

a healthy infant ([Kim, 2011](#)). Some studies report an increase in symptoms (fussiness and crying) in the late afternoon or evening ([Morin, 2009](#)); however, in some infants, the onset of symptoms occurs at another time. Colic is more common in infants younger than 3 months old than in older infants, and infants with difficult temperaments are more likely to be colicky.

Despite the obvious behavioral indications of pain, the infant with colic gains weight and usually thrives. There is no evidence of a residual effect of colic on older children except perhaps a strained parent–child relationship in some cases. In other words, infants who are colicky grow up to be normal children and adults. Colic is self-limiting and in most cases resolves as infants mature, generally around 12 to 16 weeks old ([Akhnikh, Engelberts, van Sleuwen, et al, 2014](#)).

Among the theories investigated as potential causes are too rapid feeding, overeating, swallowing excessive air, improper feeding technique (especially in positioning and burping), and emotional stress or tension between the parent and child. Although all of these may occur, there is no evidence that one factor is consistently present. Infants with CMA symptoms have a high rate of colic (44%), and eliminating cow's milk products from the infant's diet can reduce the symptoms.

The exact cause of colic is not fully understood but some experts believe maternal smoking, inadequate parent–infant interaction, firstborn status, lactase deficiency, difficult infant temperament, difficulty regulating emotions, and abnormal GI motility are potential causes of colic ([Drug and Therapeutics Bulletin, 2013](#)). Some experts have suggested that inadequate amounts of lactobacilli in the GI tract influences gut motor function and gas production ([Drug and Therapeutics Bulletin, 2013](#)). The consensus of many experts who study colic is that it is multifactorial and that no single treatment for every colicky infant will be effective in alleviating the symptoms.

Therapeutic Management

Management of colic should begin with an investigation of possible organic causes, such as CMA, intussusception, or other GI problem. If a sensitivity to cow's milk is strongly suspected, a trial substitution of another formula such as an extensively hydrolyzed