

NUTRICIA WEBINAR: “Break Through The Burden Of Cow’s Milk Allergy”

Answers to Questions from Virtual Attendees not answered during live Q&A

Any opinions or recommendations expressed in this webinar Q&A are those of the expert co-hosts.

- 1. Can you please compare the farm milk used in the MARTHA trial with the Nutricia formula containing pre and probiotics.**

Dr Elizabeth Pickford: in Australia it is difficult to distinguish the effects of unpasteurised milk from living on a farm which would usually be combined (because the sale of unpasteurised milk in Australia is illegal unless it is labelled to be used only for cosmetic purposes).

- 2. With the lack of access to MCHN we found an increase in behavioural feeding difficulties, delayed introduction of allergens and poor growth being missed**

Kathy Beck: Yes, I have seen that as well – also as discussed increased parental anxiety about food reactions and introducing new foods to infant’s diet.

Maria Said: We need to refer people to Nip Allergies in the Bub website to help www.preventallergies.org.au and webinar by Merryn Netting on food introduction <https://allergyfacts.org.au/resources/webinars/feeding-my-child-with-food-allergy/how-can-i-teach-my-child-to-eat-well>

- 3. Does the impact of COVID among allergy patients necessitate any additional prevention measures/nutrients as a response?**

Prof Pete Smith: From the discussion’s awareness of ALL family members of risks of foods, reading labels and caution in food preparation and management plans. Need to go to hospital if anaphylaxis as risk of needing second dose is about 30% with FA.

- 4. Is obesity in early childhood related to the micro biome?**

Prof Pete Smith: Yes, there are microbiota that are related to obesity <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7333005/>

- 5. Do you think the increase in eating disorders (ED) in Australia particularly, can impact on incidence of food allergies in infants?**

Kathy Beck: I have several patients whose mothers have had ED during adolescence and the main issue that I see is that they don’t know how to feed their baby food. Their whole relationship with food is distorted; the issues I have seen:

- a. feeding excessive amounts to their baby resulting in obesity – ignoring signs from baby that they are full;*
- b. Reliance on commercial foods for themselves since ED and then having no idea how to even steam vegetables or cook meats;*

c. Not realising how many times a day a baby should be fed.

If the history of ED results in increased FA in offspring I have no idea.

Dr Elizabeth Pickford: Yes.

6. Do you think introduce the high risk of allergy food to infants could help with the allergy prevention and treatment in especially non ige CMPA?

Kathy Beck: Only shown for IgE FA – unknown for non IgE but as it's an unknown and very different mechanism and manifests before food is introduced, I don't think it's relevant. Exception may be FPIES which we don't know about – unless Anna Nowak-Wegrzyn or Sam Mehr can comment.

Dr Elizabeth Pickford: Yes, for CMPA generally but am unaware if this is studied specifically in non-IgE mediated CMPA.

Prof Pete Smith:

REDUCING FA RISK

Avoid Junk foods

Healthy Foods and Diversity of Foods

Ensure Micronutrient, lipid (omega 3) and Vitamin D Adequacy

Introduce while breast feeding is ideal

Treat Eczema

Lipid Barrier Repair/Protection

Early Aggressive Rx of AD

Eat / Do Not Wear The Food

Consume with Soft Food

7. Is there benefit of using serum IgE to help clarify if reflux symptoms are due to cow milk and might help reduce use of omeprazole?

Prof Pete Smith Many cases are not IgE – agree (Kathy Beck)

Dr Elizabeth Pickford: IgE total is an extremely blunt instrument, and I would discourage this. A positive specific IgE for any allergen does not translate into clinical reactivity. That's where so many go wrong, assuming the blood tests are more accurate or significant than SPT. And reflux is rarely due to IgE mediated disease in any case.

8. Have there been genetic studies to profile which infants are at risk of an atopic diathesis?

Prof Pete Smith - Yes – over 200. One of the strongest is the Filaggrin gene – one involved in holding the skin together, but it is in the mouth and upper gut.

Dr Elizabeth Pickford: Agreed re filaggrin gene. Too many don't know how to recognise signs like "washer woman hands".

9. Shouldn't dietitians be entitled to prescribe hydrolysed and amino acid formulas?

Prof Pete Smith: Even paediatricians cannot - Austerity – restriction measures about 9 years ago.

Dr Elizabeth Pickford: agreed. They are expensive and would tend to be overused if restrictions were relaxed. I had a person from China tell me that they wanted elemental formula because in China the child had it because it would apparently make the child smarter....

Kathy Beck: I would love to be able to prescribe as a dietitian but agree not all DN should be able to – restricted to one working with an allergist who is also seeing the same patient, ones with "expertise" etc. - I often just ask an allergist, registrar etc. to prescribe "xyz" which they do as I ask with minimal knowledge.

10. Has any research been done on the negative effects of introducing pre and probiotics?

Prof Pete Smith: Main side effect is diarrhea and/or wind.

11. reflux symptoms including clear pain; back arching and screaming, should baby be tried with a cmp free diet before starting omeprazole as standard practise?

Prof Pete Smith Sounds reasonable to me. Economou published on this over 20 years ago

Kathy Beck: Potentially with an allergy dietitian supervising to avoid unnecessary long-term exclusion of CMP

Dr Elizabeth Pickford: agreed. Just not restricting for too long

12. Pete, can u please add some references about the vit /d and calcium issues and any recommendations about micronutrient supply?

Prof Pete Smith: I can't make recommendations about micronutrients:

Kamer B, Wąsowicz W, Pyziak K, Kamer-Bartosińska A, Gromadzińska J, Pasowska R. Role of selenium and zinc in the pathogenesis of food allergy in infants and young children. Arch Med Sci. 2012;8(6):1083-1088. doi:10.5114/aoms.2012.32420

Sharief S, et al. Vitamin D levels and food and environmental allergies in the United States: results from the National Health and Nutrition Examination Survey 2005-2006. J Allergy Clin Immunol. 2011 May;127(5):1195-202.

Allen KJ, et al. Vitamin D insufficiency is associated with challenge-proven food allergy in infants. J Allergy Clin Immunol. 2013;131(4):1109–16.

Increased food diversity in the first year of life is inversely associated with allergic diseases. Roduit C, Frei R, Depner M, Schaub B, Loss G, Genuneit J, Pfefferle P, Hyvärinen A, Karvonen AM, Riedler J, Dalphin JC,

Pekkanen J, von Mutius E, Braun-Fahrländer C, Lauener R, PASTURE study group. J Allergy Clin Immunol. 2014 Apr; 133(4):1056-64.

DeChristopher LR, Uribarri J, Tucker KL. Intakes of apple juice, fruit drinks and soda are associated with prevalent asthma in US children aged 2-9 years. Public Health Nutr. 2015 Apr 10:1-8.

*Sindher, S., Alkotob, S.S., Shojinaga, M.N., Hamilton, R., Chan, S., Cao, S., Bahnson, H.T., Brough, H.A., Lack, G., Leung, D.Y.M. and Nadeau, K.C. (2020), Increases in plasma IgG4/IgE with trilipid vs paraffin/petrolatum-based emollients for dry skin/eczema. *Pediatr Allergy Immunol.* doi:10.1111/pai.13253*

Ellwood P, Asher MI, García-Marcos L, Williams H, Keil U, Robertson C, Nagel G; ISAAC Phase III Study Group. Do fast foods cause asthma, rhinoconjunctivitis and eczema? Global findings from the International Study of Asthma and Allergies in Childhood (ISAAC) phase three. Thorax. 2013 Apr;68(4):351-60. doi: 10.1136/thoraxjnl-2012-202285. Epub 2013 Jan 14.

Sharief S, et al. Vitamin D levels and food and environmental allergies in the United States: results from the National Health and Nutrition Examination Survey 2005-2006. J Allergy Clin Immunol. 2011 May;127(5):1195-202.

Allen KJ, et al. Vitamin D insufficiency is associated with challenge-proven food allergy in infants. J Allergy Clin Immunol. 2013;131(4):1109–16.

Kamer B, Wąsowicz W, Pyziak K, Kamer-Bartosińska A, Gromadzińska J, Pasowska R. Role of selenium and zinc in the pathogenesis of food allergy in infants and young children. Arch Med Sci. 2012;8(6):1083-1088. doi:10.5114/aoms.2012.32420

Venter, C, Meyer, RW, Nwaru, BI, et al. EAACI position paper: Influence of dietary fatty acids on asthma, food allergy, and atopic dermatitis. Allergy. 2019; 74: 1429– 1444. <https://doi.org/10.1111/all.13764>

Yumiko Miyaji et al. Earlier aggressive treatment to shorten the duration of eczema in infants resulted in fewer food allergies at 2 years of age

J ALLERGY CLIN IMMUNOL PRACT VOLUME 8, NUMBER 5 May 2020

13. Vicki what are you suggesting to families like Leanna's when formula isn't available ?

Kathy Beck: ASCIA made a document during the 2020 shortages and we have updated it recently to reflect addition of Cortex Health product - <https://www.allergy.org.au/hp/papers/guide-for-milk-substitutes-cows-milk-allergy>

Prof Pete Smith: It is really hard to find formulas, but good reps are really helpful in scraping things together for the absolutely urgent cases.

Nutricia: when formula is unavailable, contact the company's Careline. For Nutricia, you can [Live Chat](#) or call us on 1800 842 098 (AU) or 0800 438 500 (NZ).