



Reflux Digest

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From the Editor's Desk

Summer Time, and The Living is Easy, right? Summer brings thoughts of freedom and vacation. To some parents of children with reflux, the thought of traveling with a child who has reflux seems overwhelming. Jan's blog addresses the issues you face when you would love to travel but it just seems like too much work. The "From the Trenches" section of the newsletter may be helpful because much of it is about dealing with relatives who may not be sensitive to reflux or understand what you are going through.

One fun summer activity is to have your child color a picture of their tummy ache for The Art of GERD Coloring and Drawing Contest.

Here's hoping you have a wonderful Summer..... are we there yet?

Thank You

A Big Thank You to TAP Pharmaceutical Products Inc for their unrestricted Grant of \$25,000. Thank you to all of your who have been shopping through iGive and designation PAGER. Thanks to all the families who made

donations through Six Degrees and Network for Good. Ela Gamba, Melinda Potter, Colleen Snodgrass, Amy Vogel in honor of Michael Scott Vogel, Debbie Flynn, Rachel McMahon, Mary Kaufman in honor of Bethany Kaurman, Jean McNeil for Amy in honor of Miki, Ainslie Laslie, Michelle Fike, David Knops in honor of Ava Bella Knops, Carrie Kowall, Jean McNeil for Dottie to Shae-Lynne, Amylou Smith in honor of Alexis Jade Smith.

Organizational News



2007 Coloring Contest

PAGER Association and TAP Pharmaceutical Products Inc are partnering for the third year in a row on "The Art of GERD coloring and drawing contest." PAGER Association is honored to be affiliated with the coloring contest because it promotes public awareness of gastroesophageal reflux disease (GERD). While there is a great deal of information available about infant reflux, we believe there is less public awareness of the disease in older children and teens. While current estimates vary, it is likely that several million children in the United States have GERD. In additions, it is believed that many children and teens may be under-diagnosed and under-treated.

This national coloring contest gives children ages 3 to 15 years old the opportunity to draw a picture of what it feels like for them to have GERD and compete for prizes. Parents may download an entry form and contest rules at www.prevakids.com. The contest will run from June 25, 2007 through September 25, 2007.

If you were a PAGER member in 2006 (and you provided your street address), you should have received a copy of the Kids Create. Parents Relate 2006 calendar. The children love seeing the prize winning entries on the calendar and have shared the calendar with relatives, teachers and doctors. PAGER Association received a number of requests for additional calendars for the school nurse and the doctor.

Associate Director, Jan Gambino says: "Art is a great way to encourage a child to express their feelings. Your child may tell you their stomach hurts, but they might not tell you how isolated and afraid he or shee feels. A picture may show these hidden feelings and begin a dialogue that leads to a better understanding. Looking at a series of pictures made over a period of weeks or months may be a way to gauge how a child feels about reflux, pain and discomfort over time."

"Often a doctor will ask a child about symptoms and pain during an office visit. Often, kids give one word responses like this:

Doctor: How are you feeling?

Child: OK

Doctor: Are you in pain?

Child: Sometimes.

Doctor: Are you eating OK?

Child: Yeah.

Imagine how powerful it would be to bring a picture to the doctor of what reflux looks like to the child. It would likely generate a discussion and lead to more questions and comments from both the child and the doctor:

Doctor: I see you made a picture of your stomachaches and there are flames coming out of your stomach.

Child: Yeah, it hurts so much. Sometimes I can't go to sleep at night because it hurts so much.

Doctor: How many nights does your stomach keep you from sleeping?

Child: About every night.

Doctor: Let's talk about a plan to help you sleep better at night.

Now that school is out for the summer, it is time to get out the art materials and encourage your child to participate in the 2007 "The Art of GERD Coloring Contest."

Have We Helped You?

There are still too many parents who say they wish they had found us earlier. We need reach out more to parents who need our help. Click on the link below to make a one-time donation or set up a monthly donation. Your donation can help us reach them. Give a gift in honor of your child. Put a donation button on your personal website and e-mail.

To donate, follow this link: www.networkforgood.org/pca/PersonalCharityBadge.aspx?PcaId=105814

Donations are processed by Network for Good (www.networkforgood.org). NFG is the Internet's leading charitable resource, an easy-to-use, secure website that includes detailed listings of more than one million U.S. charities and a searchable database of more than 40,000 volunteer opportunities. Network for Good also works directly with nonprofits to help them leverage the Internet as a tool for fundraising and volunteer recruitment. Founded in 2001 by AOL, Cisco Systems and Yahoo!, Network for Good is an independent, 501(c)(3) nonprofit organization.

Volunteer News

New Volunteers

We welcome two new PAGER Parent Volunteers. Demi Isenstadt from Massachusetts and Lynn Brown from New Hampshire have recently completed their training and are ready to take your calls and answer your email requests for information.

PAGER Association receives email and phone requests from around the world for one to one volunteer support from parents, grandparents and day care providers. Parent Volunteers help also organize and run local support groups and sponsor fundraisers. If you are interested in becoming a PAGER Parent Volunteer, please contact Jan Gambino at refluxmom2@earthlink.net or call 301-601-9541. She will send you a volunteer application and discuss the volunteer opportunities and training. On line and phone training is available, regardless of where you live.

News from Moscow

Veteran PAGER Parent Volunteer Moria Callaghan has relocated to Russia with her family. She reports: "Thankfully we are surrounded by many seasoned and very helpful ex-pats. I did plenty of research prior to arriving to discover that many of the US reflux medications are not available here, so assumed I'd mail them to myself. Well, I recently came to discover that Russia does not allow personal prescription medications to come into the country via mail. They can only come in with the person. For the moment we're back to capsules opened into applesauce here. Something I haven't tried since MacKenzie was a baby. The plan at the moment is to ship Jonas' meds to relatives in the UK and go pick them up. When we're back in the US this summer we plan to get six months to a year's worth of medication so that we won't have to go through this again." So next time you have to wait in a long line at the pharmacy counter, think of Moria!

Raising Funds for Reflux Research

Roni MacLean has started a campaign through "Six Degrees" and "Network for Good" to find a cure for her daughter's reflux. All proceeds go to PAGER Association. So far, Roni and friends have raised just over \$1,000. To make an online donation, go to www.reflux.org and look for the picture of Shae Lynn on the right. This link lets you donate through Network for Good, the Internet's leading charitable resource, bringing together donors,

volunteers and charities online to accomplish good. The fees to donate are tiny and you have the opportunity to set up a monthly, automated donation. Two people have already done this. If you prefer, checks may be sent to: PAGER Association, P.O. Box 486, Buckeystown, Maryland 21717.

Have you read Jan's Blog? It's a Must Read!

Associate Director, Jan Gambino writes a weekly blog for the PAGER website and Health Central. Find it at [www.reflux.org/reflux/webdoc01.nsf/\(vwWebPage\)/JanBlog.htm?OpenDocument](http://www.reflux.org/reflux/webdoc01.nsf/(vwWebPage)/JanBlog.htm?OpenDocument) or www.healthcentral.com/acid-reflux/c/96/profiles/?ic=4027. An archive of previous posts reveal a vast range of topics from getting your baby to eat and sleep to seldom discussed issues such as getting the housework done and going on vacation.

Summer Vacation Blog

Now that Memorial Day is past, it is time to plan your summer vacation. If your little refluxer cries as soon as your strap her in the car seat to drive to the pediatrician's office, the idea of driving to the beach or the mountains may seem like a bad idea. Perhaps you are thinking of just staying home this year.

One mom I talked with said she was thinking of canceling a long anticipated family reunion on a cruise ship. She didn't think it was possible to survive traveling with her baby who cried almost non stop and vomited after every feeding. There were other worries too: How would she eat those lavish and luscious meals with a crying baby? Would she be stuck in the cabin? Would the crying keep the other passengers up at night? What if he got sick and needed medical care while at sea or at a small island port? Would they make her and the baby "walk the plank" like Pirates of the Caribbean?!

Read the rest by following this link to Jan's Blog:

[www.reflux.org/reflux/webdoc01.nsf/\(vwWebPage\)/jblog-20070525.htm?OpenDocument](http://www.reflux.org/reflux/webdoc01.nsf/(vwWebPage)/jblog-20070525.htm?OpenDocument) or www.healthcentral.com/acid-reflux/

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Medical News of Interest

Probiotics Decrease Crying in Colicky Infants

A group of breastfed infants identified as having colic with a baseline of approximately 197 minutes of crying per day were studied. All of the mothers refrained from consuming cow's milk during the study. Half the infants were treated with a probiotic (*Lactobacillus reuteri*) and the other group was treated with gas drops (simethicone). After 7 days of treatment it was noted that the probiotic group experienced 159 minutes of crying per day and the simethicone group had 177 minutes of crying. After a month, the amount of crying in the probiotic group was 51 minutes compared to the simethicone group (145 minutes). The study suggests that probiotics may have a role in the treatment of infantile colic. *Lactobacillus reuteri* versus simethicone in the treatment of infantile colic: A Prospective Randomized study. Pediatrics. 2007 Jan;119 (1): 1243-130e.

Thickening Formula

A study compared two treatments: thickened formula and upright positioning. Infants between 2-6 months were observed during the 8 weeks of the study. Thickened formula was more effective than positioning to reduce vomiting episodes. There was no difference in gastric emptying between the two groups. The babies in the thickened formula group had a 25% increase in calorie intake compared to the babies in the upright positioning group. *Effect of cereal-thickened formula and upright positioning on regurgitation, gastric emptying, and weight gain in infants with regurgitation*. Nutrition. 2007 Jan;23 (1) :23-28. [Editor's Note: There is some controversy about adding cereal and

thickeners to infant formula and breastmilk so please check with your doctor. While there is evidence that thickeners reduce vomiting, different studies show there is some concern that the early introduction of cereal may provoke allergies. In addition, formula intake may decrease as a baby consumes more calories from cereal, reducing the nutritional balance. One study showed that a few babies choke more on thickened liquids.]

Trends in Surgery

It is estimated that 48,665 pediatric anti-reflux surgeries were performed between 1996 and 2003. There was a higher rate of antireflux surgery in infants than in older children. At the same time, there was a decrease in the percentage of neurologically impaired children receiving the procedure. Neurologically impaired children had a higher risk of complications following surgery. Overall, the rate of antireflux surgery had not changed significantly although techniques of surgery have changed with the use of laparoscopes. *National trends in the use of antireflux procedures for children*. Pediatrics. 2006 Nov;118(5) :1828-35.

Eosinophilic Esophagitis

A review of the literature on eosinophilic esophagitis was conducted. Food allergy was a trigger in 90% of the cases. Recent literature on pediatric patients with eosinophilic esophagitis confirms that treatment with an elemental diet was most successful (95% success) compared to an elimination diet based on allergy testing (skin testing) and a trial of eliminating six common allergy trigger foods from the diet (70% success). *Eosinophilic esophagitis in adults and children: evidence for a food allergy component in many patients*. Curr Opin Allergy Clin Immunol. 2007 June;7(3) :274-287.

PPI Medication for Preterm Infants

Little is known about the safety and effectiveness of Proton Pump Inhibitor (PPI) medication for preterm (34-40 weeks) infants. The study revealed that, compared to a placebo, a PPI (omeprazole) reduced esophageal acid exposure. The authors concluded that while the treatment was effective to reduce gastroesophageal reflux in preterm infants, little is known about the safety of this medication on preterm infants. [Note: As of this writing, only one Proton Pump Inhibitor is indicated approved for infants as young as 12 months of age] *Effect of omeprazole on acid gastroesophageal reflux and gastric acidity in preterm infants with pathological acid reflux*. J Pediatr Gastroenterol Nutr. 2007 Jan;44(1) :41-4.

Chocolate and GERD

Theobromine is the substance in chocolate that can trigger GERD episodes. How much theobromine is in your favorite chocolate treat? White chocolate 3ounce bar or 1 cup chips = 0.0 mg; Baking chocolate, unsweetened 1 ounce = 346 mg; Semisweet chocolate 1 ounce (chocolate chips) = 137 mg; Milk Chocolate 1.55 ounce bar = 74 mg; Cocoa mix 1 envelope or 3 heaping tsp = 169 mg; Cocoa powder, unsweetened 1 tbs = 111 mg
www.corsinet.com/trivia/vvv-triv.html

Zegerid Powder

A team of researchers tested Zegerid (omeprazole for immediate release) packets to see if they stay potent when mixed with water. It is more convenient for parents to mix several days worth of medication at once, and the researchers wanted to know whether the medication degrades after it is mixed up. They found that it is only slightly weaker after a week at room temperature. They suggest keeping it refrigerated, shaking the bottle before dosing and using it within a week for best results. Dosing and mixing are easy and the medication absorbs quicker than delayed release formulations which could be an advantage for some patients. The drawback is a significantly higher cost than tablets of omeprazole. *Stability and Viscosity of a Flavored Omeprazole Oral Suspension for Pediatric Use*. Am J Health-Syst Pharm 2006 Nov 15;63(22):2240-7. Pub Med: 17090745

Dear PAGER

Dear PAGER,

I would like to share my story with you. My son had no problems as a baby. In fact I can count on one hand how many times he spit up. He did not start having reflux until he was 8 years old. He was a very active child and you would never know he had a problem by looking at him.

As time went on it kept getting worse. We were up at night for 2 to 3 hrs at least once a week if not three. Every thing he ate came back up in his mouth. At age 12 I took him to his pediatrician and they put him on medication. The medication did not help at all. We were then referred to a specialist in Orlando, FL. The specialist scoped him and sent us to the surgeon. It was there the surgeon told us he needed the Nissen. He said he could have it done laparoscopically which would be less down time. Of course, no one wants their child to have surgery so I started trying to find out more.

We saw a second doctor who told us the same thing. So, we had the surgery done. It was a huge success. He went in the hospital on Tuesday morning and had his surgery done and in his room by 11:00 am. My son said the worst part of the whole thing was the tube they ran down his nose to his stomach for drainage. It was removed Wednesday morning. Wednesday afternoon he was up walking and Thursday he started on liquids. The doctor wrapped his stomach a little loose and he could burp. That meant he could drink Cokes. We left the hospital on Thursday evening.

In two weeks he started on soft foods. Grits and soupy mashed potatoes. We slowly got to solid food in 5 weeks. By 7 weeks he was eating anything we wanted. Only twice in the second week did his food get hung up.

He is now 15 yrs old and is still doing great. He did lose 14 lbs after his surgery and took him a while to put it back on. He is now 5' 9" and weighs 140 lbs. He has only had about 3 times that he has felt like he wanted to vomit, but that was due to overeating.

I hope this story helps a parent that like me just wants to hear something good about what their child is facing.

Sincerely, Tanice Hall Mascotte, FL

From the Trenches

The discussion boards have been very busy. There are now over 20,000 postings. Many parents have started building their profiles and adding photos of their children to the signature blocks they use to sign postings. It is really touching to see the level of support that members are giving each other. And the practical ideas are great!

The questions and answers on our discussion boards are always interesting. This posting on having patience with your grouchy child might help you get through the summer with some of your sanity intact:

- My daughter just turned 5 years old and she has silent GERD. She is definitely high need, but it was definitely more high need for the first 3 years of her life. I think she will always need more attention, understanding and patience than other children b/c of her silent GERD. When her GERD is under control and she is doing well her behavior is much better but as you know all it takes is cold or even nervousness (stomach butterflies if she is excited or scared) and her GERD will flare up which then means I need to be extra attentive. GERD can be very painful and if she feels yucky her behavior coincides with that feeling. I know that when I feel bad I act grouchy to everyone so I look at it that way for her too. As you said when there is something to distract her like a new person over the house or something fun like playing outside she is able to be in a better mood for however long the distraction lasts. It can be very trying and exhausting to come up with new and interesting distractions but it is less exhausting than when I lose my patience and get mad which happens sometimes b/c we are only human. But at the same time even though my baby girl is high-need she is so remarkable in so many waysMy dad uses the word vibrant to describe her and it fits perfectly. By trying to meet her high needs to the best of my ability she has also become very Loving and sweet, extremely intelligent and creative and has great persistence

And perseverance. I truly believe the persistence and perseverance comes from her fight to survive her struggle with GERD and find quality of life. My Heart hurts for her because I think she must feel pretty yucky a lot on the inside yet she perseveres. I read a lot of Dr. Sears books on raising high need kids and It has given me some good ideas. I still haven't had the courage to have a second baby and don't know if I will because I don't know that I can do this with two GERDLINGS but it does get easier and if you are lucky maybe your child will outgrow it and it will be history. But if not you also will reap the rewards of all your extra, extra hard work and compassion in finding creative ways to help your child. Hang in there and be proud of yourself for rising to such a challenge. I constantly have to give myself pep talks and now that she is five years old it is easier to look at the greatness in her and say to myself wow I have done a good job look at her. I still have challenging problems that arise with her that send me back to the bookstore for some more creative Inspiration but I know that with some creativity and compassion we will overcome those problems to. Good Luck!!!

Sometimes, the discussions hit a nerve and lots of parents chime in. One of the recent "hot" topics was "Why Don't People Understand?" Here are some excerpts from that discussion:

- I wish people would listen when I tell them that my baby can't lay flat on her back for long, she can't swing or bounce or hardly do anything after she eats, she can't eat baby food yet, etc. My mother-in-law will turn right around and do "trot a little horsey" after she eats. I worked in the Mom's Morning Out program today where I used to work and what did they do after her bottle? Put her in the swing! The thing that bothers me the most is people treating me like I'm being some kind of overprotective fruitcake... My mom in law (again) says it's no big deal that she can't eat veggies yet or do the other stuff, but for us it is a big deal. Having to think twice about every move your baby makes and feel guilty about practically everything you eat is a big deal. Not being able to hardly leave the house for me is a big deal because I am not a home-body. I think people who haven't dealt with it personally just don't realize how it affects every part of your life. ...I don't have anything big to complain about. It's just nice to have you guys to vent to when nobody else understands. I am so glad I found this forum!
- When people, family, friends want to hold her and are nicely dressed, I'm just praying she doesn't hurl all over them!! I tell them before they get her if they are sure they want to cause there is a high chance they will get puke on their nice clothes (lol!) I don't even dress up anymore because I have to change a few times a day also. Not only do I have to take her extra ton of clothes, but I at least need to take an extra shirt for me.
- I know what you mean when you hand her off to people. The first thing I say is that she will spit up. I love the people who just laugh it off and say no BIGGIE, but then there are those who just give you this look. Well I told them that she would do that, so they were forewarned. I also don't like it when people say that my baby is small. I try so hard to get those calories in her, but what can I do. I feel you when you talk about your MIL. Mine says the stupidest things, and I'm like, "your grandchild has REFLUX!!!! Say it with me."
- Thank you all for finally saying it!!! I know exactly what you mean! People don't understand why it's not even worth it to take my son out, especially those without kids or those with kids who didn't have reflux! Then when he starts screaming while he's nursing and arching, they all start saying "oh he must not be hungry" or "oh try giving him a bottle" or whatever things they can think of and I hate having to explain to everyone It's just the reflux!!! My mom does the same thing as yours... she watches my baby when I'm at work and I just know he's miserable there, but whenever I'm there I see my parents jostling him around right after he eats or they always say "why don't you put him down or put him in the swing? Why do you have to hold him all the time?" I'm like, " we've been over this...he has reflux!!!!" Or the people who used to say, "It's just colic, he'll be all better when he's three months." ...Okay he's 4 months now!!!
- People just really don't understand unless they go through it. I think when they hear reflux they think. "Oh the baby just spits up a little bit." I am lucky b/c everyone around me was very understanding and my mom and Dh were with me days and nights through all the screaming and crying.
- My favorite is when someone says, "I don't believe all these babies have reflux! How come none of my kids had that when they were little!" I try to explain that maybe some did and it was called fussiness, or colic or whatever and they just roll their eyes! I am a nurse and hear other nurses say that it is terrible to put a baby on Zantac or Prevacid! It is very frustrating and mine had mild to moderate reflux. This is one reason this forum is so valuable.

- I feel like you read my mind!!! I always hand over a burp cloth (or two) when someone wants to hold my little one. They just laugh and say a little spit up doesn't bother them. They have to learn the hard way that it's a spit BATH. We've gone through 2 outfits (for each of us) and 5 bibs so far today *sigh*. You're right, It's frustrating when people act like we're overreacting when we ask them to keep her upright. I love this forum - it's so nice to have people who know EXACTLY how you feel!!
- Okay, I've got a good come-back for one of those comments. The next time someone says to US, "Why didn't there used to be so many babies with reflux?" WE say, "Well, it's called science, there didn't used to be kids with autism or lots of the problems they have now." How would they feel if we said, "Stroke? Heart Attack? Knee Replacement? Migraine? Oh, it'll get better. Back in the old days they didn't take medicine for that?" Am I wrong? People don't realize that science, thank the Lord, has done a lot for our babies. Now we can treat what used to be called a colicky baby instead of just letting them suffer for months.
- My favorite is "Oh he'll outgrow it" That's great, but not for a year or more! I just hate that remark. I feel like saying "then why don't you come over in a year and hold him?"
- This may sound terrible but I have resorted to basically lying to some people who ask how my daughter is doing. Some people are genuinely interested and listen when I give them an honest update. But I have found that some ask about her seem to do so as an opportunity to give me advice on a her condition which they know nothing about. One relative actually said that my daughter wasn't gaining weight fast enough b/c my breast milk wasn't good and I should put her on formula. They don't realize how much I already blame myself for her condition, that it breaks my heart everyday.
- It's so hard getting people to understand, and I'm sick hearing the "she'll out grow it" and the whole thing about it not being that bad. Yes, it is that bad. No baby should have to go through this. My brother and his family don't understand, have no patience when I can't make it to their house "on time" and that I might be 15 minutes late because I can't just feed my daughter and run. I have to take time to make sure she will be ok before I put her in her car seat. That my MIL rolled her eyes at me when I told her what was wrong with the new baby, before we had it in black and white from the hospital. She told me that my husband was a "happy spitter" and maybe that's what my daughter has. No, it's not. Not when my child is screaming in pain, throwing her head back as far as she can get it, choking and gagging on the reflux.
- Don't blame yourself!!! You are doing the best for your baby! My parents finally realized after my baby was hospitalized and when he began getting feeding aversions that breast is best for him! Now he won't take the bottle and if I hadn't kept nursing I don't think he would be doing as great as he is (although I wish he would take the bottle so he would eat when I'm at work I am secretly happy that it is a bottle aversion now rather than a breast aversion...ha ha in their face!). Hang in there! It sounds like you are doing great! ... This website has helped me cope so much. Just hearing that other people are going through the same thing makes me feel so much better! Also, I've realized now that I'm going to have to stay at home a lot with my baby because it's too difficult to take him out. I've let go of a lot of the "should" and hopes that I had and realized that this is how my baby is and I love him for it! Good luck with your little one!! It does get better!!

New Products

Medslant

Medslant is a wedge that can be used for children or adults who need to elevate the bed for sleeping due to gastroesophageal reflux, asthma or sinus issues. The wedge may be folded and fits into a case for storage and travel. Go to www.medslant.com for more information.

Biogaia

BioGaia (www.biogaia.com) has developed several innovative probiotic products. Probiotics, the "good" bacteria that is associated with digestive health may be recommended by the doctor or pharmacist. BioGaia probiotics are available as a chewable tablets, as liquid drops and as a probiotic straw that may be inserted in a drink.

Flavorit

The makers of FlavorX, a prescription flavoring system available at most pharmacies has a new product called Flavorit. Flavorit is a home flavoring system that allows parents to flavor over-the-counter liquid medication, laxatives and even infant formula to suit the needs of an infant or child. The product is FDA approved, has no dyes and is allergy free. www.flavorx.com/flavorit

Adiri

The Breastbottle Nurser is a bottle designed to simulate nursing and decrease air intake that may lead to gas digestive distress. Go to www.adiri.com for information.

Advertising

PAGER Association does not endorse or recommend specific products, brand names or the use of any products. Consult your doctor before trying anything. Don't see pictures here? Your e-mail program is stripping them out.



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Genetic Study
The Center for Genomic Sciences at Allegheny Singer Research Institute is recruiting pediatric GERD patients as part of a study to look for a correlation between certain posterior brain structures and GERD. If you have a child that has been diagnosed with GERD by a physician and are interested in this study please contact Mary O'Toole (412) 359-4707. All participants will receive a partial brain MRI and autonomic nervous system testing.

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PREVACID AND PAGER TEAM UP FOR THE:

Kids Create. Parents Relate.

National Drawing and Coloring Contest for Tummy Aches

You're a parent, not a mind reader.
When it comes to your child's health, understanding how they feel through words alone can be challenging.

"My tummy hurts."
Sometimes stomachaches are not serious. If they occur frequently, it could be a symptom of gastroesophageal reflux disease (GERD). Other pediatric GERD symptoms can also include nausea and vomiting, belching, wheezing, difficulty swallowing, heartburn and weight loss.

Art can speak.
Drawing and coloring can be powerful communication tools to help your child communicate health issues. Sometimes art can help you understand and identify symptoms.

That's why PREVACID and PAGER are continuing the national contest to encourage children to draw or color how they feel when experiencing frequent stomachaches or other GERD symptoms.

How to enter:
Visit www.PREVAkids.com for official contest rules and entry form for the chance to win up to \$10,000 in educational awards and up to \$1,500 in art supplies. Contest open from June 25 through September 25, 2007.

About PREVACID
Important Information: Prescription PREVACID is approved for GERD in children aged 1-17 years. Individual results may vary. PREVACID may not be right for everyone and has a low occurrence of side effects in adults and children including diarrhea, abdominal pain, nausea, dizziness, constipation and headache. Symptom relief does not rule out other serious stomach conditions. Please see below for brief summary of important information and talk to your child's doctor.



About PAGER Association

PAGER (Pediatric Acid-Related Gastroesophageal Reflux) Association was founded in 1992 to provide support and information to parents, professionals, and children dealing with acid reflux disease. Help can be found through the website at www.pager.org or by calling 301-601-6541. 2005-030-0701BR1T

09-5530-R25-Br13

BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR CONSUMERS

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 - For healing stomach ulcers (for up to 8 weeks).
 - For healing stomach ulcers caused by medicines called non-steroidal anti-inflammatory drugs (NSAIDs) in patients who keep taking NSAIDs (studies lasted 8 weeks).
 - For reducing the risk that stomach ulcers caused by NSAIDs will come back in patients with a history of a stomach ulcer who continue to take NSAIDs (studies lasted 12 weeks).
 - For the relief of heartburn and other symptoms of acid reflux disease.
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 - For up to 8 weeks.

- If needed, may use for another 8 weeks.
- If the problem comes back, may use for another 8 weeks.
- For maintaining healing of the esophagus (studies lasted 12 months).
- For lowering the amount of stomach acid in people with certain conditions which cause them to make too much acid, including those with Zollinger-Ellison syndrome.

PREVACID comes in 15 and 30 mg doses. PREVACID products should not be crushed or chewed. There are three forms of PREVACID that can be taken by mouth.

PREVACID Capsule: Capsules can be swallowed whole. They can also be opened and sprinkled into approximately 1/4 cup apple, tomato or orange juice, or on 1 tablespoon applesauce, Ensure® pudding, cottage cheese, yogurt or strained pears only.

PREVACID for Oral Suspension: It's a powder that you mix only with water.

PREVACID SoluTab: A tablet that melts in your mouth with or without water.

Who should not take PREVACID?

You should not take PREVACID if you are allergic to PREVACID or any of its ingredients. The active ingredient in PREVACID is lansoprazole.

Precautions

- PREVACID may stop your pain and other acid related symptoms, but you could still have serious stomach problems.
- **If you have phenylketonuria: PREVACID SoluTab contains 2.5 mg of phenylalanine in the 15 mg tablet and 5.1 mg in the 30 mg tablet.**
- There are no studies in pregnant women. You and your doctor should decide if PREVACID is right for you while you are pregnant. Talk with your doctor if you are pregnant or nursing.

Pediatric Use

- PREVACID can be used to treat acid reflux disease in children 1 to 11 years old (for up to 12 weeks).

- PREVACID can be used to treat acid reflux disease in children 12 to 17 years old (for up to 8 weeks).
- The most common side effects in patients 1 to 11 years old were constipation (5%) and headache (3%).
- The most common side effects in patients 12 to 17 years old were headache (7%), abdominal pain (5%), nausea (3%) and dizziness (3%).

Most Common Side Effects

- The most common side effects in adults were diarrhea (3.8%), abdominal pain (2.1%) and nausea (1.3%).
- There are other, less common side effects. Ask your doctor for a more complete list.

What Should I Know About Taking PREVACID with Other Medication?

Tell your doctor about all your medicines. PREVACID and some medicines can affect each other. Be sure to tell your doctor if you take:

- Sucralfate: PREVACID should be taken 30 minutes before sucralfate.
 - Theophylline: PREVACID may make your theophylline level lower. Your blood level may need to be checked. Some patients taking drugs like PREVACID and warfarin had blood clotting times that were too long. If you take warfarin, your doctor may check your blood clotting time to make sure it is not too long.
- Also, tell your doctor if you are taking ketoconazole, ampicillin, iron salts, or digoxin. Always talk to your doctor before starting any new medications.

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