



NUTRICIA



Aptamil[®]
AllerProsyneo[™]



neocate[®]



Breastfeeding 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.

COW'S MILK ALLERGY MANAGEMENT GUIDE

FOR HEALTHCARE PROFESSIONALS ONLY -
NOT FOR DISTRIBUTION TO THE GENERAL PUBLIC

TWO SYMPTOMS TELL A STORY

92% OF INFANTS WITH COW'S MILK ALLERGY (CMA) SUFFER FROM TWO OR MORE SYMPTOMS^{1,2}



OR



OR



DERMATOLOGICAL

Up to 90% of CMA infants will have atopic dermatitis/eczema, urticaria, rashes

RESPIRATORY

Up to 30% of CMA infants will have wheezing, chronic coughing, respiratory distress, runny nose

GASTROINTESTINAL

Up to 60% of CMA infants will have diarrhoea, constipation, vomiting, frequent regurgitation, blood/mucus in stools

CMA DIAGNOSTIC ALGORITHM

Detailed medical history - Clinical suspicion of cow's milk allergy^{3,5}

DELAYED REACTION (NON IgE MEDIATED)

IMMEDIATE REACTION (IgE MEDIATED)

Diagnostic elimination (1-4 weeks) in consultation with clinical immunology/allergy specialist.

CMA Elimination and test for specific IgEs

NO IMPROVEMENT OF CLINICAL SYMPTOMS

IMPROVEMENT OF CLINICAL SYMPTOMS

IgE NEGATIVE

IgE POSITIVE

Standard oral cow's milk challenge under medical supervision

NEGATIVE

POSITIVE

CMA ruled out:

Refer to specialist and/or consider Functional GI disorders (FGIDs)

CMA diagnosed:

Therapeutic elimination diet and rechallenge in 6-12 months under medical supervision

WHICH FORMULA IS RIGHT FOR YOUR PATIENTS?

ASCIA emphasises that while breast milk is the first choice for all infants including those with food allergy, a specialised formula is recommended for infants with confirmed CMA when breast feeding is not possible. Below is a summary, for the full range of specialised formulae and indications in CMA, please see the ASCIA Guide⁶ by scanning the QR code.



CMA DIAGNOSED

FOR MILD TO MODERATE ALLERGY

FOR SEVERE ALLERGY

Over 6 months of age with NO faltering growth and without soy allergy

Under 6 months of age OR over 6 months of age with faltering growth and presenting with mild-moderate symptoms of CMA

Severe CMA, Anaphylaxis or Eosinophilic Oesophagitis

Soy Infant Formula

Karicare[®] Soy Milk Infant Formula OTC



0 - 12 months

Extensively Hydrolysed Formula (EHF)

Intact cow's milk protein is broken down into small peptides and amino acids (extensively hydrolysed) and are tolerated by:
• 90% (Pepti-Junior)
• 97% (Allerpro)
of infants with CMA, not anaphylaxis^{7,8}

SYMPTOMS PERSIST

Amino Acid Formula (AAF)

Amino acids are protein in its simplest, completely broken down form and therefore hypoallergenic. Amino acids are not derived from cow's milk.

Refer to "Red Flags" for when to use AAF.

Aptamil[®] Allerpro SYNEO OTC



from birth to 6 months from 6 to 12 months from 1 year

Contains Prebiotics (GOS/FOS), Lactose, Probiotic Bifidobacterium Breve, Nucleotides and LCP's

Aptamil[®] Pepti-Junior PBS



0 - 12 months

Extensively hydrolysed contains <0.1g lactose per 100ml, Nucleotides, 50% MCT and LCP's

Neocate[®] SYNEO PBS



0+ months

Contains Prebiotics (FOS/FOS) & Probiotic Bifidobacterium Breve, 33% MCT, Nucleotides and LCP's

Neocate[®] GOLD PBS



0+ months

Contains Nucleotides, LCP and 33% MCT

Neocate[®] LCP PBS



0+ months

Contains Nucleotides and LCP's

Neocate[®] Junior Unflavoured PBS



1+ years

Contains Nucleotides 33% MCT

Neocate[®] Junior Vanilla PBS



1+ years

Contains Nucleotides, 33% MCT and pre-biotic fibre

RED FLAG INDICATORS FOR WHEN TO USE AN AAF⁹

REFER THE PATIENT TO A SPECIALIST
WHEN THESE ARE ENCOUNTERED:

1

EHF Failure¹⁰

EHF Failure

EHF Failure is when symptoms do not resolve within 2-6 weeks on an EHF. On these cases, it is recommended to step up to an AAF.

2

Faltering Growth¹⁰

Faltering Growth

Infants with CMA are at increased risk of poor linear growth. Infancy is a critical developmental stage.

Choosing an effective formula for children with food allergy is important to avoid growth deficits and optimise long-term outcomes. In these cases, it is recommended to step up to an AAF.

Neocate has been proven to support normal growth and promote catch up growth in infants with CMA.

3

Severe Gastrointestinal Allergies^{4,10}

Severe Gastrointestinal Allergies

Infants with severe complex gastrointestinal allergies (i.e. food induced enterocolitis and **eosinophilic gastrointestinal disorders**) seem to benefit from AAF.

IMAP advises use of an AAF where there are severe and persisting gastrointestinal symptoms in non-IgE mediated CMA.

4

Anaphylaxis¹⁰

Anaphylaxis

BSACI, EAACI, and IMAP guidelines recommend the use of AAF in severely allergic infants to mitigate possible risk.

LEARN MORE



Our Nutricia Careline team of dietitians, nutritionists and midwives are here to help with any questions. Call us on 1800 438 500 (Australia) or email nutriciacareline@danone.com



Nutricia Paediatrics

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References: 1. Host A and Halken S. Allergy 1990;45:587-96. 2. Fiocchi A et al. WAO Journal 2010;3(4):57-161. 3. Koletzko et al. JPGN 2012;55:221-229. 4. Hill DJ et al. Clin Exp Allergy 2007;37:808-22. 5. ASCIA guide to cow's milk dairy allergy: <https://www.allergy.org.au/patients/food-allergy/cows-milk-dairy-allergy> (cited February 2024). 6. ASCIA guide to milk substitutes: <https://www.allergy.org.au/hp/papers/guide-for-milk-substitutes-cows-milk-allergy> (cited February 2024). 7. Vandenplas Y et al. Arch Dis Child 2007; 92:902-908. 8. Giampietro PG et al. Pediatr Allergy Immunol 2001; 12:83-86. 9. Nutricia Red Flag campaign, UK 2019. 10. Meyer R et al. J Allergy Clin Immunol 2018;6(2):383-99.

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