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Treatment patterns in patients with cow’s milk protein allergy (CMPA) in a German sickness fund database
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Introduction
Cow’s milk protein allergy (CMPA) presents a heterogeneous and non-specific symptom burden (e.g. GI, skin, and/or respiratory symptoms[1,2]. In Europe, 1-year incidence rates of CMPA range from 1% to 7% of infants ≤ 3 years [3-8]). Extensively hydrolyzed formula (eHF) and amino acid-based formula (AAF) are foods for special medical purpose for the dietary management of CMPA. EHF is recommended first line for most CMPA infants and AAF should be reserved for those with severe, life threatening symptoms [1,2,9].
The aim of this database analysis was to assess the prescription pattern of eHFs and AAFs for the dietary management of CMPA in a German database.

Methods
This study is a secondary database analysis (Betriebskrankenkassen [BKK] German Sickness Fund database) using reimbursement data of the German statutory health system from Q4 -2007 to Q1-2015. Patients were identified using the following algorithm: patients 0-3 years old enrolled newborn (N=332,012), treated with eHF or AAF for at least 2 months, with relevant ICD-10 codes that can be related to CMPA (N=1,187). Among those, 564 were eligible for the analyses. Comparative analysis to assess differences between patients treated first line with eHF or AAF using model matching age, gender, time insured, cost prior prescription and descriptive analyses to observe the difference between the two groups during treatment period.

Results
The majority of infants was male (eHF: 58%, AAF: 66%). The mean age at first prescription for eHF was 41.3 weeks eHF) and AAF 41.5 weeks. First-line treatment was eHF for 38% and AAF for 62% despite no difference in population characteristic between these two groups was found. In the eHF group, 90% stayed on eHF for an average of 34 weeks (median: 28 weeks) and 10% switched to AAF after 13 weeks (median: 3 weeks); in the AAF group, 97% stayed on AAF for an average of 43 weeks (median: 30 weeks) and 3% switched to eHF after 8 weeks (median: 4 weeks). Symptoms identified through the ICD -10 codes were comparable between the eHF and AAF group during treatment period suggesting comparable efficacy.

Conclusion
Contrary to current recommendations, eHF is prescribed first line in the minority of CMPA infants in the analyzed population. These results suggest the need for a higher awareness and adherence to CMPA treatment guidelines recommending prescription of eHF as first line. Use of eHF first line is associated with more efficient use of health care budget.

References