

Food Protein Induced Enterocolitis Syndrome (FPIES)



- Non-IgE-mediated GI food allergy with cow's milk being one of the most commonly reported triggers.¹
- Incidence ranges from 0.015 to 0.7%¹ and usually occurs in infancy.¹
- Symptoms include repetitive protracted emesis ~1-4 hours after food ingestion, followed by lethargy, pallor, and diarrhea ~5-10 hours after ingestion.¹

Experts recommend amino acid-based formulas, like **Alfamino®**, for FPIES*



Consensus Guidelines for the Diagnosis and Management of FPIES

American Academy of Allergy, Asthma & Immunology (AAAAI)²

- ▶ The majority of children (65% to 80%) have FPIES to a single food, most commonly cow's milk, and guidance is needed during solid food or formula introduction.
- ▶ Use of hypoallergenic formula in formula fed infants or infants who can no longer breastfeed is recommended.
- ▶ Amino acid-based formulas (AAFs) are the only completely nonallergenic formulas and can be effective in patients not responding to extensively hydrolyzed formulas (EHFs) and those with failure to thrive (FTT).
- ▶ In severe pathologies of FPIES an AAF with no allergic capacity may be preferred.

*AAF, like Alfamino®, are recommended for FPIES caused by cow's milk and/or not responding to extensively hydrolyzed formulas.

Alfamino®

WIC, Medicaid and SNAP eligible**

Aim *higher* when managing non-IgE Allergies, like FPIES

Alfamino® hypoallergenic amino acid-based formulas³:

- Meet the nutritional management requirements for FPIES, as a completely non-allergenic, hypoallergenic, amino acid-based option for when symptoms persist on an EHF¹⁻³
- Promote adequate growth in healthy infants⁴
- Lactose-Free, Gluten-Free, Easy to Digest, Nutritionally Complete



	Alfamino®	Elecare®	Neocate®	PurAmino®
Highest MCT among available AAF	✓			
Has MCTs to facilitate fat absorption	✓	✓	✓	✓
Infant* (< 1 year)	43%	33%	33%	33%
Junior* (1-13 years)	65%	33%	35%	

*Percentage of overall fat content as MCT

WHERE TO BUY

NestleNutritionStore.com
DMEs and Pharmacies

amazon

H-E-B

1. Ribes-Koninckx C et al. *Pediatr.* 11:1110380. 2. Nowak-Wegrzyn A et al. *J Allergy Clin Immunol* 2017;139:1111-26. 3. Nowak-Wegrzyn A, et al. *Clin Pediatrics* 2015;54:264-272. 4. Corkins, et al. *Pediatrics* 2016;10:3-9.

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NEST-15653-0526

