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ORIGINAL ARTICLE

Knowledge and practice of Brazilian pediatricians on gastroesophageal reflux disease in infants

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KEYWORDS

Gastroesophageal
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Health knowledge,
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Abstract

Objective: To assess the knowledge and practice of pediatricians about infants with physiological reflux and gastroesophageal reflux disease.

Methods: 140 pediatricians were interviewed during two scientific events in 2009 and 2010. The questions referred to two clinical cases of infants. One with symptoms of infant regurgitation (physiological reflux) and another with gastroesophageal reflux disease.

Results: Among 140 pediatricians, 11.4% (n=16) and 62.1% (n=87) would require investigation tests, respectively for infant regurgitation (physiological reflux) and gastroesophageal reflux disease. A series of upper gastrointestinal exams would be the first requested with a higher frequency. Medication would be prescribed by 18.6% (n=6) in the case of physiological reflux and 87.1% (n=122) in the case of gastroesophageal reflux disease. Prokinetic drugs would be prescribed more frequently than gastric acid secretion inhibitors. Sleeping position would be recommended by 94.2% (n=132) and 92.9% (n=130) of the respondents, respectively for the case of physiological reflux and gastroesophageal reflux disease; however, about half of the respondents would recommend the prone position. Only 10 (7.1%) of the pediatricians would exclude the cow's milk protein from the infants' diet.

Conclusions: Approaches different from the international guidelines are often considered appropriate, especially when recommending a different position other than the supine and prescription of medication. In turn, the interviews enable us to infer the right capacity of the pediatricians to distinguish physiologic reflux and gastroesophageal reflux disease correctly.

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PALAVRAS-CHAVE

Refluxo
gastroesofágico;
Vômito;
Lactente;
Fórmulas infantis;
Prática profissional;
Conhecimentos,
atitudes e prática em
saúde

Conhecimento e prática de pediatras brasileiros sobre a doença do refluxo gastroesofágico em lactentes**Resumo**

Objetivo: Avaliar o conhecimento e a prática de pediatras brasileiros na assistência ao lactente com refluxo fisiológico e doença do refluxo gastroesofágico.

Métodos: Foram entrevistados 140 médicos pediatras em dois eventos científicos realizados em 2009 e 2010. As perguntas referiam-se a dois casos clínicos de lactentes, um com quadro compatível com regurgitação do lactente (refluxo fisiológico) e outro com doença do refluxo gastroesofágico.

Resultados: Dos 140 participantes, 11,4% (n=16) e 62,1% (n=87) solicitariam exame para lactentes, respectivamente, com refluxo fisiológico e doença do refluxo gastroesofágico. O primeiro exame solicitado com maior frequência seria a radiografia contratada de esôfago, estômago e duodeno. Medicação seria prescrita por 18,6% (n=26) para o caso de refluxo fisiológico e 87,1% (n=122) para o caso de doença do refluxo gastroesofágico. Procinéticos seriam prescritos com maior frequência do que os redutores da secreção ácida gástrica. Prescrição de posição para dormir fez parte das recomendações de 94,2% (n=132) e 92,9% (n=130) dos entrevistados, respectivamente, para os casos de refluxo fisiológico e doença do refluxo gastroesofágico, entretanto, cerca da metade dos entrevistados não recomendaria o decúbito dorsal. Prescrição de dieta de exclusão do leite de vaca para um lactente com quadro de doença do refluxo gastroesofágico seria prescrita por apenas 10 (7,1%) dos participantes.

Conclusões: Condutas diferentes das diretrizes internacionais são frequentemente consideradas adequadas, especialmente quanto à recomendação de posição diferente do decúbito dorsal e prescrição de medicamentos. As respostas permitem inferir a capacidade de correta diferenciação entre refluxo fisiológico da doença de refluxo gastroesofágico. © 2014 Sociedade de Pediatria de São Paulo. Publicado por Elsevier Editora Ltda. Todos os direitos reservados.

Introduction

Vomiting and regurgitation frequently occur in infants, particularly in the first semester of life.¹ Most cases are caused by physiological reflux.^{2,3} On the other hand, gastroesophageal reflux disease (GERD) is characterized by varied and nonspecific clinical manifestations, not necessarily restricted to the digestive tract.³ The borderline between infant regurgitation and gastroesophageal reflux disease is not always easily defined and its differentiation is often a challenge when assisting the infant.^{2,3} In this context, there is a growing concern about excessive test requests and medication prescriptions for healthy infants who have regurgitation that is not caused by gastroesophageal reflux disease.²⁻⁵ On the other hand, GERD has varied symptoms, and if not properly managed, it can cause morbidity.²⁻⁴

Guidelines for the care of infants with gastroesophageal reflux have been published in recent decades, with changes in the diagnostic and therapeutic recommendations.^{2,3,6,7} In 2007, an article was published based on surveys carried out with professionals in North America, showing that despite the existence of several guidelines, many infants with physiological gastroesophageal reflux are still being treated in North America as if they had GERD.⁸

Considering that surveys with professionals allow the guidance of continuing medical education programs, this study aimed to evaluate the knowledge and practice of Brazilian pediatricians when treating infants with physio-

logical reflux (infant regurgitation) and gastroesophageal reflux disease.

Method

Data collection was carried out in two scientific events held in October 2009 and March 2010. A total of 140 physicians were interviewed, 121 (86.4%) of which were females, after being randomly invited to participate. Regarding the year of graduation from Medical School, 56 had graduated after 2005, 34 had graduated between 2000 and 2005, and 50 had graduated before 2000. All the participants signed the Free and Informed Consent Form after being informed about the purpose of the research. The project was approved by the Ethics Committee of Universidade Federal de São Paulo - Hospital São Paulo.

Regarding the place where the physicians worked, 107 (76%) respondents worked in the Southeast region, mostly in the state of São Paulo (66 in the capital city and 32 in the countryside). The other participants worked in the Northeast (n=8; 6%), South (n=9; 6.5%), North (n=7; 5.5%) and Central-West (n=8; 6%) regions.

The questions were formulated based on clinical scenarios similar to those previously used in the literature:⁸

- Clinical scenario 1 (expectation that a diagnosis of regurgitation in infants or “physiological reflux” was estab-

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