Long term impact of cow’s milk allergy on children and their families – A 7-year follow-up

Andrea Mikkelsen1,2, Kirsten Mehlig2, Lauren Lissner2
1Primary Care Research and Development Centre, Gothenburg, Sweden; 2Department of Public Health and Community Medicine, Section of Epidemiology and Social Medicine, Sahlgrenska Academy, University of Gothenburg, Sweden

Background and Objectives: Despite outgrown CMA, we have previously found that many families continue to experience nutritional related problems at a six-month follow-up1. Some may develop other food allergies or atopic diseases following the atopic march, and some may fail to progress to unrestricted diet.

Aims: To assess impact on nutrition related issues at a 7 year follow-up in relation to the development of CMA over time.

Subjects and Methods: Families of children with CMA, who participated in the validation of the Food hypersensitivity famiLy ImPact questionnaire (FLIP), were re-approached 7 years later for follow-up and administered the FLIP.

Results: Of the original families (n= 94), at 7-year follow-up 84% (n= 79) agreed to participate. The children had a mean age 8, 5 y (r= 7-11 y) and n= 30 (38%) were girls. The majority (n= 49, 62%) no longer needed to follow a cow’s milk free diet. The remaining children (n= 30) were still following a special diet due to CMA exclusively (n=7, 9%) or in combination with other food allergy (n= 9, 11%) and other food allergy excluding CMA (n=14, 18%). Most children were healthy (n=67) but n= 8 (10%) had developed other atopic diseases or other non-atopic diseases (n=3). These findings are in line with those from others2.

A mixed linear model for the FLIP Nutrition subscale across three time points (baseline, 6-month and 7-year follow-up respectively) in relation to allergy status at 7-year follow-up (i.e. outgrown vs. persistent) showed only a marginally significant improvement in nutrition related issues for the group outgrown CMA (p= 0.07) at 7-year follow-up. For the group with persistent CMA there was no difference in the experienced impact. Despite outgrown CMA, n=13 children in the group outgrown CMA had a restricted consumption of dairy due to fear of reactions (n=4) or dislike of milk as a drink (n=6), or both as a drink and when contained in food (n=3). The latter group were still consuming non-dairy special products.

Conclusions: There is only a small improvement in nutrition related issues despite outgrown CMA at 7-year follow-up. Many families continue to serve a restricted diet despite outgrown CMA.

Home Message: Nutritional counselling should be considered to all families with children with persistent as well as outgrown CMA in order to ensure optimal nutritional intake, development of eating behaviour and progression to unrestricted diet preventing unnecessary limitations in daily life.

References: