

Paediatric update



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Welcome to our paediatric nutrition column 'Paediatric update'. In each column, Kiran Atwal, Freelance Paediatric Dietitian, will update you on new guidance, tools and current affairs. Here, Kiran explores what's new in the latest instalments of the WAO DRACMA guideline update for children with cows' milk allergy.

Background

It is well known that cows' milk allergy (CMA) is the most common food allergy to impact children from infancy.¹ In the past few years, the World Allergy Organization (WAO) Diagnosis & Rationale Against Cows' Milk Allergy (DRACMA) group set out to update and expand guidelines for the management of CMA in children. In response to shortcomings of previous guidelines, the updates aim to provide evolved insights from research and clinical practice, and the latest recommendations to enable safer and more effective care.

New recommendations on hypoallergenic formula with and without probiotics – XII

An update on the use of probiotics was released earlier this year.² The guideline focused on the selection of probiotic-containing hypoallergenic formulas for CMA infants unable to breastfeed. The 2010 guideline made no specific recommendations, however, in light of surging evidence since, new recommendations are now included: *extensively hydrolysed formula (eHF) with Lactocaseibacillus rhamnosus GG (formerly known as Lactobacillus rhamnosus or LGG) for immunoglobulin-E (IgE) and non-IgE CMA, or an eHF without probiotics*. This was a conditional recommendation based on very low certainty evidence, emphasising that although the majority of individuals would want to follow the recommendation, many would not; and that clinicians should understand why different preferences exist and address these with each individual consistently, in line with local availability and cost considerations. It is worth noting that the evidence was not based on individuals with anaphylaxis or chronic conditions, therefore probiotic recommendations in those groups remains unknown.

New recommendations on the nutritional management of CMA – XVI

More recently, a new update on the nutritional management of CMA aimed to provide clarity on certain distinctions of care.³ Most children with CMA can start to consider the level of cows' milk avoidance required after their symptoms become controlled. Baked milk is the most tolerated form, which may improve dietary

options, nutrition, reduce restrictions and aid eventual tolerance. Though milk introduction must be clinically supervised for some children, there are other scenarios where home challenge is possible. The new guideline sets out recommendations on individual suitability for and against home milk challenge.

Rice-based extensively hydrolysed formulas are discussed with regard to amino acid content, arsenic levels and reasons for individual preference, and are recommended where available. Nevertheless, cows' milk-based extensively hydrolysed formulas are still recommended first line where breastfeeding is not possible. It's reiterated that for many special formulas and plant-based milks, long-term data on bone mineral density remains absent.

Making an appropriate choice and recognising the factors that can aid in the decision-making on whether to recommend use of plant-based milks in toddlers was outlined: *in any child under 2 years, plant-based milks can be considered following dietary assessment, where availability of special formulas are limited and if there are signs of readiness*. The latter includes: *the toddler is at least 1 years old; eats a varied solid food diet that is age appropriate, providing at least two thirds of energy requirements; consumes no more than two daily servings of milk-alternatives which provides enough protein, fat and micronutrients; no feeding difficulties that may reduce food variety; has no known micronutrient deficiencies; has no religious/cultural dietary requirements that reduces the variety of foods consumed*.

Take home messages

The updated guidelines by the WAO DRACMA group are a must read for anyone working with children living with CMA. The new recommendations for probiotics provides eagerly awaited guidance for many in clinical practice, but does not address prebiotics, synbiotics or use of these beyond infant formula (e.g. in older children). The decision-making aids for home challenge and plant-based milk suitability ease management decisions and provide consistency. Whilst these guidelines will better inform care, the evidence basis in some areas remains very limited, but will continue to develop and likely evolve recommendations (again) in the future.

References: 1. Flom JD, Sicherer SH. (2019). Epidemiology of Cow's Milk Allergy. *Nutrients*, 11(5): 1051. 2. Bognanni A, et al. (2019). World Allergy Organization (WAO) Diagnosis and Rationale for Action against Cow's Milk Allergy (DRACMA) guideline update - XII - Recommendations on milk formula supplements with and without probiotics for infants and toddlers with CMA. *World Allergy Organ J.*; 17(4): 100888. 3. Venter C, et al. (2024). World Allergy Organization (WAO) Diagnosis and Rationale for Action against Cow's Milk Allergy (DRACMA) guidelines update – XVI - Nutritional management of cow's milk allergy. *World Allergy Organ J.*; <https://doi.org/10.1016/j.waojou.2024.100931>.