

Treatment of Cows' Milk Protein Allergy (CMPA) in Primary Care - Quick

Reference Guide

Refer to full guideline document for further supporting information

Carry out an allergy focussed assessment (page 2)
Determine whether IgE or Non-IgE CMPA suspected

Suspected IgE mediated allergy	Suspected Non-IgE mediated allergy
<ul style="list-style-type: none"> Refer child to Consultant Paediatricians Refer child to Paediatric Dietetic Service <p>If anaphylaxis or faltering growth present; refer to secondary care without delay for both suspected allergy types</p>	<ul style="list-style-type: none"> Refer child to Paediatric Dietetic Service Majority of cases can be managed in Primary Care, refer to Consultant Paediatricians if the following present; Faltering growth, one or more severe delayed symptoms, significant atopic eczema, multiple cross-reactive food allergies present, persisting parental suspicion food allergy, clinical suspicion of multiple food allergies

Recommended Treatment Plans for IgE and Non-IgE mediated allergies

If child exclusively breast fed;

- Mother to eliminate all dairy and mammalian milks from diet
- Ensure mother taking OTC supplement for breastfeeding mothers (to include 1000mg Calcium and 10µg Vitamin D).
- If 'top up' feed required; utilise Extensively Hydrolysed Formula (eHF) as first line*

If child mixed or exclusively formula fed;

- Use eHF as first line* in full for one month
 - If suspected severe IgE-mediated or severe non-IgE mediated allergy; consider AAF as first line
- If no improvement in symptoms after one month; consider trial AAF
- Mothers are not advised to eliminate dairy products from diet if symptoms presented on introduction of formula milk

Prescribable Hypoallergenic Milks

First line treatment*	Second line treatment*	Suggested Quantities based on age	
Extensively Hydrolysed Formula (eHF) Suitable from birth unless otherwise stated	Amino Acid based Formula (AAF) Suitable from birth	Age range	Tins/month
<ul style="list-style-type: none"> ○ Similac Alimentum (Abbott Nutrition) ○ SMA Althera (Nestle Health Science) ○ Nutramigen 1 with LGG (0-6months) ○ Nutramigen 2 with LGG (6 months+) ○ Pepti-Junior (Cow & Gate) 	<ul style="list-style-type: none"> ○ SMA Alfamino (Nestle Health Science) ○ Nutramigen Puramino (Mead-Johnson Nutrition) ○ Neocate LCP (Nutricia SHS) 	0-3 months	7-9 x 400g tins
		4-6 months	11-13 x 400g tins
		7-12 months	7-13 x 400g tins
		1-2 years	7 x 400g tins

*In a small number of clinical cases where multiple allergies present or symptoms are severe, consider AAF as first line treatment

Soya Milks and other milk alternatives are not recommended for routine use – refer to full pathway for further information (can be found at www.shropshireccg.nhs.uk/nutrition)

Allergy-Focussed Clinical Assessment

Summarised from NICE (2015) Cows' milk protein allergy in children topic summary
(cks.nice.org.uk/cows-milk-protein-allergy-in-children#!topicsummary)

Allergy-focussed clinical history tailored to presenting symptoms and age of child

- History of atopic disease (asthma, eczema, allergic rhinitis) or food allergy
- Family history of atopic disease or food allergies
- Details of foods avoided and why
- Cultural and religious factors
- Who has raised concern over potential food allergy and what is suspected allergen
- Child's feeding history; weaning age, breastfed, mixed or formula fed
- If child breastfed, ask about maternal diet
- Details of previous treatment e.g. antihistamines and any responses
- Any response to elimination and reintroduction of foods

Assess the presenting symptoms and other symptoms that may be associated with food allergy

- Age of child when symptoms started
- Speed of onset of symptoms following food contact, duration of symptoms, severity of reaction, frequency of occurrence
- Setting of reaction (e.g. at home/school)
- Reproducibility of symptoms on repeated exposure
- What food, and how much exposure to it, causes a reaction

Physical Examination

- Growth and physical signs of malnutrition
- Signs indicating other comorbidities (e.g. atopic eczema, asthma, allergic rhinitis)
- Signs indicating an alternative diagnosis (see <https://cks.nice.org.uk/cows-milk-protein-allergy-in-children#!diagnosissub:2>) for further information