NICE National Institute for Health and Care Excellence

2018 surveillance of gastro-oesophageal reflux disease in children and young people: diagnosis and management (NICE guideline NG1)

Surveillance report

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Surveillance decision

We will not update the guideline on gastro-oesophageal reflux disease in children and young people.

We considered this guideline alongside related guidelines.

We will not update the following guideline:

- Acute upper gastrointestinal bleeding in over 16s: management (NICE guideline CG141)

We will update the following guideline:

- Barrett's oesophagus: ablative therapy (NICE guideline CG106)

See the webpages for each guideline for the surveillance decisions for these guidelines.

Reasons for the decision

We found new evidence that was consistent with current recommendations on diagnosing and investigating gastro-oesophageal reflux disease (GORD).

Sleeping position

Evidence suggested that reflux may be reduced in infants in lateral sleeping positioning, which was consistent with evidence considered when developing the guideline. However, the committee did not recommend lateral positioning because it thought that government advice on placing infants on their back should be followed because it reduces the risk of sudden infant death syndrome.

Alginates and feed thickeners

One small study suggested that alginate was more effective than feed thickeners for reducing reflux, and feed thickeners were more effective than advice and lifestyle changes. The order of interventions recommended in the guideline is firstly advice and

lifestyle changes, followed by feed thickeners, and then alginate. The new evidence was considered to be insufficient to trigger an update to reassess the order of these interventions, which were made on the basis that the least intrusive and cheaper options should be offered first. New evidence was insufficient to guide the choice of specific feed thickeners.

Proton pump inhibitors

New evidence on effectiveness and safety of proton pump inhibitors (PPIs) and histamine 2 receptor antagonists (H_2RAs) generally supports current guidance. Evidence suggests a substantial risk of overdose with ranitidine in children, which the report noted may be due to a liquid formulation with a high concentration of ranitidine. NICE guidelines assume that prescribers will use a medicine's summary of product characteristics (SPC), the British National Formulary (BNF) and the BNF for children to inform decisions made with individual patients. The evidence reinforces the need to follow the SPC carefully, but has no direct impact on using ranitidine in children.

Enteral feeding and surgery

New evidence on enteral feeding and surgery for GORD suggests that both treatments may be effective. The findings support current recommendations for enteral feeding in children with faltering growth associated with overt regurgitation and fundoplication for children with severe intractable GORD.

Premature babies and neurodisability

Topic expert feedback indicated that further guidance was needed on interventions suitable for premature babies and children with neurodisability. Few new studies in these populations were identified and the new evidence was insufficient to inform new recommendations.

For further details and a summary of all evidence identified in surveillance, see appendix A.

Overview of 2018 surveillance methods

NICE's surveillance team checked whether recommendations in gastro-oesophageal reflux disease in children and young people: diagnosis and management (NICE guideline NG1) remain up to date.

The surveillance process consisted of:

- Initial feedback from topic experts via a questionnaire.
- Input from stakeholders on known variations in practice and policy priorities.
- Literature searches to identify relevant evidence.
- Assessing the new evidence against current recommendations and deciding whether or not to update sections of the guideline, or the whole guideline.
- Consulting on the decision with stakeholders, except if we propose to update and replace the whole guideline.
- Considering comments received during consultation and making any necessary changes to the decision.

For further details about the process and the possible update decisions that are available, see ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual.

Evidence considered in surveillance

Search and selection strategy

We searched for new evidence related to the whole guideline. We found 38 studies in a search for randomised controlled trials, systematic reviews and observational studies published between 1 March 2014 and 13 June 2018. We also included 1 relevant study from a total of 13 identified by topic experts. We considered a total of 39 studies to be relevant to the guideline.

See appendix A: summary of evidence from surveillance for details of all evidence

considered, and references.

Ongoing research

We checked for relevant ongoing research, none was assessed as having the potential to change recommendations.

Intelligence gathered during surveillance

Views of topic experts

We sent questionnaires to 7 topic experts and received 5 responses. The topic experts were recruited to the NICE Centre for Guidelines Expert Advisers Panel to represent their specialty.

Food allergy

Topic experts indicated that the guideline should cover recognition and management of food allergy as a cause of GORD in children. However, the guideline cross-refers to NICE's guideline on food allergy in several places. Therefore, an update of the guideline on GORD in children is not necessary.

Non-drug interventions

Topic experts noted that the guideline should have more focus on non-drug interventions such as lifestyle modifications, positioning, food thickeners, and breastfeeding. The guideline already includes recommendations in these areas but new evidence identified through surveillance did not suggest that current recommendations need to change.

Drug interventions

Topic experts suggested that guidance on whether to choose PPIs or H_2RAs would be useful. However, none of the evidence identified in surveillance was sufficient to trigger an update.

Topic expert feedback also noted that in children the dosage of ranitidine is based on the child's weight, and that if the dose is not adjusted upwards as the child gains weight, the

treatment may become ineffective. NICE guidelines assume that prescribers will use a medicine's SPC to inform decisions made with individual patients. This includes adjusting weight-based dosages according to the child's current weight.

Premature babies and children with neurodisability

Topic expert feedback indicated that further guidance was needed on interventions suitable for premature babies and children with neurodisability. Few new studies in these populations were identified and the new evidence was insufficient to inform new recommendations.

Views of stakeholders

Stakeholders are consulted on all surveillance decisions except if the whole guideline will be updated and replaced. Because this surveillance decision was to not update the guideline, we consulted on the decision.

Overall, 4 stakeholders commented. Two stakeholders represented government organisations and 2 stakeholders represented medical societies. Two stakeholders provided a general response that they had no comments. One stakeholder agreed with the decision to not update the guideline. One stakeholder disagreed with the decision to not update the guideline.

The issues raised by the stakeholder were that the guideline should cover use of thickeners in breast milk and that it should not recommend use of alginate therapy.

There was no evidence identified to support the use of thickeners in breast milk. The existing recommendation to try alginate therapy is restrictive in the population and duration of use. Additionally, surveillance identified a Cochrane review that supports the current recommendation, so no update was thought to be needed.

See appendix B for full details of stakeholders' comments and our responses.

See ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual for more details on our consultation processes.

Equalities

No equalities issues were identified during the surveillance process.

Editorial amendments

During surveillance of the guideline we identified the following points in the guideline that should be amended.

- A footnote should be added to recommendations 1.3.1–1.3.6 to refer to MHRA drug safety updates for PPIs.
- Recommendation 1.3.7 should be amended to reflect the strength of MHRA advice restricting the use of domperidone and metoclopramide.

Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided that no update is necessary.

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