

## Drug treatment

### Initial management

**EvGr** If non-pharmacological methods fail for breast-fed infants, consider alginate acid p. 55 for 1–2 weeks. If successful, this should be continued but consider withholding it at intervals to see if the infant has recovered.

If non-pharmacological methods fail for formula-fed infants, the thickened formula should be stopped and a trial of alginate acid for 1–2 weeks should be used. If successful, it should be continued, but consider withholding it at intervals to see if the infant has recovered.

Acid-suppressing drugs, such as Proton pump inhibitors p. 60 or H<sub>2</sub>-receptor antagonists p. 59 should not be used to treat regurgitation in children occurring as an isolated symptom. **A**

### Follow up management

**EvGr** For children who are unable to communicate about their symptoms (e.g. infants, young children and those with communication difficulties), a 4-week trial of a proton pump inhibitor (PPI) or histamine<sub>2</sub>-receptor antagonist (H<sub>2</sub>-receptor antagonist) should be considered in those who have regurgitation with one or more of the following symptoms: unexplained feeding difficulties, distressed behaviour or faltering growth.

For children and young people with persistent heartburn, retrosternal or epigastric pain, a 4-week trial of a PPI or H<sub>2</sub>-receptor antagonist should be considered.

When choosing between a PPI or H<sub>2</sub>-receptor antagonist availability of age-appropriate preparations, patient/carer preference should be taken into account.

Response to treatment should be reviewed after 4 weeks and referral for endoscopy considered if the symptoms did not resolve, or recur after stopping treatment.

Treatment of gastro-oesophageal reflux or GORD with metoclopramide hydrochloride p. 278 (unlicensed), domperidone p. 278 (unlicensed), or erythromycin p. 355 (unlicensed) should only be offered when the benefits outweigh the risk of side-effects, other interventions have been tried, and there is specialist paediatric agreement for its use.

Infants, children and young people with endoscopy-proven reflux oesophagitis should be offered treatment with a PPI or H<sub>2</sub>-receptor antagonist, and repeat endoscopic examination performed as necessary to guide subsequent treatment. **A**

### Enteral tube feeding

**EvGr** Enteral tube feeding should only be considered as an option to promote weight gain in infants and children with regurgitation and faltering growth if other pathologies have been ruled out, and/or the recommended feeding and medical management is unsuccessful.

A specific and individualised nutrition plan must be in place for these children with a strategy to reduce it as soon as possible. Oral stimulation is encouraged by continuing oral feeding as tolerated, ensuring that the intended target weight is achieved and sustained. Enteral tube feeding should be reduced and stopped as soon as possible.

Jejunal feeding can be considered in patients who need enteral tube feeding but cannot tolerate intragastric feeds because of regurgitation or if reflux-related pulmonary aspiration is a concern. **A**

For advice on specialised formula feeds, see Enteral nutrition p. 671.

### GORD in pregnancy

**EvGr** Heartburn and acid reflux are symptoms of Dyspepsia p. 55 in pregnancy commonly caused by GORD. Dietary and lifestyle advice should be given as first-line management. If this approach fails to control symptoms, an antacid or an alginate can be used. If this is ineffective or symptoms are

severe omeprazole p. 63 or ranitidine p. 59 (unlicensed) may help to control symptoms. **A**

### Useful Resources

Gastro-oesophageal reflux disease in children and young people: diagnosis and management. National Institute for Health and Care Excellence. NICE guideline 1. January 2015, updated October 2019.

[www.nice.org.uk/guidance/ng1](http://www.nice.org.uk/guidance/ng1)

#### Other drugs used for Gastro-oesophageal reflux disease

Esomeprazole, p. 61 • Lansoprazole, p. 62

## ANTACIDS > ALGINATE

### Sodium alginate with calcium carbonate and sodium bicarbonate

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The properties listed below are those particular to the combination only. For the properties of the components please consider, alginate acid p. 55, sodium bicarbonate p. 634, calcium carbonate p. 641.

#### ● INDICATIONS AND DOSE

##### Gastro-oesophageal reflux disease

- ▶ BY MOUTH
- ▶ Child 6–11 years: 5–10 mL, to be taken after meals and at bedtime
- ▶ Child 12–17 years: 10–20 mL, to be taken after meals and at bedtime

- **INTERACTIONS** → Appendix 1: calcium salts • sodium bicarbonate

- **PRESCRIBING AND DISPENSING INFORMATION** Flavours of oral liquid formulations may include aniseed or peppermint.

#### ● PATIENT AND CARER ADVICE

Medicines for Children leaflet: Gaviscon for gastro-oesophageal reflux disease [www.medicinesforchildren.org.uk/gaviscon-gastro-oesophageal-reflux-disease](http://www.medicinesforchildren.org.uk/gaviscon-gastro-oesophageal-reflux-disease)

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

#### Oral suspension

ELECTROLYTES: May contain Sodium

▶ **Acidex** (Pinewood Healthcare)

Calcium carbonate 16 mg per 1 ml, Sodium bicarbonate 26.7 mg per 1 ml, Sodium alginate 50 mg per 1 ml Acidex oral suspension aniseed sugar-free | 500 ml **GSL** £2.56 DT = £1.95

Acidex oral suspension peppermint sugar-free | 150 ml **GSL** £1.21 DT = £2.58 sugar-free | 500 ml **GSL** £2.56 DT = £1.95

▶ **Entrocal Heartburn and Indigestion Relief** (Galpharm International Ltd)

Calcium carbonate 16 mg per 1 ml, Sodium bicarbonate 26.7 mg per 1 ml, Sodium alginate 50 mg per 1 ml Entrocal Heartburn and Indigestion Relief oral suspension sugar-free | 150 ml **GSL** **X** DT = £2.58

▶ **Gaviscon** (Reckitt Benckiser Healthcare (UK) Ltd)

Calcium carbonate 16 mg per 1 ml, Sodium bicarbonate 26.7 mg per 1 ml, Sodium alginate 50 mg per 1 ml Gaviscon Original Aniseed Relief sugar-free | 150 ml **GSL** £2.58 DT = £2.58 sugar-free | 300 ml **GSL** £4.33 DT = £4.33 sugar-free | 600 ml **GSL** £7.11 DT = £7.11

▶ **Gaviscon Liquid Relief** (Reckitt Benckiser Healthcare (UK) Ltd)

Calcium carbonate 16 mg per 1 ml, Sodium bicarbonate 26.7 mg per 1 ml, Sodium alginate 50 mg per 1 ml Gaviscon Peppermint Liquid Relief sugar-free | 150 ml **GSL** £2.58 DT = £2.58 sugar-free | 300 ml **GSL** £4.33 DT = £4.33 sugar-free | 600 ml **GSL** £7.11 DT = £7.11

▶ **Peptac** (Teva UK Ltd)

Calcium carbonate 16 mg per 1 ml, Sodium bicarbonate 26.7 mg per 1 ml, Sodium alginate 50 mg per 1 ml Peptac liquid peppermint sugar-free | 500 ml **GSL** £1.95 DT = £1.95  
Peptac liquid aniseed sugar-free | 500 ml **GSL** £1.95 DT = £1.95