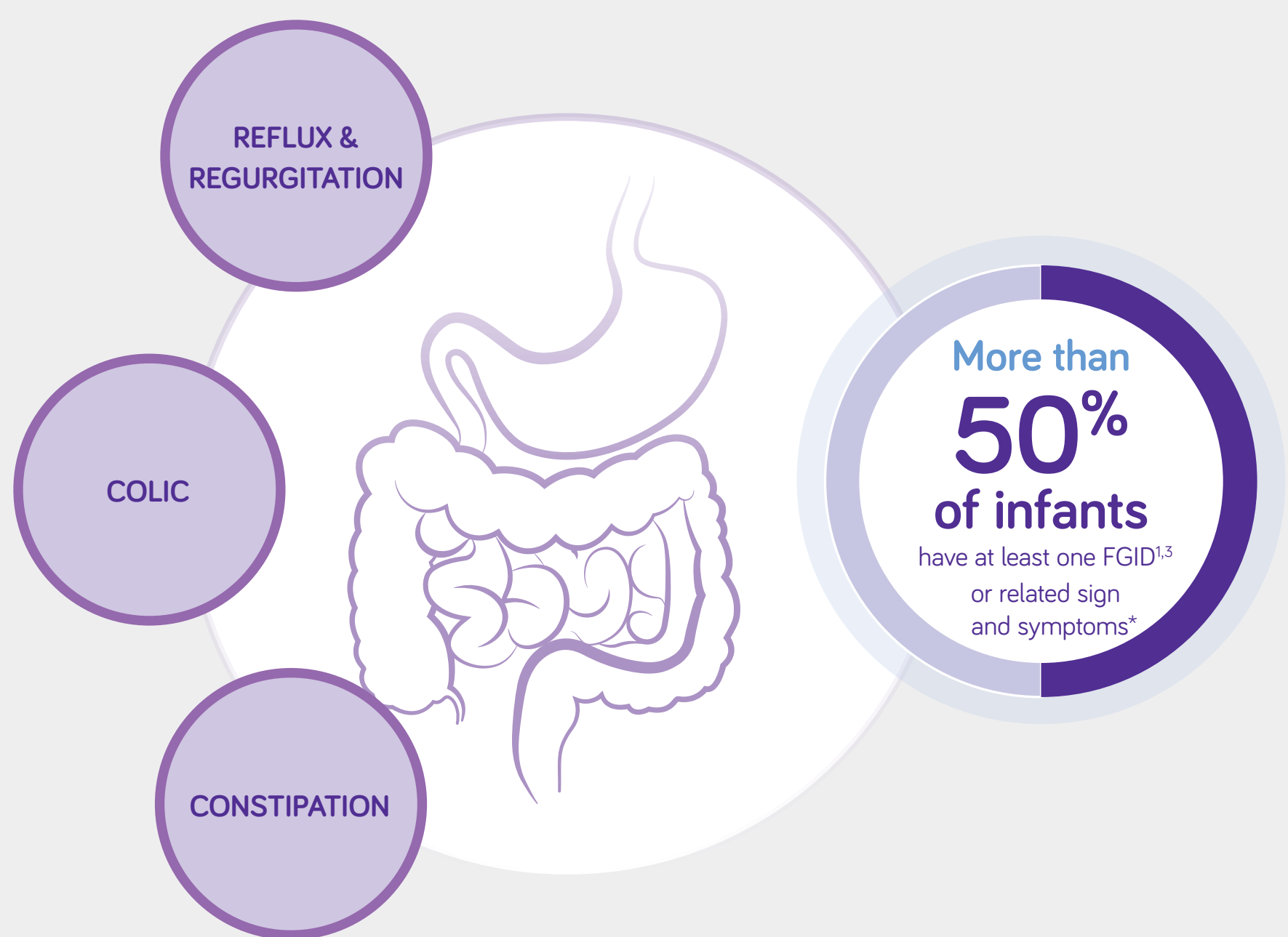


# THE NUTRITIONAL APPROACH TO FUNCTIONAL GASTROINTESTINAL DISORDERS (FGIDs)

In the first year of life, infants are prone to FGIDs, such as colic, constipation and regurgitation causing gastrointestinal (GI) symptoms, which can be extremely distressing for both the infant and the concerned parents.<sup>1,2</sup>



## THE IMPACT OF FGIDs

### INFANT'S SHORT- AND LONG-TERM HEALTH<sup>3,5</sup>

Some studies have shown that FGIDs, especially colic may have an impact later on in childhood, such as future GI problems or behavioural/developmental problems.<sup>3,5</sup>

### FAMILY QUALITY OF LIFE<sup>4,6,7</sup>

Symptoms can lead to discomfort and crying for the infant and parental anxiety and distress.<sup>4,6,7</sup>

### PUBLIC HEALTHCARE COSTS<sup>1</sup>

Up to **28% of infant visits** to the paediatrician are for gastrointestinal symptoms.<sup>8</sup>  
Pharmacological therapy is seldom required for other FGIDs than constipation.<sup>6</sup>  
Medications are unnecessarily prescribed to some infants which can be potentially detrimental to patient health outcomes, whilst adding further healthcare costs.<sup>1</sup>

## NUTRITIONAL MANAGEMENT

Guidelines recommend parental reassurance and nutritional advice as first line to optimise the management of FGIDs in infants<sup>6,9-11</sup>

This could help achieve a 'virtuous circle' of reduced infant distress, settled and confident parents and, last but not least, more relaxed consultation frequency and less healthcare system costs.<sup>6</sup>



## CLINICALLY PROVEN NUTRITIONAL SOLUTIONS



### Breastmilk is best

Breastmilk has been shown to directly impact a child's developing digestive system and is considered the most suitable nutrition for infants. Breastfeeding should be recommended and supported, even when infants display persistent and severe FGIDs.<sup>6</sup>

### In formula-fed infants

In formula-fed infants with persisting symptoms, special infant formulas with proven effects may be considered if reassurance and advice on nutrition, based on the proper volume and frequency of milk intake, fail.<sup>6</sup>

**78% Reduction\***  
in regurgitation episodes

In a study in infants with recurrent regurgitation, infants who received a thickened anti-regurgitation formula containing carob bean gum had a **78% lower frequency of regurgitation episodes** compared to infants on a standard formula without thickener.<sup>12</sup>

**70% Reduction\***  
in colic episodes

In another study among infants diagnosed with infantile colic, those receiving a partially hydrolysed formula with reduced lactose,  $\beta$ -palmitate and scGOS/ lcFOS, demonstrated a **70% reduction in colic** after two weeks compared to 39% in infants given standard formula with added simethicone.<sup>13</sup>

## When FGIDs are present in early life, think NUTRITION FIRST



By offering appropriate advice and reassurance to parents, accompanied by proper nutritional guidance, healthcare professionals can help to reduce infants' distress, parental anxiety and improve the quality of life for the family while protecting healthcare budgets<sup>6</sup>



Learn more about  
**NUTRITION FIRST** here

**IMPORTANT NOTICE:** Breastfeeding is best for babies. Comfort formula and anti-regurgitation (AR) formula are Foods for Special Medical Purposes (FSMP) for the dietary management of colic and constipation, and of regurgitation, respectively. They should only be used under medical supervision, after full consideration of feeding options available including breastfeeding.

1. Mahon J, et al. BMJ Open. 2017;7(11):e015594. 2. Vandenplas Y, et al. Pediatr Gastroenterol Hepatol Nutr. 2019;22(3):207-216. 3. Glanville J, et al. BMJ Open. 2016;6(8):e011475. 4. Kaley F, et al. Infant Ment Health J. 2011;32(5):526-541. 5. Vandenplas Y, et al. J Pediatr Gastroenterol Nutr. 2015;61(5):531-7. 6. Salvatore S, et al. Acta Paediatr. 2018;107(9):1512-1520. 7. Daelemans S, et al. F1000Research. 2018;7. 8. Bellaiche M, et al. Acta Paediatr. 2018;107:1276-82. 9. Vandenplas Y, et al. Acta Paediatr Int J Paediatr. 2016;105(3):244-252. 10. Benninga MA, et al. Gastroenterology. 2016;S0016-5085(16)00182-7. 11. Rosen R, et al. J Pediatr Gastroenterol Nutr. 2018;66(3):516-554. 12. Wenzl TG, et al. Pediatrics. 2003;111(4 Pt 1):e355-e359. 13. Savino F, et al. Eur J Clin Nutr. 2006;60(11):1304-10.

\* special formula with fiber thickener from natural origin versus standard formula.

\*\* with special formula after two weeks.