

**Relatie
medic de familie-pacient
In alergia alimentara la laptele de vaca**

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CU CINE ARE FAMILIA CONVERSATIA ESENTIALA ?

- Relatia dintre medic si pacient este speciala si functioneaza bine in majoritatea cazurilor.
- Este un parteneriat care trebuie sa fie apreciat atat de medic, cat si de pacient.
- Pacientii le incredinteaza medicilor sanatatea lor. Cu siguranta, medicii isi asuma responsabilitatea majora pentru stabilirea unui diagnostic si planificarea unui tratament. Insa pentru ca tratamentul sa functioneze corect, pacientii trebuie sa-si inteleaga boala si sa urmeze planul de tratament intr-un mod responsabil.

De aceea este atat de important ca relatia medic-pacient sa fie una de consideratie reciproca.

- In cazul copilului situatia este mai speciala implicand si familia intreaga.
- . Cand relatia este puternica, eficienta va exista. Insa este nevoie de claritate cu privire la boala si tratament .
- Fiecare relatie medic-pacient este diferita.

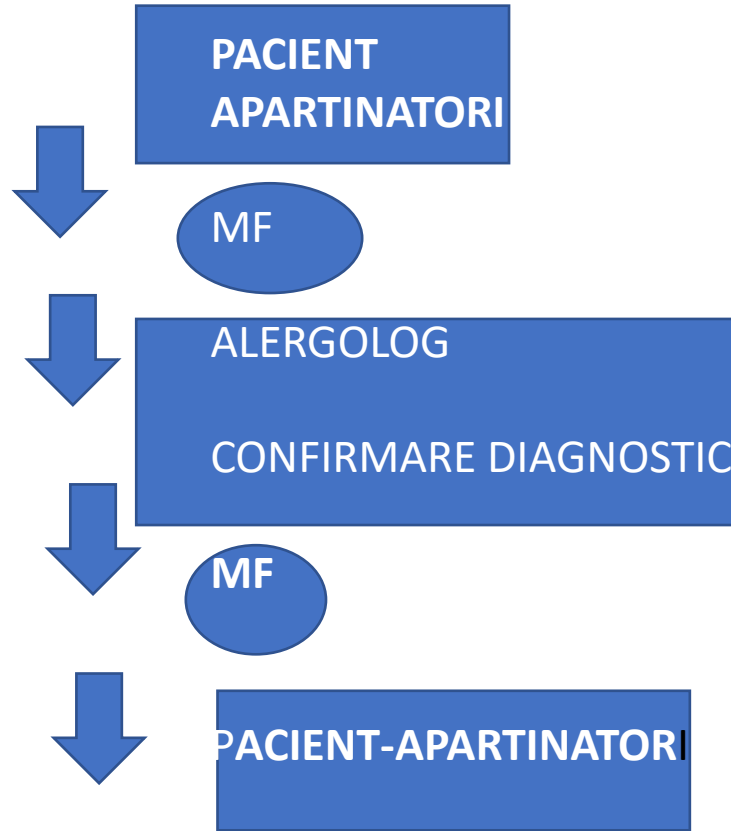
CAND PROBLEMA ESTE COMPLEXA TREBUIE EXPLICATA CLAR

- Ce vor pacientii moderni de la medicii lor?
- Astazi, pacientii doresc ca medicii sa discute cu ei mai mult decat despre simptomele fizice si tratament..
- Rezultatele testelor si medicamentele recomandate.
- Cuvantul „doctor” este derivat din cuvantul latin docere, care inseamna „a invata”.
- Medicii de astazi ar trebui sa fie educatori, sa invete pacientii despre bolile lor, despre investigatii si tratamente.
- Asta necesita timp, sa-i asculti, sa pui intrebari. Inseamna folosirea unui limbaj clar, simplu, potrivit cu mediul educational si cultural al fiecarui pacient.
- Hipocrate spunea: „Virtutea principala pe care o poate avea limbajul este claritatea si nimic nu o diminueaza atat de mult decat folosirea unor cuvinte nefamiliare”.

DEFINIȚIE

- **Alergia alimentară** reprezintă un răspuns imunologic anormal la alimente, care are loc la indivizii predispuși.
 - reacțiile alergice alimentare sunt reproductibile de fiecare dată când se ingeră alimentul responsabil de alergie.
 - în general, reacția alergică nu e dependentă de doză.

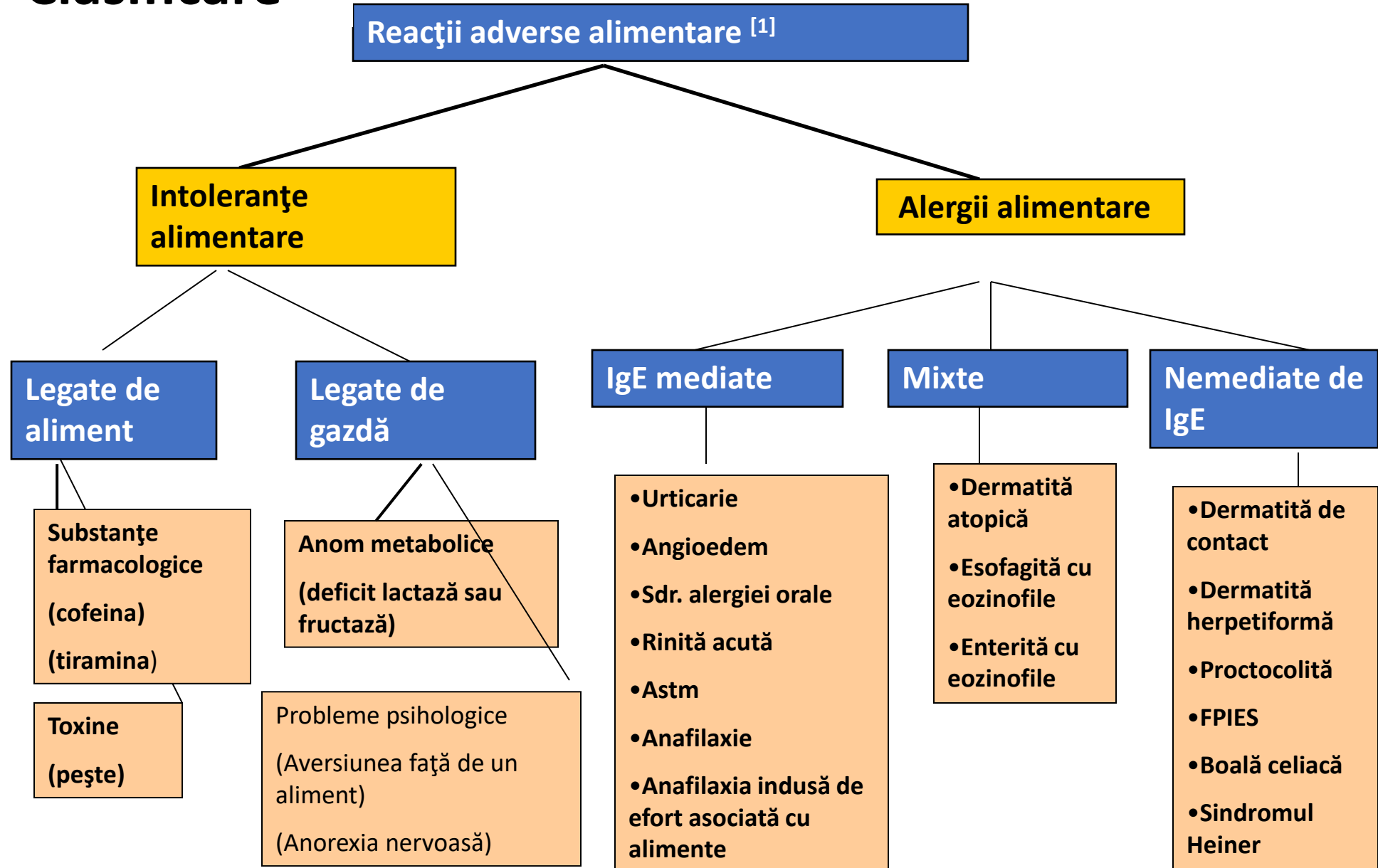
**RELATIE
PERMANENTA
-MF**



LACTOZA SI PROTEINELE

- **Diferenta**
- **Asocierea deficientelor**

Clasificare



FPIES= food protein induced enterocolitis

REAȚII ADVERSE LA ALIMENTE

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graph TD; A[REAȚII ADVERSE LA ALIMENTE] --> B[REAȚII DE HIPERSENSIBILITATE - ALERGIA ALIMENTARĂ -]; A --> C[REAȚII DE INTOLERANȚĂ];
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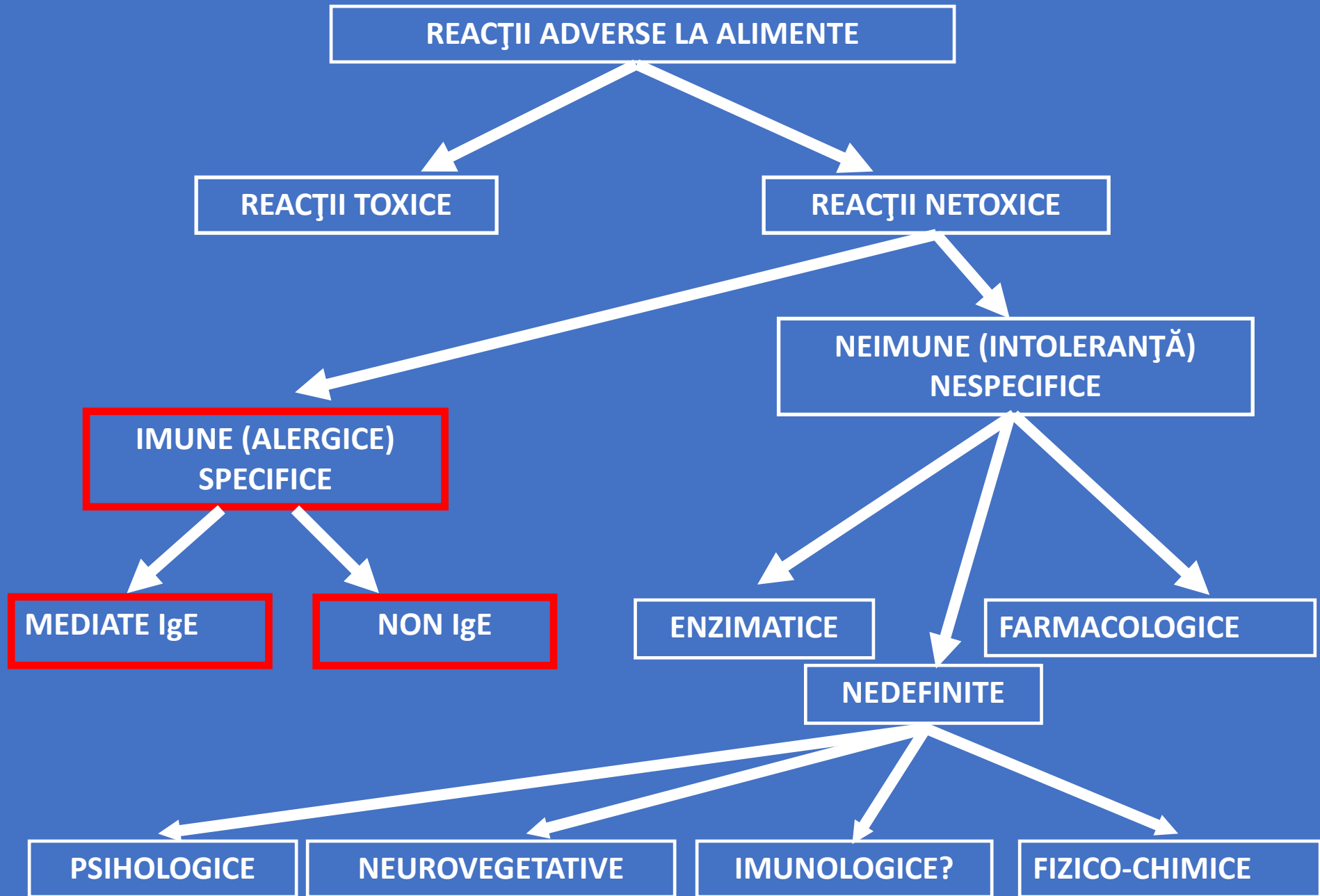
REAȚII DE HIPERSENSIBILITATE
- ALERGIA ALIMENTARĂ -

REAȚII DE
INTOLERANȚĂ

I. ALERGIA ALIMENTARĂ (IMUNĂ)

→ REACTIE IMUNOLOGICA TIPI I, III, IV (IgE, CIC, MEDIATA LIMFOCITAR)

→ RASPUNS IMUN ANORMAL DUPĂ INGESTIA UNUI ALIMENT



PRIMA NOTIUNE ESENTIALA

	Non-IgE-mediated ⁴ (previously cows' milk intolerance)	IgE-mediated
Presentation	Delayed reaction presenting several hours and up to 72 hours after milk ingestion.	Acute allergic reaction usually occurring minutes after milk ingestion, with the majority within 1 hour (can occur up to 2 hours).
Skin	<ul style="list-style-type: none"> • Pruritus • Erythema • Significant atopic eczema 	<ul style="list-style-type: none"> • Pruritus • Erythema • Acute urticaria • Acute angioedema • Acute flare of atopic eczema
Gastrointestinal	<ul style="list-style-type: none"> • Infantile colic • Vomiting • Gastro-oesophageal reflux disease (GORD) with poor response to anti-reflux medication (see appendix 5) • Food refusal/aversion • Loose/frequent stools • Perianal redness • Constipation • Faltering growth • Abdominal discomfort • Blood and/or mucus in stools • Pallor and tiredness 	<ul style="list-style-type: none"> • Angioedema of the lips, tongue and palate • Extreme colic • Vomiting • Diarrhoea
Respiratory <i>(usually in combination with other symptoms)</i>	<ul style="list-style-type: none"> • Rhinorrhoea • Nasal congestion 	<ul style="list-style-type: none"> • Rhinorrhoea • Sneezing • Nasal congestion • Anaphylactic reaction • Cough • Wheezing • Shortness of breath

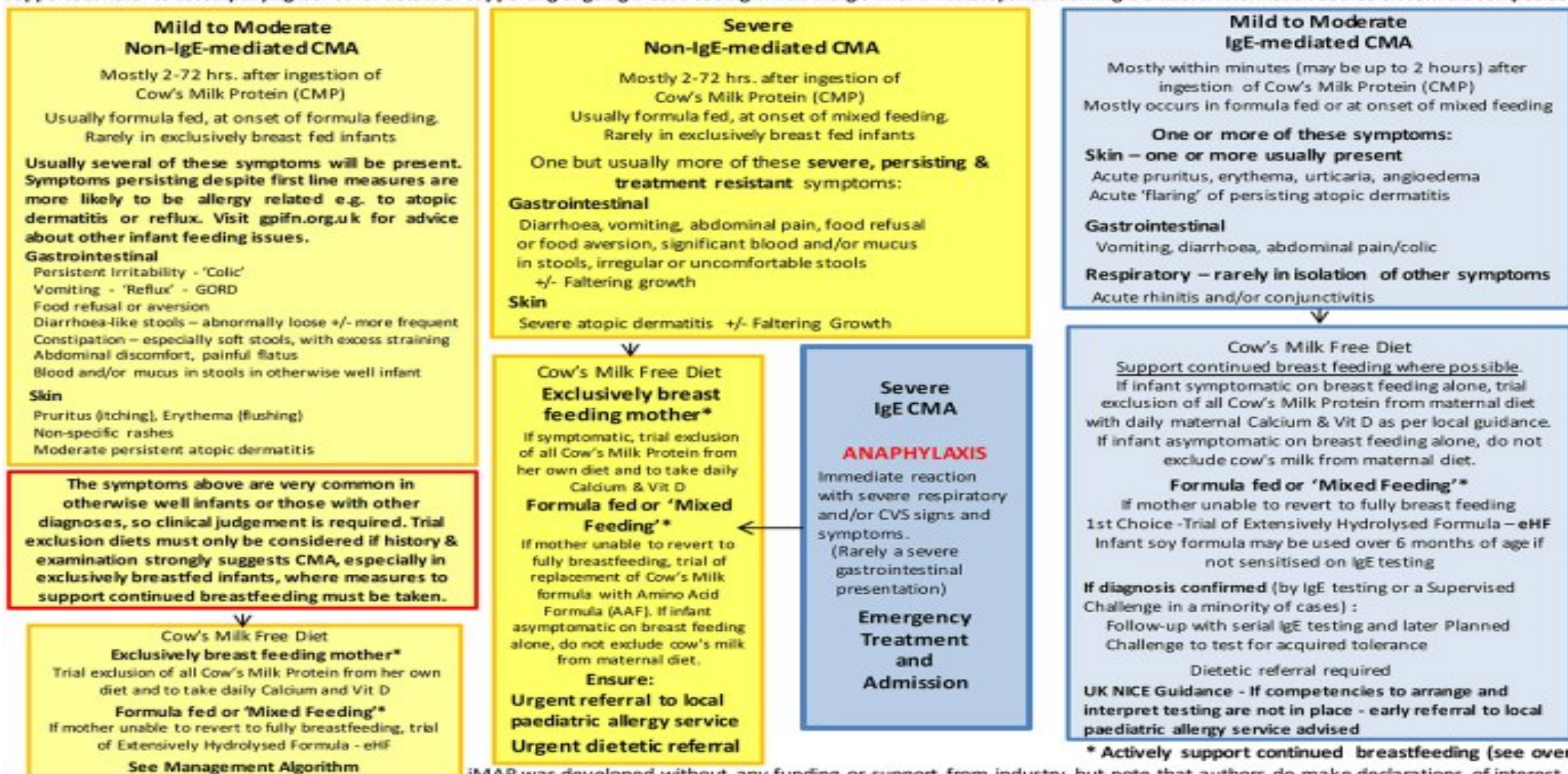
UK Adaptation of iMAP Guideline for Primary Care and 'First Contact' Clinicians

Apr 2019

Presentation of Suspected Cow's Milk Allergy (CMA) in the 1st Year of Life

Having taken an Allergy-focused Clinical History and Physically Examined

Less than 2% of UK infants have CMA. There is a risk of overdiagnosis of CMA if mild, transient or isolated symptoms are over-interpreted or if milk exclusion diets are not followed up by diagnostic milk reintroduction. Such situations must be avoided. There should be increased suspicion of CMA in infants with multiple, persistent, severe or treatment-resistant symptoms. iMAP primarily guides on early recognition of CMA, emphasizing the need for confirmation of the diagnosis, either by allergy testing (IgE) or exclusion then reintroduction of dietary cow's milk (non IgE). Breast milk is the ideal nutrition for infants with CMA and any decision to initiate a diagnostic elimination diet trial must include measures to ensure that breastfeeding is actively supported. Refer to accompanying leaflet for details of supporting ongoing breastfeeding in milk allergic infant. Firststepsnutrition.org is a useful information source on formula composition.



iMAP was developed without any funding or support from industry but note that authors do make declarations of interest.

**Mild to Moderate
Non-IgE-mediated CMA**

Mostly 2-72 hrs. after ingestion of
Cow's Milk Protein (CMP)

Usually formula fed, at onset of formula feeding.
Rarely in exclusively breast fed infants

Usually several of these symptoms will be present. Symptoms persisting despite first line measures are more likely to be allergy related e.g. to atopic dermatitis or reflux. Visit gaifn.org.uk for advice about other infant feeding issues.

Gastrointestinal

Persistent irritability - 'Colic'
Vomiting - 'Reflux' - GORD
Food refusal or aversion
Diarrhoea-like stools – abnormally loose +/- more frequent
Constipation – especially soft stools, with excess straining
Abdominal discomfort, painful flatus
Blood and/or mucus in stools in otherwise well infant

Skin

Pruritus (itching), Erythema (flushing)
Non-specific rashes
Moderate persistent atopic dermatitis

The symptoms above are very common in otherwise well infants or those with other diagnoses, so clinical judgement is required. Trial exclusion diets must only be considered if history & examination strongly suggests CMA, especially in exclusively breastfed infants, where measures to support continued breastfeeding must be taken.



Cow's Milk Free Diet

Exclusively breast feeding mother*

Trial exclusion of all Cow's Milk Protein from her own diet and to take daily Calcium and Vit D

Formula fed or 'Mixed Feeding'*

If mother unable to revert to fully breastfeeding, trial of Extensively Hydrolysed Formula - eHF

See Management Algorithm

porting ongoing breastfeeding in milk allergic infant. Firststepsnu

**Severe
Non-IgE-mediated CMA**

Mostly 2-72 hrs. after ingestion of
Cow's Milk Protein (CMP)
Usually formula fed, at onset of mixed feeding.
Rarely in exclusively breast fed infants

One but usually more of these severe, persisting &
treatment resistant symptoms:

Gastrointestinal
Diarrhoea, vomiting, abdominal pain, food refusal
or food aversion, significant blood and/or mucus
in stools, irregular or uncomfortable stools
+/- Faltering growth

Skin
Severe atopic dermatitis +/- Faltering Growth



**Cow's Milk Free Diet
Exclusively breast
feeding mother***

If symptomatic, trial exclusion
of all Cow's Milk Protein from
her own diet and to take daily
Calcium & Vit D

**Formula fed or 'Mixed
Feeding'***

If mother unable to revert to
fully breastfeeding, trial of
replacement of Cow's Milk
formula with Amino Acid
Formula (AAF). If infant
asymptomatic on breast feeding
alone, do not exclude cow's milk
from maternal diet.

Ensure:
Urgent referral to local
paediatric allergy service
Urgent dietetic referral



**Severe
IgE CMA**

ANAPHYLAXIS
Immediate reaction
with severe respiratory
and/or CVS signs and
symptoms.
(Rarely a severe
gastrointestinal
presentation)

**Emergency
Treatment
and
Admission**

Mild to Moderate IgE-mediated CMA

Mostly within minutes (may be up to 2 hours) after
ingestion of Cow's Milk Protein (CMP)
Mostly occurs in formula fed or at onset of mixed feeding

One or more of these symptoms:

Skin – one or more usually present

Acute pruritus, erythema, urticaria, angioedema
Acute 'flaring' of persisting atopic dermatitis

Gastrointestinal

Vomiting, diarrhoea, abdominal pain/colic

Respiratory – rarely in isolation of other symptoms

Acute rhinitis and/or conjunctivitis



Cow's Milk Free Diet

Support continued breast feeding where possible
if infant symptomatic on breast feeding alone, trial
exclusion of all Cow's Milk Protein from maternal diet
with daily maternal Calcium & Vit D as per local guidance.
If infant asymptomatic on breast feeding alone, do not
exclude cow's milk from maternal diet.

Formula fed or 'Mixed Feeding'*

if mother unable to revert to fully breast feeding
1st Choice - Trial of Extensively Hydrolysed Formula – eHF
Infant soy formula may be used over 6 months of age if
not sensitised on IgE testing

If diagnosis confirmed (by IgE testing or a Supervised
Challenge in a minority of cases) :

Follow-up with serial IgE testing and later Planned
Challenge to test for acquired tolerance

Dietetic referral required

UK NICE Guidance - If competencies to arrange and
interpret testing are not in place - early referral to local
paediatric allergy service advised

- Dupa **Ghidul SUA** – alergia alimentara GI non-IgE include
 - Sindrom enterocolitic indus de proteine alimentare (**Food Protein Induced Enterocolitis Syndrome – FPIES**)
 - Varsaturi repetate in jet
 - Diarei repetate
 - Letargie
 - Deshidratare
 - Hipotensiune
 - Soc
 - Proctocolita alergica indusa de proteine alimentare (**Food Protein Induced Allergic Proctocolitis – FPIAP**)
 - Sange in scaun
 - Spor ponderal
 - Enteropatia indusa de proteinele alimentare (**Food Protein Induced Enteropathy – FPIE**)
 - Diaree cronica nesanguinolenta
 - Malabsorbție
 - Falimentul cresterii
- Acestea sunt entitati clinice separate, dar au multe aspecte **overlap**

Alergile alimentare non IgE mediate FPIES (FOOD PROTEIN INDUCED ENTEROCOLITIS SYNDROME)

Manifestări clinice în FPIES:

- **vărsături incoercibile și diaree, uneori cu sânge; deshidratare,**
- **acidoză metabolică și șoc la 20% din pacienți, care apar la 2 ore de la ingestie, paloare, letargie, cianoză, hipotermie**
- **La cei cu alergie la alimente solide, manifestările clinice pot fi dramatice, mimând sepsisul.**
- **Alergia la orez e mai severă decât cea la soia.**
- **Sugarii cu FPIES la solide au reacții la interval mai mic de 2 ore de la ingestie.**
- **În afara cazurilor cu deshidratare severă, sugarul își revine în interval de 24 de ore.**
- **După dieta de eliminare a alimentului, la reintroducerea acestuia, în interval de 2 ore apar simptomele, de această dată mai puțin severe, cu creșterea leucocitelor și PMN în sânge.**
- **De obicei, la vârsta de 3 ani copiii vor tolera alimentul care le-a provocat FPIES.**

Recomandări practice pentru cazurile alergice la proteinele laptelui de vacă

- Intrebari frecvente: **substituim** cu soia, lapte de capra, oaie, lapte vegetal Migdale, cocos etc???
- Nu se recomandă produsele de soia (50% din APLV cu mecanism IgE mediat sunt alergici și la soia, 15% din IPLV cu mecanism non IgE sunt alergici la soia).
- Preparatele **parțial hidrolizate HA** nu sunt suficiente.
- **Este necesar pentru terapie un preparat intens hidrolizat sau un preparat pe bază de aminoacizi.**

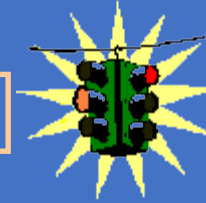
DIAGNOSTIC DE LABORATOR

TESTE

1)

ELIMINARE ȘI ÎNCĂRCARE

STANDARD DE AUR

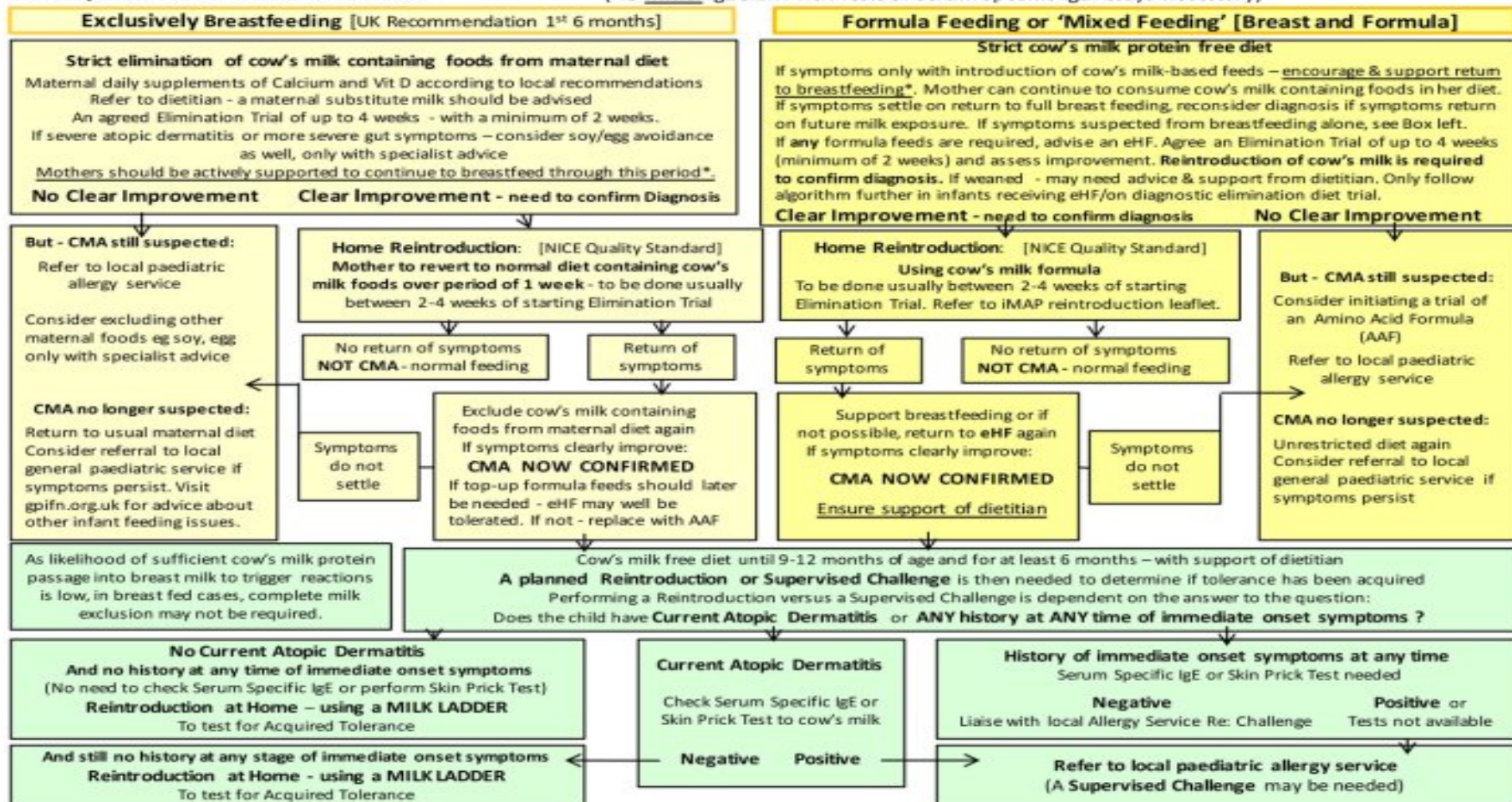


TEST DE ÎNCĂRCARE ORALĂ DUBLU ORB CONTRA PLACEBO

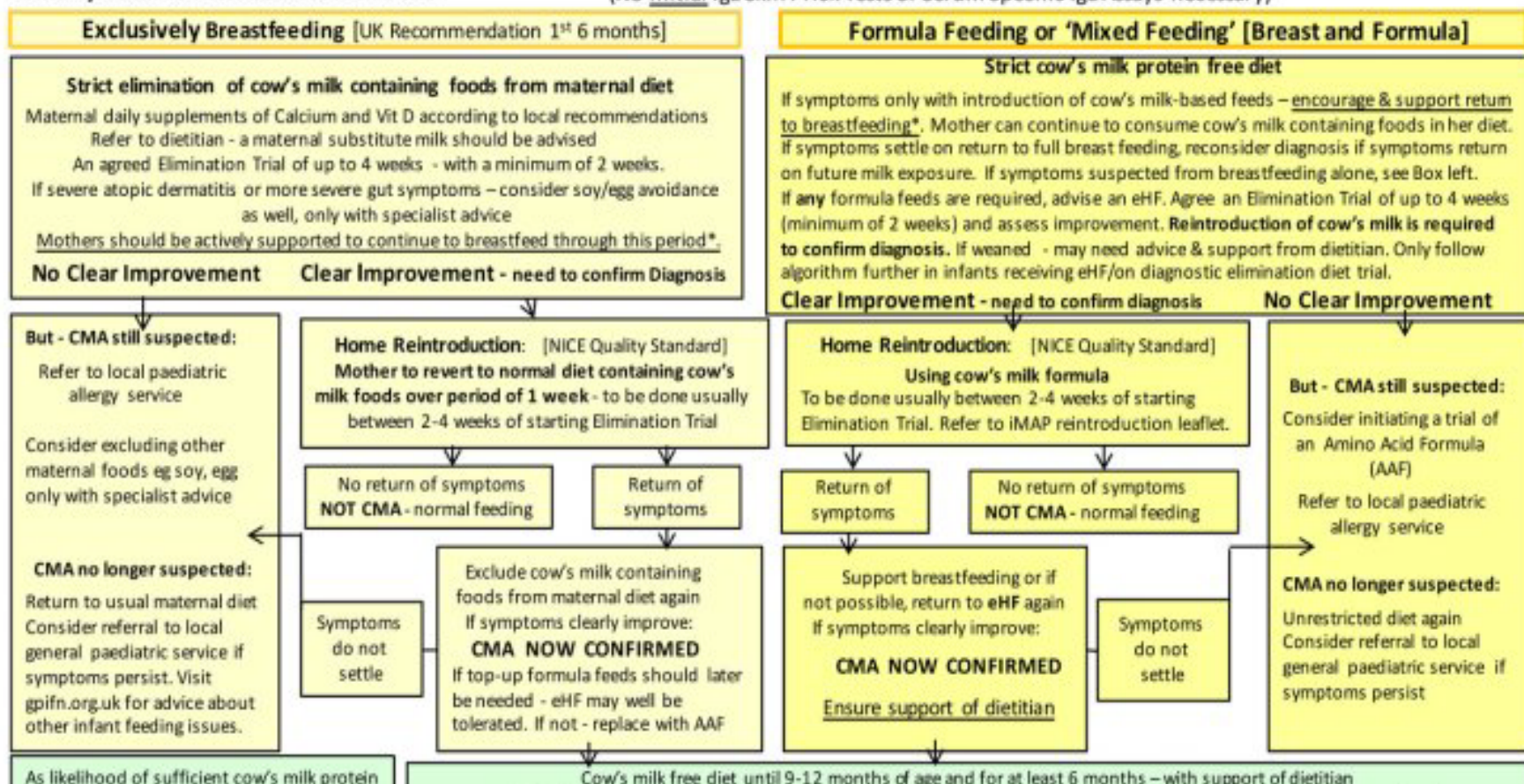
Teste serologice sau testari cutanate?

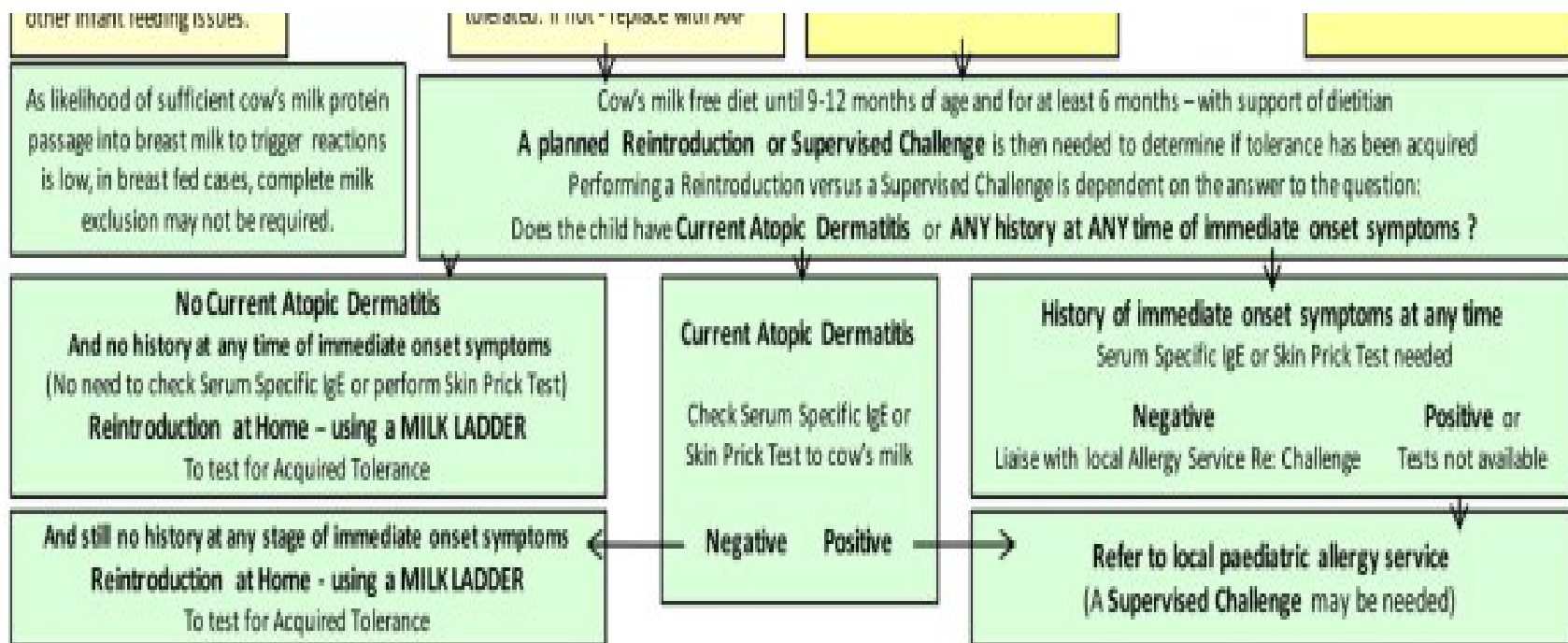
Repetarea testelor

Testele de incarcare



*Breast milk is the ideal nutrition for infants & hence continued breastfeeding should be actively encouraged as far as is possible. WHO recommends breastfeeding until 2 years and beyond. Mothers should be offered support of local NHS breastfeeding support services & signposted to further support. Please refer to iMAP patient information leaflet on supporting breast feeding.





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Tratament dietetic

- "Medicamentul" de ales in alergia alimentara:

- Dieta de excludere a alimentului cauzal

- **Diete de eliminare**

- **Temporare**
- **Permanente**

- **Dieta de eliminare**

- **Singurul tratament al FA**
- **Sigur si uniform pentru toti pacientii**

- La copilul mic manifestarile clinice – date de proteina laptelui de vaca (majoritatea)

- Dupa ESPGHAN / AAP dieta:

- **1. prima alegere** terapeutica: **eHF si AAF**
- **2. a doua alegere** terapeutica: formule cu proteine **soia** si formule cu proteine **orez**

- **Daca nu se amelioreaza dupa eHF – dieta cu AAF**

- **Indicatii dieta eliminare cu AAF**

- **Enterite non-IgE mediate**
- **Colite**
- **Proctite**
- **Esofagita eozinofilica**
- **Enteropatie cu falimentul cresterii**
- **Reactii anafilactice la eHF**

- **Alergii usoare, moderate** la laptele de vaca:

- **Tratament dietetic: eHF**
- **Dupa 9-12 luni** cu ameliorare – **test de provocare**

- **10%** copii cu dieta eHF – **nu se obtine ameliorare** – dieta AAF

- **Durata dietei milk-free in APLV: 6-12 luni**, apoi test de provocare

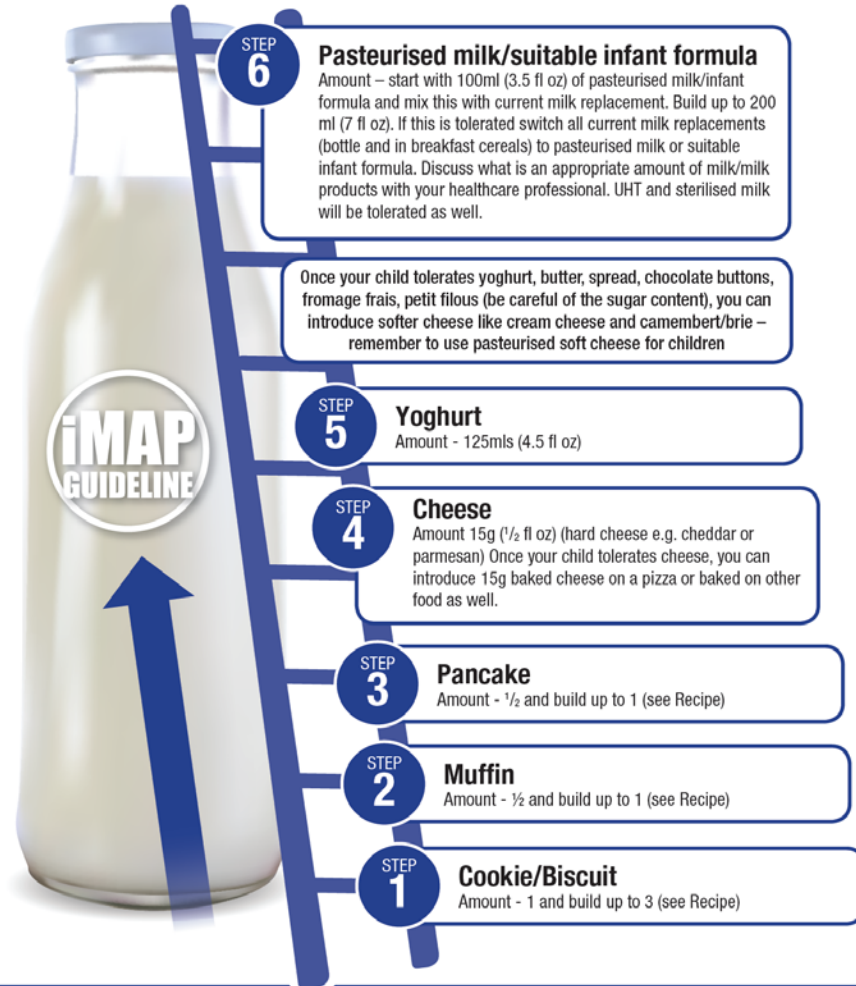
- **Atentie: pot fi alergii concomitente** la lapte si soia – nu se folosesc formule soia in APLV sub varsta de 6 luni

ALIMENTATIE NATURALA SI FORMULE

Exclusively breastfed	Formula (+/- Breastmilk)	Taking solids
<ul style="list-style-type: none"> • Recommend exclusive breastfeeding for 26 weeks (6 months) • If an exclusively breastfed child is symptomatic, advise mother to exclude cows' milk protein from her diet. A maternal milk substitute should be advised e.g. soya milk. Refer to a dietitian if appropriate. • Women on a milk free diet should take a daily supplement of 1000mg calcium and 10mcg Vitamin D. 	<ul style="list-style-type: none"> • Advise on the replacement of cows' milk based formulas with an extensively hydrolysed formulas (eHF) as first line. • For mixed fed infants, if symptoms occur only with the introduction of top-up formula feeds, replace these with eHF top-ups. The mother can continue to consume foods containing cows' milk protein (CMPA). • For mixed feeding refer mother to local specialist/additional breastfeeding support for support with return to exclusive breastfeeding or increased breastmilk if this is mother's choice. 	<ul style="list-style-type: none"> • Advise parents/carers to exclude cows' milk protein from the child's diet. • Advise on a suitable milk alternative. • OTC soya formula can be recommended for infants > 6 months, but if this is not tolerated (suggesting a soya allergy/a soya intolerance) a milk-free formula should be prescribed. Infants who have been prescribed formula < 6 months can continue this after 6 months of age. • Introduce milk free solids no earlier than 17 weeks.

THE iMAP MILK LADDER

To be used only in children with Mild to Moderate Non-IgE Cow's Milk Allergy
Under the supervision of a healthcare professional
PLEASE SEE THE ACCOMPANYING RECIPE INFORMATION



AT EACH OF THE FOLLOWING STEPS

Cookie, muffin, pancake, cheese and yoghurt

It may be advisable in some cases to start with a ¼ or a ½ of that particular food and then over a few days to gradually build up to a whole portion - Please ask your healthcare professional for guidance on this

THE LOWER STEPS ARE DESIGNED TO BE USED WITH HOME MADE RECIPES. THIS IS TO ENSURE THAT EACH STEP HAS THE APPROPRIATE MILK INTAKE. THE RECIPES WILL BE PROVIDED BY YOUR HEALTHCARE PROFESSIONAL
Should you wish to consider locally available store-bought alternatives - seek the advice of your healthcare professional Re: availability

ALERGIA ACUTA IN MEDICINA PRIMARA

- **Rolul central al medicului de familie in managementul alergiei**
 - Majoritatea pacientilor – consult medical pentru alergie – vazuti pentru **prima data de medicul de familie**
 - Bolile alergice: **8% consultatii medicina primara (UK)**
 - Medicul de medicina primara
 - **Va ingriji si diagnostica** mai frecvent FA **usoare** si **moderate**
 - **Trimite la specialist** cazuri mai **severe** si mai **complexe**
 - Multe cazuri **forme usoare si medii** sunt trimise la medic specialist
 - Medicul generalist nu are incredere ca poate diagnostica si manageria FA
 - Multi medici se simt putin echipati pentru aceasta sarcina:
 - **Lipsa training specializat**
 - **Acces dificil la specialist**
 - **Lipsa expertizei si facilitatilor pentru investigarea alergiei si ingrijirea ei**

- **Ingrijirea corecta a alergiei in medicina primara:**
 - **Influenceaza preventia si managementul**
 - **Calitatea vietii si satisfactia pacientului**
- **Este necesar training adecvat si acces la sfaturi medicale de calitate**
- **S-au elaborat algoritmuri pentru medicul practician in medicina primara**

Recomandari preventive privitor la anafilaxia alimentara pentru familie, profesori, lideri comunitate

- Familia, scoala, comunitatea sa colaboreze in **preventia expunerii** la alergeni alimentari
- De dorit a efectua **training privind recunoasterea si managementul** simptomelor unei anafilaxii probabile pentru
 - Familie
 - Scoala
 - Comunitate
- Pacientii cu **istoric de anafilaxie sa poarte EpiPen**
- Pacientii cu **anafilaxie alimentara indusa de efort** sa **evite activitatea fizica 4 ore** dupa alimentul inductor (de obicei grau) – omega-5 gliadina
- Pacientii cu **anafilaxie alimentara indusa de efort** vor evita **factorii precipitanti** cand ingera alergenul alimentar:
 - Alcool
 - Antiinflamatorii non-steroidiene (aspirina)
- Pacientii cu **risc anafilaxie** vor purta: **bratara, card** – cu alimente la care este alergic





**Nimic nu-i veșnic! Veșnic
E laptele matern.
Prin laptele mămucăi
Și graiul mi-i etern.**

**Iar tinere măicuțe
În tren, în parc, în lunci
Scot sânii rușinoase,
Hrănind setoșii prunci.**

**În cești, strivindu-și pieptul
Cald, laptele îl cern.
O, tânăr sân de mamă –
Tu, graiul meu etern!
Grigore Vieru**



