

Background

During the feasibility study, parents and clinicians felt strongly that participating families should be able to access treatment for symptomatic reflux. In collaboration with families and clinicians, we have developed the Symptomatic Reflux Treatment Pathway to ensure consistency and accessibility for 'rescue treatment'.

When should the pathway be used?

If a participating infant presents with symptoms of reflux, their treating clinician should refer to the pathway. The pathway takes a pragmatic and evidence-based approach to reflux treatment in a step-wise manner, beginning with non-pharmacological measures but culminating in omeprazole in addition to trial medication if other approaches fail to control symptoms. The pathway promotes frequent re-evaluation, to ensure that infants are not kept on omeprazole for longer than necessary to treat the reflux symptoms. As TOAST is investigating the routine use of gastric acid suppression for prophylaxis, the concomitant use of omeprazole for the treatment of symptomatic reflux can occur while the infant remains in the study.

Who can use the pathway?

The pathway has been made available as widely as possible. Copies are provided to participating sites, parents of participating infants, and to the infants' GPs. It is also available on the TOAST website at <https://www.npeu.ox.ac.uk/toast/clinicians>

Safety

Infant safety is always the first priority. If a clinician feels treatment of symptomatic reflux is urgent, it may be initiated earlier than indicated in the pathway. Some families may have already commenced non-pharmacological treatments prior to seeking support from their healthcare professionals - this is acknowledged in the pathway.

TOAST is funded by the National Institute for Health Research (NIHR) Health Technology Assessment programme (project reference 131136). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

FUNDED BY

NIHR | National Institute for Health and Care Research

IRAS ID: 1005191

2025-12-09 TOAST Guidance Sheet 11 Symptomatic Reflux Treatment Pathway v1.0.docx

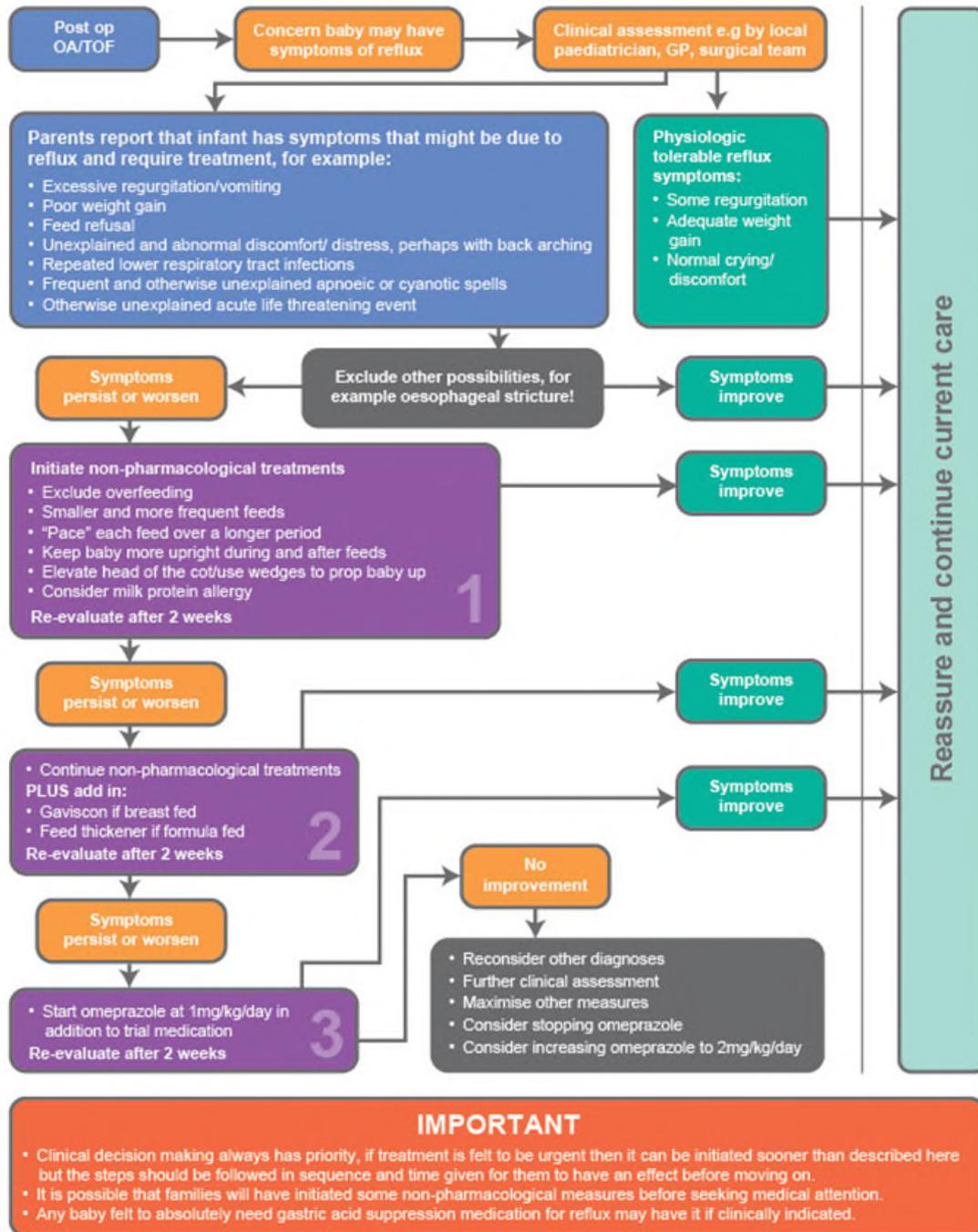
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TOAST

Symptomatic reflux treatment pathway - CLINICIANS



V3.0, 22-05-2025

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