

Editorial Note on the Management of Gastro-Oesophageal

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Gastro-Oesophageal reflux (GOR) may be a common physiological condition in infants and young children, with gastro-oesophageal reflux disease (GORD) its pathological manifestation. Management of GOR/GORD requires elimination of possible underlying causes, parental reassurance, modification of feeding and symptom mitigation, monitoring, and referral to paediatricians if warning signs are present. Published clinical practice guidelines (CPGs) seek to support clinicians and improve management. This study aimed to live the proportion of Australian GOR/GORD paediatric care that was in line with CPG recommendations. National and international CPGs for GOR/GORD were systematically identified and candidate indicators extracted; a Delphi process selected 32 indicators relevant to Australian paediatric care in 2012 and 2013. Medical records were identified generally Practices, the offices of general paediatricians, Emergency Departments and inpatient settings. Adherence to indicators was assessed by nine trained paediatric nurses undertaking retrospective medical history review. Medical records were reviewed in 115 healthcare sites; identifying 285 children, three-quarters aged < 1 year, who had 359 visits for management of GOR/GORD; 2250 eligible indicator assessments were performed. Estimated adherence rates are reported for 21 indicators with ≥ 25 assessments.

Five indicators recommending differential diagnostic tests (e.g., urinalysis) for infants presenting with recurrent regurgitation and poor weight gain had ~ 10% adherence; conversely, avoidance of unrecommended tests (e.g., barium swallow and meal) was high (99.8% adherence 95% CI 97.0–100).

Avoidance of prescription of acid-suppression medication for infants at the primary presentation was higher if they were healthy and thriving (86.9% adherence: 95% CI 86.0–96.8), intermediate if that they had feeding refusal (73.1%: 95% CI 56.0–86.3) and lower if they presented with irritability and unexplained crying (58.8%: 95% CI 28.2–85.0). a suggestion targeting Australian health professionals caring for infants and youngsters with GOR/GORD is warranted, highlighting the

importance of differential diagnostic testing and avoidance of acid-suppression medication in infants.

Gastro-oesophageal reflux (GOR) is that the passage of gastric contents into the Oesophagus, with or without regurgitation or vomiting. When GOR causes troublesome symptoms or complications, it are often diagnosed as gastro-oesophageal reflux disease (GORD)¹. GOR may be a normal and customary physiological condition in infants, peaking at 1–3 months aged and reducing in prevalence to 12 months and GORD a condition .

In the US, data from an administrative claims database estimated an incidence of diagnosis of GORD of 12.3% in children aged 0–1 years in 2005 (rising sharply from 3.4% in 2000), and about 1% in older children and adolescents⁴. A 2008 study of French children attending general practitioners (GPs) and paediatricians estimated GORD prevalence of 12.6% for youngsters aged 0–1 years, 4.1% for youngsters aged 2–11 years, and 7.6% for adolescents aged 12–17 years⁵. Estimates of the incidence or prevalence of GORD haven't been published for Australian children.

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