

## 2026 Davee Foundation Lecture and Resident Research Day

### Abstract

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**Title: Trends in the diagnosis and Management of Infantile Reflux and GERD in Pediatric Primary Care: A 10-Year Retrospective Analysis**

**Background:** Physiologic gastroesophageal reflux is common in infancy, while true gastroesophageal reflux disease (GERD) is less prevalent and typically warrants targeted evaluation and treatment. Clinical guidelines increasingly discourage overdiagnosis and unnecessary pharmacologic therapy in infants; however, real-world practice patterns remain variable. This study aimed to evaluate temporal trends in the diagnosis and management of infantile reflux and GERD in pediatric primary care over a 10-year period.

**Methods:** We conducted a retrospective cohort study of infants aged 0-6 months receiving care within the Lurie Children's outpatient pediatric care network from 2014 to 2024. Infants were categorized based on diagnostic codes for GERD with and without esophagitis, infantile reflux, colic, or dysphagia/feeding difficulty. Outcomes included annual trends in diagnostic frequency, prescription of acid-suppression medications (H2 receptor antagonists and proton pump inhibitors), and referrals for subspecialty care and feeding-related therapies. Temporal trends were assessed using linear regression, and comparative analyses across diagnostic groups were performed.

**Results:** A total of 15,216 infants aged 0-6 months with reflux-like diagnoses were identified and compared to a control population of 83,705 healthy infants of the same age.

From 2014 to 2024, diagnostic patterns shifted significantly. Diagnoses of GERD without esophagitis declined ( $-0.74\%$  per year,  $p = 0.003$ ), while diagnoses of infantile reflux ( $+0.10\%$  per year,  $p = 0.001$ ), colic ( $+0.05\%$  per year,  $p = 0.024$ ), and dysphagia or feeding difficulty ( $+0.23\%$  per year,  $p < 0.001$ ) increased. GERD with esophagitis remained stable. By 2024, combined GERD diagnoses approximated expected population prevalence.

Acid-suppressing medications remained commonly prescribed, particularly among infants diagnosed with GERD. H2RA use increased over time among infants with GERD without esophagitis, while PPI prescribing remained stable. Prescribing rates differed significantly across diagnostic groups, with the highest use in GERD with and without esophagitis. Referrals to supportive therapies and swallow study utilization were overall low and declined over time, including among infants with feeding-related diagnoses.

**Conclusions:** Over a 10-year period, diagnostic labeling of reflux-like symptoms in infancy has shifted from GERD toward infantile reflux, colic, and feeding-related diagnoses; however, these changes still fall short of reflecting known

population prevalence. Acid suppression continues to be a central component of management, particularly for infants labeled with GERD, despite guideline recommendations emphasizing conservative and supportive approaches.

Supportive evaluations, including feeding therapy referrals and swallow studies, remain underutilized and in some cases are decreasing, even as documentation of feeding concerns increases. These findings highlight persistent gaps between evidence-based recommendations and real-world pediatric primary care practices. Targeted educational initiatives, standardized diagnostic pathways, and quality improvement efforts are needed to improve diagnostic accuracy, promote guideline-concordant management, and reduce unnecessary pharmacologic intervention in infants with reflux-like symptoms.