



Omeprazole Granules

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.

Omeprazole (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 is most effective if given half an hour before a meal¹, but this may not be possible in an infant. It is best given before the "breakfast" feed. If prescribed twice daily, the second dose should be given before the feed approximately 12 hours later or the last feed of the day.

To achieve a smaller dose than available in a capsule, it is opened and the granules divided into a child sized dose as prescribed i.e. if giving 5 mg per dose, approximately half of a 10 mg capsule is given and the remainder is kept for the next dose. The granules should then be mixed with something acidic before administration as mixing with other substances, e.g. milk will reduce its effectiveness. A ½ to 1 teaspoon of pureed fruit or fruit yoghurt is ideal. The granules must not be crushed and older

children may need to be reminded to swallow but not chew. The Omeprazole should be taken within 30 minutes of preparation.

In younger infants, we recommend that it be given in @½ a teaspoon of baby pears. Don't consider that this is the introduction of solids, but instead purely medicinal, much the same as the syrup flavouring added to medicines such as Paracetamol or antibiotics. A tin of baby pears can be frozen in ½ teaspoon ice cubes and taken out and defrosted as needed.

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

Warnings: Capsule contents (i.e. granules) should be mixed with food before administration to reduce the risk of aspiration or choking.

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 once daily in capsule/granule form, it should be given before the first feed of the day. Even infants consume most of their food during the day and "eat" less overnight.

REFERENCES:

- (1) New Ethicals Catalogue and Compendium
- (2) Medsafe data sheets

ACKNOWLEDGMENTS:

GRASP (former New Zealand support group)
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www.cryingoverspiltmilk.co.nz

ⁱ Medscape - Gastroesophageal Reflux Disease in Infants and Children

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