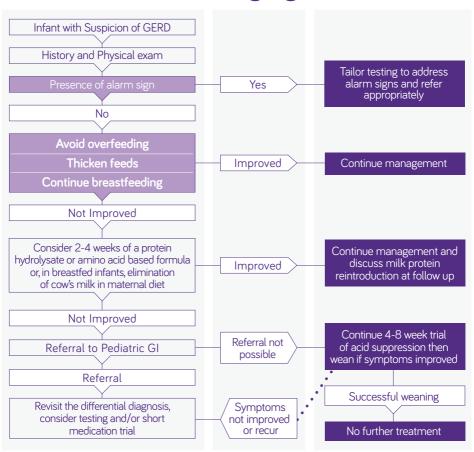
Rome IV Diagnositic Criteria for Infant Regurgitation¹

Must include both of the following, in otherwise healthy infants, 3 weeks to 12 months of age:

- Regurgitation 2+ times per day for 3+ weeks
- Without the presence of retching, hematemesis, aspiration, apnea, failure to thrive, feeding or swallowing difficulties, or abnormal posturing

ESPGHAN Management of Reflux & Regurgitation²



Why Medicate? Try Nutrition First



From 2009 to 2018, there was a substantial and statistically significant rise in anti-reflux medications prescribed to infants in Ireland³

NEW 2022 EAACI GUIDELINES recognise that medications are often inappropriately used in the treatment of GFRD and GFR in infants⁴

EAACI review of pharmacological management:⁴



- 1 No guideline recommends the use of prokinetic agents
- **2** ESPGHAN² found **insufficient evidence** to recommend a trial with an alginate
- H2RAs do not reduce crying/distress or visible regurgitation/vomiting and have **limited evidence** on efficacy and safety
- Concerns that PPIs impact the long-term bioavailability of certain vitamins/minerals and increase the risk of developing food allergy

References: 1. Benninga MA et al., Gastroenterology. 2016;150:1443-55. 2. Rosen R et al., J Pediatr Gastroenterol Nutr. 2018;66(3):516-54. 3. O'Reilly D et al., Eur J Pediatr 2020;179:1963-67. 4. Meyer R et al., Pediatr Allergy Immunol. 2022 Oct;33(10):e13856. doi: 10.1111/pai.13856. PMID: 36282131.

GERD: Gastroesophageal Reflux Disease; GI: Gastrointestinal; ESPGHAN: European Society of Paediatric Gastroenterology Hepatology and Nutrition; EAACI: European Academy of Allergy & Clinical Immunology; GER: Gastroesophageal Reflux; H2RA: Histamine 2-Receptor Antagonists; PPI: Proton Pump Inhibitors