

# Are children with food allergies from 1-10 years getting enough nutrition?

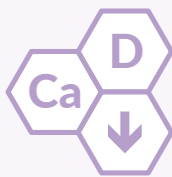
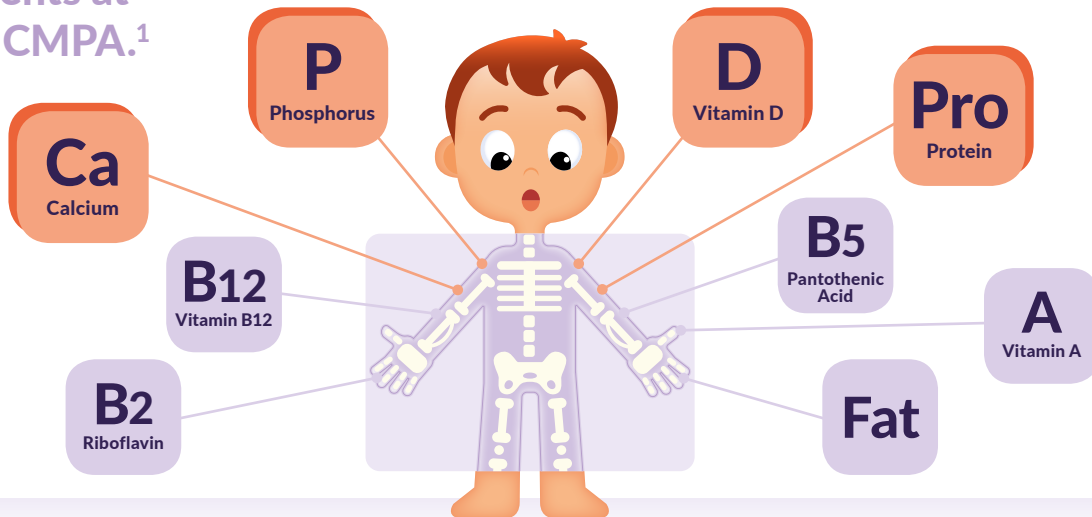
Growth is critical at this time



Nutritionally complete amino acid based formula designed to support faltering growth in children with multiple food allergies

# Food allergies and in particular CMPA, increase the risk of nutrient deficiencies<sup>1</sup> and impaired growth<sup>2</sup> in children aged 1+ years.<sup>3,4</sup>

Nutrients at risk in CMPA.<sup>1</sup>



**<67% of the recommended amount of calcium & vitamin D was consumed by children with a food allergy.<sup>5†</sup>**



**Children with  $\geq 2$  food allergies are shorter than those with 1 food allergy.<sup>6</sup>**

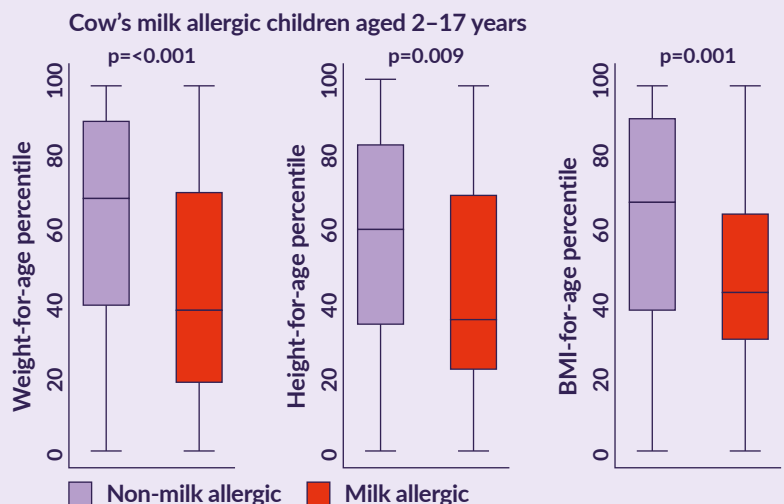


**>3 foods eliminated from the diet is linked to poor weight gain.<sup>7-8</sup>**

<sup>†</sup>Cross sectional study with 98 children.

Analysis of anthropometric measurements and dietary intake of 6189 US children (with and without CMPA) aged 2-17 years, showed CMPA children to have:<sup>9</sup>

- ↓ significantly lower:
  - mean weight;
  - mean height;
  - BMI percentiles;
  - calcium intake.
- ↓ lower vitamin D;
- ↓ lower total calorie intake.



Mean weight, height, BMI and height-for-age percentile significantly lower compared with healthy controls.

**These findings confirm the need for nutritional support and close monitoring of growth for children with food allergies.**

# How can we close the gap in children with food allergies aged 1+ years to meet key nutrients for optimal growth?

Nutrient requirements increase from 1-3 years compared to children aged 7-12 months.



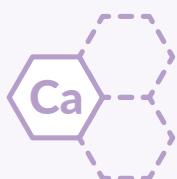
85% more Calcium<sup>10</sup>

67% more Phosphorus<sup>10</sup>

Same % Vitamin D<sup>10</sup>

Same % Protein<sup>10</sup>

What to consider when continuing on a specialised formula (eHF and AA)<sup>1</sup> in children aged 1+ years with faltering growth, multiple food allergies and restricted diet.



**Calcium content**  
of specialised formulas need to be adequate for second year of life.



**Diet history and assessment**  
will determine if a Junior version (ages 1+ years) is necessary to meet nutrient requirements.



**Better nutrient profile in specialised formulas**  
compared to cereal/nut drinks to support growth and development.

**ALFAMINO® Junior is specially formulated with greater key nutrients for children with food allergies from 1-10 years of age who have faltering growth.**



	ALFAMINO® Junior Per 200mL serve	Meets daily RDIs <sup>10</sup> 1-3 years
Protein	6.6g	47%
Calcium	240mg	48%
Vitamin D	4µg	80%
Phosphorus	168mg	36%
Iron	3.6mg	40%
Vitamin B12	0.8µg	89%

**ALFAMINO® Junior** gives peace of mind that children aged 1+ years with multiple food allergies receive key nutrients for optimal growth.



- 100% free amino acid
- Neutral taste
- High MCT content of 64% of total fat
- Increased amounts of key micronutrients<sup>§</sup>

<sup>§</sup>In comparison to ALFAMINO® for protein, calcium, vitamin D, phosphorus, B12 and iron.



## ALFAMINO® JUNIOR

A hypoallergenic amino acid based formula specifically formulated for the dietary management of children (above 1 year of age) with multiple food allergies and malabsorptive conditions.

- PBS listed for CMP enteropathy (up to the age of 24 months), cow's milk anaphylaxis (up to the age of 24 months), eosinophilic oesophagitis (EoE) ( $\leq 18$  years of age) and severe intestinal malabsorption.

### ORDERING INFORMATION

Units/Case	6 x 400g
Product Code	12285239
PBS Code	10522T 10527C



## ALFAMINO®

An amino acid based formula specifically formulated for the dietary management of formula-fed infants with severe allergy and/or food intolerance.

- PBS listed for CMP enteropathy (up to the age of 24 months), cow's milk anaphylaxis (up to the age of 24 months), eosinophilic oesophagitis (EoE) ( $\leq 18$  years of age) and severe intestinal malabsorption.

### ORDERING INFORMATION

Units/Case	6 x 400g
Product Code	12265868
PBS Code	2900P 2928D

**REFERENCES:** 1. ASCIA 2017- Food Allergy Clinical Update for Dietitians. Retrieved from [tps://etrainingdiet.ascia.org.au/login/index.php](https://etrainingdiet.ascia.org.au/login/index.php) on 5th June 2019. 2. Robbins et al. - Milk allergy is associated with decreased growth in U.S. children J Allergy Clin Immunol. 2014 December ; 134(6): 1466-1468. 3. Mehta H, Groetch M, Wang J. Growth and nutritional concerns in children with food allergy. Curr Opin Allergy Clin Immunol. 2013; 13(3):275-279. 4. Laitinen K, Isolauri E. Allergic infants: growth and implications whilst on an exclusion diet. Nestle Nutr Workshop Ser Clin Perform Programme 2007; 60: 157-67. 5. Christie et al. 2002 - Food allergies in children affect nutrient intake and growth. Journal of the American Dietetic Association. Vol 102 Issue 11: 1648-1651. 6. Christie. L, Hine RJ, Parker JG, Burks W. Food allergies in children affect nutrient intake and growth. J Am Diet Assoc 2002; 102: 1648-7. 7. Flammarion S, Santos C, Guimber D, et al. Diet and nutritional status of children with food allergies. Pediatr Allergy Immunol 2011; 22: 161-5. 8. Meyer R, De Koker C, Dziubak R, et al. Malnutrition in children with food allergies in the UK. J Hum Nutr Diet 2014; 27: 227-35. 9. Hobbs et al., 2015. Food allergies effect growth in children. J Allergy Clin Immunol Pract. 2015 ; 3(1): 133-134. 10. Australian National Health and Medical Research Council & New Zealand Ministry of Health, 2014.

**IMPORTANT NOTICE:** Breast milk is best for babies and provides ideal nutrition. Good maternal nutrition is important for the preparation and maintenance of breastfeeding. Introducing partial bottle feeding could negatively affect breastfeeding and reversing a decision not to breastfeed is difficult. Professional advice should be followed on infant feeding. Infant formula should be prepared and used exactly as directed or it could pose a health hazard. The preparation requirements and weekly cost of providing infant formula until 12 months of age should be considered before making a decision to formula feed.

Mothers should be encouraged to continue breastfeeding even when their infants have cow's milk protein allergy. If a decision to use an infant formula for special dietary use is taken, it must be used under medical supervision.

ALFAMINO® Junior is a food for special medical purposes specifically formulated for the dietary management of children with multiple food allergies (including cow's milk allergy) and malabsorptive conditions. Must be used under medical supervision.

ALFAMINO® is an infant formula product for special dietary use and must be used under medical supervision. It is not suitable for general use.

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This detail aid was prepared in August 2019.