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To investigate the diagnosis and management of common functional gastrointestinal disorders (FGIDs) and their effect on the quality of life in infants 0–6 months

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Infants complete a significant portion of their development after they are born, including that of their digestive system⁽¹⁾. As a result, many infants experience a number of digestive and feeding difficulties in early life. The term functional gastrointestinal disorders (FGIDs) refers to a diverse group of recurrent symptoms and feeding problems⁽²⁾.

The aim of this study is to investigate methods of diagnosis⁽³⁾ and recommendations for first line treatment in the management of common FGIDs in infants 0–6months and then to further assess the attitudes of healthcare professionals towards the effect that FGIDs have on the quality of the infant’s and the wider family’s life.

Healthcare professionals (general practitioners (26), public health nurses (29), practice nurses (13) and other (8)) completed either a hard copy or online questionnaire including a total of 17 questions. A total of 76 questionnaires were completed and further analysed.

Out of the three most prevalent FGIDs; colic, constipation and reflux/regurgitation⁽⁴⁾, colic was viewed as the most prevalent condition with 45 % of healthcare professionals (HCPs) deeming it as the most common, followed by reflux/regurgitation at 38 % and constipation at 17 %. However, 88 % of participants were not aware of the ROME⁽³⁾ criteria for the diagnosis of FGIDs.

	Formula Fed												Breast Fed											
	1st Line Treatment						2nd Line Treatment						1st Line Treatment				2nd Line Treatment							
	n	a	b	c	d	e	f	n	a	b	c	d	e	f	n	a	b	c	d	n	a	b	c	d
Colic	68	6	16	4	66	6	2	62	11	39	15	19	11	5	68	9	84	7	0	57	42	21	21	16
Constipation	70	9	17	4	66	3	1	63	16	37	13	19	5	10	67	11	82	4	3	49	47	21	18	14
Reflux	68	10	21	3	65	1	0	65	15	48	14	12	5	6	67	16	75	6	3	58	50	26	12	12

Formula Fed: a = Medicinal treatment, b = Formula change, c = Both medicine and formula change, d = Parental reassurance/guidance, e = No action, f = Other.

Breast Fed: a = Medicinal treatment, b = Parental reassurance/guidance, c = No action, d = Other.

The most prevalent first line treatment for colic, constipation and reflux in both formula fed (FF) and breast fed (BF) infants was parental reassurance. The most common secondary treatment for FF infants was a change in formula while for BF infants it was medicinal treatment.

When asked whether colic, constipation and reflux/regurgitation impacted quality of life for the infant, main care giver and entire family home, colic was deemed to give the most negative impact with 82 %, 92 % and 82 % respectively believing it affects quality of life. For constipation, 82 %, 70 % and 38 % of HCPs deemed it as having a negative impact on the quality of life for the infant, main care giver and entire family home respectively, while reflux/regurgitation was viewed to impact quality of life negatively by 78 %, 43 % and 52 % respectively.

This study suggests that in a sample of Irish HCPs a strong belief in the use of parental reassurance for first line treatment of FGIDs, poor knowledge of FGID diagnosis criteria and a good awareness of the effect they have on quality of life.

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