

Ranitidine

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 Ranitidine 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.

Ranitidine (Generic Name) Zantac, Peptisoothe (Trade Names)

Use: Histamine H2-receptor antagonist.

Ranitidine reduces the amount of stomach acid produced and thus prevents reflux causing inflammation in the oesophagus, and also allows existing inflammation to heal. It does not decrease the amount of spilling or vomiting. It may take from a few days to a few weeks to see an improvement in your baby/child after starting Ranitidine. The dosage may need adjusting for weight as the baby grows.

Administration: It comes in syrup form: 150 mg in 10 ml. Peptisoothe is spearmint flavoured and is the only fully subsidised Ranitidine syrup. It can be flavoured (a pinch of chocolate instant pudding mix is one idea) to encourage the baby to take it. Diluting is unlikely to make this medication more acceptable and we do not recommend doing so. If it is diluted it needs to be used immediately as it affects the preservative and the medication will become cloudy.

It is important not to give Gaviscon or Mylanta within two hours of giving Ranitidine, as these antacids will reduce its effect. The magnesium in these two medications reduces the absorption of Ranitidine by 20-25%. Magnesium containing supplements should also not be given within two hours of Ranitidine. These antacids do not stop Ranitidine working altogether, so they may be given closer together if Gaviscon is of greater benefit to your child. If they continue to suffer from pain then the two hour interval should be trialled.

Side effects: Side effects are rare, but the more common ones may include headache and dizziness.

Warning: Ranitidine syrup contains ethanol (alcohol) and was not formulated for paediatric use.

REFERENCES:

- (1) Medscape Gastroeosophageal Reflux Disease in Infants and Children
- (2) New Ethicals Catalogue and Compendium
- (3) Medsafe data sheets
- (4) http://www.medsafe.govt.nz/profs/Datasheet/p/Peptisoothesyrup.htm
- (5) http://www.pharmac.govt.nz/pdf/SU.pdf (Page 17)

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/)

Written by Roslyn Ballantyne (RN), Regional Coordinator for © *Crying Over Spilt Milk* - Gastric Reflux Support Network New Zealand for Parents of Infants & Children Charitable Trust 13/07/2004. Updated January 2015.

Page may be printed or reproduced for personal use of families, as long as copyright and the URL are included. It may not be copied to other websites/publications without permission.

www.cryingoverspiltmilk.co.nz