It’s All A Bit Unsettling

General Medicine D
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Unsettled Infants: Definition

• As defined by Wessel et al
• Paroxysms of unsoothable crying or fussing in an otherwise well infant
• Occurs in the first few months of life
• The duration of crying:
  • At least 3 hours per day
  • For at least 3 days per week
  • For at least 3 weeks¹

• Synonyms: cry-fuss behaviours, infantile colic, unsettled babies
Epidemiology

- 1/5 infants demonstrate “cry-fuss” behaviours\(^2\)
- Most common reason for seeking medical attention in the 1\(^{st}\) 3 months of life
- Estimated to cost £65 million per year
- M = F
- Order of birth, birthweight have not been shown to consistently influence incidence
Aetiology

• Multifactorial
• Normal infantile behavioural stage

• Previously explored ideas
  • ?Painful gut contractions
  • ?Crying patterns compounded by parental interpretation of “normal” crying patterns
• ?Infantile migraine
Key Diagnostic Features

- Generally well and thriving infant
- Normal examination findings

- Of note, parents often observe:
  - Pitch of crying
  - Legs drawing up to chest
Risk Factors

• Exposure to cigarette smoke\(^2,3\)
• Lack of breastfeeding\(^4,5\)
• Parental psychosocial factors: stressful pregnancies, post-partum depression, parental anxiety, poor parenting skills\(^3,7,8\)
• Increased parental age
• High level of parental intelligence
Diagnosis

• Clinical
Differential Diagnoses

- Lactose malabsorption
- Cows milk protein allergy
- Infection (otitis media)
- Fracture
- Hair tourniquet
Gastro-oesophageal Reflux (GOR)

- Definition: passage of gastric contents into the oesophagus
- Common in infants
- Self resolving
- Doesn’t require treatment
- There is no evidence suggesting clusters of signs of unsettled babies
Gastro-Oesophageal Reflux Disease

• Pathological reflux presents with symptoms other than simple regurgitation

• Symptoms may include:
  • pronounced irritability with feeds, refusal to feed, crossing centiles, haematemesis, apnea

• Complications:
  • FTT, oesophagitis, aspiration pneumonia

• GOR/D is NOT a differential diagnosis for an unsettled baby
PPIs & H2 Antagonists

- Acid suppressive medications have no advantage over placebo in irritable infants\textsuperscript{11,12}
- Current debate: Eosinophilic Oesophagitis & rising rates of multiple food allergies with PPI use
- "Off label Use"
Lactose Malabsorption

• Congenital lactase deficiency is extremely rare\(^\text{1}\)\(^\text{3}\)
• Functional lactose overload more likely\(^\text{1}\)\(^\text{3}\)
• Transient secondary lactose intolerance\(^\text{1}\)\(^\text{3}\)
  • Damage to intestinal villi
  • Most commonly secondary to gastroenteritis or CMA
• Features: bubbly, mucousy BAs
• Diagnosed by
  • ↓ faecal pH and ↑ reducing substances
Cows milk protein intolerance

- Non-IgE mediated reaction
- Indicative signs:
  - blood or mucous in diarrhoea or vomit
  - poor weight gain
  - FHx of atopy
  - significant feeding problems (worsening with time)
  - frothy BA
- Dx: elimination of cows milk protein (then re-introduction for confirmation)
What treatments are proven not to work for these babies?
Previously Investigated Rx

- Pharmacological
  - PPIs & H2 antagonists
  - Gripe water
  - Aniseed (e.g. Infants friend)
  - Sucrose
  - Anticholinergic Drugs - Dicyclomine* (clinical R/V infantile colic)
  - Simethicone (anti-foaming agent, hydrated silica gel)
- Maternal elimination diets
- Alternative therapies: Chiropractic
- Probiotics
- Herbal tea
- Behavioural Modifications
  - Focused counselling vs. reassurance\(^\text{15}\)
  - Focused counselling vs. car ride stimulation\(^\text{15}\)
  - Focused counselling vs. elimination of cows’ milk protein\(^\text{16}\)
  - Increased carrying vs. general advice\(^\text{17}\)
Management

• National survey of Australian paediatricians showed
  • Almost all paediatricians see unsettled babies
  • There is no uniformity in their management

• There is no gold standard approach
• But here is our suggested approach
Management strategies (cont)

• Listen
• Rule out treatable causes
• Reassurance & Education
• Identify Psychological & environmental factors which may be contributing to infant distress:
  • Low stimulus environment
  • Discuss sleeping arrangements
  • Settling techniques
  • Routine
• Feeding supports
• Ongoing supports (social & medical)
• Screen for depression
Resources - Melbourne

- RCH
  - Maternal & Child Health Nurse
  - Infant Mental Health
- Maternal & Child Health Network
  - [http://www.mchny.com/](http://www.mchny.com/)
- Lactation clinics
  - (03) 8345 2400
  - Parental Handouts: BF, expressing BM, nipple shields, engorgement, domperidone (in many languages)
- Parenting courses
  - O'Connell Family Centre, Canterbury (8416 7600)
  - Queen Elizabeth Centre, Nobel Park (9549 2777)
  - Tweedle Child and Family Services, Footscray (9689 1577)
- Playgroups Victoria
Resources - Online

• PURPLE
  • www.purplecrying.info

• Raising Children
  • www.raisingchildren.net.au

• RCH CGP: Unsettled or crying babies
  • http://www.rch.org.au/clinicalguide/guideline_index/Crying_Baby_Infant_Distress/

• BMJ Best Practice
  • http://bestpractice.bmj.com/best-practice/monograph/713.html
References


9. RCH CPG GOR in infants: 
http://www.rch.org.au/clinicalguide/guideline_index/Gastrooesophageal_Reflux_in_infants/


References (cont)


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<th>Polyarticular JIA</th>
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<td>• Rash on trunk</td>
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<td>• No fevers</td>
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Juvenile Dermatomyositis

- a rare autoimmune condition
- Most common idiopathic inflammatory myopathy of childhood
- F>M, 2-5x
- Peak incidence 5-10yr
- Genetic predisposition

Symptoms and Signs
- Proximal muscle weakness
- Characteristic rash
  - Gottron’s rash in 91% Helitope rash in 83% Malar/facial rash in 42%
- Nailfold capillary changes
- Myalgia/arthritis
- Constitutional Sx (fever, headache, anorexia, wt loss)
- Less common: Dysphonia/dysphagia

Calcinosi

Treatment
- Immunsuppressive therapy (high dose glucocorticoid steroids +/- steroid sparing agent)
- Adjunctive therapy (sunscreen, topical agents for skin care, physical therapy, supplementation of calcium and vitamin D to prevent osteoporosis)
STAY STRONG!

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WEEKEND IS COMING SOON