



REVIEW ARTICLE

Gastroesophageal reflux disease: exaggerations, evidence and clinical practice[☆]

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KEYWORDS

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Abstract

Objective: there are many questions and little evidence regarding the diagnosis and treatment of gastroesophageal reflux disease (GERD) in children. The association between GERD and cow's milk protein allergy (CMPA), overuse of abdominal ultrasonography for the diagnosis of GERD, and excessive pharmacological treatment, especially proton-pump inhibitors (PPIs) are some aspects that need clarification. This review aimed to establish the current scientific evidence for the diagnosis and treatment of GERD in children.

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Proton pump inhibitors;
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PALAVRAS-CHAVE

Doença do refluxo gastroesofágico;
Refluxo gastroesofágico;
Inibidores de bomba de prótons;
Inibidores da bomba de prótons/uso terapêutico;
Lactente;
Criança

Data source: a search was conducted in the MEDLINE, PubMed, LILACS, SciELO, and Cochrane Library electronic databases, using the following keywords: gastroesophageal reflux; gastroesophageal reflux disease; proton-pump inhibitors; and prokinetics; in different age groups of the pediatric age range; up to May of 2013.

Data synthesis: abdominal ultrasonography should not be recommended to investigate gastroesophageal reflux (GER). Simultaneous treatment of GERD and CMPA often results in unnecessary use of medication or elimination diet. There is insufficient evidence for the prescription of prokinetics to all patients with GER/GERD. There is little evidence to support acid suppression in the first year of life, to treat nonspecific symptoms suggestive of GERD. Conservative treatment has many benefits and with low cost and no side-effects.

Conclusions: there have been few randomized controlled trials that assessed the management of GERD in children and no examination can be considered the gold standard for GERD diagnosis. For these reasons, there are exaggerations in the diagnosis and treatment of this disease, which need to be corrected.

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Doença do refluxo gastroesofágico: exageros, evidências e a prática clínica

Resumo

Objetivo: há muitas dúvidas e poucas evidências para o diagnóstico e tratamento da doença do refluxo gastroesofágico (DRGE) na criança. A relação entre a DRGE e a alergia às proteínas do leite de vaca (APLV), o uso exagerado da ultrassonografia abdominal para diagnóstico da DRGE e o excesso de medicamentos, especialmente dos inibidores de bomba de prótons (IBP), são alguns aspectos que necessitam esclarecimentos. Esta revisão tem como objetivo estabelecer as evidências científicas atuais para o diagnóstico e tratamento da DRGE em pediatria.

Fontes dos dados: foram pesquisadas nas bases de dados eletrônicos do Medline, Pubmed, Lilacs, Cochrane Library e Scielo, nas diferentes faixas etárias da pediatria, até maio de 2013, as seguintes palavras-chave: refluxo gastroesofágico, doença do refluxo gastroesofágico, inibidores da bomba de prótons e procinéticos.

Síntese dos dados: a ultrassonografia de abdome não deve ser recomendada para pesquisa de refluxo gastroesofágico (RGE). O tratamento simultâneo da DRGE e da APLV induz, muitas vezes, ao uso desnecessário de medicação ou dieta de exclusão. Não existem evidências suficientes para prescrição de procinéticos em todos os portadores de RGE/DRGE. Poucas evidências fornecem suporte para a supressão ácida, no primeiro ano de vida, para tratamento de sintomas inespecíficos, sugestivos de DRGE. O tratamento conservador traz muitos benefícios e poucos gastos, sem efeitos colaterais.

Conclusões: existem poucos estudos controlados e randomizados que avaliam a DRGE na criança e nenhum exame pode considerado padrão-ouro para o seu diagnóstico. Por esses motivos, ocorrem exageros no diagnóstico e no tratamento dessa doença, e que necessitam ser corrigidos.

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Introduction

Gastroesophageal reflux (GER) is a condition that most commonly affects the esophagus, and is one of the most frequent complaints in centers of pediatrics and pediatric gastroenterology.¹⁻³

According to the latest guidelines from the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN) and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN), published in 2009, GER is the passage of the gastric contents into the esophagus, with or without regurgitation and/or vomiting.¹ It is a normal, physiological process, which occurs several times a day in infants, children, adolescents, and adults, when it causes few or no symptoms.¹ Conversely, it may represent a pathological

condition named gastroesophageal reflux disease (GERD), when it causes symptoms or complications that are associated with significant morbidity.^{1,3} These concepts were recently reinforced in April of 2013 by a new guideline that emphasizes important concepts for the general pediatrician.³

The variability of the clinical manifestations and outcome, the lack of a system that allows patient classification, and the lack of specific diagnostic tests, result in confusion regarding the diagnosis and treatment of GER and GERD in children. For this reason, definition of the basic concepts such as GER and GERD, as well as understanding regarding the different diagnostic methods and therapeutic options, are of utmost importance for the proper guidance of these patients. This is especially true because parents commonly seek pediatric care, as most infants regurgitate in the first

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