



## INFANTILE COLIC

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### **Infantile Colic**

Colic is defined as recurrent, prolonged, unexplained crying episodes in an otherwise well-appearing infant. It is a diagnosis of exclusion. Colic usually begins within the first three weeks of life, and it affects 10-30% of infants. The problem usually resolves at 3-4 months of age.

The peak period of crying is usually the late afternoon or the evening, and it is characterized by a loud, high-pitched and piercing scream.

### **Clinical Evaluation**

History and physical examination should exclude acute causes of infant crying, such as infection, trauma or gastrointestinal dysfunction.

The infant's diet should be evaluated, and overfeeding or underfeeding should be excluded. The stooling, urination and sleeping pattern should be evaluated, and the infant's social situation, including the physical and emotional well-being of the child's parents, should be assessed.

The infant's percentile weight, length and head circumference should be measured. Infants with colic should continue to grow and thrive.

### **Treatment of Colic**

Breast-feeding should be continued because weaning to formula can result in worsening of colic. Symptoms of colic may sometimes improve when cow's milk is removed from the mother's diet.

### **Formula Feeding**

Cow's milk protein consists of casein and whey. Whey may prolong crying in a small number of colicky infants, and symptoms of colic may decrease when "elemental" formulas (eg, Nutramigen, Pregestimil), which contain hydrolyzed protein, are given.

Allergy to cow's milk protein is rare and occurs in only 1% of bottle-fed infants who present with prolonged crying, persistent diarrhea, and/or positive fecal occult blood. Changing to a soy formula may be beneficial in a few cases; however, 25% of infants who are allergic to cow's milk protein are also allergic to soy formulas.

### **Feeding Techniques**

Positioning the infant vertically during feeding may reduce colic because it prevents excessive air swallowing.

Correct bottle and nipple size for the infant's age, curved bottles (that allow the infant to feed while sitting up), and collapsible bag bottles may decrease air swallowing.

Burping of the infant should be done in an upright position, and the infant should be burped after every 1 or 2 oz of formula or after every 5 to 10 minutes of breast-feeding.



Simethicone ( Mylicon) drops, a nonabsorbed antifatulent with no systemic side effects, is widely used for the treatment of colic. Studies have failed to demonstrate a benefit of simethicone over placebo; however, it is not harmful.

### **Physical Methods**

Application of gentle of pressure to the abdomen often relieves colic. The infant can be laid over the knees or shoulder of the parent or the infant is held on the forearm with the head resting at the bend of the elbow.

Carrying the infant may be helpful during colicky spells. Backpacks, front carriers, and slings may be useful.

Swaddling. Snugly wrapping an infant in a blanket may decrease infant crying.

Massage. Whole-body massage, belly massage, and cycling the infant's legs are sometimes effective.

Commercial Products. Car-ride simulators, womb-sound recordings and infant swings may reduce infant crying.

### **Behavioral Management of Colic**

A routine schedule for feeding, holding, playing and general care of the infant should be established.

Excessive stimulation should be avoided because it may prolong crying. Carrying or gently rocking the baby may help him to sleep.

Many babies do not feel hunger at regular intervals, and more frequent feeding may be necessary on some days.

A pacifier may be effective when the baby is not hungry but wants to suck.

Playing with the baby or putting the infant in a room where there is activity is helpful because some babies cry because of a need for stimulation.

When the baby is tired and wants to sleep, he should be put down in a dark quiet room.

When the baby is only fussing, he can be left alone, but he should be picked up when crying loudly.