Healthcare Professional Factsheet - on the use of iMAP guideline

2-3% of infants have proven milk allergy – i.e. 97-98% of infants do not have milk allergy[1]

iMAP has been specifically developed for use both in primary care and by other 'first contact' clinicians. Alongside 5 UK-based healthcare professionals (consultant paediatric allergist, consultant paediatric gastroenterologist, paediatrician, general practitioner and dietitian), 7 international clinical experts in childhood food allergy have all contributed.

It was developed independently of any industry support or input and has been published (August 2017) in an international peer-reviewed Journal.[2]

Presentation Algorithm - guides on the 4 possible clinical presentations of **SUSPECTED** cow's milk allergy (CMA) – advising on the necessary initial diagnostic trial elimination diets and on the indications for early referral to more specialist care.

Diagnosis and Management Algorithm - guides ONLY on the diagnosis of suspected Mild-to-Moderate Non-IgE mediated CMA and then on confirmation, it's management by primary healthcare professionals and other 'first contact' clinicians.

Suspected Mild-to-Moderate Non-IgE mediated CMA

The possible presenting symptoms are numerous and are listed in the Presentation Algorithm. Most e.g. reflux and vomiting, colic and rashes are shared with other more common infant health issues, unrelated to allergy. **iMAP therefore importantly first serves as a guideline to identify and then either confirm or exclude the possible diagnosis of CMA.**

When Mild-to-Moderate CMA is suspected from both identifying a pattern of these named symptoms and having taken an 'Allergy-focused History' (see Supporting Tool on the Allergy UK iMAP webpage) - the next key step is to confirm or exclude the diagnosis by advising a:

Diagnostic Dietary Elimination Trial

Length of the diagnostic trial: 2-4 weeks (with a minimum of 2 weeks)

Breast fed Infant

EVERY EFFORT SHOULD BE MADE TO ENCOURAGE THE CONTINUATION OF BREAST FEEDING AS PER CURRENT WORLD HEALTH ORGANISATION GUIDELINES.

Early support from a dietitian is recommended to facilitate this, especially if the mother is advised to exclude all milk and dairy products from her own diet. Milk free weaning advice will be required if infant is eating solids.

Formula fed Infant

If breast milk is not available, the choice of hypoallergenic formula requires careful consideration, due to the difference in indications of extensively hydrolysed formula (eHF) versus amino acid-based formula (AAF).

In most cases, an eHF should be recommended [2] - see alphabetical list in Box below.

An AAF should be reserved for the more clinically severe suspected presenting cases of CMA - see Presentation Algorithm.

Extensively Hydrolysed Formulas (eHFs) - currently available in the UK

Althéra ®	Birth onwards	Nestle	450g
Aptamil Pepti® 1	Birth onwards	Danone Nutricia	400g, 800g
Aptamil Pepti® 2	>6 months of age	Danone Nutricia	400g, 800g
Nutramigen 1 with LGG®	Birth onwards	Mead Johnson	400g
Nutramigen 2 with LGG®	> 6 months of age	Mead Johnson	400g
Similac® Alimentum	Birth onwards	Abbott Nutrition	400g

iMAP does **not** recommend one eHF over another - refer to any local prescribing guidance or formulary. Dietitians and allergy clinics may offer specific/individualised advice.

Milk-free weaning advice will be required if infant is eating solids and this should ideally occur with dietetic support.

Initial prescription for elimination trial - until weaning onto complementary foods, a fully formula fed infant will usually require around 2-3 tins per week. Ideally, plan to review at 1-2 weeks to check compliance and clinical progress (perhaps by phone) and prescribe number of tins accordingly. Alternatively, issue prescription for enough tins to last 4 weeks and review at 3-4 weeks.

Practical tips for introducing new formula:

Advise carers that the hypoallergenic formula will have a very different taste and smell. However most infants do not acquire taste and smell perception to around 12-14 weeks of age. Should an infant not initially accept the change to the new formula, it can be progressively introduced into the infant's cow's milk formula feeds over several days. Perseverance may be needed – dietitians can be very helpful and supportive.

Advise that stools often change in consistency and colour (more green) and this is acceptable.

Planned Reintroduction - to confirm or exclude the diagnosis of CMA

This is now a NICE Food Allergy Quality Standard [3] requirement.

See **Home Reintroduction Protocol** Supporting Tool on the Allergy UK iMAP webpage – this can be printed out for families to follow. The **Patient Factsheet** Supporting Tool can also be printed out and given to families to explain and emphasise the need for this key step. **Should the Diagnosis then be confirmed -** promptly reinstate the elimination diet and ensure there is on-going dietetic support for the family. The Algorithm guides on the length of the diet before cow's milk protein can be gradually trialled back into the infant's diet to test for the expected acquisition of tolerance over time.

1. Venter C, et al. Prevalence and cumulative incidence of food hypersensitivity in the first 3 years of life. Allergy. 2008;63(3):354-9.

2. Venter C, Brown T et al. Clin Transl Allergy 2017 7:26 DOI.1186/s13601-017-0162-y

3. Excellence NIfHaC. NICE: Quality standard for food allergy NICE Quality Standard 118 2016 Available from: http://www.nice.org.uk/guidance/qs118