difference between Hp^+ and Hp^- index children concerning demographic factors except age, which was higher in Hp^+ index children ($P = .009$). In all Hp^+ index children (100%) and in 71.4% of Hp^- children, at least 1 more family member was infected ($P < .001$); in all cases (100%) at least 1 parent in the group of Hp^+ index children, compared with 69.6% in Hp^- index children ($P < .001$), was infected. The rate of infected siblings of the Hp^+ index children was 43.2%, and that in the Hp^- group was 3.6% ($P < .001$). There were more infected mothers in the Hp^+ index children group (83.7% vs 50% in the Hp^- group; $P = .001$) and more infected fathers (76.7% vs 56.4%, respectively; $P = .035$).

CONCLUSIONS: The identification of at least 1 more infected member in each family of Hp^+ index patients, including a parent in all cases, strongly indicates family as the main source of infection for children and confirms the hypothesis of intrafamilial spread of Hp.

THERAPEUTIC EFFECT OF A MAGNESIUM-ENRICHED FORMULA ON INFANTS WITH CONSTIPATION

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INTRODUCTION: Infant constipation is a frequent condition in formula-fed infants.

OBJECTIVE: Our goal was to study the effectiveness of magnesium-enriched formula in relieving constipation in infants.

METHODS: A prospective randomized, clinical trial was performed with infants with constipation fed with a magnesium-enriched formula, Novalac-IT (IT group) in comparison with 20% strengthened formula (S group). Enrolled subjects had difficulties with defecating, hard stools, or low frequency of defecation (≤4 times per week).

RESULTS: Ninety-three infants (47 boys; mean age: 3.8 ± 1.7 months) were included because of hard consistence of (50.5%), low frequency of (44.1%), and painful (33.3%) defecation. Statistically significant improvement was observed after 4 and 8 weeks of intervention in the IT group ($P = .014$ and $P < .001$, respectively). In the IT group, significantly more infants were symptom free at 4 weeks (82.9% vs 50%; $P = .029$) and 8 weeks (89.1% vs 54.1%; $P < .001$). Increase of stool weight was significant in the infants in the IT group after 4 and 8 weeks ($P = .048$ and .029, respectively).

CONCLUSIONS: A magnesium-enriched formula improves constipation in formula-fed infants.

DOUBLE-BLIND TRIAL OF FORMULA IN DISTRESSED AND REGURGITATING INFANTS

Submitted by Yvan Vandenplas
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INTRODUCTION: Many parents seek medical help because of frequent regurgitation and inconsolable crying of their formula-fed infant.

OBJECTIVE: We aimed to assess the effectiveness of special formulas in distressed and regurgitating infants.

METHODS: We included 12 consecutive infants in a prospective, randomized, single-blinded (parents), cross-over trial (6 infants were started on G1 [80/20 casein/whey, tapioca starch, and locust bean] for 2 weeks and then switched for 2 weeks to G3 [partial whey hydrolysate, tapioca starch, and locust bean]; for the other 6 infants, the order of the formulas was opposite). Infants were exclusively formula fed, were crying for >3 hours/day for at least 3 weeks, and regurgitated several times after each feeding. Before inclusion, all of them had been given ≥3 different commercialized AR formulae, formulae for digestive comfort, and at least 1 extensive hydrolysate without success. All infants had been treated without success with a prokinetic agent (domperidone/cisapride) and an acid-blocking drug (H2-receptor agonist/proton-pump inhibitor).

RESULTS: Gastric emptying time, as evaluated with a ^{13}C acetate breath test, was 117.1 ± 18.3 minutes with Novalac-AR (80/20 casein/whey and corn starch), 104.5 ± 15.5 minutes with G1, and 79.2 ± 14.0 minutes with G3 ($P < .001$ [Friedman test]). The mean number of regurgitations per day was 5.1 ± 1.2 with G1 and 1.8 ± 1.2 with G3 ($P = .002$). Quality of life, as assessed by the parents in a diary, was 4.20 ± 1.79 with G1 and 2.10 + 0.74 with G3 ($P = .005$). The mean duration of crying per day was 84.5 ± 50.1 minutes with G1 and 26.7 ± 18.1 minutes with G3 ($P = .003$).

CONCLUSIONS: The cross-over design protected for bias. G3 scored better than G1 for all parameters evaluated and decreased regurgitation and infant distress significantly.

General Pediatrics

PEDIATRICIANS' AWARENESS OF AND ATTITUDES ABOUT OTITIS MEDIA: RESULTS OF A MULTINATIONAL SURVEY

Submitted by Adirano Arguedas
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