

City Hospitals Sunderland Dietetics department and Sunderland CCG Medicines Optimisation Team

Guideline for the prescription of infant formula for infants with suspected cow's milk protein (CMPA) allergy or lactose intolerance

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Review 03/2018

Introduction

These guidelines are intended to assist GPs and Health Visitors with information on the use of prescribable infant formula for the treatment of cow's milk protein allergy (CMPA) or lactose intolerance.

Quantities of formula to prescribe

When any infant formula is prescribed the guide below should be used:

For powdered formula:

Age of child	Number of tins for 28 days
Under 6 months	10 x 400g tins or 5 x 900g tins
6-9 months	8 x 400g tins or 4 x 900g tins
9-12 months	6 x 400g tins or 3 x 900g tins
Over 12 months – dietitian review for continued need for formula	6 x 400g tins or 3 x 900g tins

NB some children may require more e.g. those with faltering growth. This table provides guidance only and recent correspondence from paediatrician or paediatric dietitian should be reviewed. Review quantity every 3 months.

General principles

- Try a straight swap to new formula as any benefits to excluding the allergen will not be seen until all the old formula is excluded. If there are difficulties introducing the new formula, mix the new formula with usual formula and gradually increase the proportion of new feed to encourage the baby to accept the milk.
- Do not routinely switch between preparations.
- Soya based formulae play no role in the management of lactose intolerance or CPMA in children less than 6 months
- Babies over the age of 12 months should be seen by a dietitian for the need to continue formula to be reviewed
- Whilst these guidelines advise on appropriate prescribing of specialist infant formulae, breast milk remains the optimal milk for infants. This should be promoted and encouraged where it is clinically safe to do so and the mother is in agreement.

Contact details

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Prescription of infant formula in infants with suspected cow's milk protein allergy (CMPA) or lactose intolerance

Mild to moderate symptoms of CMPA

One or more of the following symptoms:

• Gastrointestinal:

Frequent regurgitation, vomiting, diarrhoea, constipation

Persistent distress or colic (≥ 3 hrs per day – wailing/irritable), for at least 3 days/week over >3 weeks

• Dermatological:

Atopic dermatitis, urticaria unrelated to acute infections, drug intake or other causes

Suitable formula/feeding

Cow's milk free foods if weaning*

Step 1: Breastfeeding

Consider CMP free diet for mother,** with calcium supplements (e.g. Adcal-D3), for a minimum trial of 4-6 weeks

Step 2: Extensively hydrolysed formulas (EHF)

- Casein based: Similac Alimentum or Nutramigen LGG (< 6 months) & Nutramigen2 LGG (>6 months)
- Whey based: Aptamil Pepti 1 (< 6 months old) & Aptamil Pepti 2 (6-12 months old) - NB Aptamil Pepti 1&2 contains lactose

Step 3: Amino acid based formulas (AAF)

If symptoms do not improve after 4 weeks (or the child persistently refuses EHF) then:

- Nutramigen Puramino
- Neocate LCP

Trial for a minimum of 4 weeks

Do not use soya based formulas

*Any child responding to CMP free formula diet should be referred to a paediatric dietitian for on going dietetic advice **including breast fed babies.**

** the paediatric dietitian will give milk-free dietary advice to breast feeding mothers

Severe symptoms of CMPA

One or more of the following symptoms – Refer for specialist follow up

• Gastrointestinal:

1. Faltering growth due to chronic diarrhoea and/or regurgitation/vomiting and/ or refusal to eat
2. Rapid weight loss
3. Iron deficiency anaemia due to occult or macroscopic blood loss
4. Protein losing enteropathy (hypoalbuminaemia)

• Dermatological:

Exudative or sever atopic dermatitis with hypoalbuminaemia, faltering growth or iron deficiency anaemia. Swelling of the lips or eyelids (angio-oedema)

• Respiratory:

Acute laryngoedema or bronchial obstruction with difficulty breathing

• Systemic reactions:

Anaphylactic shock – needs immediate referral to hospital for management

Suitable formula/feeding

Cow's milk free foods if weaning*

Step 1: Breastfeeding

Consider CMP free diet for mother**, with calcium supplements (e.g., Adcal-D3), for a minimum trial of 4-6 weeks

Step 2: Amino acid based formulas (AAF)

- For a minimum trial of 4 weeks
- Nutramigen Puramino
- Neocate LCP

*Any child responding to CMP free diet should be referred to a paediatric dietitian for on going dietetic advice **including breast fed babies.**

** Refer breastfeeding mothers to an adult dietitian for Milk Free Dietary Advice

Secondary Lactose intolerance

Includes:

- Profuse watery, yellow, explosive diarrhoea
- Symptoms are usually transient and 2^o to GI insult e.g., rotavirus infection

Diagnosis:

- Clinical history
- Rarely seen in exclusively breast fed babies

Treatment:

- Breastfed babies – rarely seen
- Formula: Lactose Free formulas based on CMP e.g.: Enfamil O-Lac, SMA LF
- Most children should only require lactose free formula for 6-8 weeks and can then revert to standard formula (this should be introduced gradually by titrating with standard formula)
- Do **NOT** put lactose-free formula on repeat prescription
- Soya based formulas are not recommended
- Weaned children should be referred for dietetic advice
- If initial symptoms do not improve after two weeks on lactose free formula consider alternative diagnosis

Notes:

- CMP-free formula are not available using Healthy Start vouchers
- If an infant is consuming less than 500ml formula per day additional calcium & vitamin D may be required. Refer for dietetic advice
- Colief is **ONLY** licensed in lactose intolerance. It can only be prescribed for patients with lactose intolerance. It should **NOT** be prescribed under any other circumstance

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References:

Davidson GP et al. Incidence and duration of lactose malabsorption in children hospitalised with acute enteritis: Study in a well nourished urban population. *The Journal of Paediatrics*. 1994; 19: 170-174

'Guideline for the prescription of infant formula for infants with suspected cow's milk protein (CMPA) allergy or lactose intolerance' North of Tyne APC, June 2013

'Appropriate prescribing of specialist infant Formulae Bulletin 67' Prescqipp, July 2014

Footnote:

Guidance for concerns about colic:

1. In most cases of colic, no underlying cause can be found
2. Addressing parental concerns is often the best way to cope with colic. Reassure parents that colic will resolve
3. Parents may wish to purchase colic remedies such as Dentinox, Infacol or Gripe Mixture. Although there is no good evidence of effectiveness, parents may perceive this to be beneficial.
4. Consider a trial of a colic and constipation formula e.g. SMA Comfort, Aptamil Comfort or Cow & Gate Comfort.
5. Lactase enzymes (e.g. Colief) should not be prescribed for colic as there is limited evidence of effectiveness and their use contradicts DH guidance on the preparation of infant formula.
6. For unresolved severe colic, consider CMPA.