

Omeprazole Suspension

The information provided on Crying Over Spilt Milk or by GRSNNZ is designed to support, not replace, the relationship that exists between a patient/site visitor and his/her existing physician. Please do not change your child's medical treatment without first consulting their health professionals.

The following information on Omeprazole is intended to be used for informative purposes only and not be interpreted as: professional advice for treatment; or a recommendation for a specific treatment, product, course of action or healthcare provider.

In providing this information, Crying Over Spilt Milk Gastric Reflux Support Network New Zealand for Parents of Infants and Children Charitable Trust is not recommending the use of medications in the treatment of GORD in Infants and Children, nor advising against treatment if it is deemed necessary by a healthcare professional. Please do not discontinue your child's medications against medical advice.

<u>Omeprazole</u> (Generic Name) Losec, Omezol (Trade Names), Prilosec (Trade Name in other countries)

Use: Proton pump inhibitor

Omeprazole turns off most of the pumps that are responsible for stomach acid production. This allows for inflammation in the oesophagus (throat) to heal. If your child has just commenced Omeprazole, it may take a week or more to see any improvement. This is because although the acid production is reduced almost immediately it can take longer for any damage (inflammation) in the oesophagus to heal. Omeprazole will not decrease the amount of spilling/vomiting.

Administration: Omeprazole Suspension is most effective if given with the "breakfast" feed. If prescribed twice daily, the second dose should be given with the feed approximately 12 hours later or the last feed of the day.

The Omeprazole suspension (liquid) is best given with something alkaline, so a drink of milk immediately after the dose is recommended. You will need to pick up the suspension from the pharmacy somewhere between weekly to fortnightly,ⁱ as its effectiveness decreases with time. Remember to shake the bottle before use and it should be kept in the fridge when possible.

Side effects: Side effects are rare, but more common with very high doses (nausea and headache).

Warning: A study has shown an increased risk of community acquired pneumonia and there is an increased risk of gastroenteritis due to decreased gastric acid. When trying to stop or wean Omeprazole, there can be a rebound acidity which can make it difficult to discontinue.ⁱⁱ

NB: Omeprazole stops the acid pumps producing too much acid. Acid is released into the stomach in response to a meal. For this reason, if Omeprazole is prescribed in suspension form, give the first dose with the first feed of the day as above. Even infants consume most of their food during the day and "eat" less overnight.

Please see the Medications Page on our website for more in-depth information about Omeprazole - <u>http://www.cryingoverspiltmilk.co.nz/treatment/medications/</u>.

REFERENCES:

(1) New Ethicals Catalogue and Compendium(2) Medsafe data sheets(3) Medscape - Gastroeosophageal Reflux Disease in Infants and Children

ACKNOWLEDGMENTS:

GRASP (former New Zealand support group) Vicki Martin, Nutrition and Herbal Technical Consultant, Healtheries of New Zealand Limited Rochelle Wilson (GRASP National Coordinator 1995 - 2001). Dr Rodney Ford, Paediatrician (http://drrodneyford.com/)

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www.cryingoverspiltmilk.co.nz

ii http://www.bpac.org.nz/BPJ/2011/november/infant-reflux.aspx - Irritable infants reflux and GORD

ⁱ <u>http://www.saferx.co.nz/full/Omeprazole.pdf</u> - Omeprazole in Children