

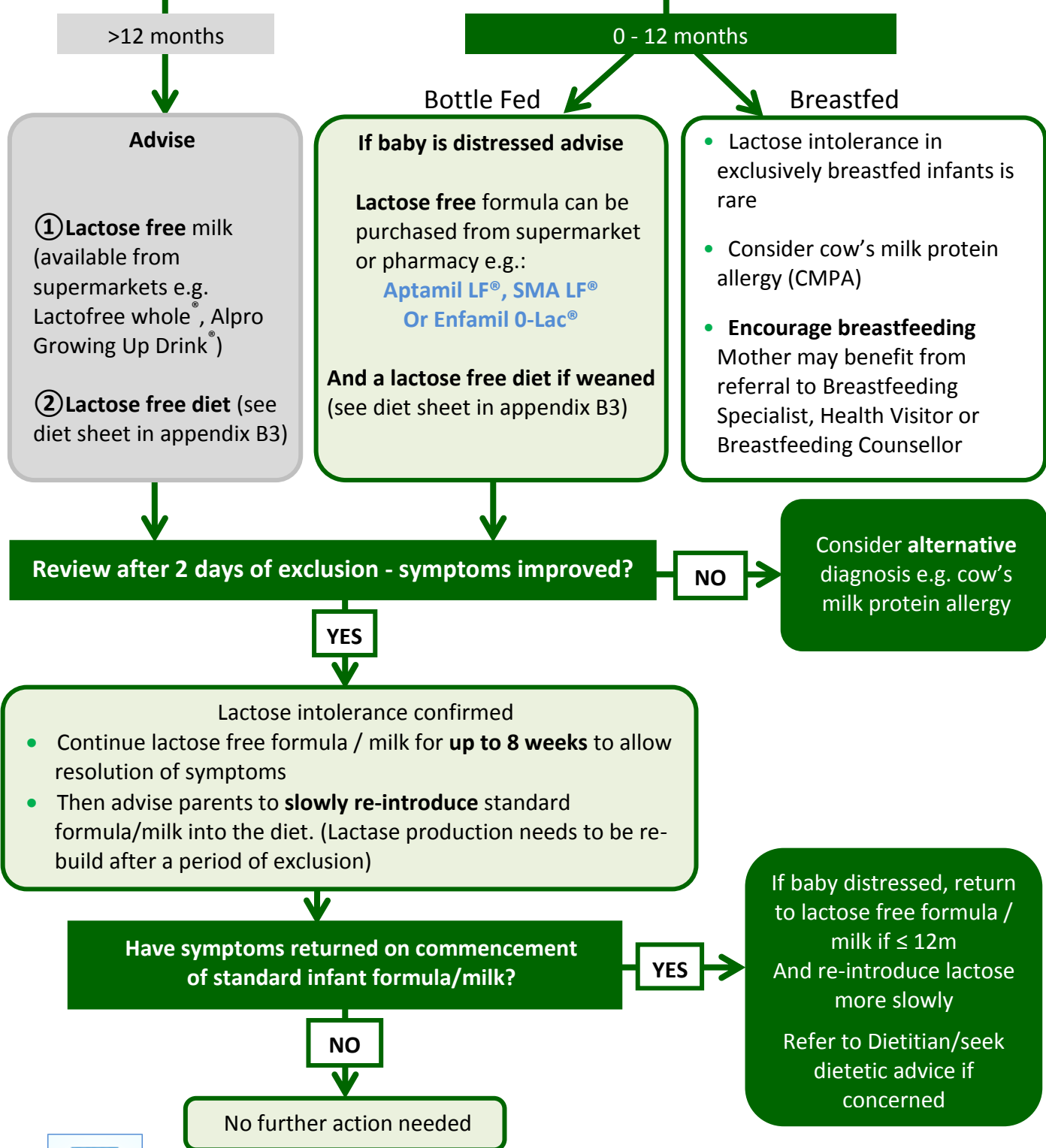
Flowchart for managing SECONDARY LACTOSE INTOLERANCE

Infant presenting with the following symptoms for 2 weeks or longer, and significantly distressed (If not suffering and growing well advise that symptoms will resolve once gut is healed)

- Loose and frequent (occ. green) stools
- Increased (explosive) wind
- Abdominal bloating

Usually following an infectious gastrointestinal illness

NOTE: Lactose intolerance in young infants is rare
Cow's milk protein allergy (CMPA) should always be considered as an alternative diagnosis



Secondary Lactose Intolerance additional notes

Primary lactose intolerance is very rare and does not usually present until later childhood/adulthood.

Secondary lactose intolerance does not involve the immune system. It is caused by damage to the gut which results in an insufficient production of the enzyme lactase. Gastroenteritis or Cow's Milk Protein Allergy can cause such damage. Restored gut function will resolve secondary lactose intolerance.

Resolution of symptoms within 48 hours of withdrawal of lactose from the diet confirms diagnosis*.

**The medical tests ('hydrogen breath test' and tests for 'reducing sugars' in the stools) would be expected to be positive. However they are also positive in most normal breastfed babies under 3 months. Their use in diagnosing lactose intolerance in young babies is therefore open to question.*

Common myths about lactose intolerance

- There is no relationship between lactose intolerance in adult family members, including in the mother, and in babies. Lactose intolerance may develop around 6 years of age if there is a strong family history.
- Breastmilk contains lactose (as does any mammalian milk) and decreasing dairy intake in maternal diet **does not** alter the amount of lactose in breastmilk.
- A baby with symptoms of lactose intolerance should not necessarily be taken off the breast and fed on special lactose-free infant formula (especially if the child is under 6 months old).
- Lactose intolerance **does not** cause vomiting or GORD.

Treatment

- Secondary lactose intolerance is **temporary**, as long as the gut damage can heal. When the cause of the damage to the gut is removed, the gut will heal, even if the baby is still fed breastmilk, or their usual formula.
- Continuing to breastfeed (or their usual formula) will not cause any harm **as long as** the baby is otherwise well and growing normally.
- Lactase drops such as Colief[®], Care-Co Lactase infant drops[®] can be added (as per manufacturers' instruction) to the baby's feed to make digesting the lactose easier. Using lactase drops for more than a week if symptoms do not improve isn't usually recommended.
- Lactose-free formulae have a greater potential to cause dental caries because the non-cariogenic sugar lactose is replaced with cariogenic glucose. Therefore parents must follow good dental hygiene.

Formulae

- Low lactose/lactose free formula should **not** be used for longer than 8 weeks without review and trial of discontinuation of treatment.

Enfamil O-Lac [®]	Lactose, sucrose and fructose free	400g tin	≈£5.08	Retail price may vary
SMA LF [®]	Low lactose	430g tin	≈£5.34	
Aptamil LF [®]	Lactose and sucrose free	400g tin	≈£5.50	
SMA Wysoy [®]	Soya based formula NOT for <6months	860g tin	≈£12.00	

Soya formula is not recommended for those under 6 months due to high phyto-oestrogen content. It can be advised in infants over 6 months who do not accept the lactose free formula suggested here.