

Appendix B: Stakeholder consultation comments table

2018 surveillance of NG1 Gastro-oesophageal reflux disease in children and young people: diagnosis and management (2015)

Consultation dates: 12 to 26 October 2018

Do you agree with the proposal to not to update the guideline?			
Stakeholder	Overall response	Comments	NICE response
Department of Health and Social Care	Not answered	I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding these consultations.	Thank you for your comment.
NHS England	Not answered	No comments have been received from NHS England colleagues	Thank you for your response.
Royal College of Paediatrics and Child Health	Yes	No comments provided	Thank you for your response.

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British Specialist Nutrition Association	No	No comments provided	Thank you for your response.
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NG1

Do you agree with the proposal to amend the wording of recommendation 1.3.7 to reflect the strength of MHRA advice restricting the use of domperidone and metoclopramide?

Stakeholder	Overall response	Comments	NICE response
Department of Health and Social Care	Not answered	No comments provided	Thank you for your response.
NHS England	Not answered	No comments provided	Thank you for your response.
Royal College of Paediatrics and Child Health	Yes	No comments provided	Thank you for your response.
British Specialist Nutrition Association	Yes	No comments provided	Thank you for your response.

Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
Department of Health and Social Care	Not answered	No comments provided	Thank you for your response.

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NHS England	Not answered	No comments provided	Thank you for your response.
Royal College of Paediatrics and Child Health	No	No comments provided	Thank you for your response.
British Specialist Nutrition Association	Yes	<p>We would like to comment on recommendation 1.2.4. which currently mentions: “In breast-fed infants with frequent regurgitation associated with marked distress that continues despite a breastfeeding assessment and advice, consider alginate therapy for a trial period of 1–2 weeks.”</p> <p>We recommend this should be amended to:</p> <p>“In breast-fed infants with frequent regurgitation associated with marked distress that continues despite a breastfeeding assessment and advice, consider a feed thickener such as carob bean gum or xanthan gum to thicken breastmilk. Carob bean gum is approved for infants after 42 weeks gestation and xanthan gum is approved in infants after 1 year old.”</p> <p>The recent NASPGHAN/ESPGHAN (2018) guidance provides expert reviewed recommendations for the diagnosis and management of GOR and GORD in infants. This guidance recommends the use of thickened feed in treating visible regurgitation. The group stress the importance of encouraging breastfeeding, suggesting the use of xanthan gum or carob bean gum thickeners as options for the thickening of breastmilk. Carob bean gum is</p>	<p>Thank you for your comment. Recommendations are worded by a guideline committee. Therefore, this response is restricted to the issues raised for the attention of this surveillance review, rather than the proposed wording of recommendations.</p> <p>Thank you for highlighting the 2018 Pediatric Gastroesophageal Reflux Clinical Practice Guidelines: Joint Recommendations of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN) and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN).</p> <p>This guidance noted the following: ‘The search did not identify any studies on the efficacy of thickening of breastmilk.’ The thickeners recommended by the NASPGHAN/ESPGHAN 2018 guidance, therefore are not supported by evidence. No new evidence on use of thickeners in breast milk was identified in surveillance.</p> <p>Additionally, the 2018 NASPGHAN/ESPGHAN guidance notes that xanthan gum thickeners have been associated with necrotising enterocolitis and should be used in infants older than 1 year. However, at this age most children will be consuming increasing amounts of solid foods, which may be more palatable than thickening breast milk.</p>

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		<p>approved for use in infants after 42 weeks gestation, xantham gum is approved in infants after 1 year old.</p> <p>In addition, the working group are uncertain whether the use of alginates improves signs and symptoms of GOR, as well as whether the use of alginates in infants leads to side effects. The working group suggests not to use antacids/alginates for chronic treatment of infants and children with GORD.</p> <p>https://www.naspghan.org/files/Pediatric_Gastroesophageal_Reflux_Clinical.33.pdf</p> <p>This adapted recommendation will be more in line with the current NICE recommendation for formula-fed infants (see recommendation 1.2.3), which recommends to offer a thickened formula before trialling an alginate therapy (see recommendation 1.2.5).</p>	<p>In developing the NICE guideline, the committee noted that 'Feeding changes are not appropriate in breastfed infants and in this situation alginates should be considered earlier.'</p> <p>The guideline committee considered the potential benefits and adverse events associated with alginate therapy. The recommendation (see below) is restrictive in several respects, requiring the following criteria to be met before starting therapy:</p> <ul style="list-style-type: none"> • frequent regurgitation • marked distress • continuing after breastfeeding assessment and advice • a short term trial of alginate (1–2 weeks) • attempting to stop at intervals to see if the infant has recovered. <p>1.2.4 In breast-fed infants with frequent regurgitation associated with marked distress that continues despite a breastfeeding assessment and advice, consider alginate therapy for a trial period of 1–2 weeks. If the alginate therapy is successful continue with it, but try stopping it at intervals to see if the infant has recovered.</p> <p>Additionally, surveillance identified a Cochrane review (Tighe et al. 2014) finding that alginate may be effective, which supports the current recommendation.</p> <p>Overall, there is insufficient evidence to support an update in this area.</p>
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Do you have any comments on equalities issues?			
Stakeholder	Overall response	Comments	NICE response
Department of Health and Social Care	Not answered	No comments provided	Thank you for your response.
NHS England	Not answered	No comments provided	Thank you for your response.
Royal College of Paediatrics and Child Health	No	No comments provided	Thank you for your response.
British Specialist Nutrition Association	No	No comments provided	Thank you for your response.

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