

Baby Crying? Doctors Say It May Be Acid-Reflux Disease

Wall Street Journal

Melinda Beck

July 22, 2008

Olivia Manganello was 1 month old when she started screaming, usually right after she nursed. Her family tried switching to formula, then different formulas, but nothing helped. Finally a pediatric gastroenterologist diagnosed gastroesophageal reflux disease (GERD) and put Olivia on Pepcid. "In two days, she was a completely different baby," says her mother, Trina Chiara of Avon, Conn.

Years ago, babies like Olivia were dismissed as having colic. Sometimes Valium was prescribed for their moms. Now, infants are increasingly being treated for GERD, paralleling a rise in chronic heartburn in adults. Use of proton-pump inhibitors (PPIs), the strongest acid-blocking drugs, in infants soared 750% from 1999 to 2004, according to a study of four major health plans. Some experts worry that GERD is being overdiagnosed in infants; others say it isn't being taken seriously enough.

Even the terminology is confusing. Most babies have reflux -- spitting up some liquid, since the valve separating the stomach from the esophagus isn't fully closed. It usually doesn't hurt. Experts like to say these "happy spitters" are a laundry problem, not a medical problem, and no treatment is needed. Most babies outgrow this simple gastroesophageal reflux (or GER) by the time they're about 7 months old.

GER becomes more-serious GERD if the infant won't eat and stops gaining weight, vomits blood and is extremely irritable. He may be highly sensitive to stomach acid -- "just like some adults get heartburn and call 911," says Beth Anderson, founder of the Pediatric/Adolescent Gastroesophageal Reflux Association (Pager), an information group for parents. GERD babies may also choke or aspirate liquid. Acid-reducing drugs -- which run the gamut from over-the-counter antacids to H2 acid suppressors to PPIs -- won't stop the reflux but can cut the acidity, and thus the irritability, if acid is causing the problem.

Most experts think colic is a separate issue, though it's still vaguely defined as at least three hours of crying at least three days a week for at least three weeks. Doctors theorize that it may be because of a milk allergy, gas or food not moving smoothly through immature intestines. Some 20% of babies get colic, and it's generally gone in three months -- but those can be miserable.

What's tricky is that colic and reflux can occur together. "Those babies are sometimes put on acid-reducing medications, but they don't get better," says Jeffrey S. Hyams, a pediatric gastroenterologist at Connecticut Children's Medical Center in Hartford, and Olivia Manganello's doctor. "There's no medicine for colic except time and Mother Nature." Doctors can check for abnormal acid by putting a thin tube down a baby's nose, and rule out anatomical problems with a barium X-ray. But many simply put babies on acid-reducing drugs first to see if they improve.

Critics say that leads to overtreatment. "It's the 'get the mom off my back approach,'" says Vikram Khoshoo, a pediatric gastroenterologist at West Jefferson Medical Center in New Orleans. He says 80% of reflux babies get better with time and measures such as thickening formula with cereal, avoiding cigarette smoke and reassurance.

Bryan Vartabedian, a pediatric gastroenterologist at Texas Children's Hospital, had an epiphany when his own irritable baby improved dramatically when she was treated for reflux. He thinks about half of what's considered colic may actually be undiagnosed GERD. "We should be looking for signs of treatable conditions so babies aren't suffering needlessly," he says.

Is there any harm in putting a baby on drugs for GERD if it is just colic? None are specifically approved for infants. In older children, side effects are generally mild, like nausea and diarrhea; PPIs have been linked with a risk of bone fractures in adults. But few long-term studies have been done.

Left untreated, some babies outgrow GERD, but doctors worry if it prevents an infant from eating. "Babies need to gain weight," says Dr. Hyams. "If they don't, there's something wrong."