

Pharmacologic Tx should be used sparingly for reflux in preemies

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supported and they usually improve over time without the need for treatment. There is considerable variability in diagnosis and treatment of GER among preterm infants as [diagnosis](#) is usually made in the absence of definitive tests. Conservative measures to control reflux have not been shown to reduce clinically assessed signs of GER. There is a lack of evidence for efficacy of pharmacologic agents and emerging evidence of significant harm; consequently, these agents should be used sparingly, if at all.

"GER is almost universal in [preterm infants](#)," the authors write. "As such, it is a normal developmental phenomenon that will resolve with maturation."

More information: [Abstract/Full Text](#)

(HealthDay)—Conservative measures to control reflux have limited effect on signs of gastroesophageal reflux (GER) in preterm infants, and pharmacologic treatments should be used sparingly, according to a clinical report published online June 18 in *Pediatrics*.

Eric C. Eichenwald, M.D., from the Children's Hospital of Philadelphia, and colleagues from the American Academy of Pediatrics' Committee on Fetus and Newborn discuss diagnosis and management of GER among preterm [infants](#).

The authors note that most GER episodes among preterm infants are only weakly acidic due to their lower gastric acidity and frequent milk feedings, reducing the likelihood of esophageal injury. Signs commonly attributed to GER in preterm infants include feeding intolerance or aversion, poor weight gain, frequent regurgitation, apnea, and desaturation and bradycardia, and behavioral signs; however, the temporal association of these perceived signs with reflux episodes is not

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