

Colic in infancy

Background

Colic begins at 2 weeks, peaks in second month and declines at 4 months. Crying is worst in the evening and tends to be in prolonged bouts. It puts families under considerable strain

History

- Wessel's rule – crying > 3 hours/day for > 3 weeks
- evening predominance is typical but not essential
- drawing up of legs, excessive wind, back arching and possetting can occur

Examination

- is normal
- Check growth on centiles
- Careful and complete exam important for reassurance

Differentials

Infection
assess if high temperature (UTI /sepsis / meningitis)
CMP allergy
back arching with Wessel+ crying
Breast feeding issues
Generally not lactose intolerance or gastroesophageal reflux

Red Flags

1. Blood in vomitus,
2. Weight loss/ poor nutrition
3. Watery explosive diarrhoea
4. Severe perianal burning
5. Blood in Stools

If parents are stressed ++ consider referral for assessment

Increased risk of shaking injury

Investigations

- nil required
- if CMP allergy suspected (severe colic and eczema, reflux or straining to pass soft stool), trial of extensively hydrolysed or amino acid formula is warranted

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Treatment

- thorough assessment
- increased skin-to-skin contact+ infant massage
- PHN /practice nurse support
- respite periods for mum

Evidence Base

- frequent feed changes / lactase enzymes / reflux treatments / simethicone not effective
- soya formula not recommended under 6 months of age
- no evidence for 'silent reflux'

References

www.purplecrying.info
www.mothersmatter.co.nz
Douglas P *BMJ* 2011;
343:1265-9

TAKE HOME MESSAGES

Colic is excess crying in first 4 months in normal infants
Ask mum to keep a diary of crying
Evening predominance is typical
It will resolve
If out of control consider hospital referral
No proven remedies

Summary

Colic is very common, should never downplay parental concern and the infant requires regular monitoring. Drug therapy ineffective. Should not be confused with lactose intolerance/ GORD or CMP allergy

This algorithm has been produced by the National Paediatric and Neonatology Clinical Programmes. It is aimed at medical, nursing and allied health professionals working in both primary and emergency care settings.

Further revision following suggestions by QIP committee of ICGP . Secondary care treatment denoted in pink

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