

Napule è...

PEDIATRIA PREVENTIVA E SOCIALE

LUCI OMBRE ABBAGLI

Prevenzione

Allergologia

Gastroenterologia

Nutrizione

Dermatologia

28 APRILE - 1 MAGGIO 2017
Hotel Royal Continental, Napoli

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Hotel Royal Continental, Napoli

Gastroenterologia

Dermatologia

III SESSIONE NUTRIZIONE IN ETÀ EVOLUTIVA

Presidente: Giuseppe Saggese

Moderatori: Luigi Morcaldi, Leonello Venturelli

20 minuti per...

Dietoterapia per i DFGI:
Il ruolo dei latti speciali



Silvia.Salvatore@uninsubria.it



Childhood Functional Gastrointestinal Disorders: Neonate/Toddler

Gastroenterology 2016;150:1443-1455

Benninga MA, et al.

Rome IV

I DFGI

- Ruminazione infantile
- S: Vomito ciclico



Rigurgito



Coliche



**Diarrea
funzionale**



Dischezia



Stipsi



Sono utili i latti speciali?

I DISORDINI FUNZIONALI GASTROINTESTINALI IN ETÀ PRESCOLARE

Atti XXVII Congresso Nazionale SIPPSS // CONSENSUS 2015



Supplemento al numero 3 - 2015

2015 - 12 - 18 ottobre 2015
Stresa (NO) - Hotel Regina Palace

422 Relazioni
Abstracts (1000) e Comunicazioni orali (1000)
1000 Abstracts e Comunicazioni orali (1000)

XXVII Congresso Nazionale SIPPSS
e il ruolo del pediatra

M C T H
A F D Z E



I DFGI: un camaleonte clinico da riconoscere ...perché.



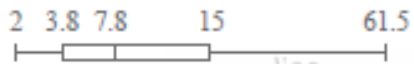
Infantile colic and fussing/crying (n=30 studies)



Regurgitation (n=13 studies)



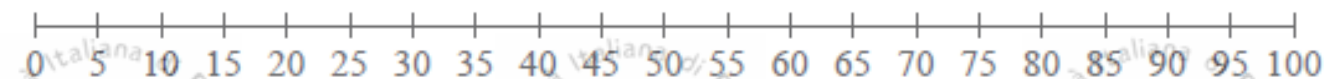
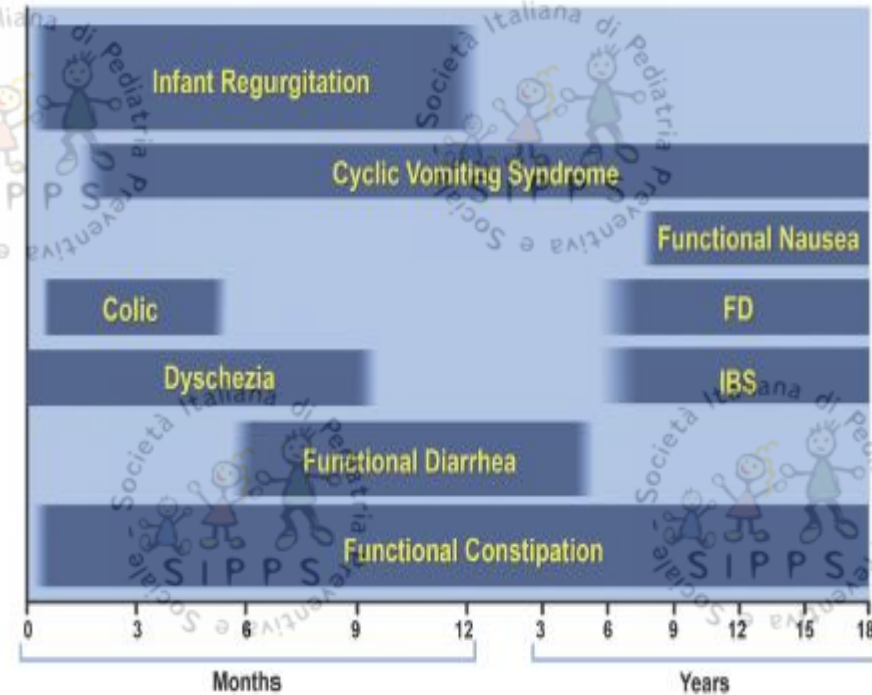
Functional constipation (n=8 studies)



Functional diarrhoea (n=2 studies)



Dyschezia (n=3 studies)



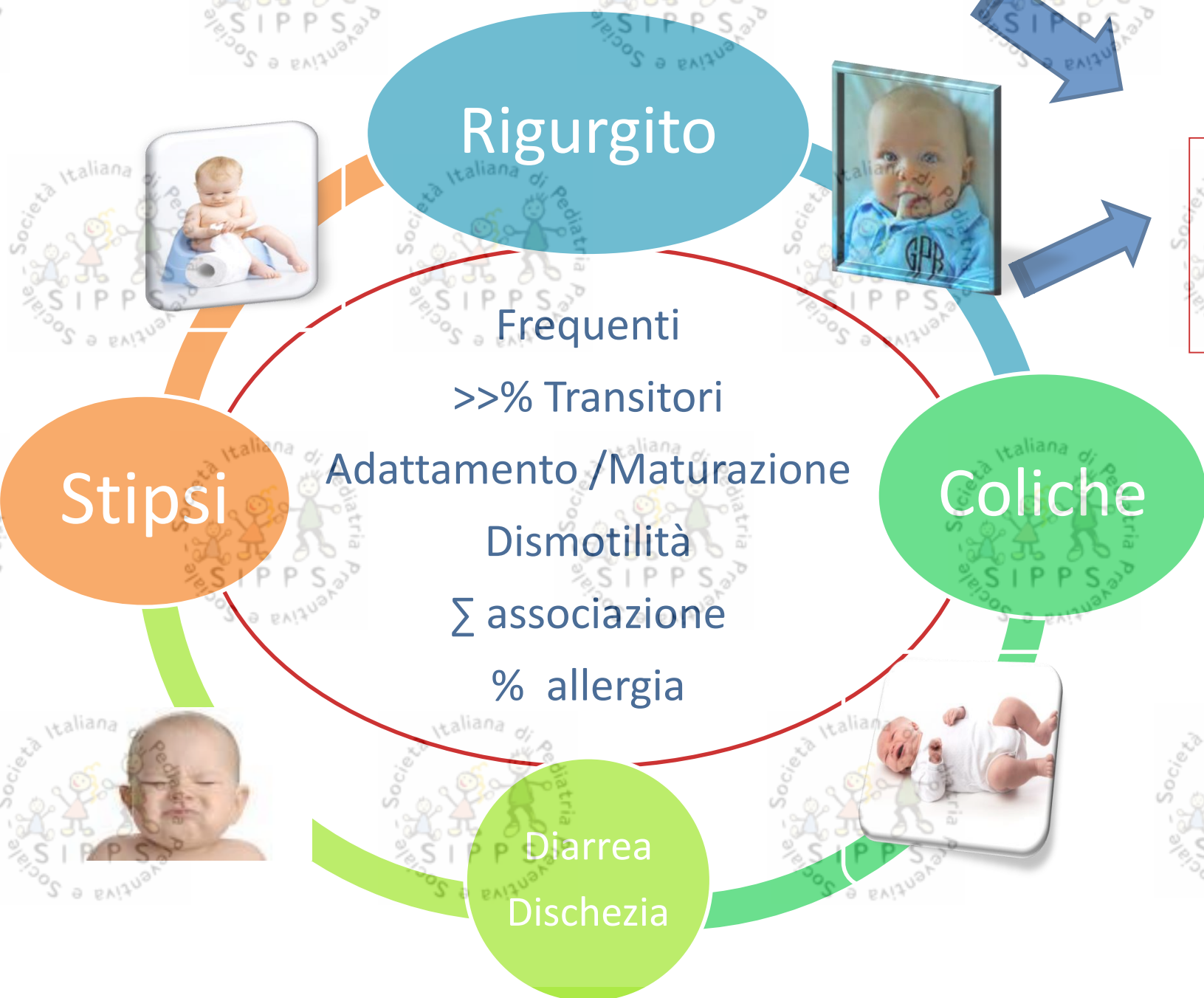
ETA'

Vandenplas Y et al. JPGN 2015

SONO MOLTO FREQUENTI !



Caratteristiche dei DFGI



Frequente
cambio
di latte



Formule speciali per lattanti

- Parziali (pHF /HA)
- Spinte (eHF)

Idrolisate

- Solo aminoacidi (AA)

Elementari



Delattosate

Con
aggiunta:

- Meno lattosio
- Senza lattosio

- Ispessente
- Prebiotici
- Probiotici
- β -palmitato

Formule speciali per lattanti: per cosa e quali

Rigurgiti, coliche,
pianto, dischezia

- Ipsessite / idrolisate / delattosate / con pro/pre-biotici

Diarrea

- Idrolisate / delattosate/elementari

Terapia dell'A/IPLV

- Idrolisate eHF
- Elementari

Prevenzione allergia

- Idrolisate eHF
- Idrolisate pHF

Prevenzione infezioni

- Con prebiotici
- Con probiotici

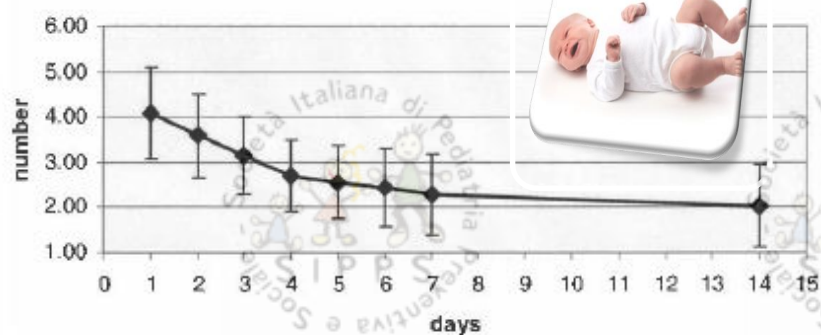


“Minor” feeding problems during the first months of life: effect of a partially hydrolysed milk formula containing fructo- and galacto-oligosaccharides

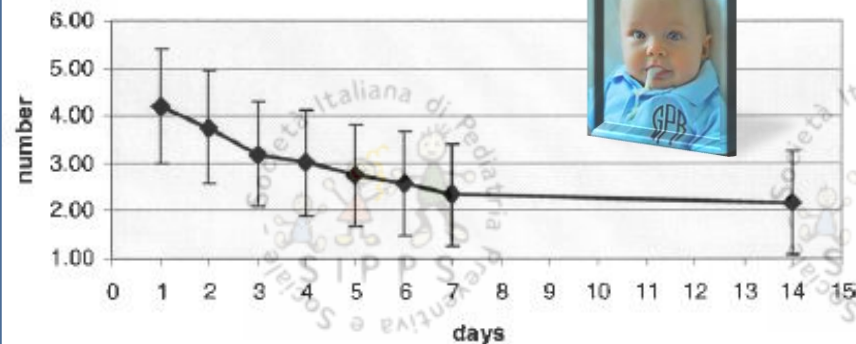
F Savino¹, F Cresi¹, S Maccario¹, F Cavallo², P Dalmaso², S Fanaro³, R Oggero¹, V Vigi³ and L Silvestro¹

infants that might benefit from dietary treatment. A formula containing fructo- and galacto-oligosaccharides, partially hydrolysed proteins, low levels of lactose and palmitic acid in the β position and higher density has been tested to reduce the occurrence of these symptoms. The aim

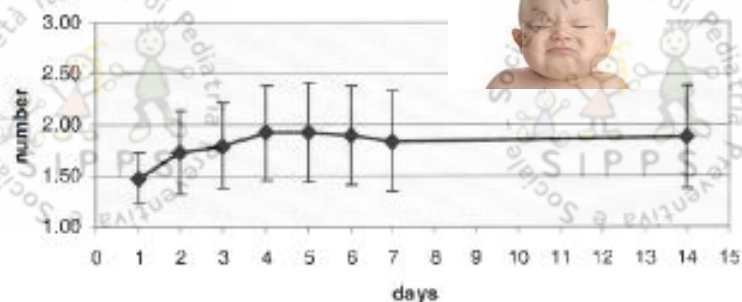
colics



regurgitations



stools



MA...

No gruppo controllo
Vs. evoluzione naturale ?
Vs. standard formula ?

Childhood Functional Gastrointestinal Disorders: Neonate/Toddler

Gastroenterology 2016;150:1443-1455

Benninga MA, et al.

Rome IV

I DFGI

- Ruminazione infantile
- S: Vomito ciclico



Rigurgito



Coliche



**Diarrea
funzionale**



Dischezia

≠



Stipsi



Sono utili i latti speciali?

Dischezia del lattante: *Criteri diagnostici*

Lattante < 9 mesi di vita

1. Almeno 10 minuti di sforzi e pianto prima di un tentativo o passaggio di **feci morbide**
2. Nessun altro problema di salute



Tappa di maturazione :
Nessun trattamento

Roma III, Hyman PE et al. Gastroenterology 2006

Roma IV, Benninga MA et al. Gastroenterology 2016





Dischezia del lattante:

Atti XXVII Congresso Nazionale SIPPS // CONSENSUS 2015

Qual è il ruolo della terapia dietetica

- Non evidenze di efficacia di interventi dietetici nel trattamento della dischezia.
- L'allattamento al seno esclusivo sembrerebbe ridurre il rischio di dischezia

Qual è il ruolo di prebiotici, probiotici e sinbiotici (supplementi)?

- Non prove di efficacia nel trattamento della dischezia





Stipsi funzionale nel lattante

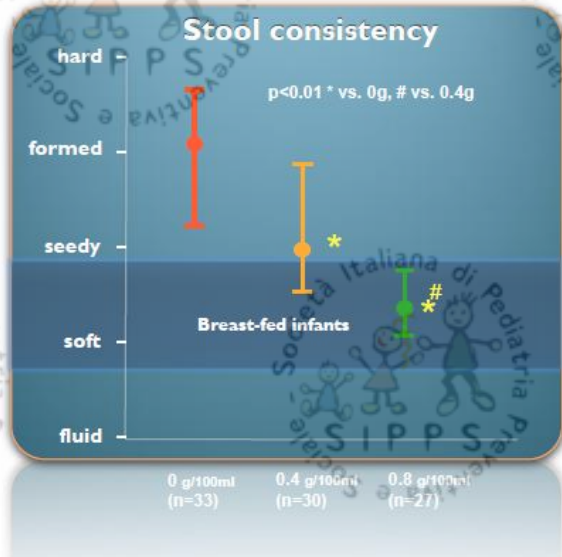
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Sono utili le formule parzialmente (pHF) o quelle estesamente idrolisate (eHF)? Sono utili le formule "anti-stipsi"?

- Evidenze scientifiche non sufficienti per raccomandare le formule idrolisate. **Solo nei casi di stipsi refrattaria** e sospetta APLV giustificato un trial di esclusione di **2-4 settimane con eHF**, a cui deve seguire, se miglioramento, il test di provocazione orale per la conferma diagnostica.
- I pochi studi, solo per le **formule supplementate con prebiotici e β -palmitato**, hanno dimostrato minimi effetti sulla consistenza delle feci ma non sulla frequenza delle evacuazioni.
- Possono comportare un eccessivo intake di Mg.

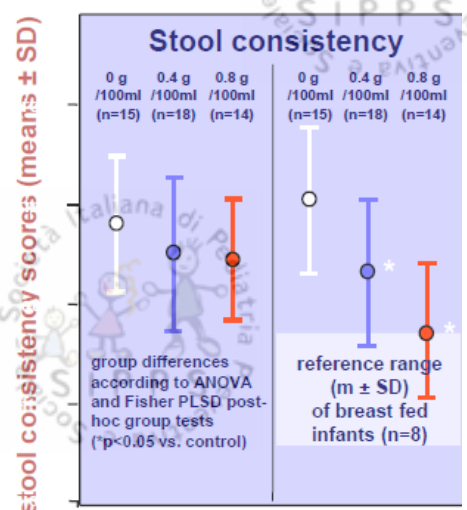
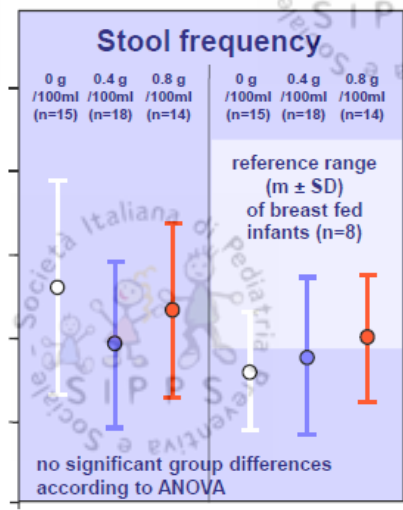


Prebiotici e consistenza delle feci



number of stools per day (means \pm SD)

EFFETTO DI GOS/FOS NEI NEONATI A TERMINE - CARATTERISTICHE FECALI -



Effetto dose dipendente sulla consistenza delle feci

Moro et al 2002

Study or Subgroup	Prebiotic			Control			Weight	Mean Difference IV, Random, 95% CI	Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total			
Brunser 2006	9.72	1.97	20	10.11	1.67	23	18.8%	-0.39 [-1.49, 0.71]	
Fanaro 2005	9.2	0.4	31	8.9	0.2	15	25.0%	0.30 [0.13, 0.47]	
Moro 2005	9.8	0.7	16	7.1	4.7	16	9.9%	2.70 [0.37, 5.03]	
Xiao-Ming 2004	7.9	1.3	69	6	0.9	52	24.1%	1.90 [1.51, 2.29]	
Xiao-Ming 2008	9.01	1.18	20	8.16	0.99	18	22.2%	0.85 [0.16, 1.54]	
Total (95% CI)			156			124	100.0%	0.92 [-0.03, 1.86]	

Heterogeneity: Tau² = 0.92; Chi² = 60.23, df = 4 (P < 0.00001); I² = 93%

Test for overall effect: Z = 1.91 (P = 0.06)

X-axis: Favours control (left) Favours prebiotic (right)

Moro 2003

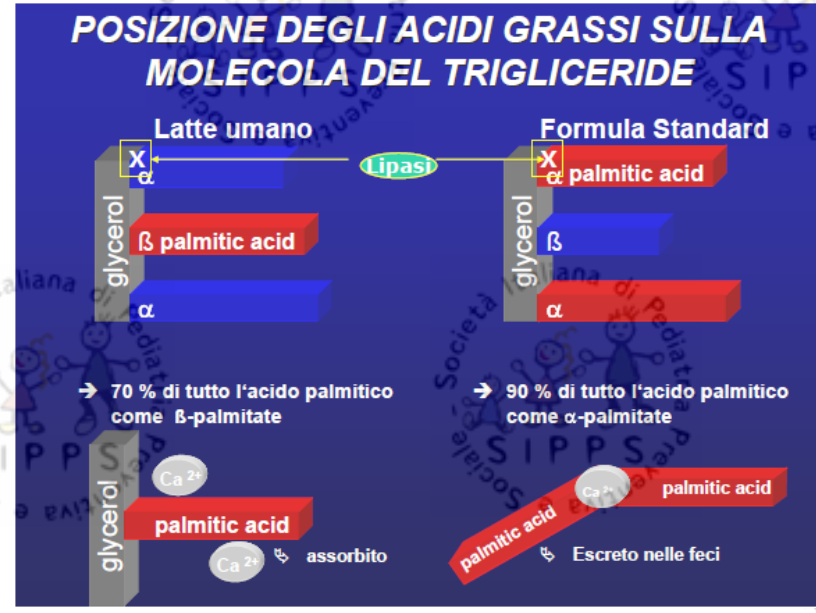


Figure 9 Prebiotics versus controls, outcome: Bifidobacteria -log10(CFU) per gram stool.



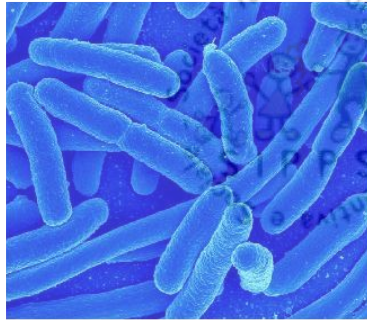
Therapeutic effect of “Novalac-IT®” in infants with constipation



Studio prospettico randomizzato in 93 lattanti

Formula arricchita di magnesio (9.1 g /100 mL)

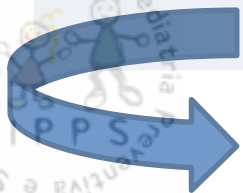
- Miglioramento significativo, dopo 4 e 8 settimane, sia della consistenza sia della frequenza delle evacuazioni rispetto ad una formula “fortificata” (al 20%)
- Nessun effetto collaterale riportato
- Miglioramento ponderale ed ottima assunzione



Formule con probiotici



Outcome	Probiotic	Results
Colic, irritability, crying	B.lactis, BL999 and LPR, L. reuteri, L GG, L. salivarius B.lactis + S. thermophilus	Negative Reduction
Stool frequency	B.lactis, BL999 and LPR LGG	Negative Reduction
Stool consistency	B.lactis, BL999 and LPR, L. reuteri LGG	No effect Modest effect



NON EVIDENZA DI BENEFICIO



Diarrea funzionale

Quesito 3. Sono utili le formule parzialmente o quelle estesamente idrolisate e basso contenuto/senza lattosio, con maltodestrine?

Non esiste letteratura che possa supportare tale affermazione e, pertanto, non esiste raccomandazione in tal senso.



E' opportuno quindi evitare alcuni errori come l'eccessiva assunzione di zuccheri (succhi di frutta, sorbitolo) ed il ridotto apporto di grassi e fibre.

Se sospetto di allergia alimentare dieta di eliminazione per 2-4 settimane e poi challenge

?

Formule delattosate



Razionale:

- Lactose and sucrose-free formula for infants with fussiness, gas or diarrhea due to lactose malabsorption-sensitivity
- eHF for possible cow's milk intolerance /allergy



Formule delattosate

- Lattanti con feci a spruzzo, eritema perineale o positività per le sostanze riducenti nelle feci o al breath test.
- Un solo studio su 20 lattanti con breath test positivo al lattosio: passaggio da una formula standard (lattosio 7g/100 ml) ad una a ridotto contenuto di lattosio (3g/100 ml) ha portato un significativo miglioramento nel 85% dei casi con riduzione del pianto e del meteorismo, miglioramento del comportamento alimentare e riduzione della positività del breath test.

EFFECT OF LACTOSE ON GUT MICROBIOTA AND METABOLOME OF INFANTS WITH COW'S MILK ALLERGY

Francavilla R et al. PAI 2012

1. The addition of lactose to an extensively hydrolyzed formula is able to positively modulate the composition of gut microbiota by increasing the total fecal counts of Lactobacillus/Bifidobacteria and decreasing that of Bacteroides/Clostridia.
2. The positive effect is completed by the increase of median concentration of short chain fatty acids, especially for acetic and butyric acids demonstrated by the metabolomic analysis.



CONSENSUS 2015

I disordini funzionali gastrointestinali in età prescolare



Sono utili le formule parzialmente idrolisate o le formule anti-colica?
Non vi sono evidenze di efficacia per raccomandare entrambe le formule nei lattanti con coliche funzionali.

Choosing wisely!

Ci può essere una relazione con le allergie alimentari?
In assenza di segni di allarme (reazioni cutanee dopo assunzione di latte, specie se formula, inappetenza, scarso accrescimento, vomito, diarrea, muco e sangue nelle feci) non è giustificato porre il sospetto di APLV.



Reduction of crying episodes owing to infantile colic: a randomized controlled study on the efficacy of a new infant formula



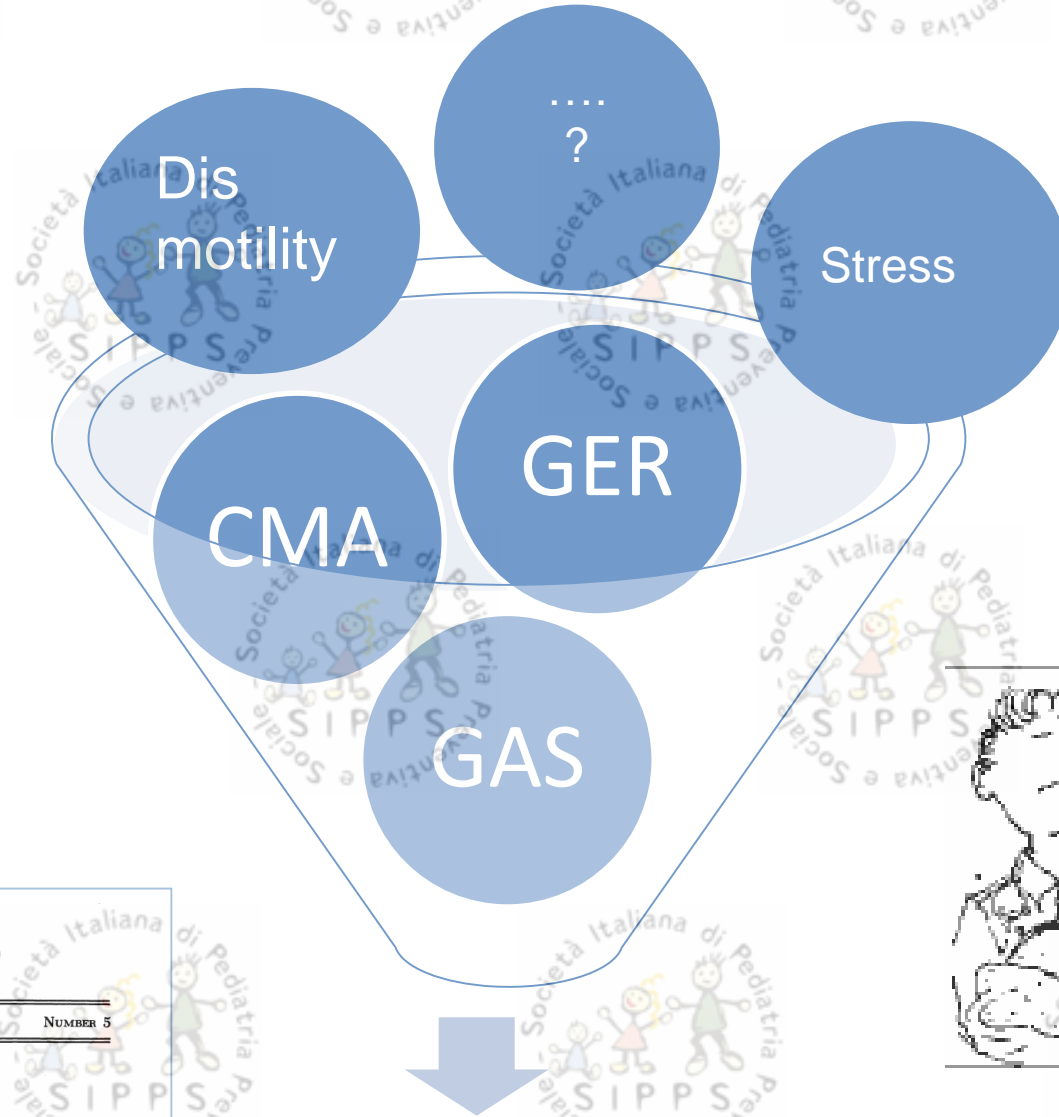
partially hydrolysed whey proteins, prebiotic oligosaccharides (OS), with a high β -palmitic acid content.



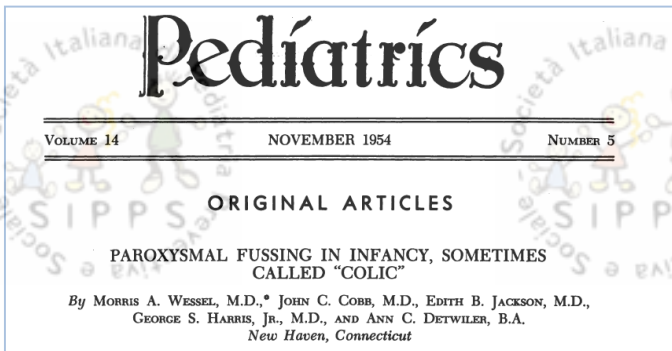
Protein (g)	1.7	1.4
Whey/casein ratio	100:0	60:40
Carbohydrate (g)	8.4	7.5
Lactose	2.9	7.3
Maltodextrin	4.6	—
Starch	1.5	—
Prebiotic OS (g) (90% GOS; 10% FOS)	0.8	0.4
Fat (g)	3.3	3.5
Palmitic acid	0.58	0.59
β -palmitic	0.24	0.07

RESULTS: 199 infants. Infants receiving the new formula had a significant \downarrow in colic episodes after 1 week (-3.5 ± 1.9 vs. -1.7 ± 1.9) & in crying episodes at day 14 (1.76 ± 1.6 vs. 3.32 ± 2.1)

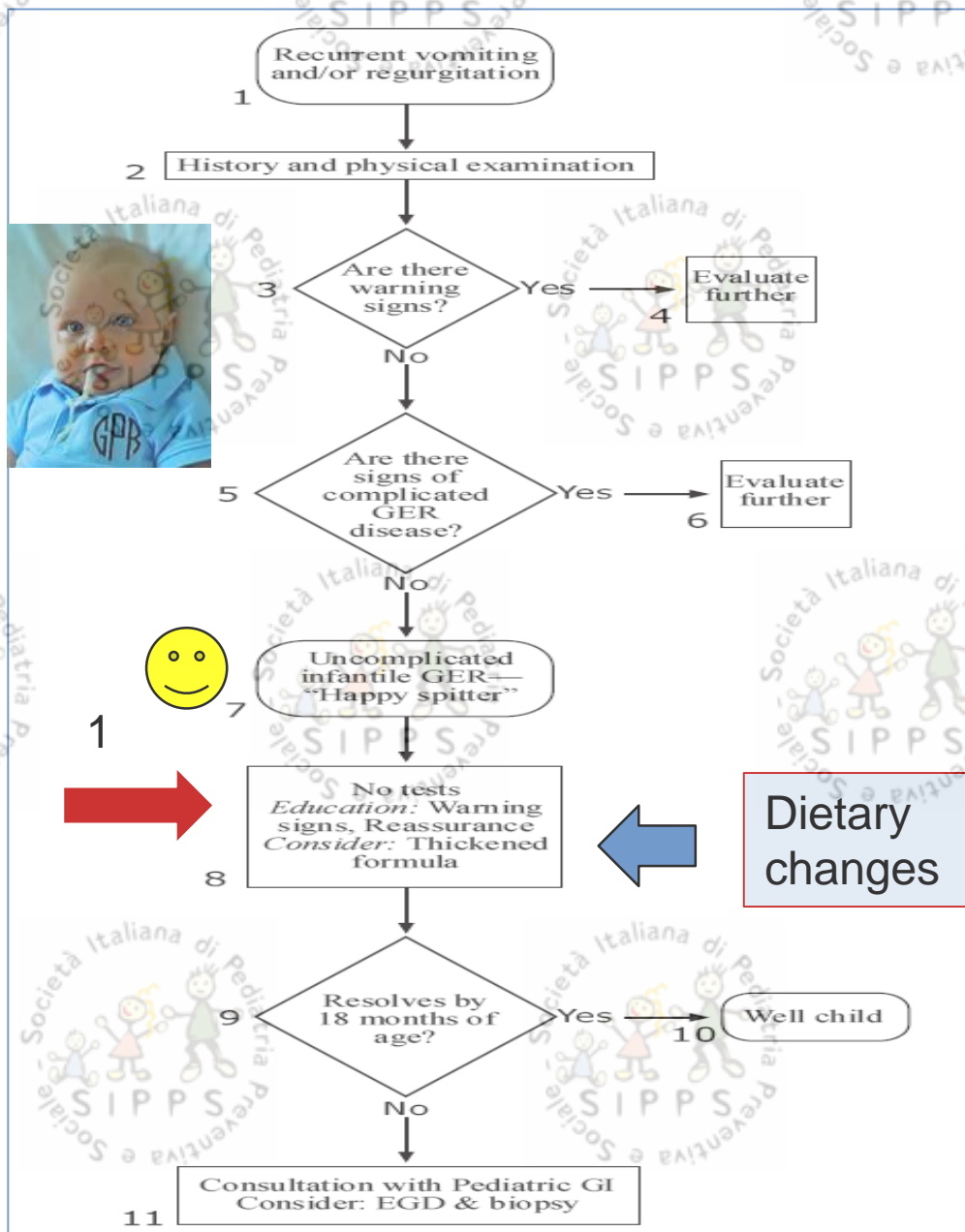
Which is the cause of the colic?



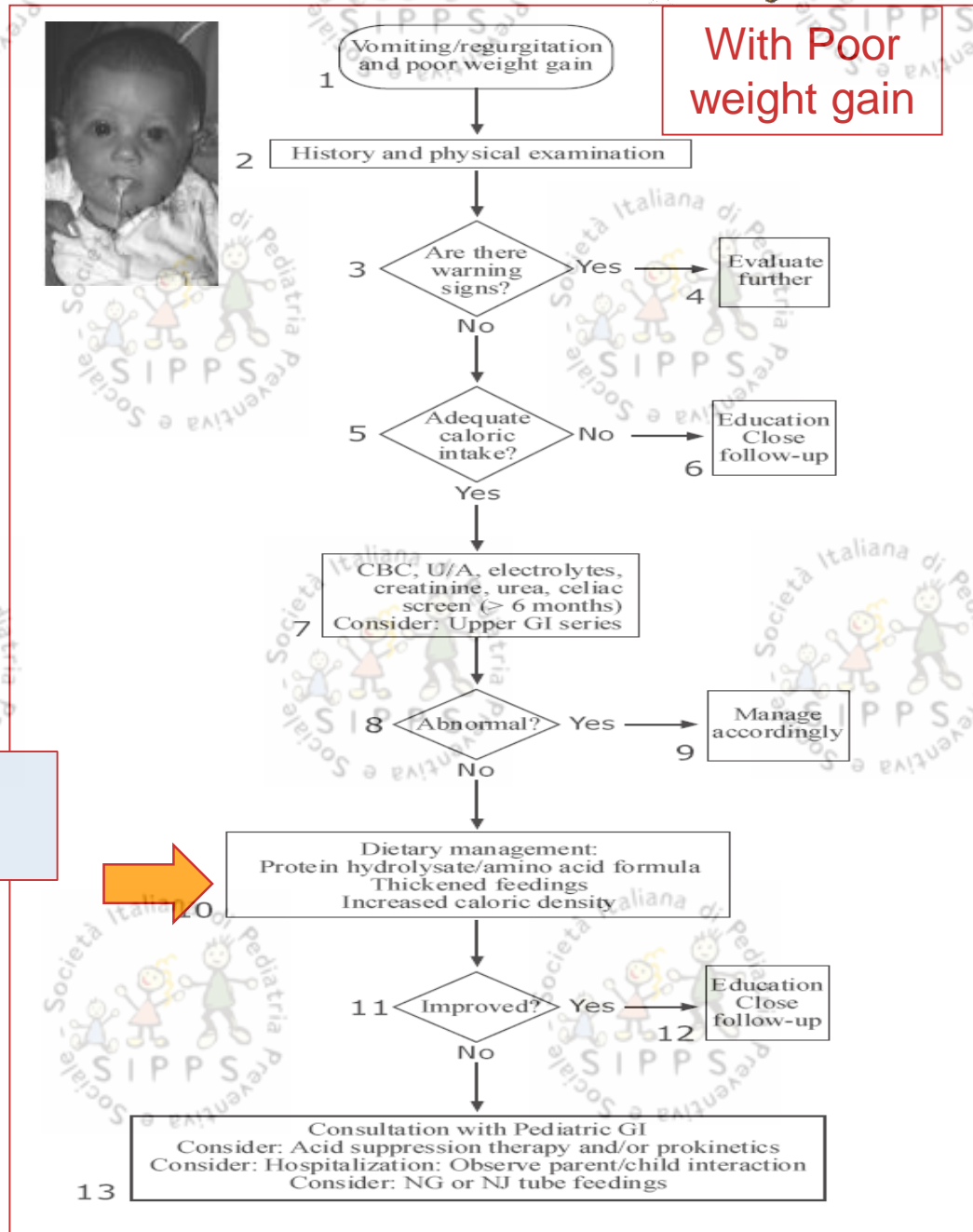
Cause
Obscure
Lengthy
Infant
Crying



Approach to regurgitation in infantsFrom the guidelines



Dietary changes



With Poor weight gain



Thickened formulas: The basic concept

ABRACADABRA
ABRACADABR
ABRACADAB
ABRACADA
ABRACAD
ABRACA
ABRAC
ABRA
ABR
AB
A

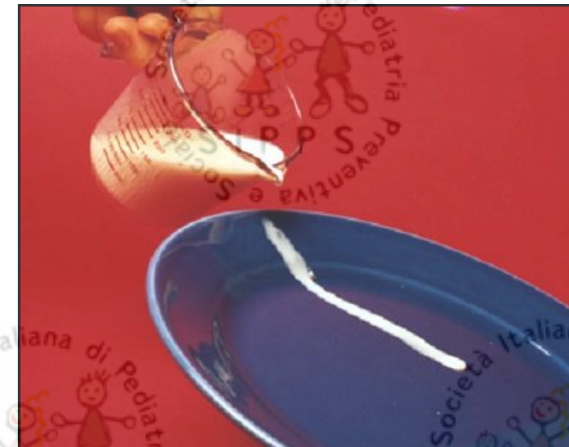


You want a food that doesn't splash every time the baby moves or the stomach churns. Thickened liquids don't splash out of the stomach as easily.

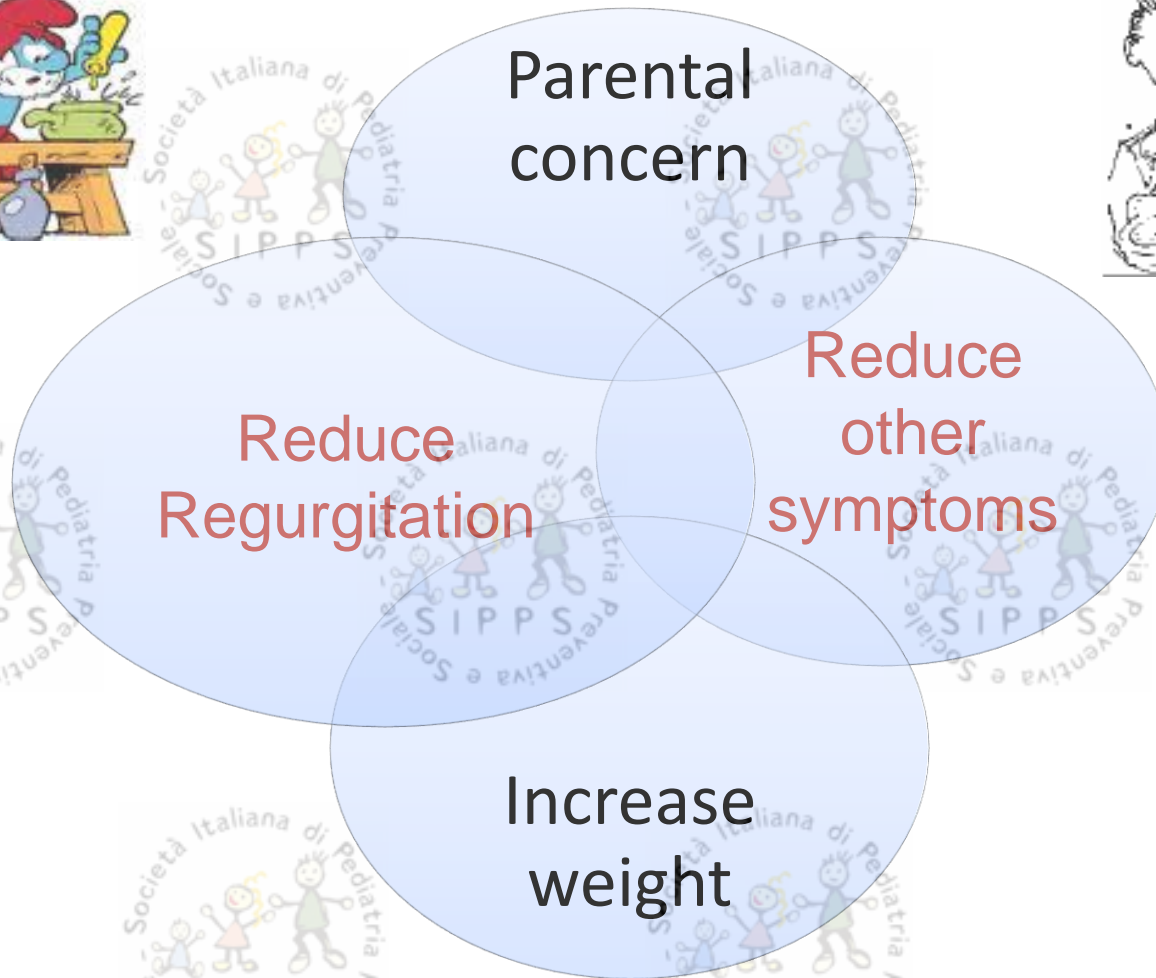
Thickened formula



Unthickened formula



Anti-regurgitation formulas ... why, for what and which ?

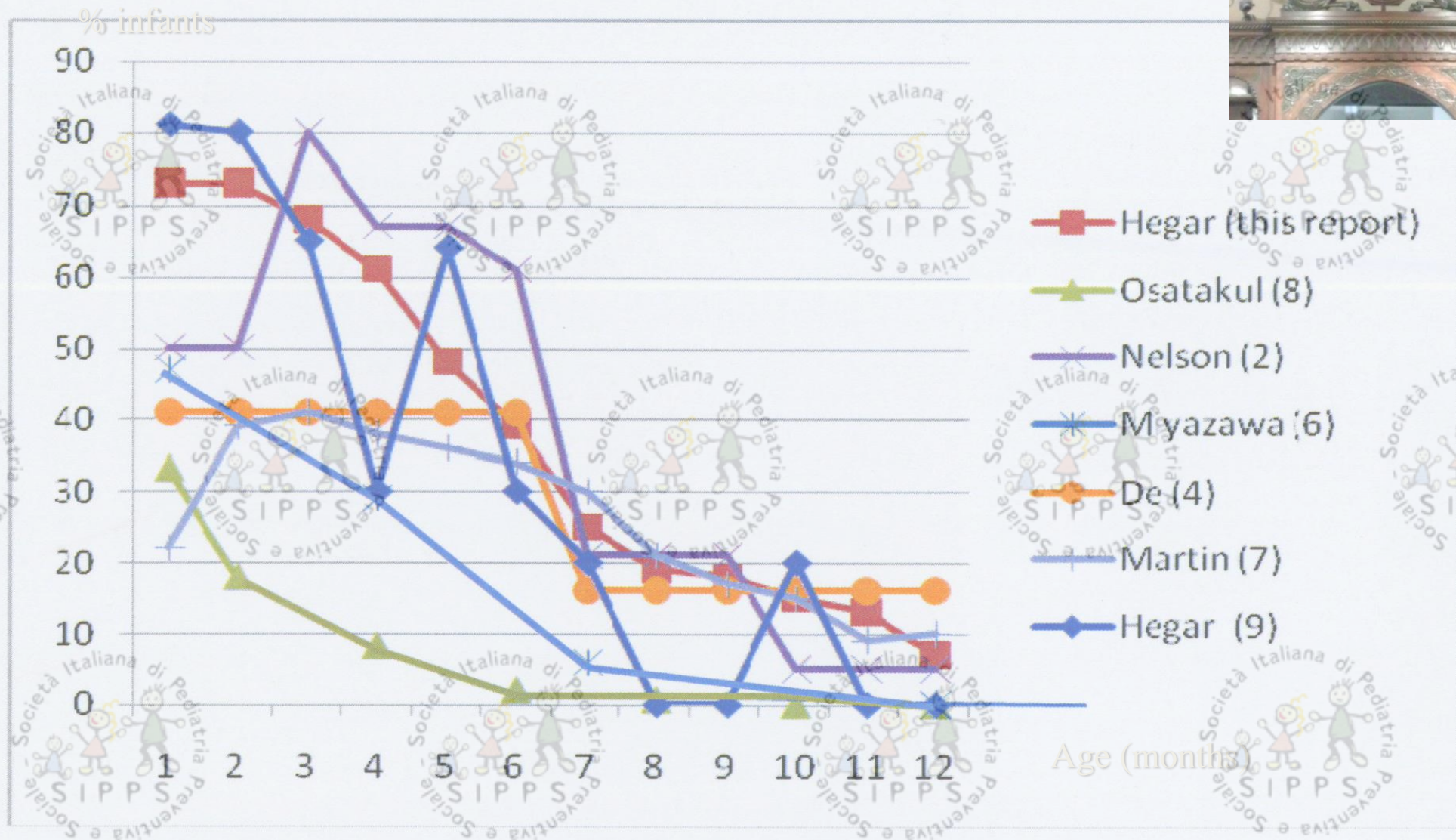


Breast is best

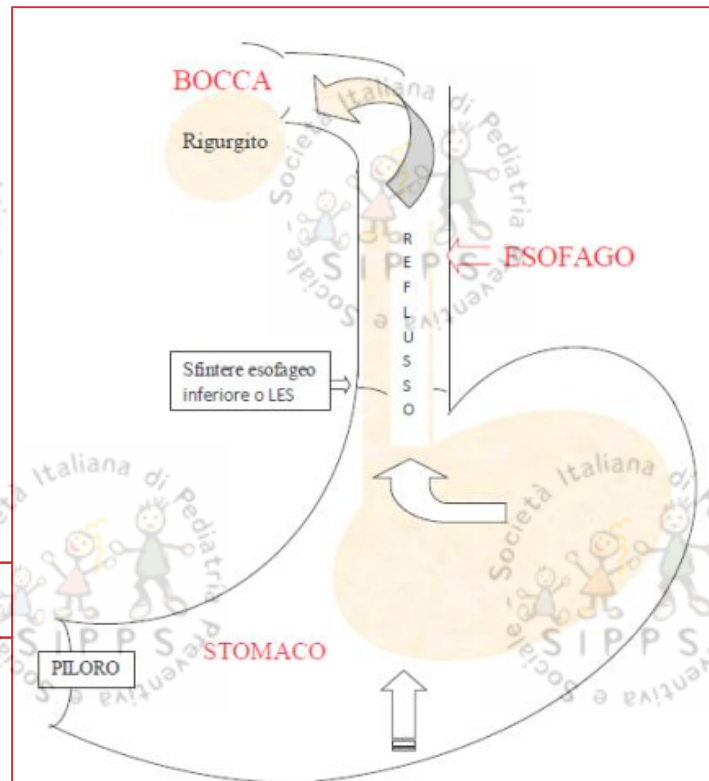


Natural evolution of regurgitation in healthy infants

Hegar B, Vandeenplas Y. *Acta Paediatr* 2009;98:1189-93



I. EVITARE ECCESSO DI LIQUIDI



RGE ----RIGURGITO ++PIANTO

Problemi respiratori?

The Effect of Thickened-Feed Interventions on Gastroesophageal Reflux in Infants: Systematic Review and Meta-analysis of Randomized, Controlled Trials

Andrea Horvath, MD, Piotr Dziechciarz, MD, Hania Szajewska, MD

14
RCT

Thickened F (compared to StF) significantly

- ↑ the % of infants with no regurgitation, slightly
- ↓ the No. of regurgitation/ vomiting per day and
- ↑ weight gain per day

No definitive data showed that one particular thickening agent is more effective than another

Thickened formulas: what to know

Table 1: Summary of the trials reporting the effect, expressed as (mean) episodes of regurgitation, with thickened formulas

	At inclusion	With AR-formula (after 1 to 4 weeks)
--	--------------	---

Thickener agent	Viscosity	Digestion	Gastric Emptying	Regurgitation	GER /pH parameters	Max limit gr/100ml	Side effects
CAROB/ LOCUST bean gum	↑↑	No	↓ = =	↓	↓ n° ↑ longest episode ↓/= RI%	1 gr	Diarrhoea
CORN starch	↑	=	=	↓	↓all ↓RI%	2 gr	/
RICE starch	↑	=	unknown	↓	↓ n° = RI% =all	2 gr	Cough Constipation Arsenicum load

Xinias 2005	5.60 ± 4.15	2.57 ± 2.71
Mean number of regurgitations/day (all studies)	5.43	2.50



Antiregurgitation formulas



Commercial
Thickened
formula

PROS	CONS
Homogeneous & nutritional balanced composition	More expensive
Viscosity > in stomach	Risk of over-use?
Cheap	> sucking effort
Easy to prepare	Delayed gastric emptying
	Inconsistency in composition
	Too high viscosity & calories

“Home-brew”
Thickened
formula



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I disordini funzionali gastrointestinali in età prescolare



Quesito 3. Sono utili i latti formulati anti-rigurgito, le formule parzialmente (pHF) o quelle estesamente idrolisate (eHF)?

Choosing wisely!

Le formule anti-rigurgito, con proteine intere o parzialmente idrolisate (pHF), non modificano l'indice di reflusso acido (IR). L'efficacia di alcune di esse nel ridurre la frequenza degli episodi di rigurgito è ancora controversa e, comunque, di rilevanza clinica difficilmente quantificabile in base alla letteratura attualmente disponibile.

Grazie al tranquillo profilo di sicurezza possono essere incluse tra le misure da suggerire per il sollievo dai sintomi, al fine di ridurre le ansie della famiglia. Le formule estesamente idrolisate (eHF) non sono indicate nel rigurgito funzionale.



.... & the guidelines

Journal of Pediatric Gastroenterology and Nutrition
49:498–547 © 2009 by European Society for Pediatric Gastroenterology, Hepatology, and Nutrition and
North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition

Pediatric Gastroesophageal Reflux Clinical Practice Guidelines: Joint Recommendations of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN) and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN)

Co-Chairs: *Yvan Vandenplas and †Colin D. Rudolph
Committee Members: ‡Carlo Di Lorenzo, §Eric Hassall, ||Gregory Liptak,
¶Lynnette Mazur, #Judith Sondheimer, **Annamaria Staiano, ††Michael Thomson,
‡‡Gigi Veereman-Wauters, and §§Tobias G. Wenzl

The infant with recurrent vomiting and poor weight gain.

Management may include a 2-week trial of an extensively hydrolysed formula or AAF to exclude cow's milk allergy; increasing the caloric density of formula; and/or thickening of formula and education as to appropriate daily volume to be given.

Careful follow up of interval weight change and caloric intake are essential.



CONSENSUS 2015

I disordini funzionali gastrointestinali in età prescolare



Quesito 1. Ci può essere una relazione con le allergie alle proteine del Latte Vaccino (APLV)?

La prevalenza di APLV nei lattanti con rigurgito è ancora controversa anche per una difficile distinzione clinica tra queste due condizioni. In assenza di segni di allarme (concomitante broncospasmo, ritardo di crescita, alvo diarroico e spiccata irrequietezza ed irritabilità) non è giustificato porre il sospetto di APLV.

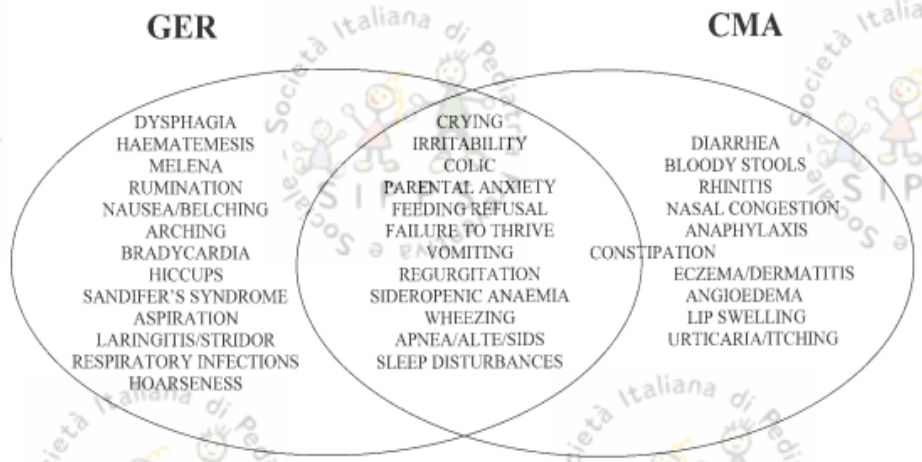
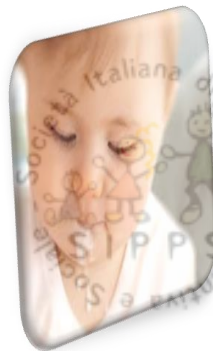


Fig 1. Symptoms attributed to GER and to CMA.



Extensive protein hydrolysate formula effectively reduces regurgitation in infants with positive and negative challenge tests for cow's milk allergy

- ❖ All confirmed CMPA cases tolerated extensive hydrolysates (eCH).
- ❖ The symptom-based score decreased significantly in all infants within a month, and the highest reduction was in those with confirmed CMPA.
- ❖ **Regurgitation was reduced in all infants, but fell more with the thickened version (T-eCH),** especially in infants with a negative challenge.



Tolerance and growth in children with cow's milk allergy fed a thickened extensively hydrolyzed casein-based formula



Results: Thirty infants (n=30) participated in the 4-month study. The CoMiSS score decreased from 7.4 ± 1.1 respectively, after 14 days to 3.2 ± 0.9 patients, significantly different from baseline (p < 0.001). The percentage of infants with stool consistency (20/30) at inclusion to 90% at D14, significantly improved.

Table 3 Change from baseline of CoMiSS and parameters contributing to the CoMiSS at 14 days

	Inclusion (N=30)	D14 (N=30)
CoMiSS, mean (± SD)	7.4 (4.4)	3.2 (2.3)*
Regurgitation score ^a , mean (± SD)	1.6 (1.6)	0.9 (1.0)*
Crying score ^a , mean (± SD)	1.7 (1.1)	0.8 (0.6)*
Stool consistency, N (%)		
Type VII (hard)	6 (20.0)	2 (6.7)
Type III/IV (formed)	16 (53.3)	20 (66.7)
Type V (soft)	4 (13.3)	7 (23.3)
Type VI (mushy)	3 (10.0)	1 (3.3)
Type MI (watery)	1 (3.3)	0 (0.0)

GER



CMA

DYSPHAGIA
HAEMATEMESIS
MELENA
RUMINATION
NAUSEA/BELCHING
ARCHING
BRADYCARDIA
HICCUPS
SANDIFER'S SYNDROME
ASPIRATION
LARINGITIS/STRIDOR
RESPIRATORY
INFECTIONS
HOARSENESS

IRRITABILITY
COLIC
PARENTAL ANXIETY
FEEDING REFUSAL
FAILURE TO THRIVE
VOMITING
REGURGITATION
SIDEROPENIC ANAEMIA
WHEEZING
APNEA/ALTE/SIDS
SLEEP DISTURBANCES

DIARRHEA
BLOODY STOOLS
RHINITIS
NASAL CONGESTION
ANAPHYLAXIS
CONSTIPATION
ECZEMA/DERMATITIS
ANGIOEDEMA
LIP SWELLING
URTICARIA/ITCHING



GER and CMA. Salvatore S, Vandenplas Y. Pediatrics 2002;110:972-84



REVIEW ARTICLE

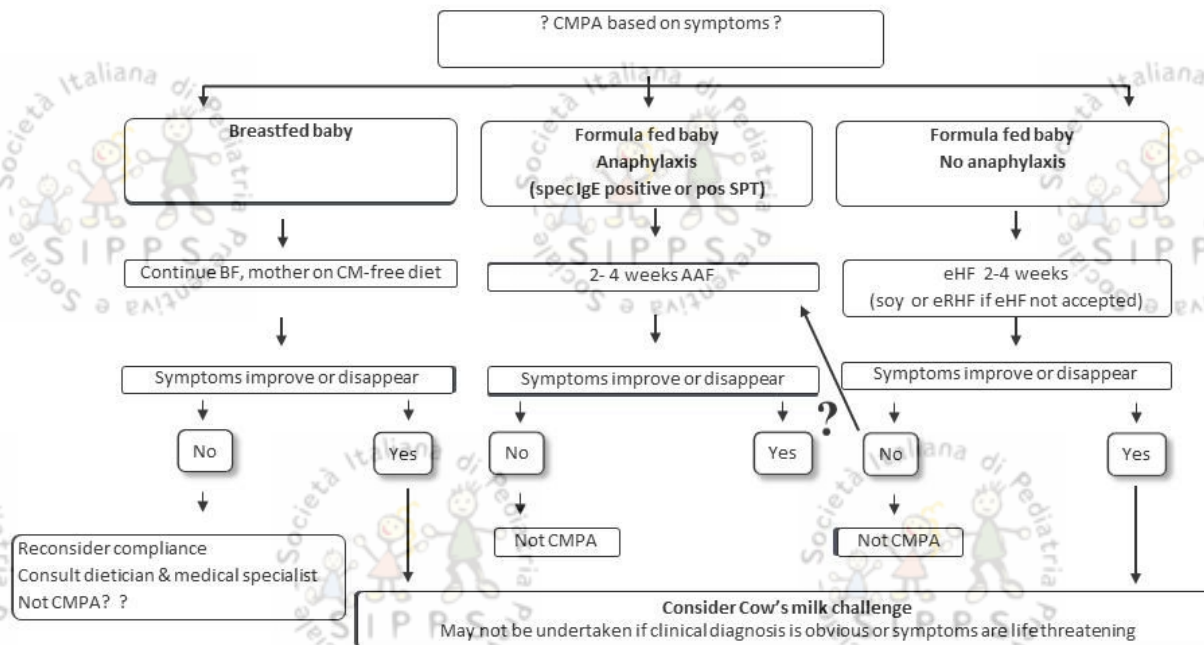
Functional gastro-intestinal disorder algorithms focus on early recognition, parental reassurance and nutritional strategies

Yvan Vandenplas (yvan.vandenplas@uzbrussel.be)¹, Marc Benninga², Ilse Broekaert³, Jackie Falconer⁴, Frederic Gottrand⁵, Alfredo Guarino⁶, Carlos Lifschitz⁷, Paolo Lionetti⁸, Rok Orel⁹, Alexandra Papadopoulou¹⁰, Camen Ribes-Koninckx¹¹, Frank M. Ruemmele^{12,13}, Silvia Salvatore¹⁴, Raanan Shamir¹⁵, Michela Schäppi¹⁶, Annamaria Staiano⁶, Hania Szajewska¹⁷, Nikhil Thapar¹⁸, Michael Wilschanski¹⁹

Key notes

- Up to 50% of all infants present with symptoms of regurgitation, infantile colic and/or constipation during the first 12 months of life.

Cow Milk Protein Allergy (CMPA)



SPT: skin prick test
BF: breastfeeding
AAF: amino acid based formula
E(R)HF: extensive (rice) hydrolysate formula

Long-term management

- Elimination of cow milk sources
- Consider: Breast milk as the first option
Extensively hydrolyzed formula (CM/Rice) / Soy formula / AAF
- Monitor for tolerance



I DISORDINI FUNZIONALI GASTROINTESTINALI IN ETÀ PRESCOLARE

Atti XXVII Congresso Nazionale SIPPS // CONSENSUS 2015

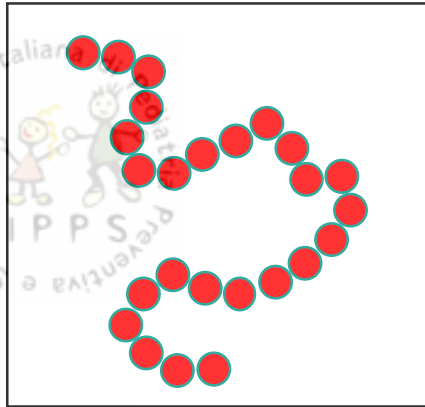


- Sono utili le formule pHF e eHF?

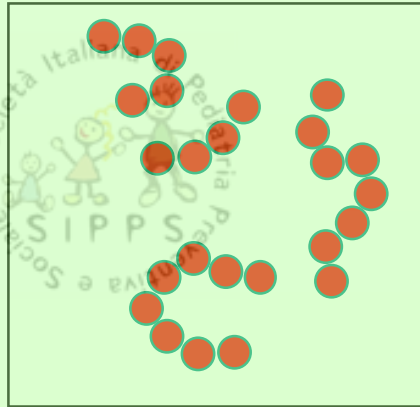


Hydrolysed formulas

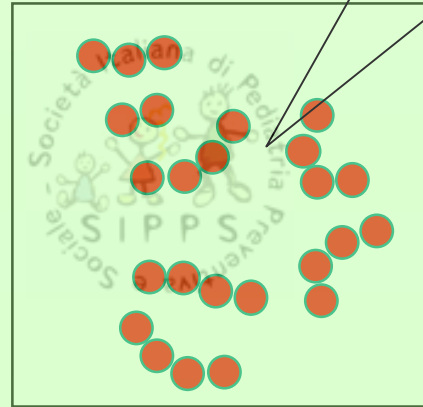
eHFs-C contain
40-60% free amino
acids



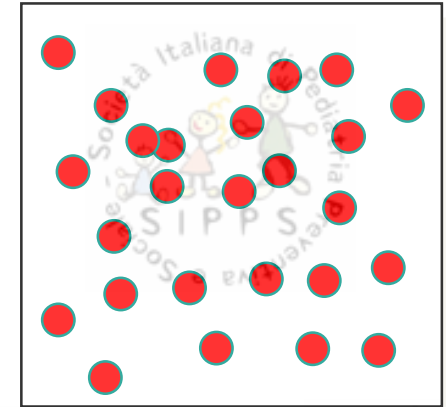
Intact protein



Partial hydrolysis



Extensive
hydrolysis



Amino-acids

ALLERGENICITY

TOLERANCE



HYDROLYSED FORMULAS: everyone is different



- PROTEIN SOURCE (rice, casein, whey proteins)
- METHOD OF HYDROLYSIS (heat, enzymes, ultrafiltration....)
- % OF HYDROLYSIS: pHF, eHF (Kdaltons)
- Content of BETA-LATTOGLOBULIN
- **PRESENCE of lactose, DHA, nucleotides, pre/probiotics....**
- OSMOLARITY

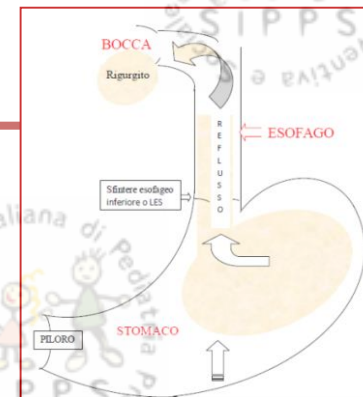


1. The “results” of one formula cannot be transferred to a different one
2. New formulas are different from old ones

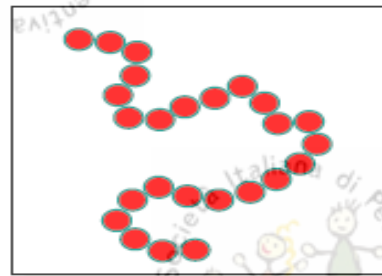
Gastric emptying in infants with or without GOR according to type of milk. *Billeau C. Eur J Clin Nutr 1990;44:577-83*

- 201 infants (90 control; 111 with GOR)
- GE not different in function of age, sex
- Gastric residual content (after 120 min) *in control infants*

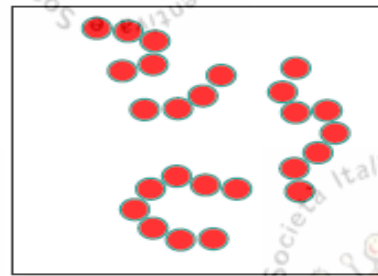
– human milk	18 +/- 11 %
– whey-hydrolysate	16 +/- 21 %
– acidified formula	25 +/- 17 %
– whey	26 +/- 19 %
– casein	39 +/- 17 %
– follow-up formula	47 +/- 19 %
– whole cow's milk	55 +/- 19 %



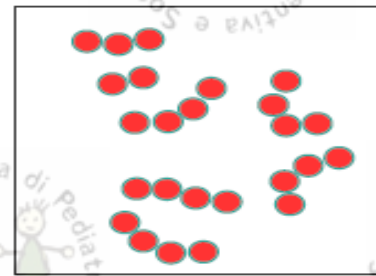
GE in healthy newborns fed an intact protein formula (IPF), a partially (pHF) and an extensively hydrolysed (eHF) formula



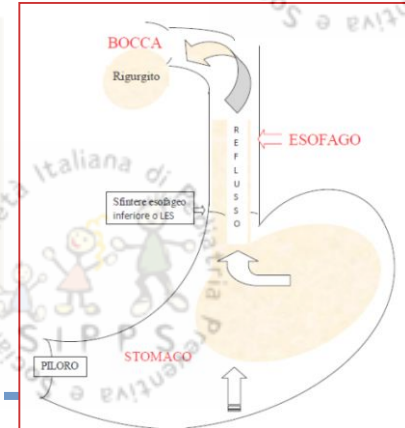
Intact protein



Partial hydrolysis



Extensive hydrolysis



- DBRCT with breath test (13)C-OA
- 20 healthy infants (mean age 31 d, range 6 d-13 wk): IPF, pHF, or eHF formulas
- **eHF: gastric emptying significantly faster than IPF or pHF** (median time 46 vs. 55 and 53 min, Wilcoxon, $P < 0.05$)

Hydrolysed protein accelerates the gastrointestinal transport of formula in preterm infants

Studio cross-over in 15 lattanti pre-termine

Table 2. Gastro-intestinal transit time in hours measured by carmine red passage.

	All infants	First formula was Formula H	First formula was Formula S
N	15	8	7
Transit time Formula H	9.8 (5–20.8)	9.4 (5–18)	12.2 (6–20.8)
Transit time Formula S	19 (6–66)	21.8 (6–44)	15.5 (8.3–66)
Difference in transit time (Formula S – Formula H)	12 (–3.75–45.3)	13.2 (–3.75–33.8)	8.8 (1.3–45.3)

Data are shown as median (minimum – maximum). Formula H, hydrolysed protein formula; Formula S, standard preterm formula (native protein).

FS: PLV con rapporto C:S = 60:40

FH: proteine idrolisate con rapporto C:S= 60:40

Il latte di formula contenente proteine parzialmente idrolisate migliora lo svuotamento gastrico, accelera il transito intestinale e riduce la consistenza delle feci.

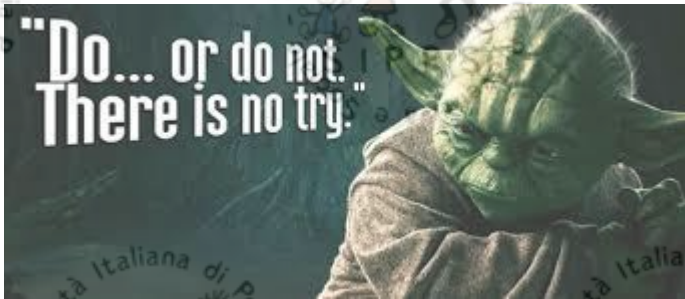
ALIMENTAZIONE E REFLUSSO: “TOP TEN” advices



- I. EVITARE IPERALIMENTAZIONE - LIQUIDI EXTRA
- II. POSIZIONE CORRETTA
- III. INTERVALLI MINIMI GARANTITI = mantenere una distanza di sicurezza
- IV. BREAST IS BEST
- V. FORMULE SPECIALI SOLO SE NECESSARIO
- VI. FARE LA SCELTA GIUSTA
- VII. VALUTARE IL RISULTATO
- VIII. (TEST DI) REINTRODUZIONE FORMULA NORMALE APPENA POSSIBILE
- IX. SVEZZARE a tempo
- X. LIMITARE alimenti che facilitino il reflusso



Come scegliere un latte idrolisato



“fare o non fare...”

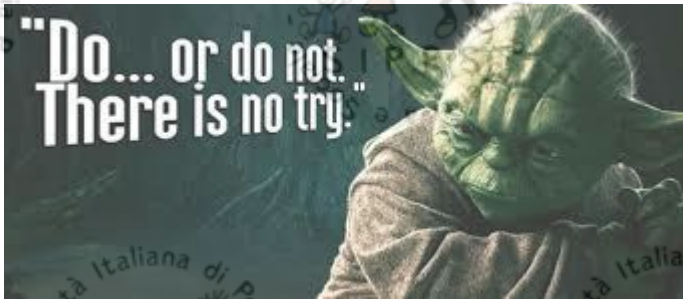
In base a:

1. Tipo di presentazione
2. Cosa trattare
3. Cosa ottenere
4. Tipo di paziente (e genitore)



Letteratura
esistente

Come scegliere un latte idrolisato



“fare o non fare...”

Allergia al latte

- No pHF
- SI eHF (o AAF)

Disturbi funzionali GI

- pHF ??
- SI eHF per 2-4 settimane se sintomi severi e sosp allergia

Considerare in pazienti neurologici

Svuotamento gastrico

- Poco con pHF
- SI eHF

Prevenzione allergia

- pHF/eHF per eczema ??
- NO per allergia respiratoria



DFGI o allergia alimentare ?

Perché è difficile distinguere?

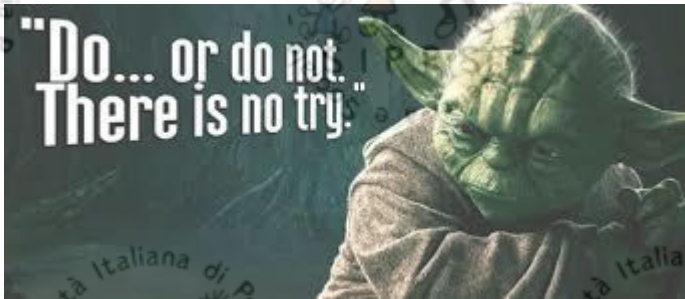
- A. Sintomi simili e non specifici
- B. Molti lattanti con DFGI hanno forme non-IgE mediate
= test allergologici poco utili
- C. Possibile risposta a idrolisati per:
 - ✓ effetto su motilità
 - ✓ ridotto/assente lattosio
- D. Effetto di probiotici/prebiotici....



La diagnosi di allergia alimentare DEVE essere appropriata:

1. Risposta clinica entro 2-4 settimane
2. Challenge = ancora sintomi oppure tolleranza acquisita

Come scegliere un latte idrolisato



“fare o non fare...”

In base a:

1. Tipo di presentazione
2. Cosa trattare
3. Cosa ottenere
4. Tipo di paziente (e genitore)



- i. Solo per sintomi importanti
- ii. Non risposta ad altri rimedi



Should Partial Hydrolysates Be Used as Starter Infant Formula? A Working Group Consensus

ABSTRACT

Partially hydrolyzed formulas (pHFs) are increasingly used worldwide, both in the prevention of atopic disease in at-risk infants and in the therapeutic management of infants with functional gastrointestinal manifestations.

only limited data could be found on the efficacy and safety of pHF in healthy term infants. Available data do not indicate that pHFs are potentially harmful for healthy, term infants. With respect to long-term outcomes, particularly referring to immune, metabolic and hormonal effects, data are, however, nonexistent. From a regulatory point of view, pHFs meet the nutrient requirements to be considered as standard formula for term healthy infants. Cost, which is different from country to country, should be considered in the

Summary

Based on the limited available literature, pHF tend to have some beneficial effect on functional GI manifestations such as regurgitation and constipation, although the evidence is insufficient

to formulate a recommendation. In addition, many of the formulas studied are either low in lactose, supplemented with pre- and/or probiotics, or with β -palmitate (ie, structured triglycerides with palmitic acid in the *sn*-2 position). Thus, it is often not possible to separate the potential effect of the partial hydrolysate from other changes in formula composition.

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- Sono utili le formule pHF e eHF?



Rigurgito

- Efficacia controversa e formula dipendente
- No effetto su acido
- No eHF se non altri sintomi

Coliche

- Non evidenza per pHF
- MA..Componenti aggiuntivi
- Si eHF in coliche severe (da APLV?)

Diarrea Funzionale

- Non evidenza
- Utili se allergia al latte

Stipsi funzionale

- No aumento frequenza di evacuazioni
- pHF (+ altro) = feci più morbide
- eHF se da allergia



Dietoterapia per i DFGI: Il ruolo dei latti speciali

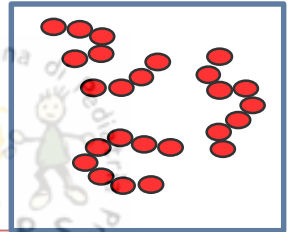
Quando? A chi ?

Rigurgiti/coliche/stipsi/diarrea

1. Esclusi segnali di allarme
2. Sintomi persistenti
3. Sintomi severi
4. Non risposta ad altri approcci/ trattamenti



Idrolisati



- Sospetta allergia alimentare
- Dismotilità gastrica
- ? Test allergologici ?
- Programmare challenge
- Minor tempo possibile

**CHOOSING
WISELY !**

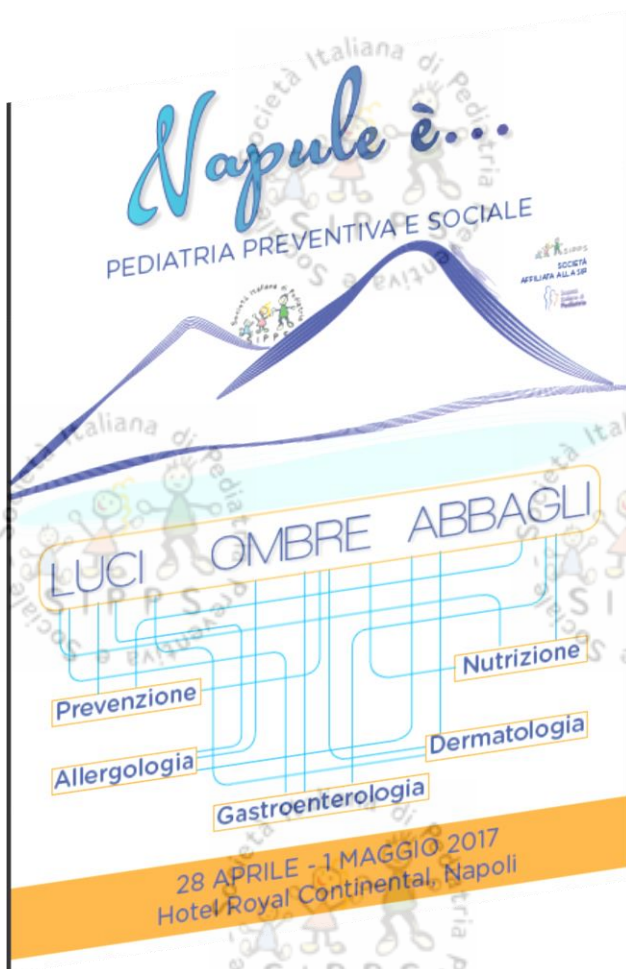
A workshop report on the development of the Cow's Milk-related Symptom Score awareness tool for young children

Yvan Vandenplas (yvan.vandenplas@uzbrussel.be)¹, Christophe Dupont², Philippe Eigenmann³, Ame Host⁴, Mikael Kuitunen⁵, Carmen Ribes-Koninck⁶, Neil Shah^{7,8}, Raanan Shamir⁹, Annamaria Staiano¹⁰, Hania Szajewska¹¹, Andrea Von Berg¹²



The SBS scores range from zero to 33. Each symptom has a maximum score of six, apart from respiratory symptoms, which have a maximum score of three. An arbitrary cut-off value of ≥ 12 was selected as the criterion to pick up infants at risk of CMPA. A score of 12 requires the presence of at least two severe symptoms and a score higher than 12 requires the presence of at least three symptoms and the involvement of two organ systems.

- The CoMiSS awareness tool does not replace a food challenge, and its usefulness will need to be evaluated by a prospective randomised study



Dietoterapia per i DFGI: Il ruolo dei latti speciali



GRAZIE

Silvia.Salvatore@uninsubria.it

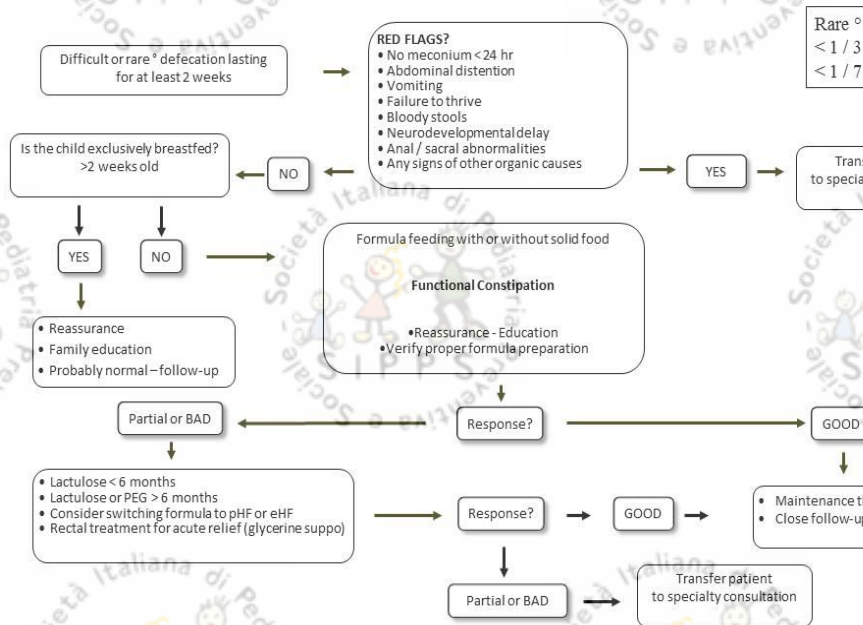


REVIEW ARTICLE

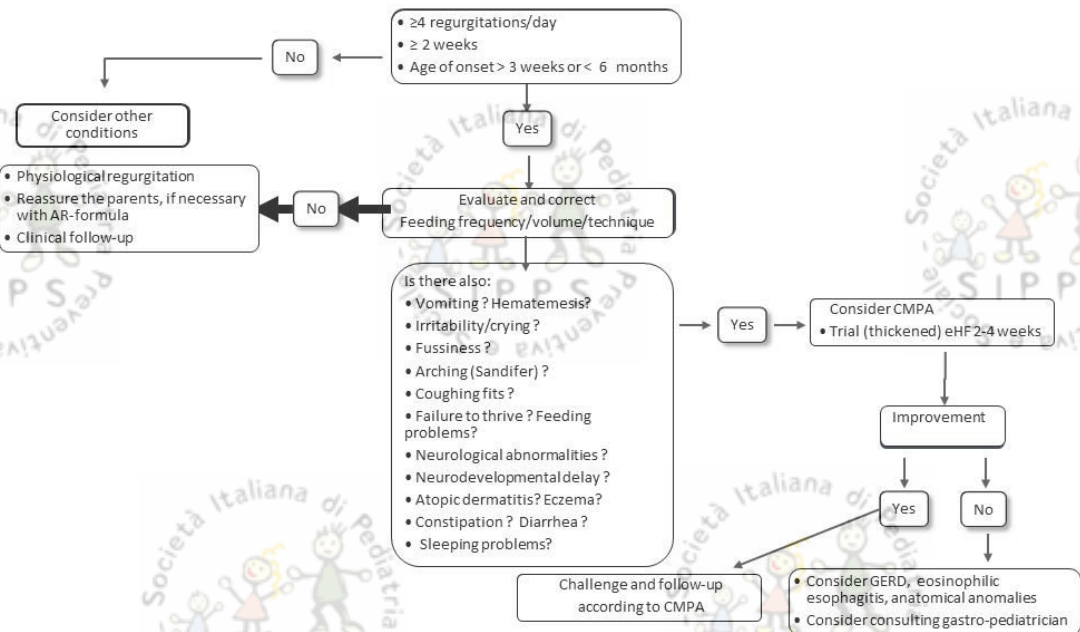
Functional gastro-intestinal disorder algorithms focus on early recognition, parental reassurance and nutritional strategies

Yvan Vandenplas (yvan.vandenplas@uzbrussel.be)¹, Marc Benninga², Ilse Broekaert³, Jackie Falconer⁴, Frederic Gottrand⁵, Alfredo Guarino⁶, Carlos Lifschitz⁷, Paolo Lionetti⁸, Rok Orel⁹, Alexandra Papadopoulou¹⁰, Camen Ribes-Koninckx¹¹, Frank M. Ruemmele^{12,13}, Silvia Salvatore¹⁴, Raanan Shamir¹⁵, Michela Schäppi¹⁶, Annamaria Staiano⁶, Hania Szajewska¹⁷, Nikhil Thapar¹⁸, Michael Wilschanski¹⁹

Constipation (<1 year)



Regurgitation



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- eHF se allergia

Double-blind comparative trial with two anti-regurgitation formulae
Y. Vandenplas . JPGN 2013;57:389-93

RESULTS

- 3 day diary : Only 77% did regurgitate >5 times/day
- A significant decrease in the mean No. & volume of regurgitation with both AR formulas
- Better results for the one pWH with added starch
- No difference was reported in stool frequency and consistency between the two groups