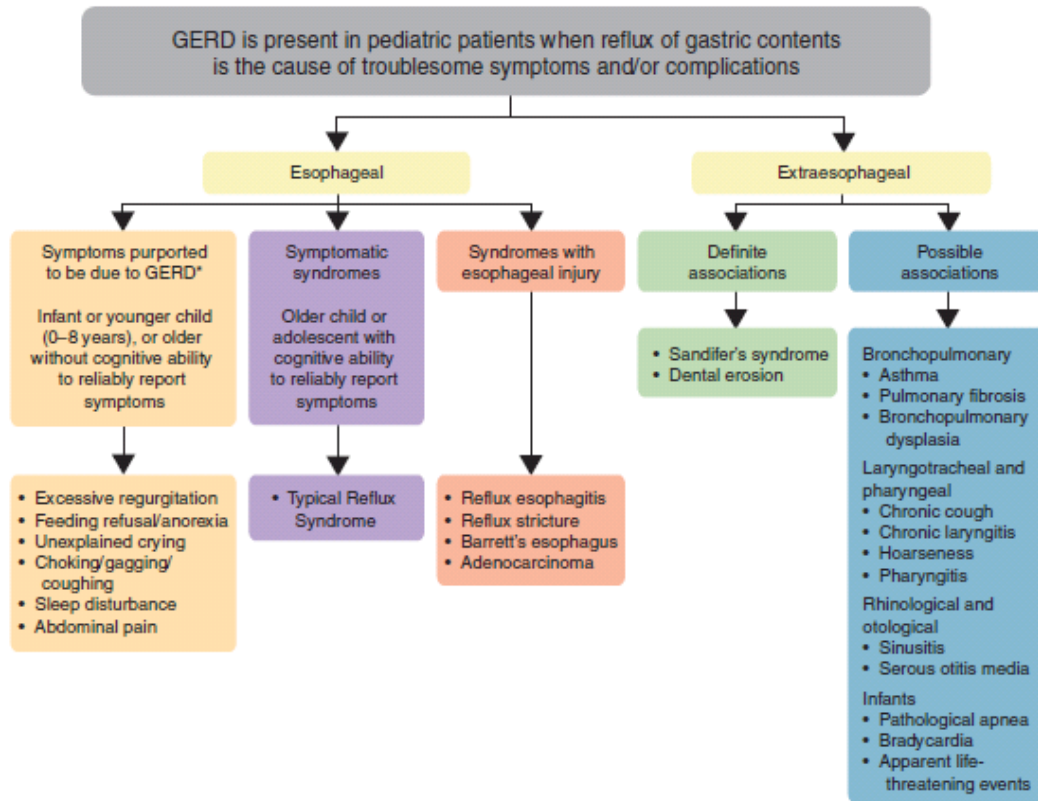


5. GASTRO-OESOPHAGEAL REFLUX DISEASE

DEFINITION (Am J Gastroenterology 2009)

- GERD in paediatric patients is present when reflux of gastric contents is the cause of troublesome symptoms and/or complications



ALARM SYMPTOMS IN INFANTS REQUIRING INVESTIGATIONS:

- Failure to thrive
- Dysphagia (pain during feeding)
- Increase in frequency and intensity of regurgitation/vomiting
- Asthma, recurrent respiratory infection
- Apnoea, cyanosis, ALTE (apparent life threatening events)
- Gastrointestinal bleeding

ACCEPTANCE CRITERIA FOR REFERRAL:

- Typical symptoms after failure of antisecretory therapy at maximum dose (omeprazole 1.5 mg/kg, lansoprazole 2 mg/kg, esomeprazole 2 mg/kg).
- Extra-intestinal symptoms
 - Severe chronic respiratory disorders, including severe intractable asthma, cystic fibrosis (pre and post-transplantation), other chronic lung fibrotic disease)
 - Sleep Apnoea or ALTE after exclusion cardiac, neurological and metabolic disease, after polysomnographic study
 - Chronic cough (> 8 weeks), after extensive evaluation including chest X-ray, chest-CT scan. ENT assessment, exclusion of any type of allergy, bronchoscopy with BAL.

3. ENT symptoms, after extensive investigations, including laryngoscopy <ul style="list-style-type: none"> ▪ Rule out anatomical abnormality – normal upper GI contrast required ▪ Rule out food allergy (by immunological tests and restricted diet) and coeliac disease (TTG) 	
ADVICE TO REFERRING DOCTOR BEFORE ACCEPTING PATIENT:	
GPs	To refer to local Paediatrician
Paediatricians:	Referral letter to demonstrate referral guidelines have been met
Paediatric Gastroenterologist (2 nd opinion)	Referral letter to demonstrate referral guidelines have been met