

Colic in Infancy

BACKGROUND

- Colic begins at 2 weeks, peaks at 6-8 weeks and declines at 4 months
- Crying is worst in the evening and tends to be in prolonged bouts
- It places parents under considerable strain
- Organic disease accounts for 5% of cases of excessive crying

DIFFERENTIALS

- Infection (if high temp.)
 - ✓ UTI
 - ✓ Sepsis
 - ✓ Meningitis
- Cow's milk protein allergy
 - ✓ Suspect if reflux, diarrhoea, vomiting, blood per rectum or eczema
- Breast feeding issues
 - ✓ Generally NOT lactose intolerance or gastro-oesophageal reflux
- Dermatological
 - ✓ Nappy rash
 - ✓ Eczema
- Non-accidental injury
 - ✓ Suspicious fractures or soft tissue injuries

REFERENCES

- Douglas, Hill. Managing infants who cry excessively in the first few months of life. *BMJ* 2001; 343: 1265-9
- www.purplecrying.info
- www.mothersmatter.co.nz

HISTORY

- Wessel's rule:
 - ✓ Crying >3 hours/day for >3 days/week for 3 weeks
- Evening predominance is typical but not essential
- Drawing up of legs
- Excessive wind
- Back arching
- Possetting
- Assess feeding patterns

EXAMINATION

- Centiles
- Careful and complete exam is important for reassurance but will be normal

INVESTIGATIONS

- Nil required
- If CMP allergy suspected, a trial of extensively hydrolysed or amino acid formula is warranted

TREATMENT

- Increased skin-to-skin contact and infant massage
- Probiotics for breast feeding mothers
- PHN/practice nurse support
- Respite periods for mother

TAKE HOME MESSAGES

- Colic is excessive crying in the first 4 months of life in normal infants
- Ask mum to keep a diary of crying
- Evening predominance is normal
- Usually resolves by 3-4 months
- No proven remedies
- Consider hospital referral if the problem is out of control

REFERRAL

- Parents unable to cope
- Concerns about possible non-accidental injury
- Organic cause suggested by history or exam
 - ✓ Weight loss/FTT
 - ✓ Blood in vomitus
 - ✓ Watery diarrhoea
 - ✓ Severe perianal burning
 - ✓ Blood in stools

NON-ACCIDENTAL INJURY

- Non-accidental injury (NAI) should be considered in infants with excessive crying and bone or soft tissue injuries
- Bruising commonly occurs as a result of benign childhood injuries
- Patterns of bruising suggestive of physical abuse include:
 - ✓ Bruising in children who are not independently mobile
 - ✓ Bruising <6 months of age
 - ✓ Bruising away from bony prominences
 - ✓ Bruising to the buttocks, ears, abdomen or back
- Other injuries that suggest abuse include posterior rib fractures, multiple fractures in various stages of healing, femoral fractures in infants <1 year of age and depressed skull fractures in children <18 months
- All injuries must be assessed in the context of the child's medical and social history, developmental stage and the explanation given