GROW 2017!
Non IgE Food Allergies and Feeding Difficulties:
a Multidisciplinary Approach

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Disclosure: consultant, Nutricia
OBJECTIVES

1. Distinguish between Immunoglobulin E (IgE) and non-IgE mediated food allergic disorders
2. Review current nutritional guidelines for FPIES
3. Describe the developmental continuum of feeding skills
4. Review signs of oral aversion vs. normal toddler behavior
5. Discuss different elimination diets and nutritional impact
6. Know how to facilitate an optimal healthy environment for mealtimes
Adverse Food Reaction

- Toxic (food poisoning)
- Psychological/Psychosomatic
- Non-Toxic

INTOLERANCE

- Non-Immune Mediated
- Enzymatic Deficiency
- Pharmacologic
- Food Additives

ALLERGY

- Immune Mediated
- IgE Mediated
- Non-IgE Mediated
- Mixed

Immunologically Mediated Hypersensitivities → Food Allergy
• Any food is a potential allergen - what are ‘the top 8’?

- WHEAT
- EGGS
- FISH
- SHELLFISH
- MILK
- TREE NUTS
- PEANUTS
- SOY
IGE MEDIATED FOOD ALLERGENS

The 14 ALLERGENS

- Celery
- Cereals containing Gluten
- Crustaceans
- Egg
- Fish
- Lupin
- Milk
- Molluscs
- Mustard
- Nuts
- Peanuts
- Sesame
- Soya
- Sulphites
**CROSS REACTIVITY**

- Cross-reactivity is well understood in IgE allergy
- Proteins are the same size and shape, eliciting a similar allergic response
- Between *similar* foods, ie cow’s milk and goat milk
- Between *unrelated* plants, birch pollen and apples, peaches or honeydew melon

NON-IGE FOOD ALLERGIES

- Non-IgE cell-mediated food allergic disorders:
  - “Food Protein-Induced Enterocolitis Syndrome” or F.P.I.E.S.
  - “Food Protein-Induced Gastrointestinal Allergies” - describes both FPIES and Eosinophilic Disorders, other non-IgE reactions get lumped in
- Misdiagnosis, or delay in diagnosis, is common in non-IgE allergies
- Rare → Awareness is low, dx of FPIES made clinically by Allergist
  - Reported in the 80s, ICD code only in 2015
- No clear markers, no mechanism (may be T cell mediated)
- Two main classifications of FPIES - ‘liquid’ (occurs 0-4 months of age) and ‘solid’ (4 months + before 2-3 years); can be ‘acute’ or ‘chronic’

GOOD NEWS! GENERALLY GROW OUT OF BY AGE 4-5-6 YRS
• Reactions can be **severe**, leading to hypotension and shock  
  – Delayed (1-4 hours following exposure)

• Symptomology is **GI based - profuse, repetitive vomiting**, possibly diarrhea

• Trigger is the **direct feeding of a food** - usually on the second exposure, although can be fourth or fifth exposure

• **Breastfeeding** is generally protective (IgA?)  
  – Foods consumed by mom **typically** do not trigger reactions via breastmilk

• **LIQUID vs SOLID FPIES**
  – Difference in age of onset & food triggers
  – **LIQUID**: cow’s milk & soy (0-4 months of age)
  – **SOLID**: any food - patterns becoming apparent (5 months - 2-3 yrs old)
NON-IGE SOLID FPIES FOOD ALLERGENS

• Any food is a potential allergen

![Images of food items: banana, oatmeal, rice, barley, peas, chicken, turkey, fish, squash, green beans, avocado, sweet potato]

https://www.foodallergy.org/about-food-allergies
FPIES Allergy Management is Nutrition Intervention

1. Eliminate and avoid trigger food/foods

2. Nutritional intervention to minimize nutrient deficiencies
   - Proactive dietary expansion, very specific detailed introduction plan
   - Build durable tolerance to safe foods -> preventing secondary ‘reactions’ from avoidance
   - May require nutrient dense oral supplement or multivitamin, depending on growth and intake and food allergens

3. Food “Trials” or “Challenges”
   - In-home food ‘trials’: low risk foods introduced gradually over 1 week
   - In-office ‘oral food challenge’ (OFC): test higher risk foods to confirm diagnosis, rule out or establish safe/tolerated foods with a graded multistep procedure

ARE WE ‘MEDICALIZING’ COMPLEMENTARY FEEDING?
WHAT TO FEED?

• **LIQUID FPIES**: Formula choice(s) if not breastfed
  – Extensively hydrolyzed formulas or amino acid-based formulas
  – Corn oil and corn syrup solids in most formulas? → these corn ingredients do not contain corn protein and are not considered allergenic for those with corn allergy…

• **SOLID FPIES**:  
  – Safe foods based on reaction history  
  – More reactions increase risk of further reactions (& maladaptive behaviors)  
  – Reactions occur *during* food introduction period / complementary feeding  
  – A critical period in development when chewing and taste acceptance are easily learned…. When foods are introduced after ten months of age, children are more likely to **refuse solid foods**
FPIES: Complementary Feeding Framework

VEGETABLES
1. Broccoli, Cauliflower, Parsnip, Turnip, Pumpkin, Cucumber, Spinach
2. Squash, Chard, Carrot, Zucchini, Green Bean, Red Bell Pepper
3. Sweet Potato, White Potato, Green Pea, Other Legumes (only when approved)

PROTEIN
1. Lamb
2. Beef, Salmon, Peanut/peanut butter or “Bamba” (puff - also contains Corn, trial separately), Almond/Sesame/Sunflower Seed Butters (thinned), Pork
3. Egg, Poultry, Peas and other Legumes (only when approved)

FRUIT
1. Peach, Plum, Blueberries, Watermelon, Strawberries
2. Apple, Pear, Orange, Coconut
3. Banana, Avocado (only when approved)

GRAINS/STARCHY CARBOHYDRATES
1. Corn (polenta, grits, puffs, ‘cakes’)
2. Quinoa, Millet, Buckwheat, Amaranth → always look for ‘fortified’ cereal products
3. Barely, Wheat (only when approved)
• Try 1 new food every 5-7 days, in order from list provided
  – Begin with a small amount (1/2 to 1 tsp) and increasing with each feeding to a full serving (2-4 oz) as able

• Food trials in the morning, not daycare/nanny days

• Total eating opportunities 3-4 times daily minimum
  – Continue to breastfed or formula feed on demand
  – Continue safe foods

• Once a new food has “passed”, continue the “passed foods” with at least ~4-5 exposures weekly to maintain tolerance.
  – Even if only a limited number of foods are permitted - preparing the foods in a number of ways (pureed, mashed, cubed, dried, etc.) will vary texture/experiences.
How to Feed

- **Make sure parents eat and play with the infant (and explore)**
  - Demonstrate bringing the food to your mouth, lick, taste, eat
  - Share the eating experience

- **If the infant’s weight gain is slowing or growth curve is flattening, add calories and protein to the complementary foods**
  - Added vegetarian fats are okay and do not typically need a separate trial: olive oil, coconut oil, grapeseed oil, safflower oil, etc.
  - Do not use butter or dairy/milk fats or avocado until approved by Allergist
  - Protein ideas safe to use as a boost to pureed vegetables??

- **Breastmilk is providing the majority of an infant’s nutrition from 0-1yr**
  - Keep in mind: Vitamin D, Iron, Zinc
Most infants demonstrate developmental readiness ~4-6 months of age:

- Ability to maintain upright posture with good head control
- Interest in eating, bringing objects to mouth

As infants experience eating, these new sensory experiences and separation of lip, tongue, and jaw movements continue to develop:

- Before age 1 yr, the major purpose of feeding & eating are exploration, discovery, development, not consumption of foods

Development of a healthy positive feeding relationship sets up successful, confident and adventurous eaters

Delays in presentation of foods may result in food refusal and feeding difficulties, caregiver anxiety and medicalization of feeding can compound the situation.
Development of Oral Motor Skills: OT perspective

- food chewed to dime sized bolus, swallows all
- food chewed to dime sized bolus with rotary chew, swallow some
  TRUE - food moved to back molars with tongue tip movement, bolus formed and moved across mid-line at back of mouth while jaw is
  ROTARY - moving in a single direction in a smooth rotary chew
  CHEW - food moved to side at middle of mouth from center with lateral tongue movement, bolus is well formed and then moved
  across mid-line while jaw shifting for breakage, food is swallowed

EMERGING - food moved to side with lateral tongue movement and swept to back with side or tip of tongue, then held in place with tongue as jaw
  ROTARY - shifts side-to-side breaking apart the food (bi-directional), which is swallowed
  CHEW - food moved to side past eye teeth with lateral tongue movement, held in place with tongue as jaw shifts side-to-side (bi-directional
  breaking apart the food, which is swallowed)
  - beginning bolus formation - imprecise

MUNCHING - breaks apart with up and down motion on back teeth, most pieces swallowed
MUNCHING + SWALLOW - breaks apart with up and down motion on side teeth at middle of mouth, moves some pieces back to swallow/some spit
  MUNCHING + SPITS - breaks apart with up and down motion on side teeth at middle of mouth, pieces move forward + spits out all/most pieces
  - breaks apart with up and down motion at front of mouth, and spits some/swallows some

- >1 NON-uniform pieces of food moves inside mouth at front or middle of tongue, then thrust/spit out
  VOLLATIONAL - >1 uniform pieces of food moves inside mouth at front or middle of tongue, then thrust/spit out
  INDEPENDENT - 1 uniform piece of food moves inside mouth at front or middle of tongue, then thrust/spit out
  TONGUE - 1 uniform pieces of food held inside mouth on front of tongue, then drooled/thrust/spit out
  MOVEMENTS - 1 uniform piece of food held inside mouth on front of tongue, then drooled/thrust/spit out
  - >1 uniform pieces of food held just inside mouth with only lips or teeth, then drooled/thrust/spit out
  - 1 uniform piece of food held just inside mouth with only lips or teeth, then drooled/thrust/spit out

HOLDS - uniform piece of food (stick/ball/circle) held with hand into middle of mouth + tongue moves laterally to taste and shift the food
  WITH - uniform piece of food (stick/ball/circle) held with hand in front 1/3 of mouth + tongue moves laterally to taste and/or shift the food
  HAND - uniform piece of food (stick/ball/circle) held with hand just inside front of mouth + tongue moves laterally to taste and/or shift the food
  - uniform piece of food (stick or ball/circle) held with hand in front of mouth (lips, teeth, tongue); tongue moves forward/back to taste

TASTES - full tongue licks food
  - tastes food with tip of tongue
  - licks lips or teeth with tip of tongue
Normally developing / healthy children:
  - 25-45% with feeding difficulties (Lindsheid, 2006)
  - 20% with feeding difficulties (Wright, 2007)

Children with developmental delays:
  - 33-80% with feeding difficulties (Burklow, 1998)

Children with eosinophilic gi disorders:
  - 94% with feeding difficulties (Mukkada, 2011)

Children with FPIGA food allergies:
  - 30% with feeding difficulties reported in medical chart (Meyer, 2014)
  - 40% with feeding difficulties by parents report (Meyer, 2014)
SENSORIMOTOR DEVELOPMENT

• Birth to 4 months
  – Feeding is reflexive (rooting, gag, sucking, transverse tongue)
  – Jaw, tongue & lips do not move independently of each other
  – Brings hands to mouth, opens mouth in anticipation of sucking

• 4-6 months
  – Opens mouth when spoon approaches
  – Tongue lateralization emerges; still using sucking pattern for eating
  – Breast and/or bottle feeding for majority of nutrition, with introduction of puree; Stage 1
  – Soft chewables & meltables (6 months)
  – Chewing skills develop and get refined the earlier the introduction is (6 mo) they can develop mastery and eat anything by 2 yrs.
SENSORIMOTOR DEVELOPMENT

• 7-9 months
  – Able to transition to slightly more textured puree (small bumps)
  – Chewing/munching of smaller foods; Stage 2 puree
  – 8 months: soft mashed table foods, hard munchables
  – 9 months: meltable hard solids

• 10-12 months
  – Soft cubes-10 months; soft mechanical-11 months; mixed-12 months
  – Rotary chewing (efficient)
BABY TEETH DEVELOPMENT

8 months

10 months

11 months

13 months

16 months

19 months

20 months

27 to 29 months
SENSORIMOTOR DEVELOPMENT

• 12-15 months
  – Chews and swallows firmer foods without choking
  – Taste buds remain constant from 1-3 years (changes at 8 yrs)
• 16-18 months
  – Tongue effective for making a bolus, chews bigger pieces
  – Manages harder mechanical foods
• 18-30 months
  – Able to pick up, dip, stab with fork, and bring foods to mouth
  – Increasing utensil use, scoops puree and brings to mouth (24 mo.)
SNAPSHOT OF DEVELOPMENT
SIGNS OF ORAL AVERSION

- Turning head away from food
- Crying at meals; difficulty self-regulating around meal time
- Pushing hands in front of face
- Difficulty accepting new textures
- Excessive gagging, coughing, or vomiting
- Prolonged feeding times (greater than 20 min)
EATING
- chews and swallows whole bolus independently
- chews, swallows whole bolus with drink
- chews, swallows some and spits some
- bites, chews “x” times & spits out
- bites pieces, holds in mouth for “x” seconds & spits out
- bites off piece & spits out immediately
- full tongue lick
- licks lips or teeth

TASTE
- tip of tongue, top of tongue
- teeth
- lips
- nose, underneath nose
- chin, cheek
- top of head
- chest, neck
- arm, shoulder
- whole hand
- fingertips, fingerpads
- one finger tip

TOUCH
- leans down or picks up to smell
- odor in child’s forward space
- odor at table
- odor in room

SMEAR
- uses utensils or container to serve self onto own plate/space
- uses utensils or a container to stir or pour food/drink outside of own space
- uses utensils or a container to stir or pour food/drink for others
- assists in preparation/set up with food

INTERACTS WITH
- looks at food when directly in child’s space
- being at the table with the food just outside of child’s space
- being at the table with the food ½ way across the table
- being at the table with the food on the other side of the table
- being in the same room

TOLERATES
1. Present foods in manageable bites/textures/and oral motor readiness

2. Only 3 foods at a time: 1 carb, 1 protein, 1 fruit/vegetable

3. One preferred food at every meal → try the food 10 times before the child can determine if they dislike it

4. Allow spitting into chosen containers only

5. Limit meal time to 20 minutes
1. Food introduction schedule is altered
   – MUST consider feeding skill development & acceptance/variety

2. Limited diets
   – 6-12 months nutrients of concern: protein, vitamin D, iron and zinc
   – Nutritional deficiencies depend on foods restricted and foods eaten

   ✓ Energy/calories
   ✓ Calcium
   ✓ Vitamins A, Bs, D, E
   ✓ Selenium
   ✓ Magnesium
   ✓ EFAs
<table>
<thead>
<tr>
<th>NUTRIENT</th>
<th>REQ. 6-12 M.</th>
<th>ROLE</th>
<th>DIETARY SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>80-82 kcal/kg/d</td>
<td>Energy productions, growth, development</td>
<td>BM or formula, fats and nutrient dense foods</td>
</tr>
<tr>
<td>Protein</td>
<td>1.5 g/kg/d</td>
<td>Building blocks for bones, muscles, cartilage, tissue, blood cells &amp; immune function, enzymes, hormones, vitamins</td>
<td>BM or formula, dairy, animal meats/seafood, legumes, nuts</td>
</tr>
<tr>
<td>Iron</td>
<td>11 mg/d</td>
<td>Required for production of hemoglobin in RBCs, O2 transfer, metabolism, growth, development, cellular functioning</td>
<td>Fortified grains, animal meats/seafood, legumes, tofu</td>
</tr>
<tr>
<td>Zinc</td>
<td>3 mg/d</td>
<td>Immune function, protein synthesis, wound healing, DNA synthesis, cell division, taste, growth &amp; development</td>
<td>Fortified grains, animal meats/seafood, legumes, nuts</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>400 IU/d</td>
<td>Maintains normal blood levels of calcium and phosphorus, immune system function</td>
<td>Fortified products, wild salmon</td>
</tr>
</tbody>
</table>
SINGLE FOOD(s)

- Milk, or Egg, or Peanut, or Oat, or Avocado

FOOD FAMILY

- Rice, oat, wheat, and all starchy cereal grains
- “Dairy” or “Nuts”

**Never “all protein” or “all fruit”, this would be a metabolic or gastrointestinal condition, not immune/allergy**

“THE ELIMINATION DIET” usually refers to Top 8 Allergens / “SFED”

- Milk, Egg, Soy, Wheat, Peanut, Treenuts, Fish, Shellfish

ELEMENTAL DIET
1. Lists of safe foods
2. List of foods to be avoided
   • “How to” avoid foods, as in other foods/cuisines that may be risky
   • With a nut allergy, you avoid nuts, but what about granola bars or cereals or ice creams?
3. Appropriate Substitution
4. Instructions for Reading Food Labels
   • Precautionary labeling? Cross-contamination?
5. Recipes and Meal Planning
   • Work with school menus, plan for vacations/summer camps, etc.
• Any food is a potential allergen

SOLID FPIES FOOD ALLERGENS

- OATMEAL, RICE, BARLEY AND OTHER GRAINS
- CHICKEN AND TURKEY
- FISH
- PEAS
- GREEN BEANS
- SQUASH

https://www.foodallergy.org/about-food-allergies
<table>
<thead>
<tr>
<th>FOOD AVOIDED</th>
<th>NUTRIENTS OF CONCERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice, Oat, and all Cereal</td>
<td>B vitamins, iron or fiber - if not taking appropriate volume of other food groups,</td>
</tr>
<tr>
<td>Grains</td>
<td>total calories, fiber?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken, Turkey</td>
<td>Protein, iron, zinc, B vitamins</td>
</tr>
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<td>?</td>
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</tbody>
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Infants
✓ Solids 2-4x day (~4” plate)
✓ Breastfeeding or bottles 3-4 x day

Toddlers
✓ Meals 3-4x day (4-6” plate)
✓ Snacks as needed (1-3x day)

School Age
✓ Meals 3x day (6-7” plate, 9” for older teens)
✓ Snacks as needed (1-3x day)
<table>
<thead>
<tr>
<th>Meal</th>
<th>Without eliminations</th>
<th>Eliminations</th>
<th>With substitutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>Waffles with syrup, Strawberries, Milk</td>
<td>Waffles with syrup, Strawberries, Milk</td>
<td>Gluten-free, milk-free, egg-free Waffles with syrup, Strawberries, Elemental formula (8 oz)</td>
</tr>
<tr>
<td>Lunch</td>
<td>Turkey on whole wheat with cheese, lettuce, and mayonnaise Carrots with ranch dressing Pudding Juice</td>
<td>Turkey on whole wheat with cheese, lettuce, and mayonnaise Carrots with ranch dressing Pudding Juice</td>
<td>Turkey on corn tortilla with lettuce and milk-free, egg-free mayonnaise (canola oil based) or with cranberry sauce Carrots with hummus Homemade vanilla rice pudding Fortified juice</td>
</tr>
<tr>
<td>Snack</td>
<td>Cool Ranch Corn Chips, Water</td>
<td>Cool Ranch Corn Chips, Water</td>
<td>Potato chips, Water</td>
</tr>
<tr>
<td>Dinner</td>
<td>Hamburger Helper (ground beef, macaroni, cheese, tomato sauce) Salad with lettuce, tomato, peppers, cheese, ranch dressing Milk</td>
<td>Hamburger Helper (ground beef, macaroni, cheese, tomato sauce) Salad with lettuce, tomato, peppers, cheese, ranch dressing Milk</td>
<td>Ground beef with marinara on brown rice spaghetti noodles Salad with lettuce, tomato, peppers, Italian dressing Elemental formula (8 oz)</td>
</tr>
<tr>
<td>Snack</td>
<td>Ice cream</td>
<td>Ice cream</td>
<td>Rice ice cream</td>
</tr>
</tbody>
</table>

Total nutrients:

<table>
<thead>
<tr>
<th></th>
<th>Without eliminations</th>
<th>Eliminations</th>
<th>With substitutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories (kCal)</td>
<td>2522</td>
<td>597</td>
<td>2608</td>
</tr>
<tr>
<td>Protein (g)</td>
<td>111</td>
<td>45</td>
<td>79</td>
</tr>
<tr>
<td>Fat (% of total kCal)</td>
<td>39</td>
<td>19</td>
<td>31</td>
</tr>
<tr>
<td>Calcium (mg) (%)</td>
<td>1697 (&gt;100)</td>
<td>124 (10)</td>
<td>1348 (&gt;100)</td>
</tr>
<tr>
<td>Vitamin D (IU) (%)</td>
<td>265 (44)</td>
<td>0 (0)</td>
<td>339 (57)</td>
</tr>
<tr>
<td>Iron (mg) (%)</td>
<td>15 (&gt;100)</td>
<td>5.6 (70)</td>
<td>16 (&gt;100)</td>
</tr>
<tr>
<td>Zinc (mg) (%)</td>
<td>13 (&gt;100)</td>
<td>6.9 (63)</td>
<td>12 (&gt;100)</td>
</tr>
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Groetch M, 2013
• **Social Modeling**
  – Learning by observing others receiving the consequences for their actions
  – Eating is a social experience/relationship
  – Mirror back; tasting; model good behavior

• **Structuring Mealtime/Snacks**
  – Use the same placemat/designate a place-visual cue to eating
  – Create a routine to meals and snacks
  – “Learning plate” for non-preferred foods
KEEPING REINFORCEMENT HEALTHY

- Verbal praise in the appropriate amount works best
- Create parent reinforcement value
- Reinforce siblings eating (verbally)
- Reinforce child for ANY positive food behavior
- Playing with the food is reinforcement in and of itself, and touching the food desensitizes the child
- Use a disappearing object if an object reinforcer is only option...BUBBLES

- **BE CAREFUL NOT TO...**
  - Give the reward an *overvalue*, makes food less desirable
  - Having to eat the food to get an object reward, makes food less desirable
• Maladaptive Learned Behaviors
  – Learning theory
  – Caregiver anxiety

• Oral Motor/Sensory Function
  – Developmental profile

• Treatment
  – Clinic treatment with consistent home follow through

• Allergy Testing/Food Challenge
  – Systematic desensitization (SOS Approach)
  – Social stories
  – Developmental skills
Food Allergy → Feeding Difficulties

- Limited OR restricted intake
- Developmental interruption: no ‘safe’ foods during a portion 7-18 months? - critical period of development of oral skills / intro new tastes and textures
- GI sx: vomiting, abdominal pain, constipation, dysmotility (discomfort and can alter hunger & satiety signals)
- Poor weight gain / faltering growth → motor and/or cognitive delays?
- Increased anxiety
- Mechanistic feeding hx: NG feeds, etc.
- Traumatic events to oral cavity: force feeding / waterboarding
Non-IgE FOOD ALLERGY SUMMARY

1. Food Allergy MNT: Avoid triggers, proactive dietary expansion and minimize nutrient deficiencies

2. Prevent secondary maladaptive behaviors and feeding delays.... Address oral aversion and treat as needed

3. Minimal allergic reactions, well nourished & happy, confident eaters
KB is a 6 month infant girl. Referred by PMD for concern of FPIES after vomiting excessively following ingestion of avocado and banana at 5 months of age.

Since birth to current 8 months, her wt/age has dropped from 20th% to 5th%, wt/len dropped from 16th% to <3rd%, len/age trending ~50th%.

- She takes EBM + carrot, sweet potato, pumpkin, oats (all introduced 4-5 months of age, prior to reactions).
- After reactions mom ceased all complementary foods.
  - Previously eating without issue, the carrot, sweet potato, pumpkin, oats in ~2-4 tbsp puree servings, 1-2x day.
- WHAT is she eating now? At 8 months, PO ad lib breastmilk from 7am to 10pm. Nothing else.
<table>
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<th>REFERENCES</th>
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OG is a 15 month old toddler boy, he takes Similac Alimentum fortified to 30 kcal/oz by mouth.

Trending 75-90\textsuperscript{th} wt/age, 50-75\textsuperscript{th} ht/age, 80-85\textsuperscript{th} wt/len. BM are hard, q3-4 days.

- At 1 month of age mom switched from BM to Enfamil standard formula and developed vomiting and FTT.
- On admit at OSH was trialed on Alimentum, which was tolerated.
- At 4 months parents introduced solids and was admitted for vomiting and dehydration following the start of rice, corn, sweet potato and apple.
- Was eventually diagnosed with FPIES.
- Betw 8-9 months food challenges were ordered to banana and pear - both failed.
- Between 9 - 15 months?
- Presents to our clinic. What to do first? Home trial or office trial?