

Delayed Onset Cow's Milk Protein Allergy

Information for parents and carers

This information leaflet is aimed at parents/carers of children with a Cow's Milk Protein (CMP) allergy.

The leaflet focuses on delayed onset allergy. If you have any further questions, please speak to a member of staff caring for your child.

What is Cow's Milk Protein Allergy?

Cow's Milk Protein Allergy is one of the most common allergies seen in young children, estimated to affect up to six per cent of children. It is more common in formula fed children but can also occur in a small number of breast fed children.

In CMP allergy, the gut reacts to a protein found in cow's milk and the child can develop a wide number of symptoms each time cow's milk or cow's milk containing products are ingested.

There are two types of CMP allergy:

- **Immediate** (involving the body's allergy antibody, known as IgE)
Reactions occur up to two hours after cow's milk protein ingestion, usually within 20–30 minutes.
- **Delayed** (sometimes called non-IgE-mediated allergy)
Reactions occur between two and 72 hours after cow's milk ingestion.

The symptoms experienced vary between the two types of CMP allergy. This leaflet focuses on the delayed onset type, which accounts for around one third of all Cow's Milk Protein Allergies.

What are the signs and symptoms?

Symptoms can vary but include:

- Loose stools (poo)
- Tummy pain or discomfort
- Blood or mucus in stools (poo)
- Itchy skin or eczema
- Refusing feeds
- Cough or shortness of breath.

Is delayed CMP allergy the same as lactose intolerance?

Lactose intolerance is commonly confused with delayed onset CMP allergy, as the symptoms overlap. However, lactose intolerance is not an allergy.

Lactose intolerance involves the gut not being able to break down the sugar in milk (lactose), which causes watery loose stools and tummy pain.

Does my child need any tests to confirm the diagnosis?

The diagnosis of delayed CMP allergy is based on the child having symptoms (as described before) that:

- Improve or stop when cow's milk or products containing cow's milk are removed from the diet
- Restart when cow's milk or products containing cow's milk are re-introduced into the diet.

With immediate onset CMP allergy, skin prick (allergy) tests or

blood tests can help with the diagnosis. However, these tests are not useful in diagnosing delayed onset CMP allergy because in these cases, the gut's reaction does not involve the body's allergy antibody (IgE antibody) which is what these tests are measuring.

What treatments are available?

Once a diagnosis of delayed CMP allergy has been made, you will be given advice on how to manage the condition by your child's doctor. The best treatment is to avoid cow's milk and all cow's milk products, including cheese and yoghurt.

If you are breastfeeding and your baby appears to be very sensitive to cow's milk, you may need to remove cow's milk from your own diet so that it is not passed on to your baby through your breast milk. You will be given advice on how to avoid foods containing cow's milk and you may be advised to take a calcium supplement.

If your baby is formula-fed, there are a number of special hypoallergenic (anti-allergy) formulas that can be used. Formula milks should be tried for four to six weeks to see if there is an improvement in your baby's symptoms. Soya-based drinks can also be used, but are not recommended for infants under the age of six months. Many children with CMP allergy are also allergic to goat's milk and sheep's milk. These are not recommended as alternatives to cow's milk.

Cow's milk is the major source of calcium in children's diets. The GP may refer your child to see a dietician to make sure that they have a balanced diet and may recommend calcium supplements.

How long does delayed CMP allergy last?

Most children grow out of delayed onset CMP allergy by three years of age. After the age of one year, your doctor may recommend that you start giving your child cow's milk and cow's milk containing products. However, this should be done very slowly in small steps, while checking that your child does not develop symptoms.

Useful sources of information

You can find further information on the Allergy UK website: www.allergyuk.org

Contact us

If you have any questions or concerns, please contact the Emergency Department on 020 8725 2666 and ask to be put through to the Paediatric Emergency Department.

Alternatively, if your child was seen in a Paediatric outpatient clinic and you have questions following their appointment, please call the switchboard and ask to speak to the paediatric medicine secretaries, who will put you in touch with the doctor who saw your child. The number for the hospital switchboard is 020 8672 1255.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between

9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer). **Tel:** 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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