COMMON GI CONDITIONS IN PEOPLE WITH DEVELOPMENTAL DISABILITIES: DYSPHAGIA

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PRIMARY SOURCE MATERIAL:

"Gastrointestinal and nutritional problems in severe developmental ability."
Somerville, et al.

Developmental Medicine and Child Neurology 2008;50: 712-716.

- ▶ 459 (294 children) and (158 adults) with severe developmental disability presented to a multidisciplinary clinic with the following high risk factors:
 - ▶ 182/294 children and 86/158 adults with cerebral palsy
 - ▶ 90% wheelchair dependent and dependent on caregivers for feeding
 - ▶ 60% of adults/children with seizure disorder

High risk for swallowing problems:

- ▶ Pulmonary aspiration in 41% of children and 47% adults
- ► Chronic esophagitis and H. pylori in 57% of 182 children and 47% of adults (found by endoscopy).

 WHY IS IT IMPORTANT TO REDUCE DYSPHAGIA (DIFFICULTY SWALLOWING) IN CHILDREN AND ADULTS WITH SEVERE NEUROLOGIC IMPAIRMENT?

DYSPHAGIA DUE TO POOR COORDINATION OF SWALLOWING CAN LEAD TO REDUCED FOOD INTAKE AND MALNUTRITION

RECURRENT PULMONARY ASPIRATION CAN LEAD TO PNEUMONIA, CHRONIC LUNG DISEASE, WORSENING OF ASTHMA AND/OR CHRONIC REFLUX ESOPHAGITIS

OR....IN SOME CASES, BARRETT'S ESOPHAGITIS AND/OR ESOPHAGEAL CANCER

• MOST PATIENTS IMPROVED WITH SIMPLE INTERVENTIONS....

.....HOWEVER....

(100%)

GASTROSTOMY WAS
RECOMMENDED
IN 140/294 (50%) CHILDREN AND
PERFORMED IN 91(30%)
AND
GASTROSTOMY RECOMMENDED IN
TEN ADULTS AND PERFORMED IN 10

MANAGEMENT OF CHRONIC DYSPHAGIA, ASPIRATION AND SWALLOWING

ONE OF THE PRIMARY GOALS OF TREATMENT IS TO PREVENT OR SLOW THE DEVELOPMENT OF BARRETT'S ESOPHAGUS BY TREATING AND CONTROLLING ACID REFLUX.

THIS IS DONE WITH LIFESTYLE CHANGES AND MEDICATION.

LIFESTYLE CHANGES INCLUDE TAKING STEPS SUCH AS:
MAKE CHANGES IN YOUR DIET. FATTY FOODS, CHOCOLATE, CAFFEINE, SPICY
FOODS, AND PEPPERMINT CAN AGGRAVATE REFLUX.
AVOID ALCOHOL, CAFFEINATED DRINKS, AND TOBACCO.
LOSE WEIGHT.

BEING **OVERWEIGHT** INCREASES RISK FOR REFLUX.

with head of bed elevated



Diet for moderate to severe acid reflux

To control symptoms, can start by eliminating the following foods from your diet:

- •High-fat foods. Fried and fatty foods can cause the LES to relax, allowing more stomach **acid** to back up into the esophagus. ...
- •Tomatoes and citrus fruit. ...
- •Chocolate. ...
- •Garlic, onions, and spicy foods. ...
- •Caffeine. ...
- •Mint. ...
- •Other options.

How do PPI's work?

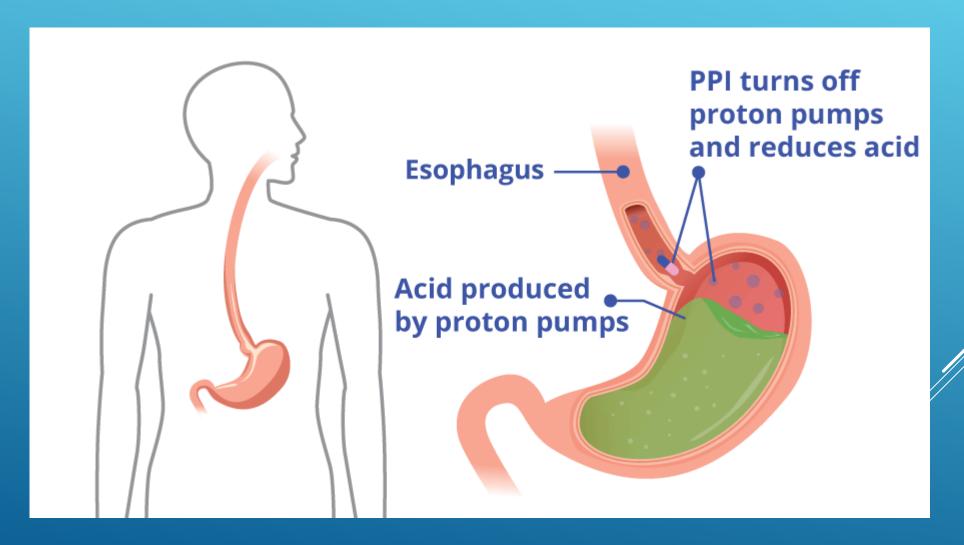


Table 2. Proton	Pump Inhibito	rs: High and	Low Doses
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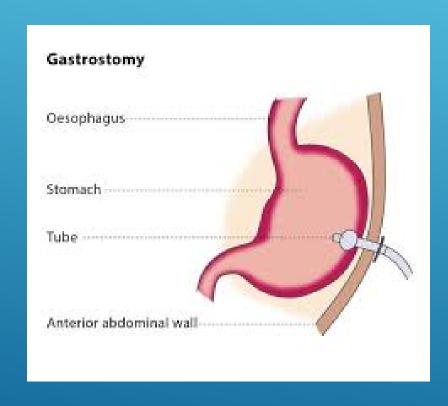
Proton Pump Inhibitors	Low Dose, mg/d	High Dose, mg/d
Omeprazole	20	40 to 80
Esomeprazole	20	40 to 80
Pantoprazole	40	80
Rabeprazole	20	40
Lansoprazole	15	60
Dexlansoprazole	30	60

Although PPIs have had an encouraging safety profile, recent studies regarding the long-term use of PPI medications have noted potential adverse effects, including risk of fractures, pneumonia, Clostridium difficile diarrhea, hypomagnesemia, vitamin B₁₂ deficiency, chronic kidney disease, and dementia.

ZANTAC (RANITIDINE) RECALL FDA has advised companies to recall their ranitidine if testing shows levels of NDMA above the acceptable daily intake (96 nanograms per day or 0.32 parts per million for ranitidine). ...

Patients taking prescription ranitidine who wish to stop should talk to their health care professional about other treatment options. WHEN PRECEDING MEASURES FAIL, A GASTROSTOMY IS CONSIDERED

WHAT IS A GASTROSTOMY?



Gastrostomy is performed because a patient temporarily or permanently needs to be fed directly through a tube in the stomach. Reasons for feeding by gastrostomy include birth defects of the mouth, esophagus, or stomach, and problems sucking or swallowing.

https://mail.google.com/mail/u/0/#search/gastrostomy/KtbxLzGXCJPdMtcsLWkZHhZVcdMppsWqMg?projector=1

SUCCESTIONS S