



ANHI | May 2024 Nutrition Research Review

An ESPGHAN Position Paper on the Diagnosis, Management, and Prevention of Cow's Milk Allergy

Publication: Journal of Pediatric Gastroenterology and Nutrition

Publish Date: February 2024

Authors: Vandenplas Y, Broekaert I, Domellöf M, Indrio F, Lapillonne A, Pienar C, Ribes-Koninckx C, Shamir R, Szajewska H, Thapar N, Thomassen RA, Verduci E, West C

SUMMARY

This position paper provides an update on the diagnosis, treatment, and prevention of CMA with focus on gastrointestinal manifestations. Available evidence on the role of dietary practice in the prevention, diagnosis, and management of CMA. CMA in exclusively breastfed infants exists but is uncommon and often over-diagnosis. CMA is also over-diagnosed in formula and mixed fed infants. Changes in stool characteristics, feeding aversion, or occasional spots of blood in stool are common and in general should not be considered as diagnostic of CMA, irrespective of preceding consumption of cow's milk. Over-diagnosis of CMA occurs much more frequently than under-diagnosis; both have potentially harmful consequences. Therefore, the necessity of a challenge test after a short diagnostic elimination diet of 2–4 weeks is recommended as the cornerstone of the diagnosis.

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Consumption of Cow's Milk Formula in the Nursery and the Development of Milk Allergy

Publication: Clinical and Translational Allergy

Publish Date: April 2024

Authors: Elizur A, Rachel-Jossefi S, Rachmiel M, Eisenberg E, Katz Y

SUMMARY

Transient exposure to CMP in the first days of life might influence the future development of CMA. A group of 116 infants matched for sex and breastfeeding only duration (beyond the nursery period), and another random group of 259 healthy infants were used as controls. Parents were interviewed and the infants' medical records were searched to assess CMF consumption in the nursery. Results showed 96% of the mothers of the 174 infants (58 with Cow's milk allergy and 116 controls) reported on exclusive breastfeeding during the stay in the nursery and CMF consumption was documented in 96 (55%) of the infants. Of those, most (57; 59%) received one to three feedings, 20 (21%) received four to nine feedings, and 19 (20%) received ≥ 10 feedings. Fewer formula feeds (1–3) were significantly more common in the allergic group than ≥ 4 feeds and no feeds at all compared to controls ($n = 116$). Of those exclusively breastfed in the nursery, 13/23 allergic infants (57%) introduced CMF at age 105–194 days (the period with highest-risk for IgE-CMA) compared to 33/98 (34%) from the random control group ($n = 259$). The authors concluded consumption of small amounts of CMF in the nursery followed by CMF elimination is associated with increased risk of IgE-CMA. Nursery staff should be aware of this effect as many parents are unaware of CMF consumption by their infants in the nursery.

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Food Allergy: Prevention and Treatment of Cow's Milk Allergy

Publication: Clinical Nutrition ESPEN

Publish Date: February 2024

Authors: Vandenplas Y, Meyer RM, Huysentruyt K

SUMMARY

This module focuses on current recommendations regarding CMA, the most common food allergy in infants. The article provides an up-to-date knowledge about the prevalence, natural history, and prognosis of cow's milk allergy (CMA). It provides information to be able to diagnose different forms of CMA in children using appropriate history taking, physical examination and diagnostic tests.

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GLIM Criteria for Definition of Malnutrition in Peritoneal Dialysis: A New Aspect of Nutritional Assessment

Publication: Renal Failure

Publish Date: April 2024

Authors: Wang D, Yin J, Liao W, Feng X, Zhang F

SUMMARY

The study aimed to assess the effectiveness of the Global Leadership Initiative on Malnutrition (GLIM) criteria in diagnosing malnutrition among peritoneal dialysis (PD) patients. A retrospective analysis of 1057 PD patients from multiple institutions was conducted, with participants averaging 56.1 years old and 43.9% being female, over a median follow-up of 45 months. Malnutrition was diagnosed using GLIM criteria, with overall mortality as the endpoint event. The study found a malnutrition prevalence of 34.9% according to GLIM criteria, with malnourished individuals having a significantly higher adjusted hazard ratio (2.91) for overall mortality compared to well-nourished counterparts. GLIM demonstrated moderate predictive ability for 5-year mortality (AUC = 0.65; 0.62–0.68, $p < 0.001$). While GLIM combined with adjusted factors performed worse than the malnutrition inflammation score (MIS) in predicting long-term mortality, it performed better than the geriatric nutritional risk index (GNRI). In conclusion, GLIM criteria offer a valuable tool for assessing malnutrition in PD patients, with malnutrition diagnosed by GLIM being predictive of prognosis with acceptable performance.

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Malnutrition-Related Health Outcomes in Older Adults with Hip Fractures: A Systemic Review and Meta-Analysis

Publication: Nutrients

Publish Date: April 2024

Authors: Chiavarini M, Ricciotti GM, Genga A, Faggi MI, Rinaldi A, Toscano OD, D'Errico MM, Barbadoro P

SUMMARY

This systematic review explores the relationship between malnutrition and adverse outcomes in older patients with hip fractures. A comprehensive literature search yielded 14 eligible studies, from which meta-analysis results were extracted. Malnutrition was found to significantly increase the risk of adverse outcomes, including delirium, mortality, transfer to more supported living arrangements, and declined mobility. Specifically, malnutrition was associated with a significant increase in mortality risk by up to 351% at 1 month and 368% at 1 year post-hip fracture. These findings underscore the importance of assessing nutritional status in older patients with hip fractures to mitigate potential negative outcomes.

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Sarcopenia and Sarcopenic Obesity and Mortality Among Older People

Publication: JAMA Network Open

Publish Date: March 2024

Authors: Benz E, Pinel A, Guillet C, Capel F, Pereira B, De Antonio M, Pouget M, Cruz-Jentoft AJ, Egelseer D, Topinkova E, Barazzoni R, Rivadeneira F, Ikram MA, Steur M, Voortman T, Schoufour JD, Weijs PJM, Boirie Y

SUMMARY

This large-scale cohort study investigated the prevalence of sarcopenia and sarcopenic obesity (SO) and their association with all-cause mortality in older adults. Using data from the Rotterdam Study, which included 5888 participants, the study found that both sarcopenia and SO were prevalent in this population. Participants with probable sarcopenia and confirmed sarcopenia had a significantly higher risk of all-cause

mortality compared to those without these conditions. Participants with SO plus 1 altered component of body composition (BC) (HR, 1.94; 95% CI, 1.60-2.33] or 2 altered components of BC (HR, 2.84; 95% CI, 1.97-4.11) had a higher risk of mortality than those without SO. Similar results for SO were obtained for participants with a BMI of 27 or greater. These findings suggest that early identification of sarcopenia and SO, using low muscle strength as an initial diagnostic step, may help identify individuals at risk of premature mortality.

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Impact of Perioperative Immunonutrition on Postoperative Outcomes for Patients Undergoing Head and Neck or Gastrointestinal Cancer Surgeries

Publication: Annals of Surgery

Publish Date: October 2023

Authors: Matsui R, Sagawa M, Sano A, Sakai M, Hiraoka SI, Tabei I, Imai T, Matsumoto H, Onogawa S, Sonoi N, Nagata S, Ogawa R, Wakiyama S, Miyazaki Y, Kumagai K, Tsutsumi R, Okabayashi T, Uneno Y, Higashibeppu N, Kotani J

SUMMARY

The study aimed to assess the effectiveness of perioperative immunonutrition in adult patients undergoing elective surgery for head and neck (HAN) or gastrointestinal (GI) cancers, with or without malnutrition. Immunonutritional therapy was defined as including arginine, n-3 omega fatty acids, or glutamine during the perioperative period, compared to standard nutritional therapy. The primary outcomes measured were total postoperative complications and infectious complications occurring within 30 days after surgery. A comprehensive search of relevant databases yielded 48 randomized controlled trials for inclusion. Results indicated that immunonutrition significantly reduced both total postoperative complications and infectious complications compared to standard nutritional therapy, with high certainty of evidence. Therefore, the study concluded that perioperative immunonutrition is effective in reducing complications in patients with HAN and GI cancers.

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