

CASE STUDY



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Jack: An early CMPA diagnosis with delayed dietetic support

PATIENT PROFILE



Male infant
8 months old



Birth weight: 3.25kg
(50th centile)



Born at full term
(38+1 weeks)



CMPA diagnosis at
~5 weeks, dietetic support
delayed until 4.5 months

MEDICAL HISTORY

- Vaginal birth
- Family history of atopic disease (asthma and severe eczema)

FEEDING AND SYMPTOM HISTORY

Jack was fed with EBM for a little while at birth but started formula soon after birth.

At **3 weeks old**, the GP suspected CMPA and prescribed Aptamil Pepti (EHF). At **5 weeks old**, the CMPA reintroduction phase was initiated by the GP, and worsening symptoms confirmed the CMPA diagnosis.

At **7 weeks old**, the GP switched Gaviscon to Omeprazole (PPI). After using Aptamil Pepti for 1 month, Jack's symptoms had generally improved and the rash had settled, but vomiting and loose stools persisted. Therefore, the GP advised transitioning to an alternative EHF (Althera), however Jack immediately broke out in hives on his face and was subsequently transitioned to Alfamino (AAF).

WEEKS

1

2

3

4

5

6

7

MONTHS

3

At **2 weeks old**, Jack presented to the GP with gastrointestinal symptoms (vomiting, diarrhoea with blood in his stool, constipation, reflux), respiratory symptoms (congestion, sneezing), a rash, and appeared in discomfort (crying and arching his back). To manage reflux symptoms, Gaviscon was prescribed.

Although the GP referred Jack for dietetic support at **3.5 months old**, his first appointment with the dietitian was at **4.5 months old**, when he had been fed using Alfamino for around 2 months. Despite Alfamino being well tolerated and improving most symptoms, Jack still had mucus and occasional blood in loose stools. To avoid an additional formula change, the dietitian advised continuing with Alfamino, requesting the parents to contact them or the GP if symptoms persisted. Jack's mother requested switching to Neocate LCP (AAF), but the GP was not in agreement.

FEEDING AND SYMPTOM HISTORY

Dairy-free weaning was initiated at **6 months old**, which Jack tolerated well.

Alfamino was subject to a product recall¹ when Jack was around **7 months old**, and the GP transitioned him onto Neocate LCP.

By **8 months**, most of Jack's symptoms had improved and he no longer had mucus or blood in his stools. Jack did however experience some constipation, for which he was prescribed Movicol (laxative), and overall, his mother reported that he was doing much better than when he was taking Alfamino. Alongside Neocate LCP and dairy-free weaning, Jack also started the milk ladder during this time, and was eating 3 meals per day.



Jack's growth mostly continued on a normal trajectory, except for a slight dip (from the 79th to 59th centile) at **4 months old**, when he was still symptomatic while taking Alfamino. **After transitioning to Neocate LCP however, his growth recovered to the 75th centile.**



MANAGING FORMULA CHANGES

Jack's mother reported that he struggled to accept some of the formula changes, which she believed to be due to differences in taste. As many formula transitions were advised by the GP and not the dietitian, it is unclear whether appropriate advice around the titration of new and old formulas was given, as this may have helped Jack's mother ensure a smooth transition.

Jack's dietitian

“Mum is very happy with Neocate”

KEY TAKEAWAYS

- As experts in infant feeding and CMPA, earlier dietetic support can optimise management of CMPA by preventing unnecessary trials of different formulas.
- Frequent formula changes due to mild symptoms should be avoided where possible, as it may take some time (up to 2 weeks) for residual inflammation and symptoms to settle – particularly in more severe or complex CMPA.
- After initial dietetic assessment, it should be clearly communicated to parents that they can contact the clinic directly if symptoms do not resolve.

Managing formula changes in infants with CMPA can be stressful for parents. However, early dietetic support can help find the most appropriate formula for the dietary management of CMPA, helping provide fast providing symptom relief for patients and peace of mind for parents.

Abbreviations: **AAF** = amino acid formula; **CMPA** = cow's milk protein allergy; **EHF** = extensively hydrolysed formula; **PPI** = proton pump inhibitor; **EBM** = expressed breast milk
Patient name has been changed to protect anonymity.

¹Product can be provided to patients upon the request of a Healthcare Professional. They are intended for the purpose of professional evaluation only.

IMPORTANT NOTICE: Breastfeeding is best. Foods for Special Medical Purposes should only be used under medical supervision. May be suitable for use as the sole source of nutrition for infants from different ages, and/or as part of a balanced diet from 6 months onwards. Refer to label for details

Reference: 1. Nestle Website: (<https://www.nestle.co.uk/en-gb/media/sma-infant-formula-follow-on-formula-recall>). Accessed 22/05/26