Introduction
In 2012 the ESPGHAN published guidance for diagnosis and management of cow’s milk protein allergy (CMPA) [1]. We conducted a quality-of-care survey across Europe to evaluate the implementation in primary care practice.

Methods
From 2/2015 to 12/2016, an anonymous online-survey was sent to pediatricians and/or general practitioners in 13 countries (Croatia, Czech Republic, Finland, Germany, Greece, Hungary, Italy, Poland, Romania, Slovenia, Spain, Sweden and the Netherlands). Participants were invited via email by their respective medical association. The survey included demographic questions and medical case-examples with multiple-choice answers regarding CMPA management.

Results
In total 2551 physicians completed the survey (72% female, 86.8% pediatricians). Being asked how to exclude CMPA in a 10-month old infant with chronic diarrhoea and failure to thrive, 68% correctly chose an elimination diet and challenge procedure in case symptoms improve. However, 19% regarded a negative specific IgE result and 8% a negative skin prick-test as sufficient to exclude CMPA, while 5% would eliminate lactose. The question which other formulas are allowed for an infant diagnosed with CMPA, but refusing extensively hydrolysed formula, was correctly answered by 63% with amino acid-based and 51% soy-based formula, but 19% considered partially hydrolysed, 11% goat’s milk-based and 6% lactose-free cow’s milk-based formula as adequate. The question what to advise in a so far exclusively breast-fed 5-month-old infant developing swelling of lips and eyelids on drinking his 2nd bottle of infant formula, was correctly answered by 26% to resume complete breastfeeding under usual diet of
the mother, while 46% would advise breast-feeding under maternal elimination of dairy products, 21% would switch to an extensively hydrolysed and 6% to an amino-acid-based formula. Being asked what to advise for the same child in terms of complementary foods (CF), 53% would start but strictly avoid CMP, while 15% would also eliminate other potent allergens until 12 months, 25% would recommend CF after 6 months and 5% would start without any restrictions. When having tested this child negative for specific IgE, 46% would still perform supervised CMP challenge, 36% would continue elimination diet until 12 months, 7% would consider CMPA as unlikely, 6% would test C1-esterase-inhibitor-deficiency and 5% for IgG against CMP.

**Conclusions**

Our results disclose major deficits in the management of CMPA, particularly how to test, when to perform elimination diet and what types of infant formulas to use. Appropriate dissemination and training activities in primary health care settings are needed.

**References**