

# Reducing the Use of Acid Blockers and Motility Agents for the Treatment of Gastroesophageal Reflux (GER) in Healthy Infants: A Survey

## Choosing Wisely Recommendation

Do not routinely use acid blockers or motility agents for the treatment of gastroesophageal reflux in infants.

## Practice Points

1. Gastroesophageal reflux (GER) is common and benign in otherwise healthy infants, who are gaining weight appropriately.
2. GER is self-limiting and gets better with time.
3. Anti reflux medications are associated with increased risk of pneumonia, gastroenteritis, and the development of allergies.
4. Between 2014–2016, 150 prescriptions were recorded by the NLPDP for ranitidine and omeprazole in infants. We estimate over 300 prescriptions for these agents are dispensed annually for healthy infants in the province.

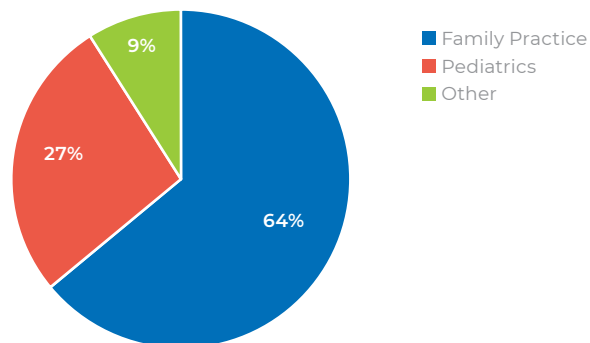
## Methods (PIs: Drs. T. Dyer, L. Newhook and P. Sathya)

1. A survey about current knowledge and use of medications for GER in infancy was sent to physicians across Newfoundland and Labrador (Family Physicians, Pediatricians, Pediatric Surgeons, ENT Surgeons). 107 respondents answered at least one question.

## Results

- 24% of respondents were unfamiliar with adverse effects of anti reflux medications in infants.
- 63% reported pressure from parents to prescribe medication for healthy infants with GER.
- Factors influencing decision to prescribe medications for infants with GER included parental anxiety (27% of respondents) and repeat visits to clinic (28% of respondents).

## Respondant Specialty



## Conclusions

1. GER in infants is a concern for parents.
2. Parent education and reassurance is recommended rather than prescribing medications.
3. Educational materials developed by Pediatric specialists at the Janeway and Memorial University are available for health care professionals in NL to aid in parent education.