

## The iMAP Allergy-focused Clinical History for Suspected Cow's Milk Allergy in Infancy

### 'The Cornerstone of the Diagnosis'

#### Ask about:

- A family history of atopic disease (atopic dermatitis, asthma, allergic rhinitis or food allergy) in parents or siblings
  - a reported history along with symptoms of suspected cow's milk allergy makes the diagnosis more likely; this applies to both IgE-mediated and non-IgE-mediated
- Sources of cow's milk protein and how much is being or was ingested:
  - Exclusive breast feeding - when cow's milk protein from maternal diet comes through in the breast milk (low risk of clinical allergy)
  - Mixed feeding - when cow's milk protein is given to the breast feeding infant e.g. top-up formulas, on weaning with solids
  - Formula-feeding infant - the commonest presentation, particularly in countries where there is poor adherence with the WHO guidance of exclusive breastfeeding for 6 months
- Presenting symptoms, to include:
  - if more than one symptom, the sequence of clinical presentation of each one
  - age of first onset
  - timing of onset following ingestion (atopic dermatitis - such 'timing' can be very variable)
    - IgE-mediated - usually within minutes, but can be up to 2 hours
    - Non-IgE-mediated - usually after  $\geq 2$  hours or even days
  - duration, severity and frequency
  - reproducibility on repeated exposure
  - amount and form of milk protein that may be causing symptoms
- Details of any concern with feeding difficulties and/or poor growth
- Details of any changes in diet and any apparent response to such changes
- Details of any other previous management, including medication, for the presenting symptoms and any apparent response to this