

# Three crucial things to manage cow's milk allergy in infants

According to Dr Marinda McDonald, allergy specialist at the Rosebank Allergy Clinic, at the recent annual congress of the Allergy Society of South Africa (ALLSA), parents need to monitor infants who suffer from cow's milk allergy constantly. The management of this allergy in infants needs to be a long-term strategy given the risk of poor nutrition and reduced quality of life.



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Often when a child is diagnosed with cow's milk allergy, the parents simply avoid feeding milk or milk-based products throughout their entire childhood. However, McDonald informs us that children can sometimes outgrow milk allergies. "Therefore, avoiding milk means that they are unnecessarily missing out on receiving milk proteins that are vital to their development."

She adds that this is why it is important to have regular checkups with an allergy specialist. "A doctor needs to keep checking the children and challenging their systems."

## Undiagnosed milk allergies may be equally detrimental

Undiagnosed milk allergies may be equally detrimental to a child's development, according to McDonald. "There is, of course, the risk of a child experiencing anaphylaxis, which is potentially life-threatening. There is also a condition known as non-IgE-mediated cow's milk allergy, which presents symptoms such as an upset stomach with or without blood in the stool, as well as severe eczema, colic and/or rhinitis. This is the most difficult to diagnose since the child's blood tests often yield negative results. Left unchecked, this could lead to damage to the organs, such as the esophagus or liver."

According to Fiona McGuirk, product manager at Cipla, this is why it is important to have a child properly diagnosed by a trained medical professional. "A doctor takes factors such as family and feeding as well as previous treatment history into account. A blood test or a skin prick test is then performed, and based on the information gathered, a treatment plan is devised. A blood test without a good history, or a knowledgeable person interpreting it, is not adequate for the diagnosis of cow's milk protein allergy."

## Suitable milk substitutes the most important

McDonald adds that children with milk protein allergy also need adequate diet plans to replace the nutrients that they are not getting due to this allergic condition. “To start, one cannot use any mammalian milk to replace cow’s milk. Goat’s or mare’s milk is still likely to trigger allergies. Soya is also controversial because of the Phytoestrogens contained in the milk. Most guidelines state that it should not be used before six months of age. There is also a 50% chance of children with non-IgE milk allergy having reactions to it.”

McGuirk states that the best option for parents is to give infants with diagnosed cow’s milk protein allergy the correct milk formula as recommended and prescribed by a healthcare professional. “There are two options available: when the allergy symptoms are moderate, an extensively-hydrolysed formula, where the animal protein is broken down to be less allergenic and offers nutrition to infants that cannot tolerate cow’s milk. The other option is an amino-acid formula, where individual amino acids are used, normally from plant or synthetic origin. This is generally used in the management of severe cow’s milk allergy. What is important about these formulas is that they provide the nutrients, proteins, vitamins and energy requirements needed during the formative years of a child’s life.”

McDonald points out that adequate nutrition may be the most important aspect to remember. “In my experience, I have seen children who are malnourished and who develop a host of additional problems as a result of their diets not being supplemented with suitable milk substitutes.”

She reiterates that parents managing their child’s allergies need to keep the three things in mind at all times. “This includes ensuring an accurate diagnosis, consistent follow-ups with medical professionals and always providing the correct nutrition to the child,” McDonald concludes.

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