

REFLUX - (GERD)

REFLUX or GERD (**Gastro Esophageal Reflux Disease**) is a significant problem. Many physically involved students, and students who have feeding difficulties, often have signs and symptoms of reflux.

GERD (reflux) is defined as a 'retrograde movement of the refluxate into the esophagus' (Ramasamy Manikam M.D. St. Mary's Hospital for Children) which means that the food/liquids and sometimes the acid from the stomach can flow from the stomach into the esophagus and cause pain and discomfort in the solar plexus area. Unfortunately, many of our students are unable to communicate this discomfort and sometimes we see behaviours that are a result of the discomfort and pain that the student is feeling.

Negative behaviours may include (but are not limited to):

- Crying
- Aversion to food
- Mouthing
- Throwing items
- Head banging
- Rocking
- Irritability

It is incumbent on the caregiver to be aware of symptoms and presentations of GERD. Including:

- Bad breath
- Grinding of teeth
- Cough
- Gurgly sounds in chest/throat area
- Poor weight gain
- Difficulty sleeping
- Dental caries
- Oral thrush
- Chronic chest and/or ear infections e.g. asthma
- Vomiting
- Aspiration pneumonia
- Feeding aversion
- Anemia
- Arching of the back during or after mealtimes
- Constipation
- Sleep apnea - waking in the night, sleep disturbance
- Re-swallowing (multiple swallows)

- Increased drooling/salivation
- Hoarse voice quality

If your student is demonstrating several of the symptoms listed above, they should be seen by a doctor to rule out GERD concerns.

Remember, even students who are tube fed can suffer from GERD.

TREATMENTS CAN INCLUDE

Conservative Treatment

- **Positioning** -
 - night time positioning includes elevation of the head of the bed
 - upright positioning during mealtimes
 - remaining seated (upright) for a period of time after a meal



Students can participate in a leisure activity while remaining seated upright for a period of time after a meal.



Some students require upright positioning during mealtimes as well as extra head or chin support.

- **Mealtime Management** -
 - Feeding schedules changed to include several smaller meals in day rather than 3 larger ones
 - Tube feeding rates can be reduced to alleviate reflux concerns

Pharmacologic Treatment:

- Drug therapy including Prokinetic drugs, or antacid drugs must be prescribed by a doctor

Surgical:

- In some extreme cases, a fundoplication is recommended. This procedure wraps part of the stomach around the esophagus in order to tighten the lower esophageal sphincter. Students who are tube fed may require a J tube and continuous feed to help eliminate GERD concerns.