

# Recommendations for Use of Hydrolyzed Formulas for Allergy Prevention

Organization	Recommendation/Comment
NIAID <sup>1</sup>	Use of hydrolyzed infant formulas, as opposed to cow's milk formula, may be considered as a strategy for preventing development of food allergy in at-risk infants who are not exclusively breastfed. Cost and availability of extensively hydrolyzed infant formulas may be weighed as prohibitive factors.
AAP <sup>2</sup>	Protein hydrolysate formulas contain either partially hydrolyzed protein or extensively hydrolyzed protein; these 2 types of formula have distinct indications: <ul style="list-style-type: none"><li>• Partially hydrolyzed formulas (whey protein) may be useful for preventing AD.</li><li>• Extensively hydrolyzed formulas are the preferred formulas for infants who are intolerant of cow's milk and soy proteins.</li><li>• Disadvantages of these formulas are their high cost and poor taste. Some also have relatively high osmolalities.</li></ul>
ESPGHAN <sup>3</sup>	In bottlefed infants with a documented hereditary atopy risk, exclusive feeding of a formula with confirmed reduced allergenicity is recommended because it can reduce the incidence of adverse reactions to food, especially to cow's milk protein.
EAACI <sup>4</sup>	In infants with atopic heredity not fed breast milk, formulas with documented reduced allergenicity should be given for at least 4 months.

NIAID=National Institute of Allergy and Infectious Diseases; AAP=American Academy of Pediatrics; ESPGHAN=European Society for Paediatric Gastroenterology, Hepatology, and Nutrition; EAACI=European Academy of Allergy and Clinical Immunology.

**1.** National Institute of Allergy and Infectious Diseases. [www.niaid.nih.gov/topics/foodAllergy/clinical/Pages/default.aspx](http://www.niaid.nih.gov/topics/foodAllergy/clinical/Pages/default.aspx). Accessed April 29, 2013. **2.** American Academy of Pediatrics. Committee on Nutrition. *Pediatric Nutrition Handbook*. ed 6. Elk Grove, IL: AAP; 2009. **3.** Host A, Koletzko B, Dreborg S, et al. *Arch Dis Child*. 1999;81:80-84. **4.** Host A, Halcken S, Muaro A, et al. *Pediatr Allergy Immunol*. 2008;19:1.