An Update In Allergy

Dr Helen Evans-Howells
GP With A Specialist Interest in Allergy

Disclosures

- Sponsored by Mylan/Viatris, Thermofisher, Astra Zeneca, Abbott, Danone, Nutricia, Nestle Health Science and Mead Johnson to provide GP education
- Received a fee for attending advisory panels for Grow With Iris, Viatris, Nestle Health Science, ALK
- University fees supported by Nutricia and Mead Johnson
- Received a fee for supporting the media campaign of hayfever products- Fexofenadine and Dymista
- Trustee for the Anaphylaxis UK Charity and worked closely with Sadie Bristow Foundation, and AllergyuK

Who am I?

- Multiple Roles – Self employed GP, GP WER Paediatric Allergy – www.drhelenallergy.co.uk and www.drhelenmedical.co.uk
- Previous Primary Care of BSACI
- Trustee for A.UK
- A busy mum!



Aims and objectives

1. To review the differences between food intolerances, IgE- and non-IgE-mediated allergies and how to recognise allergy
2. Understand the signs and symptoms of anaphylaxis
3. Think about when Adrenaline Autoinjectors should be prescribed and the importance of training
4. Consider Non IgE CMPA and its management

- NICE guidelines, BSACI guidelines and interactive questions

Cow's Milk Protein Allergy



- CMPA is common and affects 1-3% of children. Usually, they present within the first 6-12 weeks of life and rarely after 12 months of age
- Diagnosis of allergy can be challenging as the symptoms cross over with many other conditions
- There can be multiple presentations to General Practitioner/Accident and Emergency before diagnosis is made, especially with non-IgE allergies

Koletzko S, *et al.* JPGN 2012; 55: 221–229. Luyt D, *et al*. Clin Exp Allergy 2014; 44: 642–672. Lozinsky C, *et al.* Children 2015; 2:317-329; Stadkevicius E, *et al.* J Med Econ 2010;13:119-128

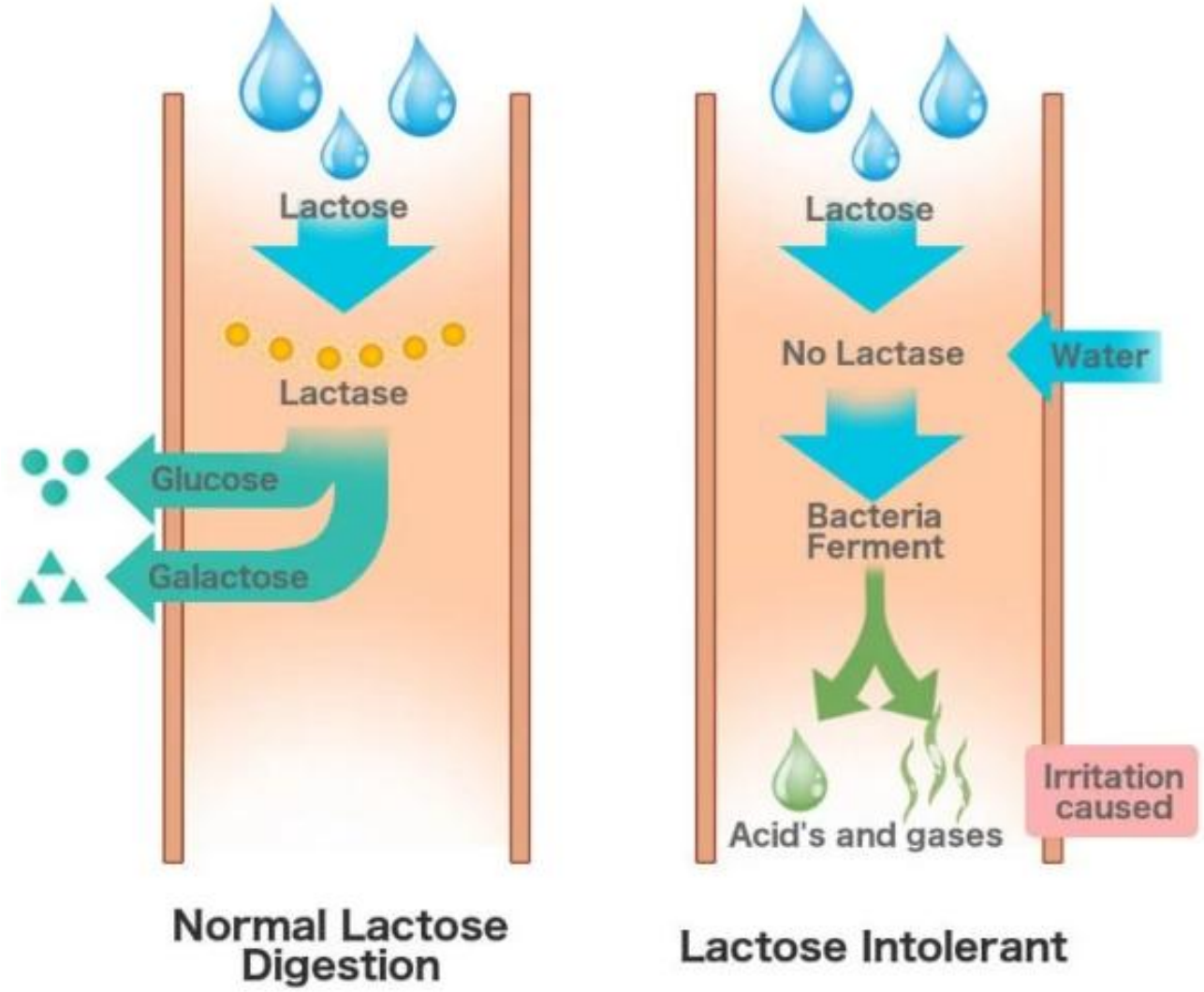
Definitions

- **HYPERSENSITIVITY** – An umbrella term that refers to any unpleasant and reproducible reaction to food
- **FOOD ALLERGY** – An adverse reaction arising from a specific immune response that occurs reproducibly on exposure to a given food
- **FOOD INTOLERANCE** – Reproducible adverse effects that do not have an established immunological mechanism (for example, metabolic– lactose intolerance, undefined-sulphites, salicylates)

Johansson SG et al. J Allergy Clin Immunol 2004;113:832-836.

Lactose Intolerance

- Lactose –carbohydrate – present in milk / dairy products
- Enzyme lactase is present on intestinal brush border
- No lactase = absorption of water into gut, colonic fermentation of bacteria



Symptoms of Lactose Intolerance

- Abdominal Pain
- Abdominal Swelling / bloating
- Flatulence
- Explosive Diarrhoea
- Onset of symptoms within 30mins – 2hrs





Non -IgE Mediated Food Allergies



Signs and Symptoms

Non-IgE Mediated (delayed symptoms 2-*72 hrs later*)

Gastrointestinal System (GI)

- GORD / vomiting
- ++ Mucus ± blood mixed with stool
- Abdominal pain / colic (frequent)
- Wind – lots, painful passage
- Constipation (soft stool)
- Diarrhoea (water, ++frequency)
- Faltering growth (with at least one or more GI symptom)
- Food refusal or aversion

Skin

- Pruritis (itch)
- Erythema (redness)
- Atopic Eczema (chronic/tx resistant)

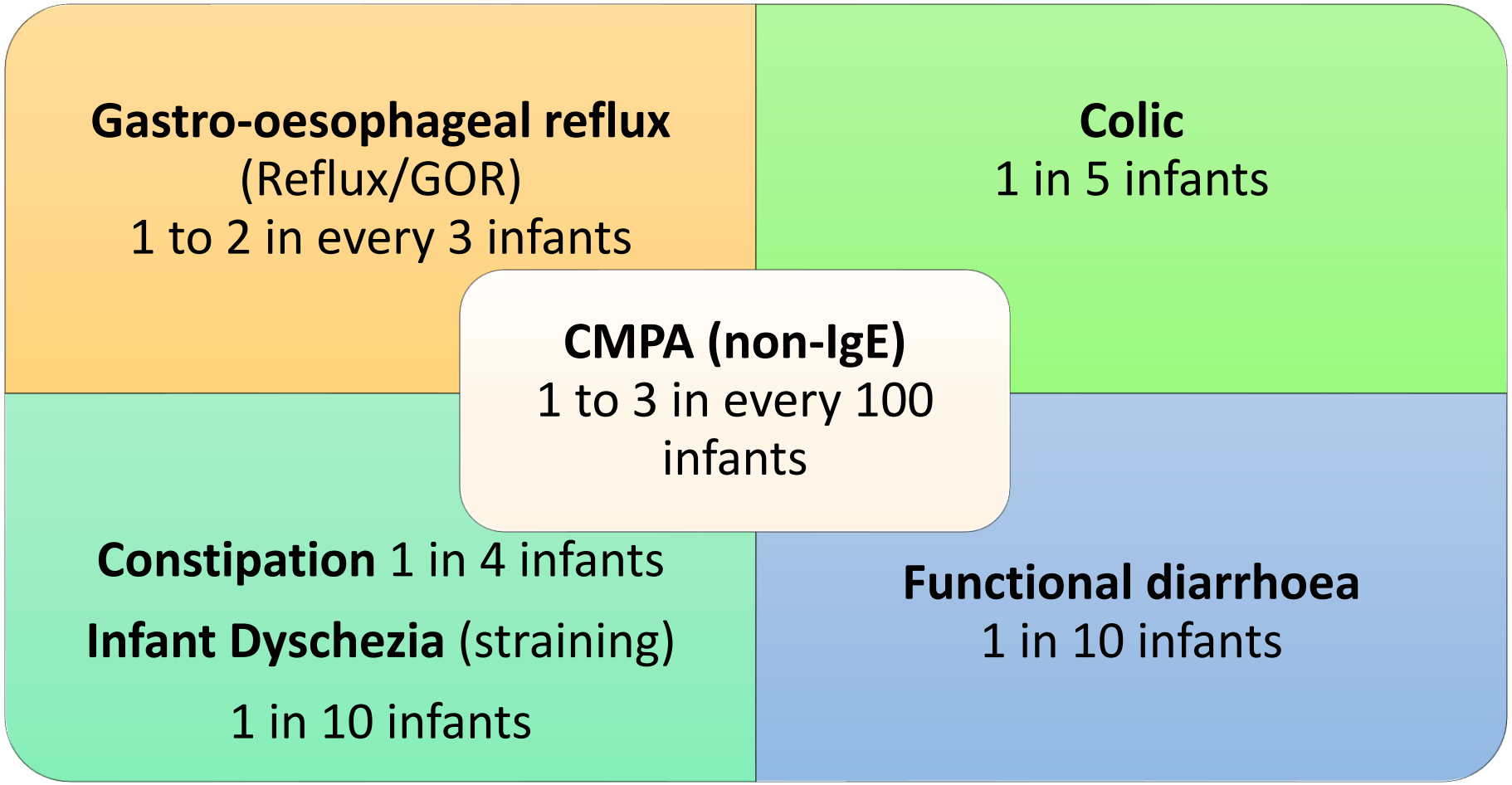
Respiratory System

- Babies often appear 'snuffly' & have symptoms such as a blocked nose – it is an un-common non-IgE symptom

At least one symptom (may be multiple from one system)

1. Fox A et al. *Clin Transl Allergy* 2019;9:40.
2. NICE. Food allergy in under 19s: assessment and diagnosis. CG116. February 2011. Available at: www.nice.org.uk/guidance/cg116 (accessed May 2021).

Functional Gastrointestinal (GI) Disorders (FGIDs) Disorders of Gut Brain Interaction



Vandenplas Y et al. Prevalence and health outcomes of functional gastrointestinal symptoms in infants from birth to 12 months of age. J Paedr Gastroenterol Nutr 2015;61(5):531-537

Food Protein Induced Enterocolitis Syndrome

- Generally, affects children
- Profuse vomiting 1-4 hours after exposure to food
- 24% have diarrhoea
- Features of lethargy, pallor
- Often so unwell they are admitted
- Common Causes- milk, soya, rice and grains like oat and barley
- Acute and Chronic versions

- No test exists to diagnose

- Exclude –and rechallenge *in hospital* 12-18 months after last reaction
- www.fpiesuk.org/

Calvani M et al. Update on food protein –induced enterocolitis syndrome (FPIES). Acta Biomed. 2021 Nov 29;92(S7):e2021518. doi: 10.23750/abm.v92iS7.12394.

Eosinophilic Oesophagitis – EOE / EE

- Can affect Adults and Children
- Symptoms of reflux/ indigestion, chest pains, food sticking, food boluses, strictures
- There may be no response or partial response to proton pump inhibitors (but co-existing reflux can exist)
- Diagnosed by endoscopy with multiple biopsies

- Treatment is dietary restrictions or medication

- www.eosnetwork.org/

Dhar A, Haboubi HN, Attwood SE*, et al*
British Society of Gastroenterology (BSG) and British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) joint consensus guidelines on the diagnosis and management of eosinophilic oesophagitis in children and adults. *Gut* 2022;**71:**1459-1487

Foods associated with food allergy



Gluten and wheat



Cow's milk

90% are caused by the 'Big 8'



Eggs



Peanuts



Soy products



Tree nuts



Seafood

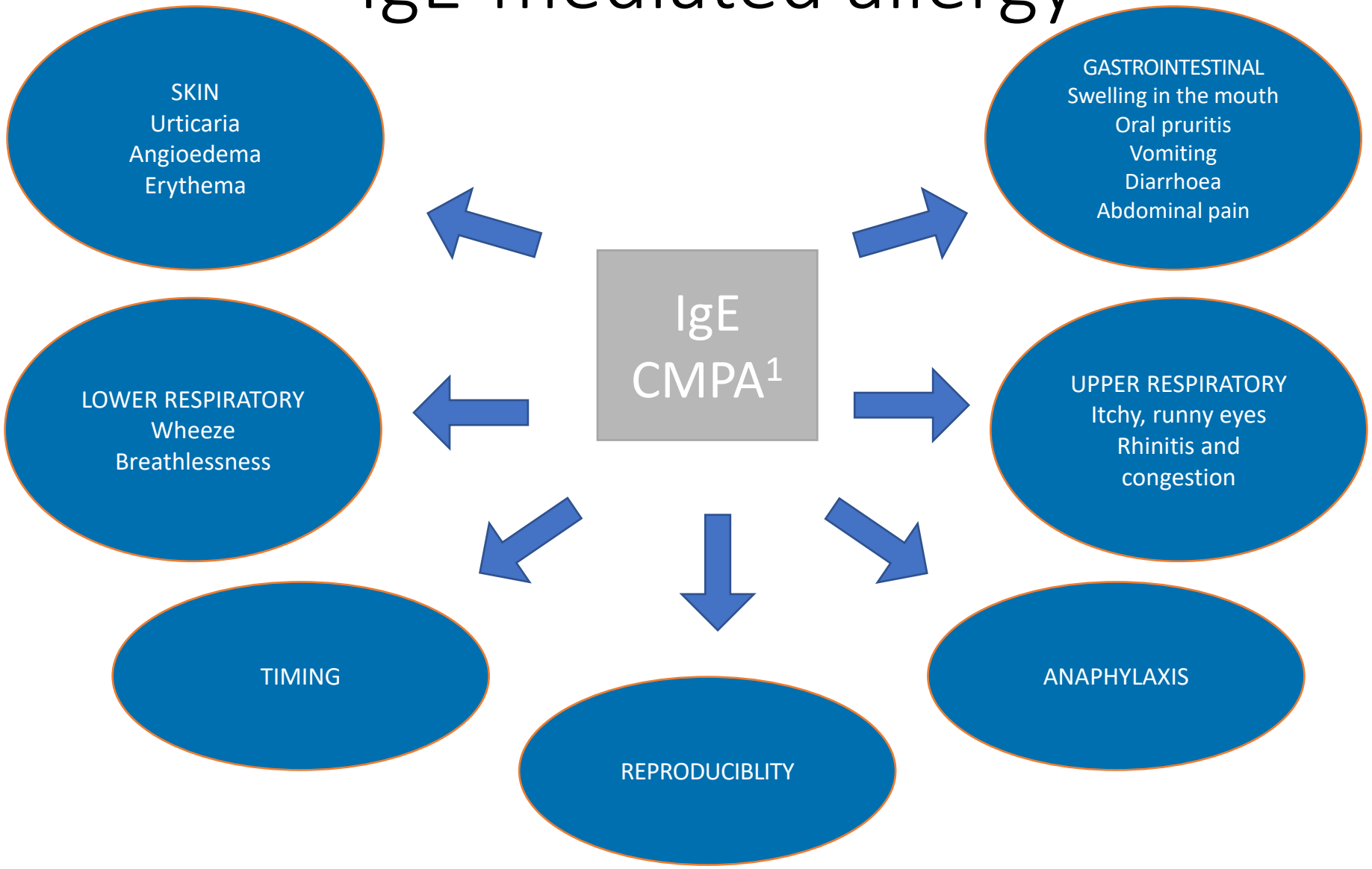


Shellfish

CASE HISTORY - FLORA

- Flora- 9 year old girl brought by her parents who are concerned about a possible peanut allergy
- Ate peanut butter regularly as a toddler and at some point stopped. Hasn't knowingly eaten peanuts for years but tried a chocolate bar containing peanuts yesterday
- Within 15 minutes Flora developed urticaria starting around her mouth and spreading, angioedema of her face and she vomited. On further questioning mum said she was coughing and her voice went hoarse. Mum gave cetirizine and her symptoms improved after 30 minutes
- **PMH:** eczema (controlled), asthma
- **FH:** Dad – asthma and eczema; Mum – hayfever

IgE-mediated allergy



CMPA, cow's milk protein allergy. Fox A et al. *Clin Transl Allergy* 2019;9:40.

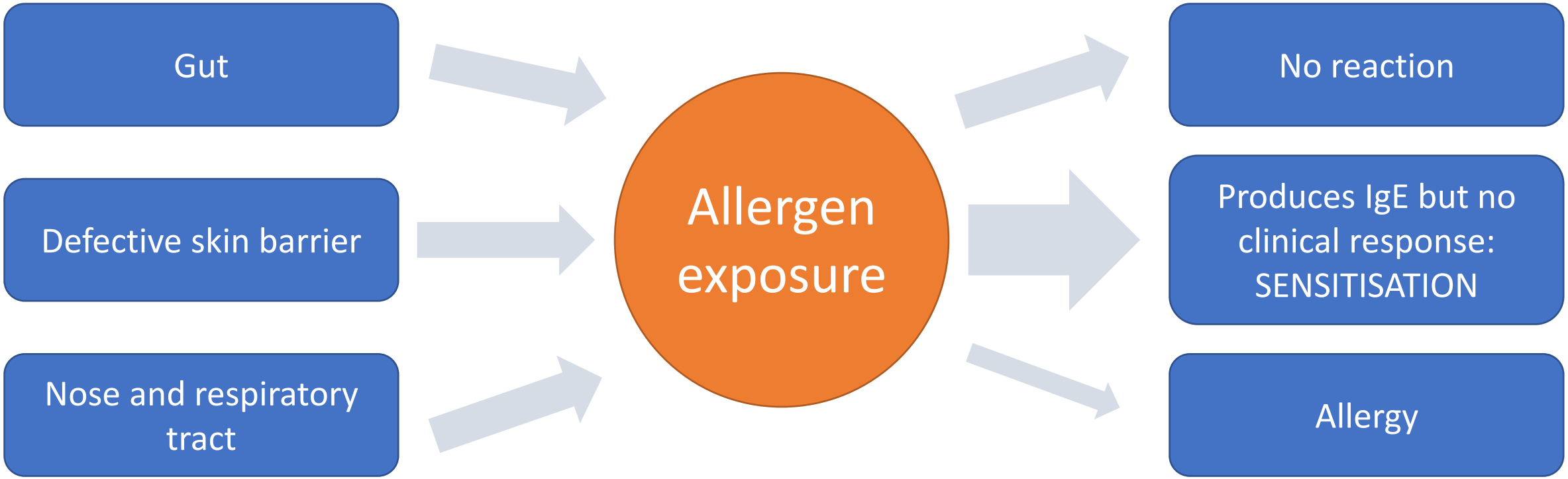
Confirming the diagnosis

- **Skin prick tests**
  - Immediate results
  - Specialist kit/training
- **Specific IgE**
  - Delayed result
  - Blood test
- **Food challenge**
  - Hospital based
  - Needs experience and care

- **<u>Do not use</u>**
  - Atopy patch tests
  - IgG based assays
  - VEGA testing
  - Kinesiology
  - Hair analysis

www.bsaci.org/wp-content/uploads/2020/02/Choosing-wisely-ALTERNATIVE-TESTS.pdf

Primary sensitisation



Specific IgE Blood Tests



Community:

Need to be done in conjunction with the history

- Given as a number but can also be graded I–IV, >0.35 is positive
- Positive tests do not equal allergy, can be caused by sensitisation
- Positive tests do not give any indication about the likelihood of allergy or the severity of reactions
- Total IgE has little relevance in food allergy
- Components – expensive and best saved for secondary care

Skin Prick Testing



- Takes about 15 minutes to perform and get results
- Need to stop anti-histamines four days before
- Standard panel of allergens that can be tested
- Can do prick-prick testing
- Often not accessible by most surgeries





Food Challenges

- Half day admission
- Aim to give graduated amounts of the allergen every 30 minutes to assess for any reaction
- By the end of the assessment should have eaten what is deemed to be a full serving of that food based on the person's age

- **Why is it done?** –diagnostic, demonstrate resolution, a demonstration challenge

Question

- Should Flora be prescribed an Adrenaline Autoinjector (AAI) / Adrenaline Device?
  - Yes
  - No

Jext®*







EpiPen®*

*Jext® and Eurneffy is a trademark of ALK-Abelló; EpiPen® is a trademark of Viatris

Be Allergy Aware and Save a Life

Life threatening Anaphylaxis is a severe reaction to allergens including food, insect stings, medication & latex

Recognise the ABC symptoms and act quickly - you could save a life

WHAT TO LOOK FOR

A Airway

- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty in swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheezing (like an asthma attack)

C Consciousness/Circulation

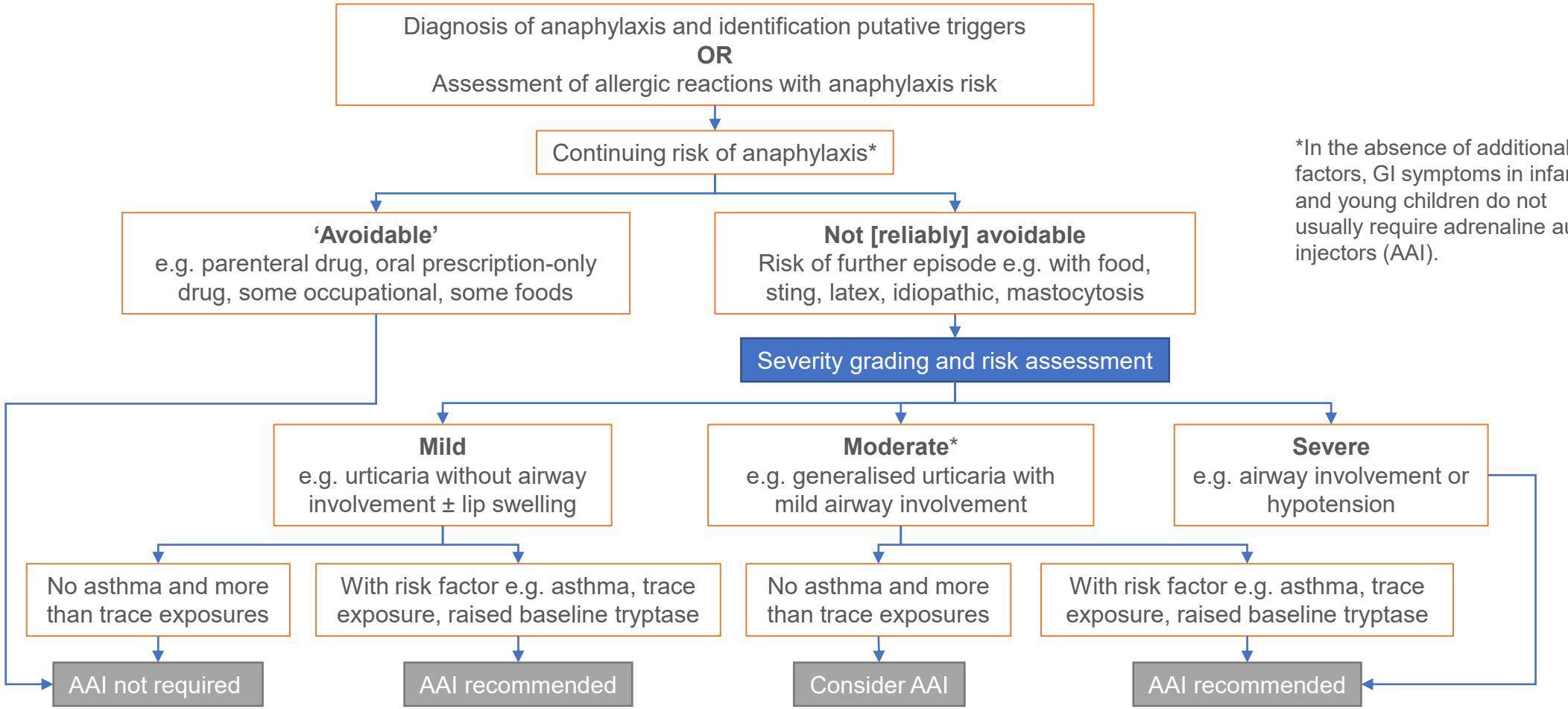
- Feeling lightheaded or faint
- Clammy skin
- Confusion
- Unresponsive/ unconscious (due to a drop-in blood pressure)

WHAT TO DO

1. Lay person flat – do NOT allow them to stand and walk
   a. If unconscious, place them in the recovery position
   b. If breathing is difficult allow them to sit up
   c. If they feel dizzy or appear pale, their legs should be raised
2. Give an Adrenaline Auto Injector (Refer to device label for instructions)
3. Phone 999 and tell them the person is suffering from anaphylaxis (anna-fill-axis)
4. If there is no improvement of symptoms after 5 minutes, a second dose of adrenaline can be given

Anaphylaxis Campaign
Supporting people at risk of severe allergies
01252 542029
info@anaphylaxis.org.uk
anaphylaxis.org.uk

BSACI guidelines for AAI prescribing

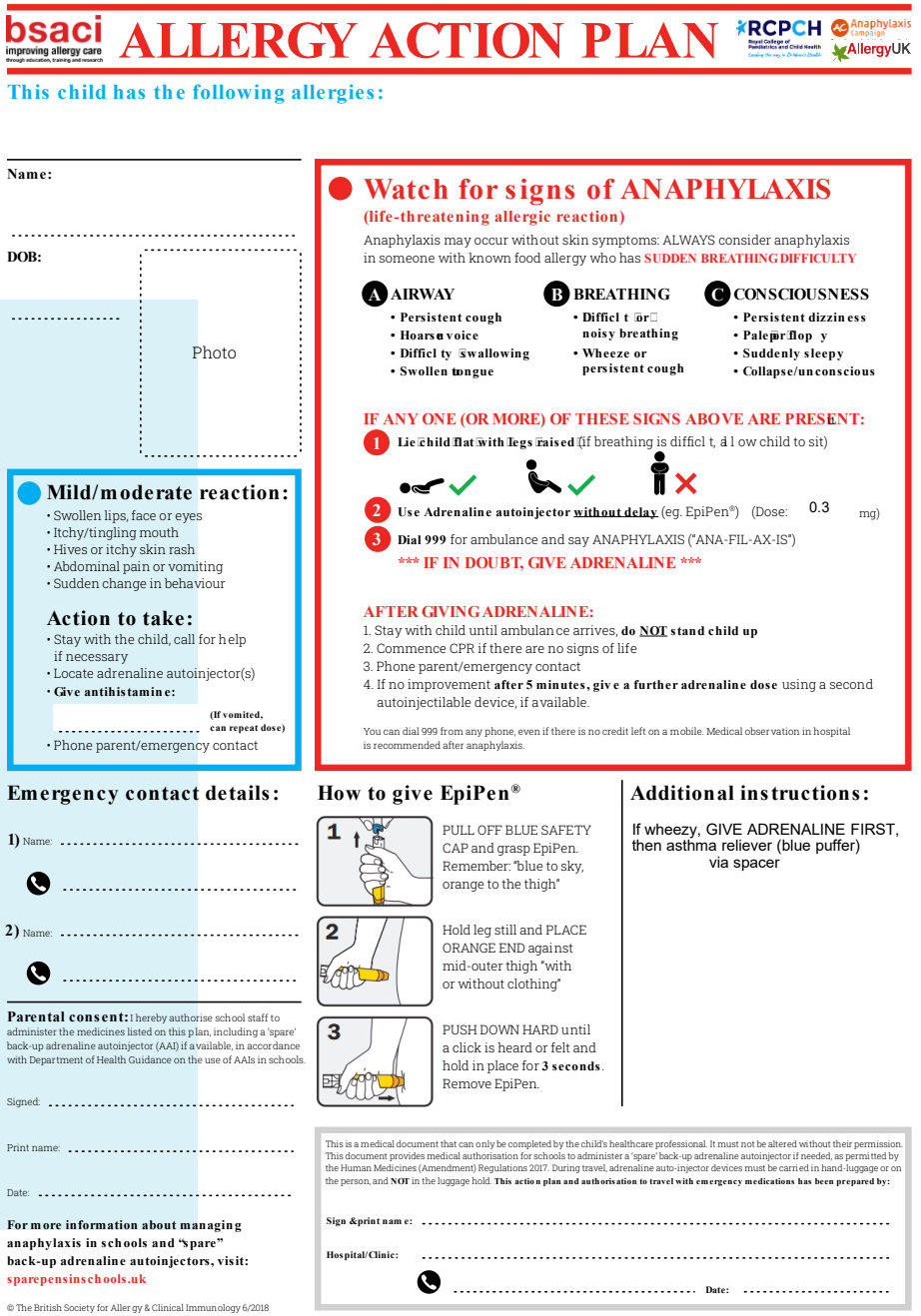


*In the absence of additional risk factors, GI symptoms in infants and young children do not usually require adrenaline auto-injectors (AAI).

BSACI, British Association of Allergy and Clinical Immunology; AAI, adrenaline auto-injector.
. Ewan P et al. *Clin Exp Allergy* 2016;46(10):1258–1280.

Action Plans

- www.bsaci.org
- Search ‘Action plan’ – available for each different type of adrenaline autoinjector
- Prescribe antihistamine
  - Puriton 1mg
  - Cetirizine 2.5-10mg
  - Action plans also available for adults and FPIES



bsaci improving allergy care through education, training and research

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health

Anaphylaxis Campaign

AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: ..... (If vomited, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. Lie child flat with legs raised (if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector without delay (eg. EpiPen®) (Dose: 0.3 mg)
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjectilable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

© The British Society for Allergy & Clinical Immunology 6/2018

How to give EpiPen®

1. PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
2. Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
3. PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

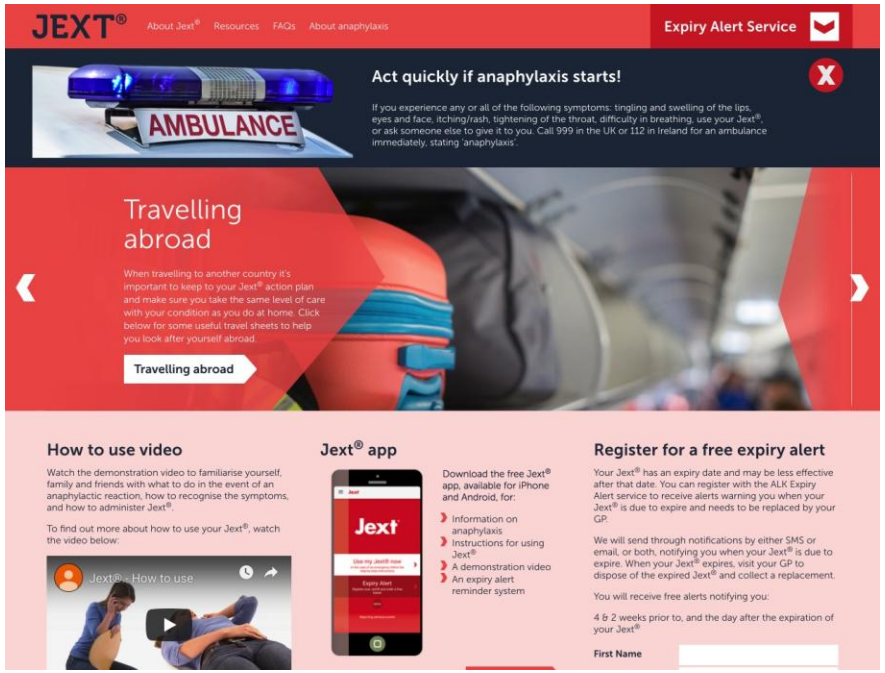
Sign &print name: .....

Hospital/Clinic: .....

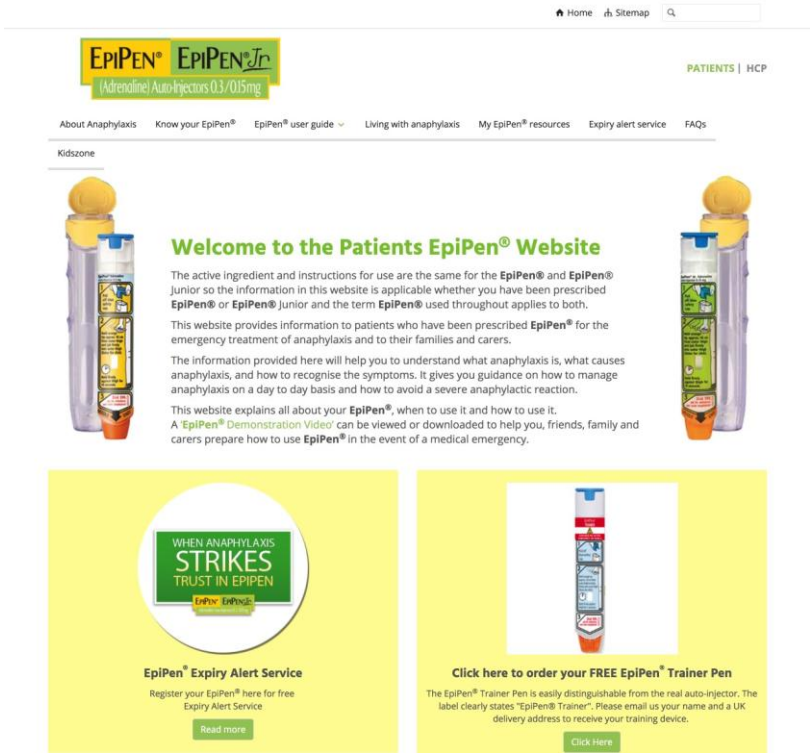
..... Date: .....

BSACI. Allergy action plans for children. Available at: www.bsaci.org/about/download-paediatric-allergy-action-plans (accessed March 2019).

How to use an AAI



adults.jext.co.uk/



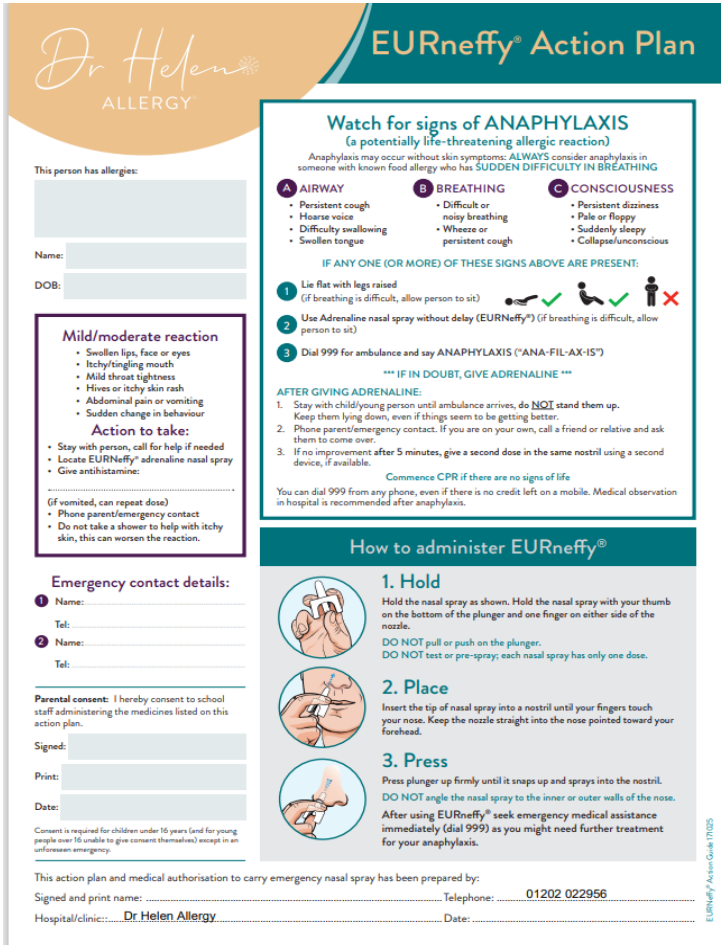
www.epipen.co.uk/patients/

* Jext is a trademark of ALK-Abelló

New Modes of Adrenaline Delivery

- Available in 1mg strength and 2mg strength but in the UK – only 2mg strength
- Must be over 30kg
- Not yet approved by any NHS teams – not on formulary
- Other developments –
- Anaphylm





Dr Helen ALLERGY

EURneffy® Action Plan

This person has allergies:

Name:

DOB:

Mild/moderate reaction

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate EURNeffy® adrenaline nasal spray
- Give antihistamine:

(if vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction.

Emergency contact details:

1. Name:
   Tel:
2. Name:
   Tel:

Parental consent: I hereby consent to school staff administering the medicines listed on this action plan.

Signed:

Print:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency.

Watch for signs of ANAPHYLAXIS
(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN DIFFICULTY IN BREATHING

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. Lie flat with legs raised (if breathing is difficult, allow person to sit)
2. Use Adrenaline nasal spray without delay (EURNeffy®) (if breathing is difficult, allow person to sit)
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, do NOT stand them up. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement after 5 minutes, give a second dose in the same nostril using a second device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

How to administer EURneffy®

1. Hold
Hold the nasal spray as shown. Hold the nasal spray with your thumb on the bottom of the plunger and one finger on either side of the nozzle.
DO NOT pull or push on the plunger.
DO NOT test or pre-spray; each nasal spray has only one dose.

2. Place
Insert the tip of nasal spray into a nostril until your fingers touch your nose. Keep the nozzle straight into the nose pointed toward your forehead.

3. Press
Press plunger up firmly until it snaps up and sprays into the nostril.
DO NOT angle the nasal spray to the inner or outer walls of the nose.
After using EURneffy® seek emergency medical assistance immediately (dial 999) as you might need further treatment for your anaphylaxis.

This action plan and medical authorisation to carry emergency nasal spray has been prepared by:

Signed and print name: ..... Telephone: 01202 022956

Hospital/clinic:: Dr Helen Allergy ..... Date: .....

EURNeffy® Action Guide 17/025

Useful Info -Food Labelling

- 14 Main allergens are written in **BOLD** (gluten, crustaceans, molluscs, fish, egg, peanuts, nuts, soya, milk, celery, mustard, sesame, lupin, sulphur dioxide)
- Always check the packets
- Always ask in restaurants to see ingredients
- Avoid ‘high risk’ places – bakeries, ice-cream parlour



Food allergy and who to refer?

NICE guidelines (CG116)[1,2]

- Systemic reaction or severe delayed reaction
- Suspicion of multiple food allergies
- Significant atopic eczema
- Parental suspicion without supporting evidence
- Faltering growth
- Food allergy and asthma



1. NICE. Food allergy in under 19s: assessment and diagnosis. CG116. February 2011. Available at: www.nice.org.uk/guidance/cg116 (accessed May 2021)
2. NICE. Anaphylaxis QS119. Available at: www.nice.org.uk/guidance/qs119/resources/ (accessed November 2021)

CASE HISTORY 2 - SARAH

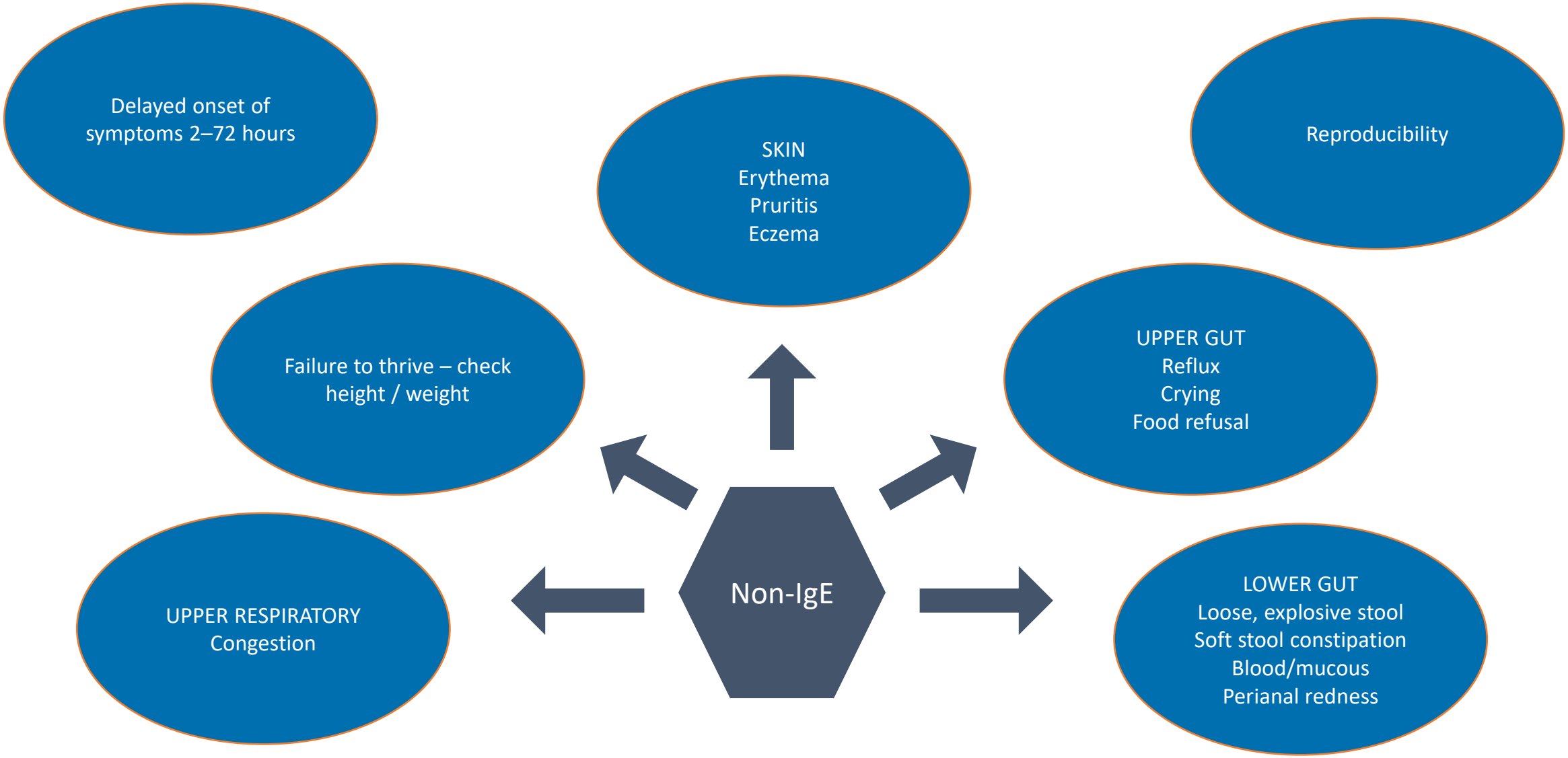
- Sarah is a 3 month old baby who was born at term but needed IV antibiotics due to aspiration of meconium. Formula fed infant.
- Within 2 months of life, Sarah developed widespread eczema. Her parents report that she is constantly unsettled and crying and they have had multiple A&E and GP attendances.
- Sarah frequently vomits after feeds and has frequent, explosive nappies.

QUESTION

What is the most likely cause of her symptoms?

1. Non-IgE Cow's Milk Protein Allergy
2. Colic
3. Reflux

Non-IgE-mediated allergy[1,2]



1. Fox A et al. *Clin Transl Allergy* 2019;9:40. **2.** NICE. Food allergy in under 19s: assessment and diagnosis. CG116. February 2011. Available at: www.nice.org.uk/guidance/cg116 (accessed May 2021).

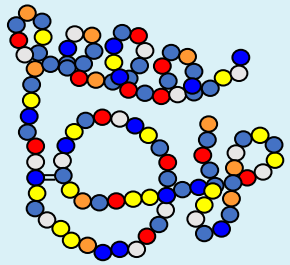
QUESTION

What formula would you recommend for Sarah?

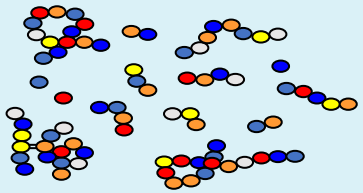
1. Any formula mum wants to buy
2. A soya formula
3. An extensively hydrolysed formula
4. An amino acid formula

CLASSIFICATION OF INFANT FORMULAS

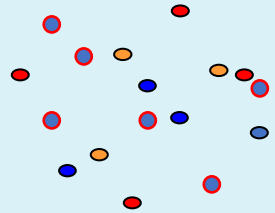
Intact cow's milk proteins



Peptides



Amino-acids



'Comfort' formulas

Extensively hydrolysed formulas (eHFs)

Amino-acid formulas (AAFs)

TYPES OF MILK THAT CAN BE GIVEN TO INFANTS

- Breastmilk – Gold standard
- eHF – Extensively hydrolysed formula
- AAF – Amino-acid formula



Different Types of EHF and Indications for Use

- Whey Containing – Althéra®, Aptamil Pepti® (contains prebiotics), Aptamil Syneo® (contains pre and probiotics)
  - Good for breastfed babies, contain lactose. Sweet tasting.

- Casein Containing – Nutramigen LGG®
  - May be useful for those reacting to lactose.
  - Nutramigen – good for children with eczema. Contains probiotic – Lactobacillus rhamnosus GG.
  - Must follow instructions on the tin as to how to make it.

- Soya Formula – not for under 6 months. Can no longer buy OTC in UK. Good for growth. Theoretical risk of phyto-oestrogens (feminisation) – therefore not for <6months.
- Rice Formula – Arize by Similac®

QUESTION

How much formula should you prescribe initially?

1. 1 x 400g tin
2. 2 x 400g tin
3. 8-10 x 400g tins

QUESTION

Mum calls the next day to say baby is refusing to take the milk and she wants a different one, what do you try?

1. Give mum a different EHF formula?
2. Give mum an AAF formula?
3. Something else?

CHANGE OF FORMULA

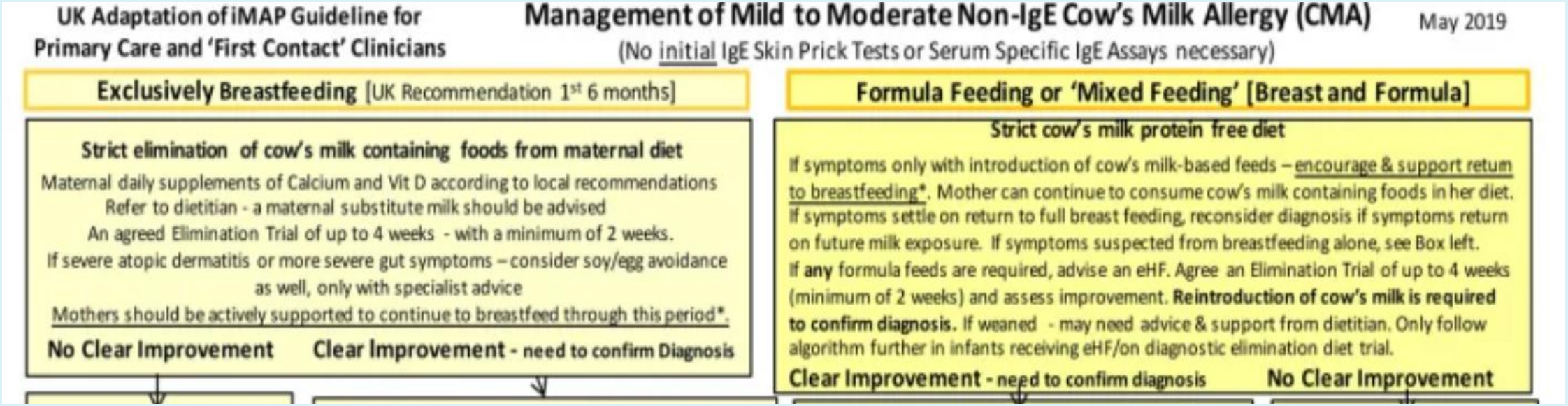
- Prescribe 2 tins initially to check compliance/ tolerance and then give monthly prescriptions
- Smell/ taste is much less palatable. Unless there is anaphylaxis, consider mixing with old formula and gradually increasing amounts if not initially tolerated
- Stools can become green with these formulas
- Once established – ensure you provide enough formula!!
- 7-12 x 400g tins / month

QUESTION

Mum comes back after 1 week and says baby is no better, she is looking for a solution. What do you recommend?

1. Advise mum that baby needs to continue on the EHF for another week
2. Advise mum to change to another EHF
3. Advise mum to switch to an AAF
4. Advise mum baby doesn’t have an allergy

iMAP Guidelines



UK Adaptation of iMAP Guideline for Primary Care and 'First Contact' Clinicians

Management of Mild to Moderate Non-IgE Cow's Milk Allergy (CMA)

(No initial IgE Skin Prick Tests or Serum Specific IgE Assays necessary)

May 2019

Exclusively Breastfeeding [UK Recommendation 1st 6 months]

Strict elimination of cow's milk containing foods from maternal diet

Maternal daily supplements of Calcium and Vit D according to local recommendations
Refer to dietitian - a maternal substitute milk should be advised
An agreed Elimination Trial of up to 4 weeks - with a minimum of 2 weeks.
If severe atopic dermatitis or more severe gut symptoms – consider soy/egg avoidance as well, only with specialist advice
Mothers should be actively supported to continue to breastfeed through this period*.

No Clear Improvement

Clear Improvement - need to confirm Diagnosis

Formula Feeding or 'Mixed Feeding' [Breast and Formula]

Strict cow's milk protein free diet

If symptoms only with introduction of cow's milk-based feeds – encourage & support return to breastfeeding*. Mother can continue to consume cow's milk containing foods in her diet. If symptoms settle on return to full breast feeding, reconsider diagnosis if symptoms return on future milk exposure. If symptoms suspected from breastfeeding alone, see Box left.
If **any** formula feeds are required, advise an eHF. Agree an Elimination Trial of up to 4 weeks (minimum of 2 weeks) and assess improvement. **Reintroduction of cow's milk is required to confirm diagnosis.** If weaned - may need advice & support from dietitian. Only follow algorithm further in infants receiving eHF/on diagnostic elimination diet trial.

Clear Improvement - need to confirm diagnosis

No Clear Improvement

[The Milk Allergy in Primary Care (MAP) Guideline 2019 | The GP Infant Feeding Network (UK) (gpifn.org.uk)]

INDICATIONS FOR AMINO-ACID FORMULA (AAF)

1. Faltering growth
2. Anaphylaxis
3. Severe gastrointestinal symptoms (FPIES, EOE)
4. Multiple food allergies
5. Infants still reacting to extensively hydrolysed formula /refusing to take and at nutritional risk
6. Allergic symptoms or severe atopic eczema whilst breastfed

- AAF – amino-acid formula
  - Neocate LCP®, Nutramigen Puramino®, Alfamino®

Luyt D et al. BSACI Guideline for the diagnosis and management of cow's milk allergy. Clinical and Experimental Allergy. 2014 (44); 642-672.

CASE HISTORY 3 - James

- James (4 months old) has been diagnosed with a likely Non IgE CMPA by 111 and they have directed mum to you for advice. After reviewing the history, you agree with the likely diagnosis. James is breast fed.

QUESTION

Mum wants to continue breast feeding, what should you advise?

1. She can’t and should start formula
2. To exclude all milk products from her diet
3. To exclude all soya products from her diet
4. To exclude all milk and soya products from her diet

ADVICE FOR BREASTFEEDING MOTHERS



- Exclusion of dairy and potentially soya from diet
  - Up to 50% react to soya as well as cow's milk protein (10–14% with an IgE-mediated cow's milk protein allergy)
- No need to have strict soya avoidance – can eat bread, sausages but avoid using soya as milk substitute
- Prescribe calcium (1000mg) and vitamin D (10mcg /day) supplements (UK)

QUESTION

Mum comes back after 1 month and says baby is much better, what is your advice now?

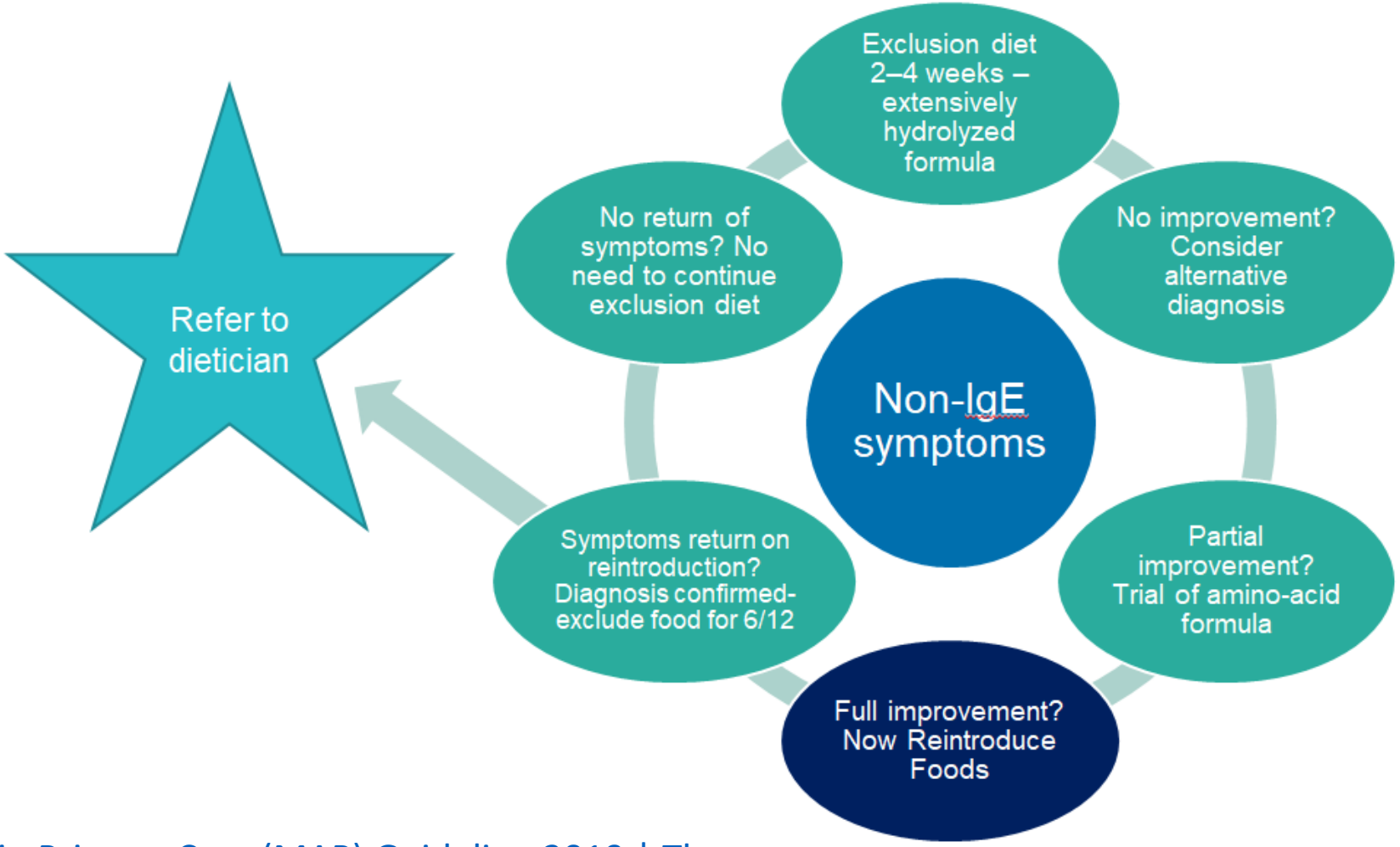
1. Continue to remain off milk +/- soya
2. Retry milk +/- soya in mum’s diet

CONFIRMATION OF DIAGNOSIS

- **Mild-moderate symptoms of non-IgE CMPA**
  - should have a home reintroduction after 2-4 weeks to confirm the diagnosis
  - For the first feed of the day – over 5 days, gradually increase the amount of cow's milk formula in the bottle – e.g. One scoop day one, two scoops day two. If tolerates one full bottle by day 5, then try switching all feeds
  - If breastfed – mum to go back to normal diet
  - No symptoms = no CMPA
- **IgE Mediated CMPA or severe non-IgE Mediated allergies – refer to secondary care**



Diagnosis of non-IgE-mediated allergy



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QUESTION

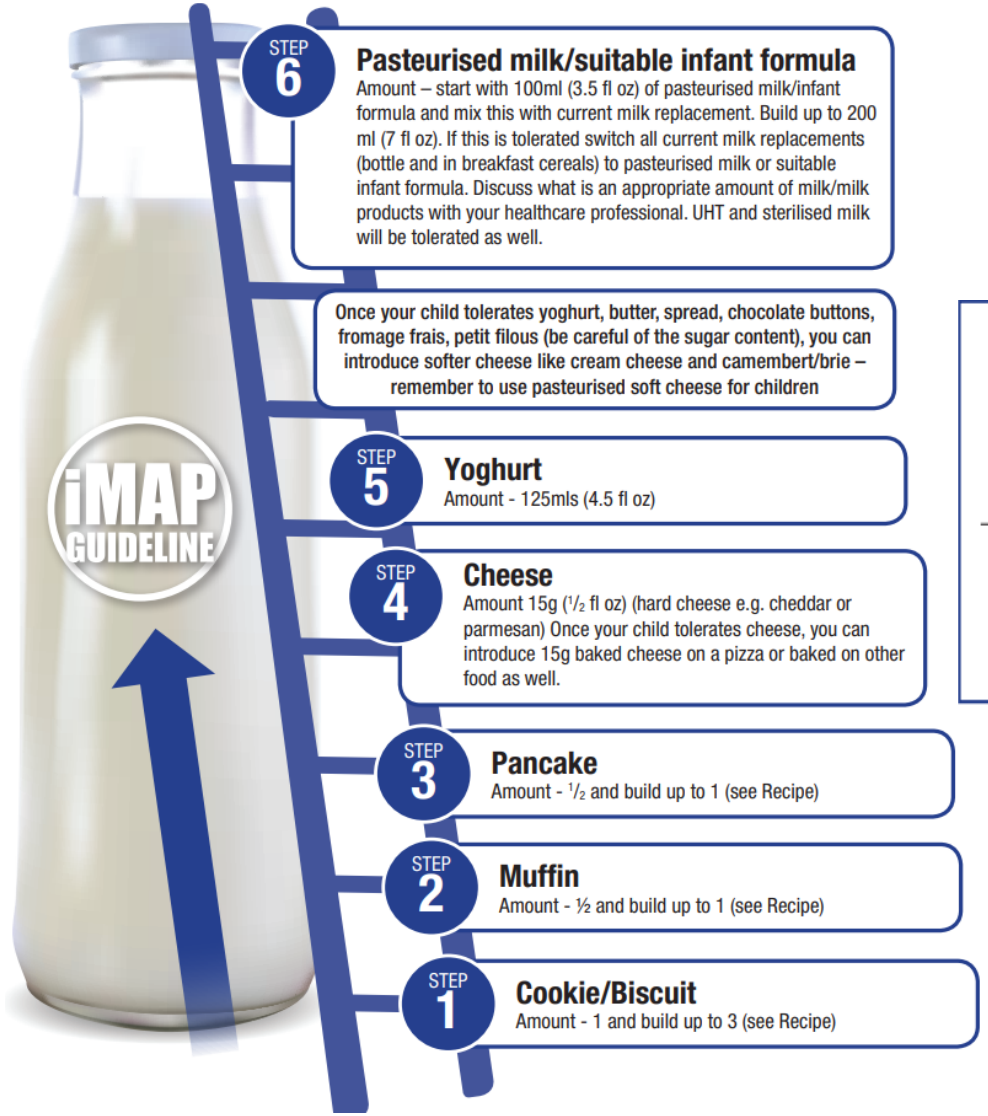
After confirming a Non IgE CMPA mum phones to ask how long milk products need to be excluded for. What advice do you give?

1. Advise mum that cow's milk should be excluded for 6 months
2. Advise mum that milk should be excluded until the baby turns 1yr old
3. Advised mum that milk needs to be excluded permanently

FURTHER MGMT OF NON-IGE-MEDIATED CMPA

- After six months exclusion of CMP and usually by 12 months age – cow's milk protein can begin to be reintroduced
- This is done via the milk ladder
- Progressing through the steps does not induce tolerance
- However, it will help parents find a stage at which their child may be able to tolerate some forms of CMP, until their gut matures and they can progress further

iMAP MILK LADDER



STEP 6 — Pasteurised milk/suitable infant formula
Amount – start with 100ml (3.5 fl oz) of pasteurised milk/infant formula and mix this with current milk replacement. Build up to 200 ml (7 fl oz). If this is tolerated switch all current milk replacements (bottle and in breakfast cereals) to pasteurised milk or suitable infant formula. Discuss what is an appropriate amount of milk/milk products with your healthcare professional. UHT and sterilised milk will be tolerated as well.

Once your child tolerates yoghurt, butter, spread, chocolate buttons, fromage frais, petit filous (be careful of the sugar content), you can introduce softer cheese like cream cheese and camembert/brie – remember to use pasteurised soft cheese for children

STEP 5 — Yoghurt
Amount - 125mls (4.5 fl oz)

STEP 4 — Cheese
Amount 15g (½ fl oz) (hard cheese e.g. cheddar or parmesan) Once your child tolerates cheese, you can introduce 15g baked cheese on a pizza or baked on other food as well.

STEP 3 — Pancake
Amount - ½ and build up to 1 (see Recipe)

STEP 2 — Muffin
Amount - ½ and build up to 1 (see Recipe)

STEP 1 — Cookie/Biscuit
Amount - 1 and build up to 3 (see Recipe)

AT EACH OF THE FOLLOWING STEPS

Cookie, muffin, pancake, cheese and yoghurt

It may be advisable in some cases to start with a ¼ or a ½ of that particular food and then over a few days to gradually build up to a whole portion - Please ask your healthcare professional for guidance on this

THE LOWER STEPS ARE DESIGNED TO BE USED WITH HOME MADE RECIPES. THIS IS TO ENSURE THAT EACH STEP HAS THE APPROPRIATE MILK INTAKE. THE RECIPES WILL BE PROVIDED BY YOUR HEALTHCARE PROFESSIONAL

Should you wish to consider locally available store-bought alternatives - seek the advice of your healthcare professional Re: availability

Summary

- IgE Mediated Allergy is often easy to spot and diagnose
- Allergy Testing is available in primary care to confirm the diagnosis, but if in doubt, refer to an allergist for help

- Non IgE Mediated Allergy is harder to diagnose and relies on the physician being aware of its existence – pattern recognition
- Diagnosis is made by excluding the suspected food for 2-4 weeks then doing a retrial to confirm the symptoms improve off the food and return with the reintroduction



Questions??

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