

# Cows' Milk Allergy (CMA): NICE – a practical summary

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The NICE guidelines for the Diagnosis and Assessment of Food Allergy in Children and Young People in Primary Care and Community Settings<sup>1</sup>, has put the responsibility of food allergy right at the centre of primary care. This guide aims to help healthcare professionals (HCPs) increase their expertise in the diagnosis of food allergy.

## 1. Know your symptoms

NICE recommends that HCPs should consider food allergy in a child or young person who:

- Has one or more of the signs and symptoms in the table shown below, paying particular attention to persistent symptoms that involve different organ systems, or
- Has had treatment for atopic eczema, gastro-oesophageal reflux disease or chronic gastrointestinal symptoms (including chronic constipation) but their symptoms have not responded adequately.



IgE-mediated (Immunoglobulin E)	Non-IgE-mediated
<b>The skin</b>	
Pruritus	Pruritus
Erythema	Erythema
Acute urticaria – localised or generalised	Atopic eczema
Acute angioedema – most commonly of the lips, face and around the eyes	
<b>The gastrointestinal system</b>	
Angioedema of the lips, tongue and palate	Gastro-oesophageal reflux disease
Oral pruritus	Loose or frequent stools
Nausea	Blood and/or mucus in the stools
Colicky abdominal pain	Abdominal pain
Vomiting	Infantile colic
Diarrhoea	Food refusal or aversion
	Constipation
	Perianal redness
	Pallor and tiredness
	Faltering growth in conjunction with at least one or more gastrointestinal symptoms above (with or without significant atopic eczema)
<b>The respiratory system (usually in combination with one or more of the above symptoms)</b>	
Upper respiratory tract symptoms (nasal itching, sneezing, rhinorrhoea or congestion [with or without conjunctivitis])	
Lower respiratory tract symptoms (cough, chest tightness, wheezing or shortness of breath)	
<b>Other</b>	
Signs or symptoms of anaphylaxis or other systemic allergic reactions	

## 2. Know your questions

NICE recommends that the following questions are important to identify those infants and children that may be suffering from food allergies:

- Does the infant/child have a history of atopic disease (asthma, eczema or allergic rhinitis)?
- Is there a family history of atopic disease (asthma, eczema or allergic rhinitis) or food allergy in parents or siblings?
- Are there any foods that are avoided and why?
- What are the symptoms the infant/child is presenting with, including:
  - When did the symptoms first appear?
  - How soon after the suspected food is consumed do the symptoms appear?
  - What is the duration, severity and frequency of the symptoms?
  - Where do the symptoms occur, i.e. what is the setting of reaction (for example, at school or home)?
  - Do the symptoms appear every time the food is consumed?
  - Which food or drink causes the symptoms and how much should be consumed for the symptoms to occur?
- Is the infant/child’s diet affected by any cultural or religious factors?
- Who has raised the concern and suspects the food allergy?
- What is the allergen? (In this case Cows’ Milk Allergy but could be reported as the baby’s milk/yoghurt/fromage frais or cheese).
- Was the infant/child breast or bottle fed and at what age was weaning started? Which foods have been included in the weaning diet so far (if under one year) and which formula is currently being used (if formula fed). Did the mother avoid any foods from her diet and what did she eat in general (if infant is/was breastfed)?
- What previous treatment, including medication, has previously been prescribed for the presenting symptoms?
- What was the response, if any, to the elimination and reintroduction of foods?



## 3. Know your tests

Following on from the history taking, NICE recommends that the HCP should make a decision regarding possible testing:

- If IgE-mediated allergy is suspected the HCP should offer a skin prick test and specific IgE test to the suspected food(s) based on the facilities available and/or the competencies of the HCP to select and perform the tests and interpret the results. The results of the allergy tests should always be reviewed in the context of the allergy focused clinical history.
- If non-IgE-mediated food allergy is suspected, a trial elimination diet of 2-6 weeks should be recommended, followed by a home food challenge or food reintroduction. In the case of suspected Cows’ Milk Allergy, the elimination period will involve either choosing an appropriate hypoallergenic formula for bottlefed infants, or maternal avoidance of cows’ milk in breastfed infants (recommend a calcium supplement).
- NICE advises against the use of vega tests, kinesiology, hair analysis and IgG testing in the diagnosis of food allergy as no evidence has been identified to support their use.

## 4. Know your dietitian

NICE emphasises the importance of the dietitian when dealing with infants/children with food allergies. Dietitians can provide information on suitable hypoallergenic formulas, appropriate food avoidance, suitable alternatives and lifestyle issues, as well as monitoring the nutritional profile of the infant/child’s diet and follow-up.

## 5. Know when to refer

NICE recommends that a referral to secondary care should be considered if the child or young person:

- Shows signs of faltering growth in combination with one or more gastrointestinal symptoms.
- Does not respond to a single-allergen elimination diet, which most often is cows’ milk in infants.
- Has had acute systemic reactions or severe delayed reactions.
- Has confirmed IgE-mediated food allergy and concurrent asthma.
- Has significant atopic eczema where multiple or cross-reactive food allergies are suspected by the parents.

In addition, a referral to secondary care, should also be considered if there is:

- Strong parental suspicion of food allergy (especially in children or young people with difficult or perplexing symptoms).

To view the complete NICE guidelines on food allergy in children and young people, please visit [www.nice.org.uk](http://www.nice.org.uk)

### Reference List

<sup>1</sup> National Institute for Health and Clinical Excellence. NICE Clinical Guideline 116: Food allergy in children and young people. London: NICE, 2011. Available at: <http://guidance.nice.org.uk/CG116/Guidance>. [Accessed: November 2011]

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IMPORTANT NOTICE: Breastfeeding is best for babies. Infant formula is suitable from birth when babies are not breastfed. It is recommended that all formula milks be used on the advice of a doctor, midwife, health visitor, public health nurse, dietitian, pharmacist, or other professional responsible for maternal and child care.