

# Flowchart for managing SECONDARY LACTOSE INTOLERANCE

Infant presenting with the following symptoms for 2 weeks **NOTE:** Lactose or longer, and significantly distressed (If not suffering and intolerance in young infants is rare growing well advise that symptoms will resolve once gut is healed) Cow's milk protein allergy Loose and frequent (occ. green) stools (CMPA) should always be Increased (explosive) wind considered as an Abdominal bloating alternative diagnosis Usually following an infectious gastrointestinal illness >12 months 0 - 12 months **Bottle Fed Breastfed Advise** Lactose intolerance in If baby is distressed advise exclusively breastfed infants is rare Lactose free formula can be 1) Lactose free milk purchased from supermarket Consider cow's milk protein (available from or pharmacy e.g.: allergy (CMPA) supermarkets e.g. Aptamil LF®, SMA LF® Lactofree whole, Alpro Or Enfamil 0-Lac® Encourage breastfeeding Growing Up Drink ) Mother may benefit from And a lactose free diet if weaned referral to Breastfeeding (2) Lactose free diet (see (see diet sheet in appendix B3) Specialist, Health Visitor or diet sheet in appendix B3) **Breastfeeding Counsellor** Consider alternative Review after 2 days of exclusion - symptoms improved? diagnosis e.g. cow's NO milk protein allergy YES Lactose intolerance confirmed Continue lactose free formula / milk for up to 8 weeks to allow resolution of symptoms Then advise parents to slowly re-introduce standard formula/milk into the diet. (Lactase production needs to be rebuild after a period of exclusion) If baby distressed, return to lactose free formula / milk if ≤ 12m Have symptoms returned on commencement YES And re-introduce lactose of standard infant formula/milk? more slowly Refer to Dietitian/seek NO dietetic advice if concerned No further action needed NHS



## **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<sup>®</sup>, Care-Co Lactase infant drops<sup>®</sup> 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
SMA LF®	Low lactose	430g tin	≈£5.34	price
Aptamil LF <sup>®</sup>	Lactose and sucrose free	400g tin	≈£5.50	may
SMA Wysoy <sup>®</sup>	Soya based formula <b>NOT for &lt;6months</b>	860g tin	≈£12.00	vary

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.



