

KEY TAKE-OUTS: MANAGEMENT OF COWS' MILK PROTEIN ALLERGY

PARENTAL EDUCATION AND REASSURANCE AS THE FIRST LINE OF MANAGEMENT

PROVIDE PARENTS INFORMATION ON:

- The differences between rapid (IgE mediated) and delayed (non-IgE mediated) cows' milk protein allergy (CMPA) reactions
- Lactose intolerance vs CMPA
- Exclusion of cow's milk and other dairy foods from diet, and appropriate substitutes to ensure adequate nutrition and growth

NUTRITIONAL MANAGEMENT:

- Continue breastfeeding for breastfed infants where possible (maternal intake of cows' milk should be supervised, assessed and reviewed by a dietitian to determine if dietary exclusion is indicated)
- In formula-fed infants with confirmed CMPA, a cow's milk based extensively hydrolysed formula (eHF) may be used as first line treatment for mild to moderate cases (not suitable for infants with anaphylaxis to cow's milk protein)
- Amino acid based formulas should be prescribed for infants with anaphylaxis to cows' milk protein or when infants are not able to tolerate eHF or soy protein formulas

PHARMACOLOGICAL THERAPY:

- If the infant does not consume sufficient breastmilk and/or formula to meet nutritional needs, then vitamin and mineral supplementation should be considered
- Consider specialist referral and investigations in case of inappropriate growth, other warning signs or non-response to treatment

FOR HEALTHCARE PROFESSIONALS ONLY.

Breastmilk is best for babies. Good maternal nutrition is important for breastfeeding. Partial bottle feeding could negatively affect breastfeeding. Reversing a decision not to breastfeed may be difficult. Improper use of infant formula may affect the health of the baby. Social and financial implications should be considered.

REFERENCES:

- Australasian Society of Clinical Immunology and Allergy (ASCI) 2019. Information for patients, consumers and carers: Cow's milk (dairy) allergy. Available at https://allergy.org.au/images/pdf/ASCI_PCC_Cows_milk_dairy_allergy_2019.pdf. Accessed March 2021.
- Koletzko S et al. JPGN 2012;55(2):221-9.
- Fox A et al. Clin Transl Allergy 2019;9:40.
- Kemp AS et al. MJA 2008;188(2):109-112.