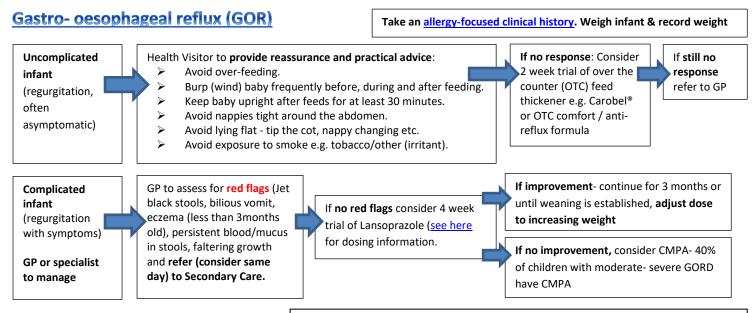
# Healthcare professional guidance: Gastro- oesophageal reflux (GOR) and Cows' milk protein allergy (CMPA) in infants



## Cows' milk protein allergy (CMPA)

**Breastfeeding is the best way to feed a baby** with cows' milk protein allergy. Mothers will need to follow a <u>cow's milk free diet and take a calcium and vitamin D supplement</u>

- Less than 2% infants in the UK have CMA. There is a risk of over diagnosis if mild, transient or isolated symptoms are overinterpreted or if milk exclusion diets are not followed up by diagnostic milk reintroduction.
- Infants with gastrointestinal symptoms on exposure to cows' milk are more likely to have cows' milk protein allergy than lactose intolerance, except after gastrointestinal infection

#### Identify type of CMPA

**Symptoms** - Take an <u>allergy-focused clinical history</u> tailored to the presenting symptoms and age of the child, including history of atopic disease, assessment of presenting symptoms, feeding history and any response to previous elimination and reintroduction of foods (*For more detailed advice see* <u>NICE CG116</u> and <u>iMAP Guideline</u>)

• Delayed onset: Mostly within 2 cow's milk protein)	- 72 hours after ingestion of	Acute onset: Mostly within     up to 2 hours after) ingestic	
<ul> <li>AND usually several of the following are present:</li> <li>Gastrointestinal: <ul> <li>Colic</li> <li>Reflux/GORD</li> <li>Food refusal or aversion</li> <li>Loose or frequent stools</li> <li>Perianal redness</li> <li>Constipation</li> <li>Abdominal discomfort</li> <li>Blood &amp;/or mucus in stools in an otherwise well infant</li> </ul> </li> <li>Skin: <ul> <li>Pruritus</li> <li>Erythema</li> <li>Significant atopic eczema</li> </ul> </li> </ul>	<ul> <li>AND one or more of the following is present which is severe &amp; persisting, with or without faltering growth:</li> <li>Gastrointestinal: <ul> <li>Vomiting</li> <li>Diarrhoea</li> <li>Abdominal pain</li> <li>Food refusal or food aversion</li> <li>Significant blood &amp;/or mucus in stools</li> <li>Irregular or uncomfortable stools</li> </ul> </li> <li>Skin: <ul> <li>Severe atopic eczema</li> </ul> </li> </ul>	<ul> <li>AND one or more of the following is present:</li> <li>Skin: <ul> <li>Acute pruritus</li> <li>Erythema</li> <li>Urticaria</li> <li>Angioedema</li> <li>Acute flaring of atopic eczema</li> </ul> </li> <li>Gastrointestinal: <ul> <li>Vomiting</li> <li>Diarrhoea</li> <li>Abdominal pain/colic</li> </ul> </li> <li>Respiratory: <ul> <li>Acute rhinitis &amp;/or conjunctivitis</li> </ul> </li> </ul>	AND ANAPHYLAXIS requiring emergency treatment & acute admission: Respiratory: • Immediate reaction with severe respiratory &/or cardiovascular system signs & symptoms Gastrointestinal (rare): • Severe gastro- intestinal reaction
= Mild - moderate <u>non</u> lg E mediated	= Severe <u>non</u> Ig E mediated	= Mild - moderate Ig E mediated	= Severe Ig E mediated

Acknowledgments	Herts Valley CCG		
Developed by	West Essex CCG Medicine's Optimisation Team in partnership with Essex Child & Family Wellbeing Service (Virgin Care Community		
	Allergy Clinic) and Princess Alexandra Hospital		
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### **2** Diagnosis

#### Please note: Initial diagnosis does not have to be made by Paediatrician or Paediatric Dietitian

- For Mild moderate non Ig E mediated ONLY exclude cows' milk for 2 4 weeks (iMAP Factsheet for Parents):
  - If breast fed advise mother to follow <u>cows' milk free diet</u>
  - If formula fed prescribe 2 4 week trial of 1<sup>st</sup> line Extensively Hydrolysed milk (Alimentum)
  - o If clear improvement in symptoms confirm diagnosis by home milk challenge
    - If symptoms return, re-start mothers cows' milk free diet/1<sup>st</sup> line Extensively Hydrolysed milk
  - If clear improvement in symptoms <u>CMPA CONFIRMED</u> now follow **3**Treatment and referral below
  - For Mild moderate Ig E mediated, Severe <u>non</u> Ig E mediated OR Severe Ig E mediated symptoms
    - Follow ③ Treatment and referral below

#### 3 Treatment and referral based on type of CMPA

Extensively hydrolysed (EH) milks are not halal. Parents of Muslim children who require EH milks are advised to seek medical exemption from their Imam

Type of CMPA	Mild - moderate <u>non</u> Ig E mediated	Severe <u>non</u> Ig E mediated	Mild - moderate Ig E mediated	Severe Ig E mediated
Treatment if <u>breast fed</u>	Advise mother to follow cows' milk free diet ( <u>click here</u> ) + start calcium & vitamin D supplement & cows' milk free diet for infant if weaning has commenced			
Treatment if <u>bottle</u> <u>fed/ mixed fed</u> <u>note</u> : <i>EH milks (e.g.</i> <i>Alimentum) are</i> <i>tolerated by 90% of</i> <i>infants with CMPA,</i> <i>therefore AA formula</i> <i>milks should only</i> <i>account for about</i> <i>10% of scripts for</i> <i>infants with Severe</i>	<ul> <li>Prescribe Extensively Hydrolysed (EH) milk <u>Up to 2 years</u>:</li> <li>1<sup>st</sup> line – Alimentum (400g)</li> <li>2<sup>nd</sup> line – Althera (400g) ‡</li> <li>+ advise cows' milk free diet for infant if weaning commenced</li> </ul>	<ul> <li>Prescribe Amino Acid (AA) formula milk</li> <li><u>Up to 2 years</u>: <ul> <li>1<sup>st</sup> line – Nutramigen Puramino (400g)</li> <li>Or– Alfamino (400g) ‡</li> <li>+ advise cows' milk free diet for infant if weaning commenced</li> </ul> </li> </ul>	<ul> <li>Prescribe Extensively Hydrolysed (EH) milk <u>Up to 2 years:</u></li> <li>1<sup>st</sup> line – Alimentum (400g)</li> <li>2<sup>nd</sup> line – Althera (400g) ‡</li> <li>+ advise cows' milk free diet for infant if weaning commenced</li> </ul>	Prescribe Amino Acid (AA) formula milk <u>Up to 2 years:</u> • 1 <sup>st</sup> line – Nutramigen Puramino (400g) • Or - Alfamino (400g) ‡ + advise cows' milk free diet for infant if weaning commenced
symptoms of CMPA	<b>‡</b> - If <b>1</b> <sup>st</sup> and <b>2</b> <sup>nd</sup> line not tolerated, discuss alternative with Virgin Care Paediatric Dietitian			
+ <u>Refer to</u> :	=	llbeing Service (Virgin Care Allergy Clinic)	Refer to secondary Care	URGENT referral to secondary care

<u>Please note</u>: Some children with CMPA may also react to soya. If Soya tolerated:

- Under 6 months of age Soya milk should not be considered
- 6 months 1 year of age If child will not take an EH millk, a soya baby milk (Wysoy) can be suggested. Parents should be advised to purchase this OTC as cost is identical to a standard baby milk
- <u>At 1 2 years</u>: If still taking EH milk, advise parents to trial Alpro Growing Up Drink Soya 1-3+ (widely available).
   If tolerated, advise parents to purchase this & <u>stop prescribing EH milk</u>

#### **4** Amount of milk to prescribe

How much powdered infant formula should I prescribe monthly?	Under 6 months	6 to 12 months	12months to 2 years*
<u>Please note</u> : Only prescribe 1 or 2 tins initially until compliance/ tolerance is established to avoid waste	13 x 400g, 12 x 450g or 6 x 900g tins		7 x 400g, 6 x 450g or 3 x 900g tins

#### **5** When to stop extensively hydrolysed or amino acid formula milk prescription

- At 2 years of age or sooner if child has grown out of allergy (i.e. able to consume cows' milk without symptoms)
- If advised to do so by Paediatric Dietitian/Paediatrician/Allergy Clinic

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