Vivian, 6 months old

She looks pale, lethargic and dehydrated with a weak cry.

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Mothers should be encouraged to continue breastfeeding even when their infants have cow's milk protein allergy. If a decision to use an infant formula for special dietary use is taken, it must be used under medical supervision

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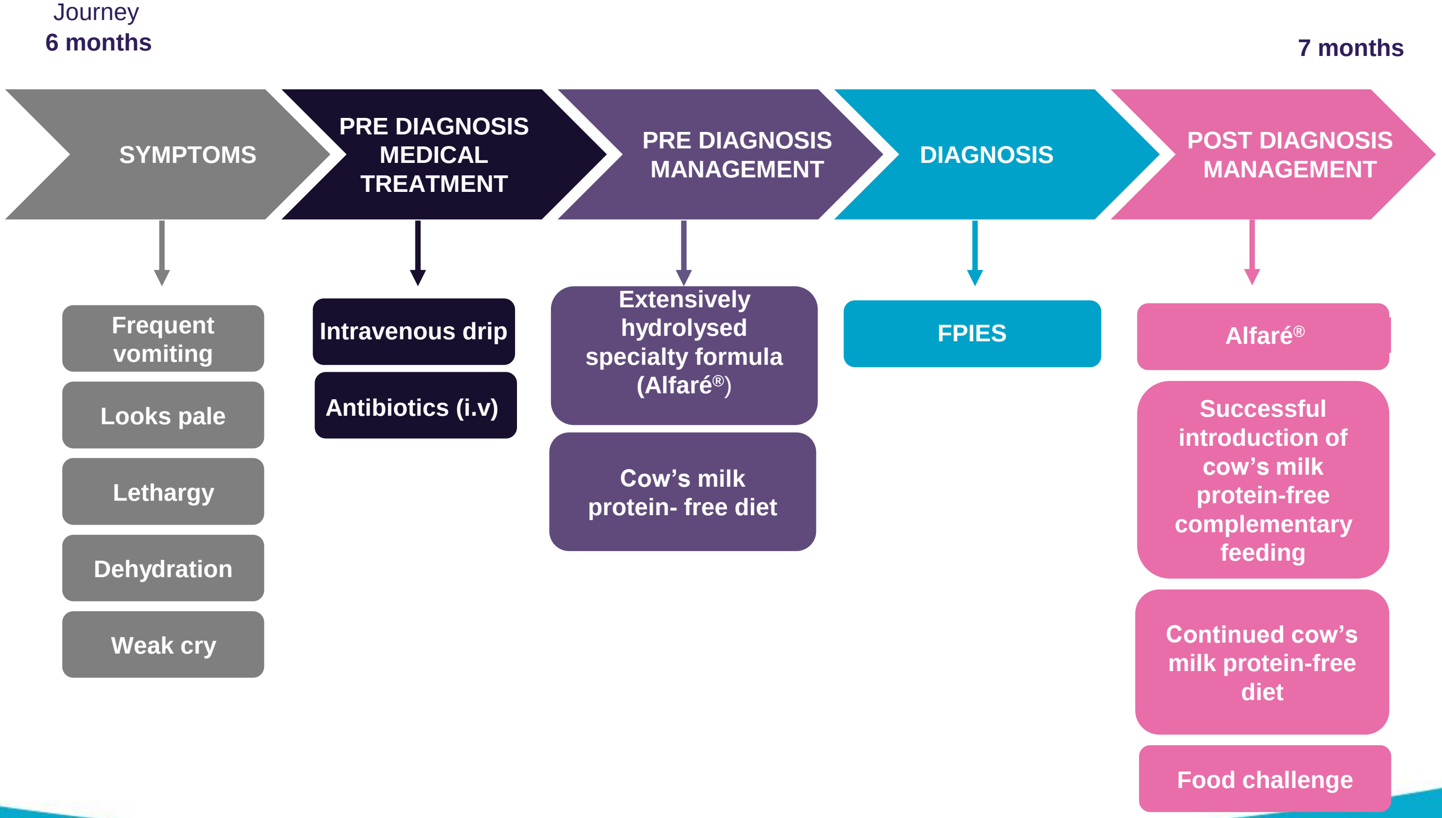
NestléHealthScience

Vivian, diagnosed with non-IgE-mediated food protein induced enterocolitis syndrome (FPIES) at 6 months of age



Journey
6 months

7 months

SYMPTOMS
- Frequent vomiting
- Looks pale
- Lethargy
- Dehydration
- Weak cry

PRE DIAGNOSIS MEDICAL TREATMENT
- Intravenous drip
- Antibiotics (i.v)

PRE DIAGNOSIS MANAGEMENT
- Extensively hydrolysed specialty formula (Alfaré®)
- Cow's milk protein- free diet

DIAGNOSIS
- FPIES

POST DIAGNOSIS MANAGEMENT
- Alfaré®
- Successful introduction of cow's milk protein-free complementary feeding
- Continued cow's milk protein-free diet
- Food challenge

Vivian

Vivian was five months old when she was first given a cow's milk-based formula. *"Vivian vomited more than four times two hours after feeding! We were so worried that we took her to the hospital straight away"* said Vivian's parents. When the doctor first saw Vivian he reported that **she looked lethargic, dehydrated and pale. She also cried weakly.** Vivian was admitted immediately and put on an intravenous drip overnight. The doctors also decided to start Vivian on a course of intravenous antibiotics to treat any possible infection.

Vivian was **referred to an allergist** to investigate her condition further. She was tested for **Cow's Milk Protein Allergy** with a **skin prick-test** and a **blood test** but she tested **negative for Cow's Milk Protein Allergy** with both tests. Vivian was then **diagnosed with a non-IgE-mediated Cow's Milk Protein Allergy** called **food protein-induced enterocolitis syndrome (FPIES).**

The allergist offered Vivian's parents an **extensively hydrolysed specialty formula, Alfaré®** to help manage her **Cow's Milk Protein Allergy**. **Vivian tolerated Alfaré® well,** was successfully weaned over to **Alfaré®** and also started with **cow's milk protein-free complementary feeding**. Her parents were advised to adhere to strict avoidance of cow's milk protein. They were also advised to read food labels carefully to ensure complete avoidance of dairy products until a formal food challenge could be conducted. *"At first we were really nervous to start giving Vivian complementary solid foods because we were told that there was a small risk of FPIES to grains, meats, fruits and vegetables, but the dietitian gave us lots of helpful advice so we had no problems introducing Vivian to lots of different baby foods"* said Vivian's father Rahul.

When Vivian was seven months old, she was accidently given some yoghurt melts to eat at a birthday party. About two hours later, Vivian began vomiting, but this time it was less severe than before.

At 24 months old, Vivian was given a formal **cow's milk challenge** as an inpatient at hospital. Senali, Vivian's mother couldn't stop smiling *"We were so happy that she didn't react to the cow's milk and even happier that her FPIES had resolved!"*

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Emily, 7 months old

She has been suffering from eczema and reflux.

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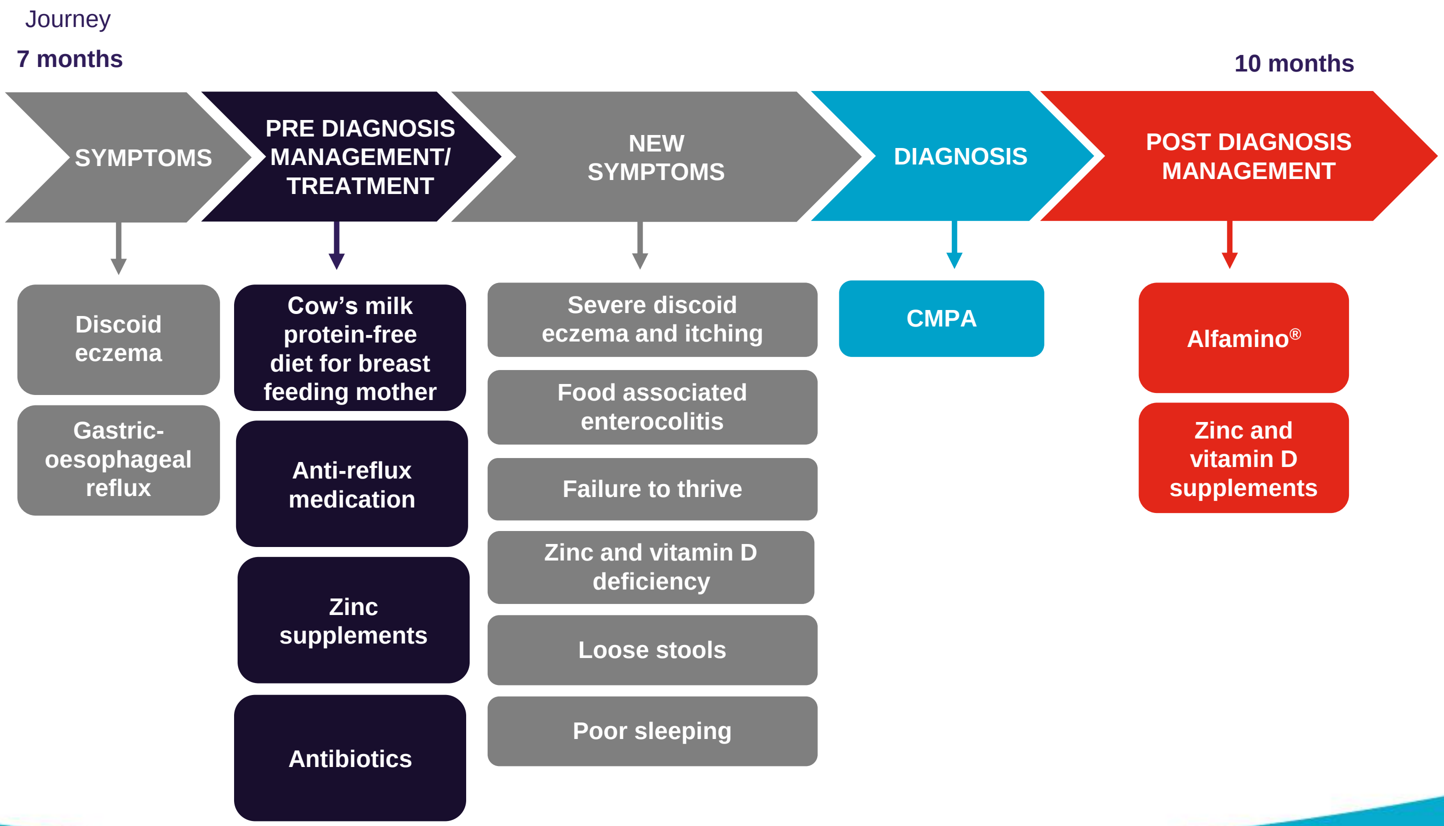
Emily, diagnosed with CMPA at 10 months of age



Journey

7 months

10 months

SYMPTOMS
- Discoid eczema
- Gastric-oesophageal reflux

PRE DIAGNOSIS MANAGEMENT/ TREATMENT
- Cow's milk protein-free diet for breast feeding mother
- Anti-reflux medication
- Zinc supplements
- Antibiotics

NEW SYMPTOMS
- Severe discoid eczema and itching
- Food associated enterocolitis
- Failure to thrive
- Zinc and vitamin D deficiency
- Loose stools
- Poor sleeping

DIAGNOSIS
- CMPA

POST DIAGNOSIS MANAGEMENT
- Alfamino®
- Zinc and vitamin D supplements

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Emily

Emily was **seven months old** when she presented at a scheduled paediatric dietitian appointment with **resistant atopic dermatitis (eczema)** and **concomitant gastric-oesophageal reflux**, for which she was on anti-reflux medication. Emily's weight was 6.3 kg and she was on the 9th percentile. A **family history of atopic allergy** was identified, as well as a **zinc deficiency and skin infections** for which zinc supplements and antibiotics had been prescribed. Emily was **being breast fed by her mother**, Abigail, who had tried eliminating wheat and dairy from her diet, as Emily's older sibling had a wheat allergy.

Abigail (the mother) was advised to adhere to a strict cow's milk protein-free diet and asked to take **calcium and vitamin D supplements**. Emily's anti reflux medications were increased and she was given zinc supplements. **Abigail carried on breast feeding** and was advised to **continue cow's milk protein elimination throughout the complementary feeding period.**

Three months later, **Emily re-presented with severe discoid eczema** and **food associated enterocolitis**. At which point she was **diagnosed with severe non-IgE-mediated food allergy**. Her weight had not increased significantly and she was now **faltering in growth with both zinc and vitamin D deficiency**; Abigail was **still breast feeding** Emily and avoiding wheat, dairy, nuts and eggs but Emily was having episodes of loose stools. Emily was also **not sleeping well due to itchiness** and was admitted to the ward directly. It was upsetting for Abigail too *"I've tried everything I can to help Emily but her symptoms seem to be getting worse – I feel like a terrible mother. "*

Emily's symptoms were so severe that she was started on an **amino acid-based formula, Alfamino®,** via a nasogastric tube and after 24 hours bottle feeding was started. Within three days Emily was sleeping better and the **eczema** on her face and body was **beginning to settle**. She was discharged from hospital with zinc and vitamin D supplements and **Alfamino®.**

Emily's condition was reviewed **after one month**; **she had gained 1.2 kg in weight** and the **eczema continued to improve** considerably with less itchiness, redness and inflammation. Abigail noticed she was also sleeping better and the **reflux had resolved,** however she still had bouts of diarrhoea. *" I am so happy that she is getting better – **each day there is an improvement**; the whole family can see it."*

Emily continued on Alfamino® and with complementary feeding in progress, Abigail was starting to introduce low atopic risk food.

Joey, 4 months old

He has severe eczema especially on his face.

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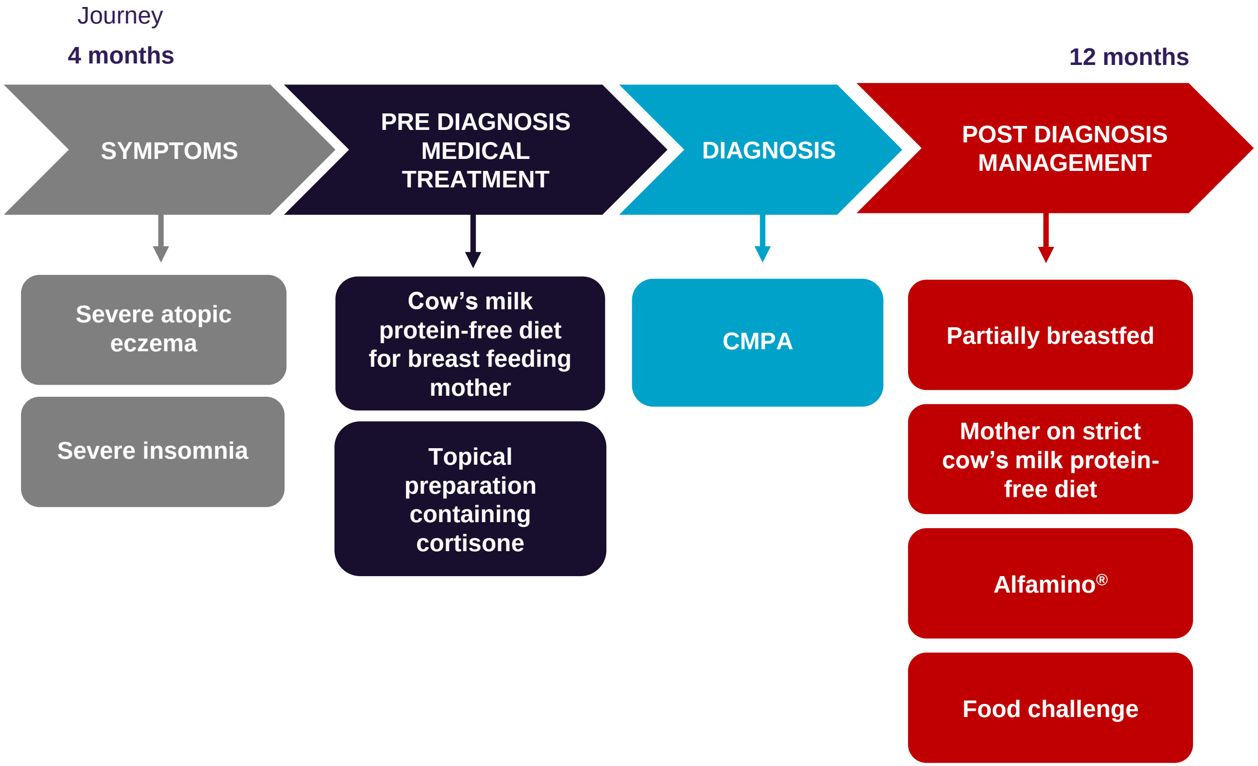
Joey, diagnosed with CMPA at 12 months of age



Journey

4 months

12 months

SYMPTOMS
- Severe atopic eczema
- Severe insomnia

PRE DIAGNOSIS MEDICAL TREATMENT
- Cow's milk protein-free diet for breast feeding mother
- Topical preparation containing cortisone

DIAGNOSIS
- CMPA

POST DIAGNOSIS MANAGEMENT
- Partially breastfed
- Mother on strict cow's milk protein-free diet
- Alfamino®
- Food challenge

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Joey

Joey was four months old when he had his first consultation. He was exclusively breastfed and he was suffering from **severe atopic dermatitis** which was especially prominent on his face. *"We took Joey to see the doctor because he had a terrible rash on his face which he could not stop scratching. He was also not sleeping at night, which left us all sleep deprived"* said his mother Agnes. There was a **family history of allergic atopy**; Joey's **mother had atopic dermatitis** as a child and still has an egg allergy. Joey's **father also suffers from allergic rhinoconjunctivitis**.

"Joey's doctor gave us a lot of information about atopic dermatitis which was very helpful." **Joey was given a basic skin treatment and a topical preparation containing cortisone.** This led to an improvement of Joey's skin condition and a slight stabilisation.

When **Joey's parents began complementary feeding** his **skin deteriorated** significantly. Joey's parents took him to see the doctor again and a **food allergy test** was performed, showing that Joey had a **sensitisation to cow's milk protein** and walnut. Joey's **skin prick test** also **confirmed a sensitisation to cow's milk protein**. Based on these results, **Joey was prescribed Alfamino® as a milk substitute** and his **mother Agnes, who was still partially breastfeeding began a cow's milk protein-free diet.** This resulted in a **rapid healing of the skin.**

After his 1st birthday, Joey was invited for a **food challenge** by his doctor. This resulted in an **increase of the eczema, accompanied by acute urticaria**. **Alfamino® was therefore prescribed again** as a **cow's milk substitute,** leaving **Joey free of symptoms**.

When **Joey was two years old** he began to **eat processed milk** products **without any allergic symptoms**. Joey's parents were so happy that **Joey no longer had allergic symptoms** and even happier that they could all get a good night's sleep.

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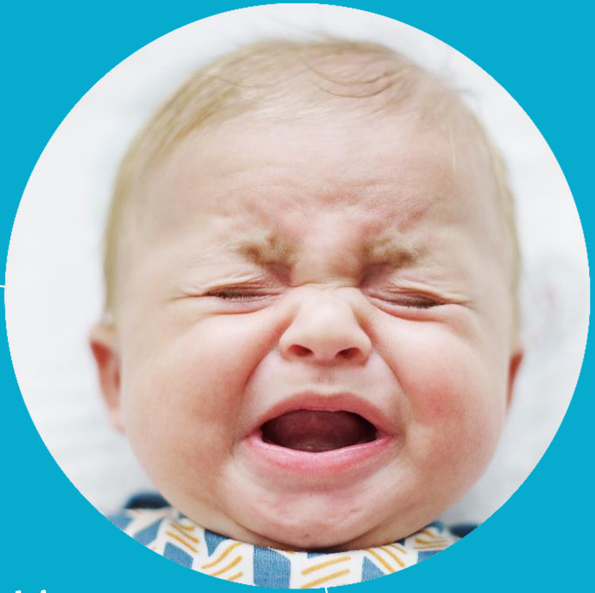

Harry, 5 months old

He has colic symptoms as well as immediate and delayed gastrointestinal symptoms.

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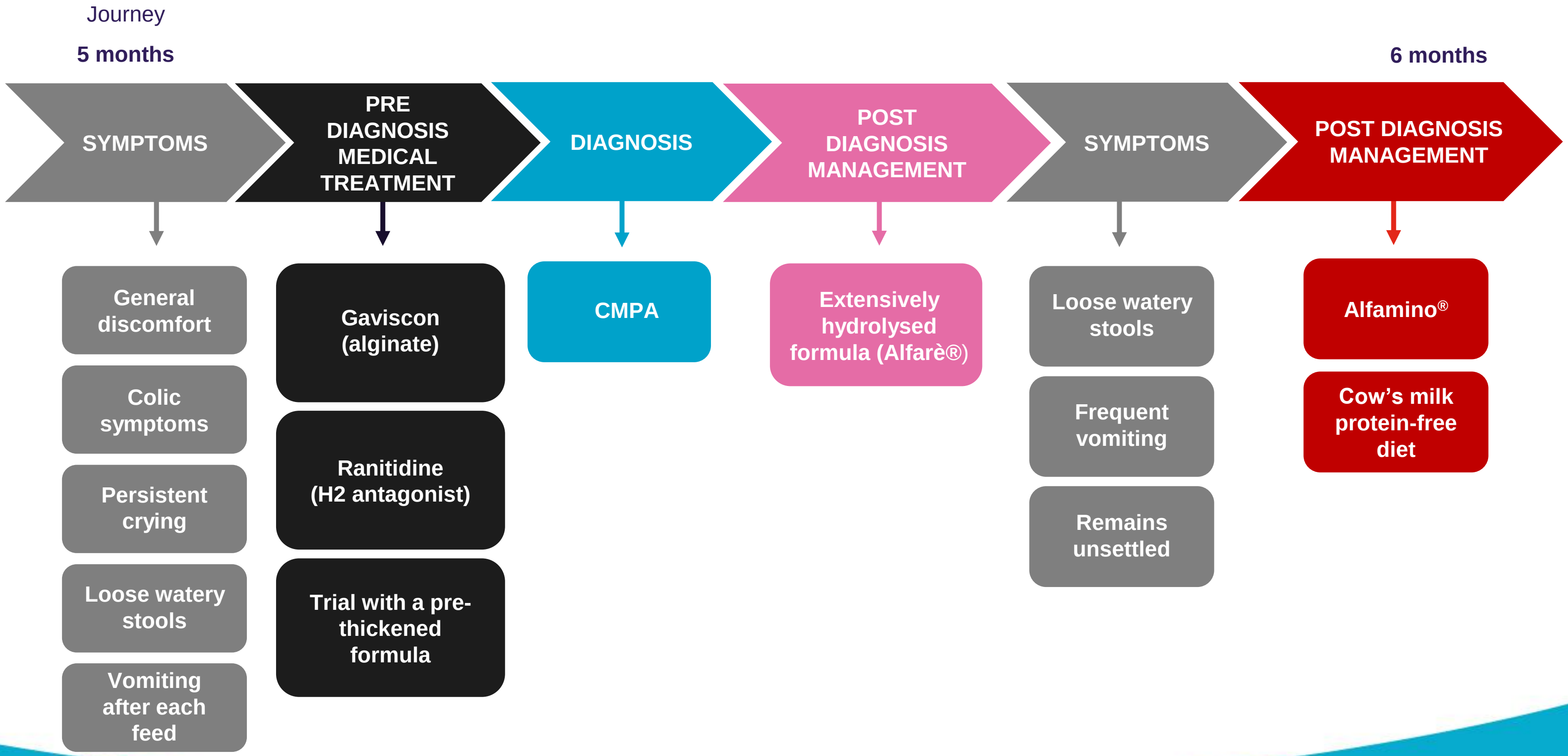
Harry, diagnosed with CMPA at 5 months of age



Journey

5 months

6 months

SYMPTOMS
- General discomfort
- Colic symptoms
- Persistent crying
- Loose watery stools
- Vomiting after each feed

PRE DIAGNOSIS MEDICAL TREATMENT
- Gaviscon (alginate)
- Ranitidine (H2 antagonist)
- Trial with a pre-thickened formula

DIAGNOSIS
- CMPA

POST DIAGNOSIS MANAGEMENT
- Extensively hydrolysed formula (Alfarè®)

SYMPTOMS
- Loose watery stools
- Frequent vomiting
- Remains unsettled

POST DIAGNOSIS MANAGEMENT
- Alfamino®
- Cow's milk protein-free diet

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Harry

Harry was five months old when his paediatrician first referred him to a dietitian for nutritional treatment of his persistent gastrointestinal problems. Harry had been suffering with what his paediatrician **thought was gastro-oesophageal reflux (GOR)** for some time and had undergone multiple treatments for this problem with no success. **He was firstly treated with infant Gaviscon** (alginate) **but there was no improvement.** He was prescribed **Ranitidine** (a H2 antagonist) **and a pre-thickened formula,** but these **also failed.**

When Harry first saw the dietitian, **an allergy focused clinical history was conducted** in order to distinguish between IgE and non-IgE symptoms. He had **colic type symptoms** (**unsettled, back arching and persistent crying**) as well as both **immediate and delayed GI symptoms** (**loose watery stools, wind, vomiting** after each feed). Based on the **mix of non-IgE and IgE-mediated symptoms**, a **serum specific IgE test was requested.** Finally, a **diagnosis of Cow's Milk Protein Allergy** was made and Harry was started on an **extensively hydrolysed infant specialty formula.** Although there was some **marginal improvement, Harry was still unsettled; his symptoms did not fully resolve** and he **continued to suffer from loose stools and frequent vomiting**. After four weeks, Harry was prescribed an **amino acid-based specialty infant formula, Alfamino** ®.

One week later, a telephone follow up was conducted with Harry's mother. She reported that **Harry was doing much better on Alfamino®.** *"His stools are now soft and formed and his vomiting has significantly reduced. Overall he is much more settled."* A follow up in the clinic one month later revealed that all of **Harry's symptoms had completely resolved with Alfamino®** and he was now fully weaned onto a **cow's milk protein-free diet.**

A few weeks later, Harry had an **accidental exposure to baked cow's milk** from a breadstick. This led to **explosive diarrhoea** within 30 minutes to 1 hour after consumption. The date and the location of a **future food challenge** is currently being discussed. Oral food challenges can be performed either at home or in a hospital. It can be safer to challenge those with immediate type reactions (usually IgE-mediated) in a hospital, depending on the severity of their initial symptoms. The results of the initial and repeated measurement of serum specific IgE will help doctors to make this decision.